

# 10 Health and education

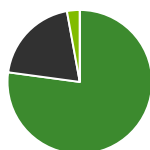
**The recommendations in this chapter relate to: towards better health (246-271); coping with alcohol and other drugs: strategies for change (272-288); and educating for the future (289-299).**

## Key themes from recommendations (54 recommendations)

- There is a need for a shift toward evidence-based policy when developing health frameworks for Aboriginal and Torres Strait Islander communities. This includes more comprehensive collection of data and thorough evaluation.
- Training of health care workers must include extensive cultural sensitivity components alongside traditional skill-based programs.
- A more accessible mental health framework needs to be developed in consultation with Aboriginal and Torres Strait Islander communities.
- There is a need for State and Territory legislation regarding liquor licensing and management to be reflective of and responsive to the concerns and needs of Aboriginal and Torres Strait Islander populations and communities.
- Further steps need to be taken to address educational disadvantage among Aboriginal and Torres Strait Islander students and provide meaningful education experiences.

Legend  Complete  Mostly Complete  Partially Complete  Not Implemented  Out of Scope

**Commonwealth | Key actions:** The Commonwealth has made substantial progress towards providing a health framework that better accommodates the needs of Aboriginal and Torres Strait Islander communities. Major Commonwealth policies, such as *Closing the Gap* and the NATSIHP, have improved engagement with Aboriginal and Torres Strait Islander communities in service design and delivery. In addition, education and training initiatives have been prioritised and mental health programs have been implemented successfully.



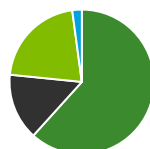
**Remaining gaps:** A more thorough evaluation of ACCHOs is needed, in addition to specific funding for the training of Aboriginal and Torres Strait Islander mental health workers and further consultation with communities regarding the physical design of health facilities.

**New South Wales | Key actions:** The NSW Government has committed to improved reporting and health data collection as part of the *New South Wales Aboriginal Health Plan 2013-2023* and the Aboriginal and Torres Strait Islander Health Performance Framework. In addition, the NSW Government has made employment in health, specifically mental health, a significant priority through initiatives such as the *Aboriginal Mental Health Traineeship Program*.



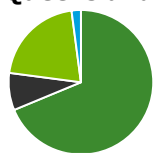
**Remaining gaps:** The NSW Health Care Interpreter Services does not currently cover Aboriginal languages. The NSW Government has also not addressed recommendations relating to alcohol management, such as reducing the number of licensed premises. Consideration of processes for negotiation in education for local communities, and appropriate recognition of Aboriginal Education Workers, is also required.

**Victoria | Key actions:** The Victorian Government has prioritised health reporting as part of the *Koolin Balit Victorian Government Strategic Direction for Aboriginal Health 2012-2022*. Victoria has also implemented significant initiatives targeted at mental health, including the *Victorian Aboriginal Suicide Prevention and Response Action Plan 2010-15*.



**Remaining gaps:** A comprehensive review of program evaluation supports for ACCHOs is required, as is a review of career structures for Aboriginal Health Workers. Further consideration of alcohol-related measures is also needed, particularly of additional funding for compliance monitoring of liquor licensing and the potential for community workers to conduct inspections of licensed premises.

**Queensland | Key actions:** Queensland has invested in evidence-based health initiatives as part of *Making Tracks: Toward closing the gap in health outcomes for Indigenous Queenslanders by 2033*, including early intervention and drug and alcohol training. The Government has also committed to improved mental health outcomes and service provision through the *Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021*.



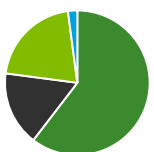
**Remaining gaps:** Greater consideration of cultural need is required in the health sector to ensure culturally sensitive care, including more thorough consultation procedures with stakeholders on the design and management of health facilities, and more equitable access to specialised equipment. Greater support is also required in education, namely for people undertaking adult education and for Aboriginal Education Workers.

**South Australia | Key actions:** South Australia has implemented initiatives to prioritise Aboriginal and Torres Strait Islander health data collection, including the production of an Aboriginal Health supplement to the SA Health Statistics Chart Book, along with provision of cross-cultural awareness training in drug and alcohol treatment through Drug and Alcohol Services SA.



**Remaining gaps:** A review of styles of operation in medicine where there are high rates of non-compliance by Aboriginal and Torres Strait Islander patients is required. There is also a need for greater cultural consideration in education, including the need to include social issues in curricula for Aboriginal and Torres Strait Islander students, and improve accessibility of adult education for Aboriginal and Torres Strait Islander people.

**Western Australia | Key actions:** Western Australia has implemented initiatives such as cultural training in the health and education workforce, information sharing, representation and collaboration of Aboriginal and Torres Strait Islanders in health and education policy.



**Remaining gaps:** Western Australia has not addressed the role of community workers in Liquor licence enforcement and access to early intervention health services across the health system broadly.

**Tasmania | Key actions:** Tasmania has several forums in which Aboriginal community members and organisations participate to directly influence the delivery of health and education services, ranging from the early years to mental health to curriculum development. There are also numerous Aboriginal-identified roles within the health and education sectors to enable service delivery by Aboriginal people to Aboriginal clients.



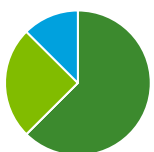
**Remaining gaps:** A more comprehensive review of Aboriginal and Torres Strait Islander health information practices and cultural awareness training practices is required to fully meet the objectives of the RCIADIC recommendations. Furthermore, no affirmative action policies are in place to promote Aboriginal and Torres Strait Islander employment in health.

**Northern Territory | Key actions:** The Northern Territory has undertaken several initiatives to improve health policies and service delivery, including development of the *Northern Territory Aboriginal Health Key Performance Indicator Information System*, and implementation of the NT Cultural Security Framework 2016-2026 across all NT health services.



**Remaining gaps:** The Northern Territory Government has not considered legislating for the appointment of community workers to inspect licensed premises, or addressed the role of Aboriginal Education Consultative Groups (AECGs) in discussing the needs of Aboriginal communities. Further action is required with regard to preschool readiness programs.

**Australian Capital Territory | Key actions:** The ACT Government has sought to improve health outcomes by appointing Aboriginal and Torres Strait Islander liaison officers in hospitals, and by regularly reviewing emergency protocols to ensure they are culturally appropriate. The ACT Government has also committed to developing culturally appropriate curricula by consulting with community members on incorporating Aboriginal and Torres Strait Islander perspectives and cultures.



**Remaining gaps:** The Australian Capital Territory has not addressed recommendations relating to the provision of an interpreter for Aboriginal and Torres Strait Islander people in the health system, the provision of appropriate mental health services, or the appointment of community workers to inspect licensed premises.

## 10.1 Towards better health (246-271)

### Recommendation 246

*That the State, Territory and Commonwealth governments act to put an end to the situation where insufficient accurate and comprehensive information on inputs to and activities of Aboriginal health programs is available. Such information is needed if Aboriginal organisations, governments and the community are to be in a position to understand and monitor what is taking place in this area, to estimate the benefits derived therefrom and to develop appropriate policies and programs to address existing and newly emerging needs.*

#### Background information


The RCIADIC Report identified that there was a complex mix of policies, funding arrangements, administrative structures and services currently operating in the health field relating to Aboriginal and Torres Strait Islander people.

#### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation is addressed to the Commonwealth, and jurisdictional governments.

#### Key actions taken and status of implementation


The NATSIHP was established by the **Commonwealth** Government to guide policies and programs to improve Indigenous health until 2023. This plan enables the monitoring of health systems that play a role in improving Aboriginal and Torres Strait Islander health outcomes through two public reporting mechanisms: a high-level annual report to Parliament; and detailed biennial reporting through the Health Performance Network.

 *Recommendation 246 has been implemented as the NATSIHP will capture accurate and comprehensive information on inputs to and activities of Aboriginal and Torres Strait Islander health programs.*

**All States and Territories** have signed the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*. Closing the Gap seeks to address Aboriginal and Torres Strait Islander disadvantage in relation to life expectancy, child mortality, access to education, and employment outcomes.


In their initial response to Recommendation 246, the **New South Wales** Government funded the implementation of data collection, monitoring, and the establishment of databases for Aboriginal health issues.

More recently, the *New South Wales Aboriginal Health Plan 2013-2023* provides for evaluations of Aboriginal programs. It also seeks to promote the quality improvement of reporting and data collection in the area of Aboriginal health. The NSW Government also works with the Commonwealth and States and Territories on the Aboriginal and Torres Strait Islander Health Performance Framework, which monitors progress in Aboriginal health outcomes, health system performance and broader determinants of health. The Framework provides an authoritative evidence base for Aboriginal Health related-policy as well as a high level summary of data and policy analysis for performance measures.

 *New South Wales has implemented Recommendation 246 through improvements to data collection in Aboriginal health programs under the Aboriginal and Torres Strait Islander Health Performance Framework.*


From 1993, **Victoria** has required hospitals to report on the Aboriginal and Torres Strait Islander health status of their patients. Victoria's *Koolin Balit Victorian Government Strategic Direction for Aboriginal Health 2012-2022* includes initiatives for the improved identification of Aboriginal and Torres Strait Islander patients in hospitals, and improved data collection. Under this Strategic

Direction, state departments are required to author quarterly reports on Aboriginal and Torres Strait Islander health issues.

 *Victoria has implemented Recommendation 246 through improvements to data collection in Aboriginal and Torres Strait Islander health programs.*


In the early 1990s, the **Queensland** Government extended recognition of Aboriginal and Torres Strait Islander status to birth certificates and ABS data collections, and all Queensland Health data collections include Aboriginal and Torres Strait Islander identification.

Queensland Health has implemented *Making Tracks: Toward closing the gap in health outcomes for Indigenous Queenslanders by 2033*, which invests in evidence-based initiatives to address the health gap. Effectiveness of health investment is monitored through the annual Queensland Closing the Gap Performance Report and the Burden of Disease and Injury in Queensland's Aboriginal and Torres Strait Islander People Report.


 *Queensland has implemented Recommendation 246 through the implementation of evidence-based initiatives as part of Making Tracks.*

In 1993, the **South Australian** Health Commission produced an Aboriginal Health supplement to the South Australian Health Statistics Chart Book to facilitate an assessment of Aboriginal and Torres Strait Islander health status. Subsequently, the South Australian Government continued to expand their recognition of Aboriginal and Torres Strait Islander people in health data collections. As part of this, the SA Government has implemented the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes: Implementation Plan*, which contains initiatives for data collection and evaluation.


SA Health has incorporated an Aboriginal Health Impact Statement into policy development. SA Health undertakes regular evaluations of the SA Health Aboriginal Health Care Plan using a data driven, evidence-based model, as well as of all Aboriginal and Torres Strait Islander health programs funded under *Closing the Gap*.

 *South Australia has implemented Recommendation 246 by using a data driven, evidence-based model for evaluations and policy development of Aboriginal and Torres Strait Islander health models.*

The **Western Australian** Government responded to the initial report by allocating greater funds to the collection of Aboriginal and Torres Strait Islander health data. In addition to this, the Western Australian Government has also commissioned two reviews of Aboriginal Health programs, with a focus on the measurement and achievement of clinical health outcomes and the performance of programs by type and location.


 *Western Australia has implemented Recommendation 246 by allocating additional funds for the collection of Aboriginal and Torres Strait Islander health data and by committing to the National Indigenous Reform Agreement.*

The **Tasmanian** Government is a signatory to the National Indigenous Reform Agreement, which sets out the Council of Australian Governments Closing the Gap Targets. The Department of Health and Human Services regularly consults with the Tasmanian Aboriginal Corporation and the Tasmanian Aboriginal Health Reference Group to determine needs and priorities for Aboriginal health and wellbeing in Tasmania.

 *Tasmania has partially implemented Recommendation 246 by committing to the National Indigenous Reform Agreement but has not expressly addressed information practices regarding Aboriginal and Torres Strait Islander health programs in its jurisdiction.*

In the **Northern Territory**, the Government developed the *Northern Territory Aboriginal Health Key Performance Indicator Information System*, which defines and develops data delivery from all Northern Territory community health centres. The Government has also undertaken consultations with community and representative groups, including ATSIC Regional Councils (which have since been


disbanded). The Department of Health's Annual Report provides information on primary health care performance measures for remote based Aboriginal and Torres Strait Islander people, as well as hospital performance measures specific to Aboriginal and Torres Strait Islander patients such as discharges against medical advice.

 *The Northern Territory has implemented Recommendation 246 by developing the Northern Territory Aboriginal Health Key Performance Indicator Information System.*

The **Australian Capital Territory** appointed Aboriginal and Torres Strait Islander liaison officers in hospitals, and has an *Implementation Plan* as a signatory to the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*. As part of this Plan, the ACT Government aims to add Aboriginal and Torres Strait Islander identifiers on pathology forms and on the Australian Capital Territory Patient Master Hub Index.

The Australian Capital Territory Government has noted that ACT Health will shortly commence a project with Winnunga Nimmityjah Aboriginal Health and Community Services. This project is aimed at improving the accuracy of Aboriginal and Torres Strait Islander identification within patient data collected by ACT public hospitals and to provide current data to help promote the benefits for patients, of ACT Health services more broadly, correctly recording Aboriginal and/or Torres Strait Islander identity.

In addition to this ACT Health is participating in a collaborative data linkage project with the NSW Ministry of Health that is providing new information to assist in 'closing the gap' on mortality and morbidity from cardiac conditions in Aboriginal and Torres Strait Islander people. As a part of this project, enhanced identification of Aboriginal and Torres Strait Islander people in health data is to be conducted.

 *The Australian Capital Territory has partially implemented Recommendation 246 by committing to adding Aboriginal and Torres Strait Islander identifiers on the Australian Capital Territory Patient Master Hub Index but is yet to implement information practices more broadly.*

### **Additional commentary**

The **Commonwealth** DOH noted that it is currently commissioning a number of projects to improve evaluation of Aboriginal and Torres Strait Islander health programs and to strengthen data related to their health.

## **Recommendation 247**

*That more and/or better quality training be provided in a range of areas taking note of the following:*

- a. *Many non-Aboriginal health professionals at all levels are poorly informed about Aboriginal people, their cultural differences, their specific socio-economic circumstances and their history within Australian society. The managers of health care services should be aware of this and institute specific training programs to remedy this deficiency, including by pre-service and in-service training of doctors, nurses and other health professionals, especially in areas where Aboriginal people are concentrated;*
- b. *The rotation of staff through country hospitals means that many professional staff are ill-prepared to provide appropriate health care services to Aboriginal people. Staff on such rotations should receive special training for their rural placements, and resources to make this possible should routinely be provided as part of the operating budgets of the relevant facilities;*
- c. *The primary health care approach to health development is highly appropriate in the Aboriginal health field, but health professionals are not well trained in this area. The pre-service and in-service training of doctors, nurses and other health professionals should provide such staff with a firm understanding of and commitment to primary health care. This should be a special feature of the training of staff interested in working in localities where Aboriginal people are concentrated;*

- d. *Health care staff working in areas where Aboriginal people are concentrated should receive specific orientation training covering both the socio-cultural aspects of the Aboriginal communities they are likely to be serving and the types of medical and health conditions likely to be encountered in a particular locality. Such orientation programs must be complemented by appropriate on-the-job training;*
- e. *Effective communication between non-Aboriginal health professionals and patients in mainstream services is essential for the successful management of the patients' health problems. Non-Aboriginal staff should receive special training to sensitise them to the communication barriers most likely to interfere with the optimal health professional/patient relationship; and*
- f. *Aboriginal people often present to mainstream health care facilities with unusual health conditions and unusual presentations of common conditions, as well as urgent, life-threatening conditions. The training of health professionals must enable them to cope successfully with these conditions.*

### Background information

There has been increased attention placed on the importance of medical as well cultural training of all Aboriginal Health Workers (AHWs) to better serve the Aboriginal and Torres Strait Islander population.

### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. The implementation of this recommendation requires coordination and implementation from the Commonwealth, and the states and territory governments.


### Key actions taken and status of implementation

The **Commonwealth** Government has undertaken the following actions in response to Recommendation 247. The *Closing the Gap* National Partnership Agreements (NPAs) set out a number of strategies with the aim of improving the cultural sensitivity of health workers and the subsequent services provided to the Aboriginal and Torres Strait Islander population. The NPAs explicitly address every aspect of the priority areas outlined in the recommendation.

The DOH's Reconciliation Action Plan (RAP) 2013-17 sets out training programs such as the Cultural Education and Awareness initiative as well as increasing the focus on Aboriginal and Torres Strait Islander staff recruitment and retention.

The DOH noted that under the Primary Health Care component of the IAHP, funding is available for activities that support the delivery of primary health care services. Specifically, the funding aims to address the development, employment and enhancement of workforce capacity.

The DOH adds that the Practice Incentives Program is a payment scheme available to accredited general practices to improve the quality of care that is provided to Aboriginal and Torres Strait Islander patients. As part of the program, staff members at general practices take part in training to improve their cultural awareness.

 *The Commonwealth Government has implemented Recommendation 247 through Closing the Gap NPAs and the RAP.*

In 1994, the **New South Wales** Government offered cultural sensitivity workshops for non-Aboriginal staff members, and incorporated Aboriginal health issues into relevant university courses. This was strengthened in *Respecting the Difference: an Aboriginal Cultural Training Framework for NSW Health*, in which the NSW Government requires cultural training to be undertaken by staff to ensure that staff are culturally competent. This program empowers staff to deliver more respectful, responsive and culturally sensitive services for Aboriginal people, their families, and communities.

Additionally, the *Aboriginal Health Plan 2013-23* includes the implementation of effective services, building evidence and achieving an integrated planning and service delivery approach in NSW. This includes supporting research and evaluation, disseminating evidence of effective programs and services, and supporting the translation of evidence into policy and practice.



- *New South Wales has implemented Recommendation 247 by implementing training programs under Respecting the Difference: an Aboriginal Cultural Training Framework for NSW Health.*

The **Victorian** Government has conducted consultations with government, educational providers and community organisations to inform cross-cultural training and formal training opportunities in Aboriginal and Torres Strait Islander health. The 2012-2022 *Koolin Balit Strategic Directions for Aboriginal Health* seeks to improve cultural responsiveness among health providers, and to promote the provision of respectful and high-quality training in Aboriginal and Torres Strait Islander health.

- *Victoria has implemented Recommendation 247 by implementing training programs that address the cultural competency of people working in the health system.*

In 1993, the **Queensland** Government introduced a cross-cultural training program, a pre-service training program, and provided a greater awareness of Aboriginal and Torres Strait Islander health issues in state policy. Queensland Health has a cultural capability framework and a cultural learning program for health professionals.

- *Queensland has implemented Recommendation 247 by implementing a cultural capability framework and a cultural learning program under Queensland Health.*

The aims and objectives of the constitution of the **South Australian** Government's Aboriginal Health Council include providing for cultural sensitivity in mainstream service delivery and educating health professionals about the requirements of Aboriginal and Torres Strait Islander people. The SA Government more recently provides in its *Health Aboriginal Cultural Respect Framework* that staff will participate in localised cultural awareness and responsiveness workshops periodically, including where there is substantial contact with Aboriginal and Torres Strait Islander people. This includes Cultural Awareness Training and Quality and Safety Standards, including specific standards relating to Aboriginal and Torres Strait Islander health provision.

- *South Australia has implemented Recommendation 247 by providing cultural training under the Health Aboriginal Cultural Respect Framework.*


The **Western Australia** Government launched an Aboriginal Employment Scheme and education for staff on rotations, in order to bolster the recognition of Aboriginal and Torres Strait Islander people in the provision of health care services. Currently, the WA Department of Health contributes to the implementation of Recommendation 247 through:

- online Cultural Awareness Training, 'Aboriginal Cultural eLearning – a healthier future', which is delivered to all WA Health employees within 6 months of commencing work;
- the Aboriginal Cultural Learning Package, which is an online suite of training, tools and resources to support the development of a culturally respectful and non-discriminatory health system; and
- the Cultural Competency Continuum (currently being developed by the Department of Health)

- *Western Australia has implemented Recommendation 247 by providing cultural training to all employees of the Western Australian Department of Health.*


The **Tasmanian** Department of Community and Health Services initially responded to the RCIADIC report through launching a program to expose staff to Aboriginal and Torres Strait Islander health issues, such as through conferences and professional development.

Currently, the Department of Health and Human Services has established the Aboriginal Health Unit, which includes as one of its key projects Aboriginal Cultural Competency E-Learning. The E-Learning training package was developed in consultation with the Aboriginal and Torres Strait Islander community and is being delivered as part of Tasmania's implementation of the Australian Health Ministers' Advisory Council *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026*. In addition, some Department of Health and Human Services business units engage the Tasmanian Aboriginal Corporation to run tailored training. For example, all clinicians engaged by the TAZREACH office of the Department to provide services in Aboriginal and Torres Strait Islander organisations to Tasmanians in rural and remote areas are required to go through cultural awareness and safety training, typically provided by the Tasmanian Aboriginal Corporation.

 *Tasmania has partially implemented Recommendation 247 by implementing an Aboriginal and Torres Strait Islander cultural safety and awareness e-learning training package but has only addressed part (a) of this recommendation.*


From 1994, the **Northern Territory** Government developed and offered the Aboriginal Cultural Awareness Program, which was designed to ensure that all Health and Community Services staff received appropriate levels of cultural training. ACAP included a pre-employment package, a compulsory recruitment orientation course, and further courses to build capacity in Aboriginal and Torres Strait Islander health issues and cultural sensitivity. In addition, the NT Department of Health's *Aboriginal Cultural Security Policy* seeks to review service delivery practices to ensure that they are respectful towards Aboriginal and Torres Strait Islander culture and values, and to modify service delivery where possible.

More recently, the NT Government has implemented the NT Cultural Security Framework 2016-2018 and has developed health literacy training for NT Health Staff.

 *The Northern Territory has implemented Recommendation 247 by implementing a range of training programs and initiatives aimed at improving cultural competency, such as the Aboriginal Cultural Awareness Program and the NT Cultural Security Framework 2016-2018.*

In the **Australian Capital Territory**, the Winnunga Nimmityjah Aboriginal Health Service conducted cultural awareness workshops for mainstream health workers during 1993-94. Since then, cross-cultural training programs have been offered and incorporated into overarching guidelines for health service provision.

Currently, all ACT Health staff are required to complete the 'Working with Aboriginal and Torres Strait Islander patients and clients (eLearning 2016)' training module through the ACT Health eLearning system. ACT Health also expects that all staff will seek and maintain in their work an understanding of Aboriginal and Torres Strait Islander people's culture, history and the health issues of individuals/families presenting for care at ACT Health services. To assist staff, ACT Health has developed Engagement Protocols for Working with Aboriginal and Torres Strait Islander Communities Guide, to provide staff with a basic overview of culturally appropriate communication, language and behaviour.

 *The Australian Capital Territory has partially implemented Recommendation 247 by developing cross-cultural training programs and engagement protocols, but has only addressed parts of this recommendation.*

## **Recommendation 248**

*That health departments, academic institutions and other relevant training authorities monitor the proposed Monash University/Victorian Aboriginal Health Service's Aboriginal Primary Health Care Unit, with a view to learning from its experiences and that those interested in this field study the philosophies and methods of operation of the Aboriginal community-controlled health services.*

### **Background information**

The Victorian Aboriginal Health Service, in conjunction with psychiatric facilities and hospitals, developed a community-based mental health network linking the community-based health service with a psychiatric hospital and a public hospital. Recommendation 248 recognises that organisations and departments involved in Aboriginal and Torres Strait Islander health should learn from best practice examples in primary health care, including community development strategies and philosophies.


### **Responsibility**

Recommendation 248 is the responsibility of the State and Territory Governments. The States and Territories oversee health departments, academic institutions and relevant training authorities in regard to the integration of primary health practices directed towards Aboriginal and Torres Strait Islander communities.



### Key actions taken and status of implementation

Recommendation 248 has not been implemented. The 1992-93 Annual Report notes that the proposed model did not proceed. The Primary Health Care Unit no longer exists in Victoria, although Monash University does offer medical students placements at the Victorian Aboriginal Health Service Co-operative.

 *The proposed model did not proceed. As such, Recommendation 248 is out of scope for all States and Territories.*

### Recommendation 249

*That the non-Aboriginal health professionals who have to serve Aboriginal people who have limited skills in communicating with them in the English language should have access to skilled interpreters.*

#### Background information

The RCIADIC Report identified cases where communication difficulties resulted in misdiagnosis and a lack of proper treatment of Aboriginal and Torres Strait Islander people. Communication difficulties were determined to have contributed to a number of the deaths in custody considered by the RCIADIC Report.

#### Responsibility


The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that translating services be provided by the Commonwealth, and jurisdictional governments.

### Key actions taken and status of implementation


The **Commonwealth** Government's NPARSD aimed to improve access, range and coordination of services in 29 priority locations, with explicit programs for strengthening interpreting and translating services. The NPAs ran from 2009 to 2013. From 2015 to 2017, PM&C has funded the National Accreditation Authority for Translators and Interpreters to increase the number of Aboriginal and Torres Strait Islander language interpreters across Australia.

PM&C noted that the Minister for Indigenous Affairs has committed \$5 million in 2016-17 to improve access to Aboriginal and Torres Strait Islander interpreting services. The aim is to ensure the ongoing supply of an accredited, professional workforce through training and accreditation of Aboriginal and Torres Strait Islander interpreters. In addition, PM&C also noted that governments have access and equity guidelines which contain requirements for the provision of adequate interpreting services.

PM&C have established a committee regarding accessibility for Indigenous Language Interpreters which includes the DOH as a member.


 *Recommendation 249 has been implemented through an increase in funding and strategies to increase the accessibility of services to the Aboriginal and Torres Strait Islander population in their native languages.*

The New South Wales Government responded to Recommendation 249 by conducting cross-cultural sensitivity workshops, which included training on communication with Aboriginal people. New South Wales Health has a policy of using interpreting services where required. However, the most recent NSW Health Care Interpreter Service data from 2015/16 indicates no requests were received for interpreters of Aboriginal languages.


 *New South Wales has partially implemented Recommendation 249 by implementing a policy of using interpreter services where required. However, this policy does not expressly address Aboriginal languages. It is noted that no request for these services was made in the most recent period.*

The **Victorian** Department of Health has a Language Services Policy in place to support the department and its funded services in responding to the needs of linguistically diverse people, including migrants, refugees and asylum seekers and those that use sign language. It does not expressly cover Aboriginal and Torres Strait Islander people.


In the 2005 implementation review conducted by Victoria, it was noted that the Victorian Government is not of the view that this recommendation is relevant to the State.

 *Victoria has mostly implemented Recommendation 249 by providing interpreting services in its health system, however, does not expressly address Aboriginal and Torres Strait Islander languages.*

As part of the **Queensland** Government's health standards, it is provided that service providers must access appropriately qualified interpreters for Aboriginal and Torres Strait Islander service users. Indigenous Hospital Liaison Officers are employed in major health facilities across the State to improve access to culturally appropriate care and can facilitate access to interpreter services when required.

 *Queensland has fully implemented Recommendation 249 by providing for access to appropriately qualified interpreters for Aboriginal and Torres Strait Islander service users in its health system.*


As part of its initial response to the RCIADIC, the **South Australian** Government provided translation services through formal interpreter services, Aboriginal Liaison officers or liaison with community-controlled Aboriginal and Torres Strait Islander health services. Currently, the SA Interpreting and Translation Centre includes translating services for the Pitjantjatjara and Yankunytjatjara languages. Recently, the SA Government has committed \$2.3 million to expanding the Northern Territory Aboriginal Interpreter Service (NTAIS) to metropolitan Adelaide and Port Augusta. This follows training delivered by NTAIS in 2016 to SA public sector staff on the appropriate use of Aboriginal and Torres Strait Islander languages interpreting services.

 *South Australia has implemented Recommendation 249 by providing interpreting services in its health system for a variety of languages through the SA Interpreting and Translation Centre.*


The **Western Australia** Government responded to Recommendation 249 by developing Aboriginal Health Interpreter courses and in extending career opportunities to Aboriginal and Torres Strait Islander health professionals.

The Western Australian Health Language Services Policy also supports the universal right to health by providing guidelines that will ensure that effective communication occurs between health service providers and those who need language assistance.

Currently, the Kimberley Interpreting Service provides Aboriginal and Torres Strait Islander interpreting service in Western Australia. It is a community-controlled Aboriginal and Torres Strait Islander organisation with 170 interpreters representing 26 languages.

 *Western Australia has implemented Recommendation 249 by providing interpreting services in its health system for a variety of languages including Aboriginal and Torres Strait Islander languages.*


In **Tasmania**, following the RCIADIC the Tasmanian Government liaised with Aboriginal Adult Education and Adult Literacy to explore access to interpreters and advocates. While Tasmania provides a translation and interpretation service, there are no Aboriginal and Torres Strait Islander languages covered as part of this service because there is no commonly-spoken Aboriginal and Torres Strait Islander language in Tasmania.

 *Recommendation 249 is out of scope for Tasmania.*

At the time of RCIADIC, the **Northern Territory** Government was largely compliant with Recommendation 249 in their provision of interpretation services. Aboriginal Health Workers and community workers with local language were utilised in remote areas, and Aboriginal liaison officers were utilised in hospital and urban settings. Currently, the NT Department of Local Government and Community Services operates the Aboriginal Interpreter Service which interprets Aboriginal and Torres Strait Islander language speakers. The Department of Health has also developed the Use of Aboriginal Interpreter Policy and the informed consent policy.

 *The Northern Territory has implemented Recommendation 249 by providing interpreting services through its Aboriginal Interpreter Service and developing a Use of Aboriginal Interpreter Policy.*

In 1994, the **Australian Capital Territory** appointed Aboriginal hospital liaison officers to the then Woden Valley Hospital with the role of interpretation and translation to Aboriginal and Torres Strait Islander people. Currently, in the ACT a translation and interpretation service is available but no Aboriginal and Torres Strait Islander languages are covered as part of the service. It is noted that ACT Health is unaware of any issues relating to deficiency in English language skills amongst Aboriginal and Torres Strait Islanders. As such this recommendation may be of limited relevance to the ACT.

 *The Australian Capital Territory has not implemented Recommendation 249.*

### Additional commentary

The **Commonwealth** PM&C noted that a consistent principle across language policies is that a service delivery agency requiring an interpreter is responsible for meeting the costs and steps required to ensure the interpreter is available. PM&C also noted that the Commonwealth Ombudsman released an own motion report in 2016 which found that there had been progress since 2011 in regards to the accessibility of Aboriginal and Torres Strait Islander language interpreters. However, more work is needed to develop best practice principles and a national model.

The **Tasmanian** Government noted that there is no commonly-spoken Aboriginal language in Tasmania. *'palawa kani* is the revived form of the original Tasmanian Aboriginal languages. It incorporates authentic elements of the original languages remembered by Tasmanian Aborigines from the nineteenth to the twenty-first centuries. It also draws on an extensive body of historical and linguistic research. The Tasmanian Aboriginal Corporation is acknowledged both within and outside the Aboriginal community as the body with responsibility for that work.

## Recommendation 250

*That effective mechanisms be established for communicating vital information about patients, between the mainstream and Aboriginal community-based health care services. This must be done in an ethical manner, preserving the confidentiality of personal information and with the informed consent of the patients involved. Such communication should be a two-way process.*

### Background information

The RCIADIC Report identified cases where communication difficulties between health care service providers exacerbated existing problems of cultural difference and resulted in worse patient outcomes for Aboriginal and Torres Strait Islander people.


### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that health services provided by both the Commonwealth, and the States and Territories communicate effectively to provide improved patient outcomes.

### Key actions taken and status of implementation

The **Commonwealth** Government's National E-Health Transition Authority (NEHTA) was established in 2005 by COAG to facilitate the transformation of Australia's health system by building the foundations for a national eHealth infrastructure. NEHTA is jointly funded by the Commonwealth, and the state and territory governments.


The DOH noted that My Health Record (MHR) is intended to be the national shared electronic health system, providing an online summary of personal health information. The DOH noted that the Australian Digital Health Agency was established in 2016. The Agency is coordinating approaches for the utilisation of information technology to support a safe and connected health system.

 *While the Commonwealth has undertaken various initiatives aimed at improving communication between health services (for all Australians), to-date these initiatives have not been sufficiently*


*effective, and there is more to be done to ensure ongoing issues (for example, uptake among hard to reach populations) with these programs are resolved.*

**All States and Territories** have supported the development of the NEHTA. States and Territories are contributing towards shared electronic health records with national standards and guidelines of the NEHTA, including data collection and linked admission and discharge information between primary, in-patient, and specialist services.


The **New South Wales** Government noted in their 1994-95 implementation report that Recommendation 250 had been addressed through the implementation of *A Healthy Future: A Framework for Health in NSW* which sought to improve communication between public and private health providers and to ensure continuity of care for clients. The NSW Department of Health and the Aboriginal Health Resource Cooperative also established a partnership and a range of plans to facilitate improved mechanisms for the transfer of information about patients. Since this time, the implementation of the New South Wales Integrated Care Strategy continues to support models of integrated care including care pathways for Aboriginal people across the mainstream and Community Controlled Sectors.

 *New South Wales has implemented Recommendation 250 through the implementation of A Healthy Future: A Framework for Health in NSW and its Integrated Care Strategy*


Initially, the **Victorian** Government responded to Recommendation 250 through the Koori Health Unit, in consultation with Aboriginal community-based health care services, to develop these mechanisms. As part of its current strategic direction, the Victorian Government seeks to promote closer collaboration and integration of health services and to improve service coordination between Aboriginal and Torres Strait Islander people and mainstream services. For example, the Health Department provided input through the Victorian Committee for Aboriginal Aged Care and Disability on the Home and Community Care Aboriginal Services Coordination Project.

 *Victoria has implemented Recommendation 250 by providing a liaison service between the public health system and Aboriginal community-based health care services.*

In 1994, the **Queensland** Government launched health databases including *Community Health Information System* and *Genesyst* to enable information sharing between community-based and public sector health services. Currently, the Queensland Government's *Cultural Capability Framework* aims to improve data collection and analysis for culturally and linguistically diverse communities. This is through the provision of intranet and internet services, and the delivery of online resources. The *Hospital and Health Boards Act 2011* (Qld) provides the legislative framework for sharing patient information.

 *Queensland has mostly implemented Recommendation 250 by establishing a legislative framework for the sharing of patient information but does not expressly address the sharing of information between the public health system and Aboriginal community-based health care services.*

In **South Australia**, the Government encouraged cooperative arrangements between mainstream and Aboriginal and Torres Strait Islander based health services. The South Australian 1993 implementation report noted that the Aboriginal Health Council was tasked with mediation where needs arose. SA Health is currently working with the Australian Government and Aboriginal Health Council of South Australia (AHCSA) to improve data exchange and patient coordination across treatment sectors.


 *South Australia has implemented Recommendation 250 by implementing cooperative arrangements between mainstream health and Aboriginal and Torres Strait Islander health services, as well as improving data exchange and patient coordination.*

At the time of the RCIADIC, **Western Australia** had already introduced mechanisms for patient information to be shared between hospitals, agencies, and Aboriginal and Torres Strait Islander community based health care services.


The Western Australian Department of Health is able to share information with Aboriginal and Torres Strait Islander community-based health care services subject to the consent of patients.

 *Western Australia has implemented Recommendation 250 by enabling patient information to be shared between hospitals, agencies, and Aboriginal and Torres Strait Islander community based health care services.*


The **Tasmanian** Government noted in their 1993 implementation report that Tasmania was compliant with Recommendation 250 at the time that RCIADIC was published.

 *Tasmania has partially implemented Recommendation 250 by employing Aboriginal Health Liaison Officers to improve communication between Aboriginal and Torres Strait Islander patients and the mainstream health system but has not addressed key elements of the recommendation.*

At the time the RCIADIC report was released, regular information exchange between mainstream and Aboriginal and Torres Strait Islander community-based health services in the **Northern Territory** was occurring. More recently, the three-year project, 'My eHealth Record transition to the national My Health Record' was completed in 2016, delivering capability to send summaries of important health information to the national My Health Record system.

 *The Northern Territory has implemented Recommendation 250 by developing the capability to exchange information between the public health system and Aboriginal community-based health care services.*

The **Australian Capital Territory** Government noted in their 1994 implementation report that field workers and Aboriginal Liaison Officers facilitated communication and information exchange between various mainstream health services and Aboriginal and Torres Strait Islander community-controlled health services.

 *The Australian Capital Territory has implemented Recommendation 250 by facilitating the exchange of information between the public health system and Aboriginal community-based health care services through field workers and Aboriginal Liaison Officers.*

### **Additional commentary**

The **Commonwealth** DOH indicated that the Australian Government is considering options to increase the participation rate in the MHR for hard to service populations. In addition, under the Primary Health Care component of the IAHP, funding is available for activities that support the delivery of primary health care services. This includes establishing and strengthening partnerships and collaboration at the local, regional and national levels.

Currently, the **Tasmanian** Health Service employs Aboriginal Health Liaison Officers at both the Royal Hobart Hospital and Launceston General Hospital. The Officers are responsible for assisting members of the Aboriginal and Torres Strait Islander community with navigating through health services and increasing their access to appropriate health care, including via direct referral to community-based Aboriginal Health Services.

### **Recommendation 251**

*That access to health care services and facilities, including specialised diagnostic facilities, in areas of Aboriginal population should be brought up to community standards. The greater needs, for the time being, of Aboriginal people should be fully recognised by the responsible authorities in their consideration of the allocation of staff and equipment.*

### **Background information**

The RCIADIC Report determined that areas with high concentrations of Aboriginal and Torres Strait Islander populations (in particular, remote areas), had limited availability of specialised medical equipment. This lack of resources contributed to a number of deaths examined by the RCIADIC Report.


## Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that specialised diagnostic facilities and treatment equipment be provided by both the Commonwealth, and the States and Territories, noting that the States and Territories have primary responsibility for delivering this recommendation.

## Key actions taken and status of implementation


The **Commonwealth** Government have introduced the Practice Incentives Program Indigenous Health Initiative to provide more effective detection and management of chronic disease through the introduction of multidisciplinary care and enhanced screening. Since the NPA on Closing the Gap in Indigenous Health Outcomes was introduced, over 340 extra health professionals and 150 Aboriginal Liaison Officers have been appointed to work in Aboriginal and Torres Strait Islander health.

The DOH noted that funding is available through the IAHP for culturally appropriate primary health care for Aboriginal and Torres Strait Islander people. This includes for the purchase of health equipment, insurance and maintenance.

 *Recommendation 251 is mostly complete as there has been increased access to health care services and facilities, as well as a greater number of staff devoted to providing care to areas with large Aboriginal and Torres Strait Islander populations. However, there is still work to be done to ensure the successful distribution and use of specialised equipment that is specifically directed to Aboriginal and Torres Strait Islander communities, and to bring up access to health care to community standards in all Aboriginal and Torres Strait Islander communities (in particular, remote communities).*

In the early 1990s, the **New South Wales** Government established a number of Aboriginal Liaison Committees in hospitals whose populations included Aboriginal populations. Funding was also provided for Aboriginal Liaison officers to facilitate the use of mainstream services by Aboriginal people.


Currently, the *NSW Aboriginal Health Plan 2013-23* seeks to ensure that all relevant NSW health policies, programs and services consider Aboriginal people as a priority population and reflect the needs of those communities. All new strategies and policies must include an Aboriginal Health Impact Assessment, which requires staff to address three key questions about the context, reach, impact and engagement with Aboriginal people.

 *New South Wales has mostly implemented Recommendation 251 by improving the quality of health care services for Aboriginal people through Aboriginal Liaison Committees in hospitals and the *NSW Aboriginal Health Plan 2013-2023*. However, it does not appear that equitable access to specialised equipment has been ensured.*


The **Victorian** Government facilitated the provision of Aboriginal and Torres Strait Islander health services through Aboriginal and Torres Strait Islander medical services, specialist community-controlled agencies, and mainstream health services with the assistance of Aboriginal Hospital Liaison officers. Currently, the Victorian Government's *Koolin Balit Strategic Directions for Indigenous Health* includes the objective of improving access to services and outcomes for Aboriginal and Torres Strait Islander people. Service providers must meet high quality standards which are inclusive of the needs of all Aboriginal and Torres Strait Islander people.

The Victorian Government has noted that an internal review conducted in 2017 recommended that the Improving Care for Aboriginal Patients (ICAP) program be revised. The revision of this program will provide health services with the support necessary to meet the Version 2 of the National Safety and Quality Health Service standards, ultimately improving the cultural safety experienced by Aboriginal and Torres Strait Islander people accessing their services. To improve health services accountability to Aboriginal and Torres Strait Islander health, and to support them to meet Version 2 of the standards, the Department will be implementing mandatory reporting requirements for health services in 2019/20.




 *Victoria has mostly implemented Recommendation 251 by improving the quality of health care services for Aboriginal and Torres Strait Islander people through the Koolin Balit strategy. It does not appear that equitable access to specialised equipment has been ensured.*

As part of the **Queensland** Health Capital Works Program in the 1990s, the Queensland Government rolled out Primary Health Care Centres in rural and remote areas with high Aboriginal and Torres Strait Islander populations. The 2015 *Making Tracks Policy and Accountability Framework* places an emphasis on maintaining a multi-faceted approach to deliver responsive mainstream health services, complemented by targeted Aboriginal and Torres Strait Islander specific programs and services.


 *Queensland has partially implemented Recommendation 251 by improving the quality of health care services for Aboriginal and Torres Strait Islander people through the Queensland Government's commitment to transitioning primary health care services to community control arrangements. However, it does not appear that equitable access to specialised equipment has been ensured.*

The **South Australian** Aboriginal Health Care Plan 2010-16 provides as a key principle that resources must be sufficient to improve the health and wellbeing of Aboriginal and Torres Strait Islander people. As such, there are a range of accessible government and non-governmental health services in SA, including hospitals, ACCHOs, outreach services, and general practices and services supported by the peak Aboriginal and Torres Strait Islander health body, the AHCSA.


SA Health is committed to ensuring access and quality health services through the implementation of the National Quality and Safety Standards, which includes six specific standards focused on Aboriginal and Torres Strait Islander health provision. SA Health's strategies include participation in the SA Aboriginal Chronic Disease Consortium and delivery of the Aboriginal Maternal and Infant Care Program.

 *South Australia has mostly implemented Recommendation 251 by improving the quality of and access to health care services for Aboriginal and Torres Strait Islander people through the National Quality and Safety Standards and a range of associated strategies. However, it does not appear that equitable access to specialised equipment has been ensured.*


The **Western Australia** Government notes in its 1994 implementation report that diagnostic laboratories and District Hospitals have a capacity to process routine matters. Since 2011, the Western Australian Country Health Service has been delivering a program of works to redevelop Health Clinics at Aboriginal and Torres Strait Islander communities across the Kimberley and Pilbara regions. As of January 2018, four clinics have been completed, with another three scheduled for refurbishment. This program of works has improved the delivery of health care services closer to home for Aboriginal and Torres Strait Islander people in regional and remote areas. The State has also implemented specialist telehealth Services into rural and remote facilities, to ensure better access to care and reduce the need for extended regional travel.

 *Western Australia has mostly implemented Recommendation 251 by improving the quality and access to healthcare service for Aboriginal and Torres Strait Islander people. However, equitable access to specialised equipment has not been addressed.*

The **Tasmanian** Government notes that Aboriginal and Torres Strait Islander populations in Tasmania tend to be located among the general population and have access to mainstream services and facilities. However, the Department of Health and Human Services provides outreach clinical services to all of Tasmania's Aboriginal and Torres Strait Islander organisations through the Medical Outreach Indigenous Chronic Disease Program, including to remote locations such as Flinders Island and Cape Barren Island. In addition, the Bass Strait Islands Agreement provides physiotherapy services to Cape Barren Island, and a range of services to Flinders Island Multipurpose Centre.

 *Tasmania has mostly implemented Recommendation 251 by improving the quality of and access to health care services for Aboriginal and Torres Strait Islander people in remote areas through the Medical Outreach Indigenous Chronic Disease Program but does not appear to have addressed equitable access to specialised equipment in their response.*


The **Northern Territory's** 1993-94 implementation report notes that the Patient Assistance Travel Scheme allowed Aboriginal and Torres Strait Islander people from remote communities to be seen by specialists in major town centres or interstate if required. Since this time, the Northern Territory Department of Health has provided health services across the NT for Aboriginal and Torres Strait Islander populations through 54 primary health care centres, and major primary health care services in regional and urban centres, regional hospitals in Gove, Katherine, Tenant Creek and Palmerston (opening 2018/19), and major hospitals in Darwin and Alice Springs. In addition to this numerous new remote health centres and upgrades / refurbishments have been completed. The Northern Territory Department of Health is also currently transitioning four NT government health services to Aboriginal community controlled health services.

 *The Northern Territory has implemented Recommendation 251 by numerous investments in health infrastructure in Aboriginal and Torres Strait Islander areas and the transition of four government health services to Aboriginal and Torres Strait Islander community controlled health services.*

The **Australian Capital Territory** Government noted that Recommendation 251 relates more to remote Aboriginal and Torres Strait Islander communities. However, the ACT Government has sought to increase access for Aboriginal and Torres Strait Islander people to testing and other health services.

The ACT Government has made significant investment in health facilities for Aboriginal and Torres Strait Islander people. In 2017, the ACT Government opened the Ngunnawal Bush Healing Farm which provides a place for traditional and cultural healing practices aimed at addressing root cause trauma of Alcohol and Drug Addiction. While the facility is in its early stages of operation, it is intended that it will, in time, provide a residential facility for Aboriginal and Torres Strait Islander people seeking to avoid relapse into Alcohol and Drug Addiction.

The ACT Government has also funded the refurbishment and construction of additional facilities for Winnunga Nimmityjah Aboriginal Health and Community Services, the ACT's only Aboriginal Community Controlled Health Organisations (ACCHO). Winnunga reports that it provided 54 000 occasions of service to 4482 people in 2016/2017. The improved facilities will provide increase service capacity and additional services to the Aboriginal and Torres Strait Islander community of the ACT.

 *The Australian Capital Territory has partially implemented Recommendation 251 by improving access for Aboriginal and Torres Strait Islander people to health care services. However, there has been no further evidence of their response to the requirements of the recommendation.*

### **Additional commentary**

The **Queensland** Government notes a long-standing commitment to progress transition to community control in the region of health services and has committed to transitioning Queensland Government funded primary health care services to community control arrangements in Cape York.

## **Recommendation 252**

*That hospitals that are regularly attended by Aboriginal people should review existing procedures in casualty, in consultation with Aboriginal Health and Medical Services, to reduce the likelihood of Aboriginal patients receiving ineffective diagnosis and treatment. The usefulness of standard protocols in such situations should be explored in the reviews.*

### **Background information**


Recommendation 252 recognises that Aboriginal and Torres Strait Islander people should have ready access to healthcare facilities, including specialised diagnostic facilities in casualty departments.

### **Responsibility**


The recommendation is the responsibility of the State and Territory Governments. The States and Territories have policy oversight of hospitals.

### Key actions taken and status of implementation

The **New South Wales** Government conducted a review of hospital casualty services in 1990 and subsequently allocated funding for the employment of Aboriginal Liaison officers in hospitals across NSW. Currently, patients presenting to emergency departments have the opportunity to identify as Aboriginal and Torres Strait Islander, allowing for timely, appropriate and effective care and treatment of patients, including access to Aboriginal Health Workers. The diagnostic error *Take 2 – Think, Do* program includes a strategy that recognises high-risk patients as an opportunity to have a greater scrutiny of the diagnostic information to promote accuracy in diagnosis. Aboriginal and Torres Strait Islander patients are flagged as a potential high risk within this framework. This program is in a pilot phase and will be evaluated to assess its effectiveness.


 *New South Wales has implemented Recommendation 252 by adopting greater scrutiny of protocols and flagging Aboriginal and Torres Strait Islander patients as a potential high risk within its revised framework. NSW Health has explored trial interventions such as the Aboriginal Identification in Hospitals Quality Improvement Program and the 48 Hour Follow Up program to improve care for Aboriginal people.*

In **Victoria**, protocols concerning the diagnosis and treatment of Aboriginal and Torres Strait Islander people were developed in consultation between Koori Hospital Liaison officers, the Regional Office of the Department of Health and Community Services, and local community.


 *Victoria has implemented Recommendation 252 by developing protocols for diagnosing and treating Aboriginal and Torres Strait Islander people in consultation with appropriate stakeholders and communities.*

The **Queensland** Government has implemented the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033 to improve provision of culturally appropriate health care.

Emergency Departments in Queensland with a higher population of Aboriginal and Torres Strait Islander people are also staffed by Indigenous Hospital Liaison Officers to encourage culturally capable health care. Some hospital and health services also have established MOUs with Aboriginal Community Controlled Health Organisations for continued care pathways.

 *Queensland has partially implemented Recommendation 252 by implementing a framework for culturally capable health care but has not expressly addressed reviews of protocols.*


The **South Australian** Government responded to Recommendation 252 through expanding Aboriginal Hospital Liaison Officer services, increasing Aboriginal and Torres Strait Islander employment in health services, and closer cooperation between hospitals and Aboriginal Health Services. SA Health has also established protocols in place to ensure vulnerable members of the population are seen and treated in emergency departments.

 *South Australia has partially implemented Recommendation 252. While South Australia has expanded Aboriginal Hospital Liaison Officer services and established protocols for the treatment of vulnerable members of the population in emergency departments, the protocols only concern access, not appropriate treatment, and do not address Aboriginal and Torres Strait Islander populations specifically.*


During the 1990s, the **Western Australian** Government reviewed and developed *Regional Aboriginal Health Plans*, and updated clinical protocols and practices through initiatives such as the *Maternal Child Health Project*.

Since this time, the Western Australian Government has indicated that it has been working with other jurisdictions to leverage systematic improvements in the quality of care provided to Aboriginal and Torres Strait Islander people by mainstream health services. Work to improve the quality of care includes the National Aboriginal and Torres Strait Islander Health Standing Committee's work on Safety and Quality in Health Care, on National Safety and Quality Health Service (NSQHS) Standards, which includes six specific actions to address the needs of Aboriginal and Torres Strait Islander people. In addition, the Aboriginal Cultural Learning Package is an online suite of training, tools and

resources that supports the development of a culturally respectful and non-discriminatory health system.


 *Western Australia has implemented Recommendation 252 by reviewing procedures in hospitals in consultation with the National Aboriginal and Torres Strait Islander Health Standing Committee.*

The **Tasmanian** Government's initial response to Recommendation 252 involved the placement of Aboriginal Health Liaison officers to ensure improved communication and access to care. Through the Tasmanian Aboriginal Health Partnership Forum, work is also progressing on mental health and early years health services, which will consider areas of the hospital experience and more effective discharge processes.


 *Tasmania has partially implemented Recommendation 252 by employing Aboriginal Health Liaison Officers and by addressing specific health services through the Tasmanian Aboriginal Health Partnership Forum but has not expressly addressed reviews of protocols.*

The **Northern Territory's** 1993-94 implementation report notes that the Northern Territory Government approached various hospitals as part of a review into clinical practice. This input was used in the development of improved protocols for practice. Currently, the NT Government is also a party to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

The Royal Darwin Hospital and the Alice Springs Hospitals have established Aboriginal Cultural Advisory Groups to provide guidance and direction for implementing programs which assist in driving changes to make hospitals more culturally accessible, responsive and safe for Aboriginal and Torres Strait Islander people.

 *The Northern Territory has implemented Recommendation 252 by approaching various hospitals as part of a review into clinical practice and establishing Aboriginal Cultural Advisory Groups to guide the development of culturally accessible healthcare.*

**Australian Capital Territory** practice at the time of the RCIADIC included regular review of emergency protocols and advisory from Aboriginal hospital liaison officers, who commented on the extent to which protocols address the particular needs of Aboriginal and Torres Strait Islander people.

 *The Australian Capital Territory has implemented Recommendation 252 by having Aboriginal Hospital Liaison Officers conduct regular reviews of protocols for diagnosing and treating Aboriginal and Torres Strait Islander people in casualty.*

## Recommendation 253

*That the physical design of and methods of operating health care facilities be attuned to the needs of the intended patients. Particularly where high concentrations of Aboriginal people are found, their special needs in these regards should be taken into consideration. The involvement of Aboriginal people in the processes of designing such facilities is highly desirable.*

### Background information

The RCIADIC Report identified issues around Aboriginal and Torres Strait Islander people's frequent reluctance to use mainstream services due to the physical design and methods of operation of health care facilities in areas with a high concentration of Aboriginal and Torres Strait Islander people.

### Responsibility


The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation covers all health care facilities in areas of highly concentrated Aboriginal and Torres Strait Islander people.

### Key actions taken and status of implementation

The **Commonwealth** DOH noted that a set of Facility Design Guidelines were developed by the former Office for Aboriginal and Torres Strait Islander Health (OATSIH) to provide direction on the

design of health care facilities and health professional housing for Aboriginal and Torres Strait Islander communities.


The Commonwealth established the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) in 2003, which outlined the provision of services that are better equipped to be responsive to the needs of the Aboriginal and Torres Strait Islander population. Improved community decision-making processes and control over the management and delivery of health services were also prioritised. The Aboriginal and Torres Strait Islander engagement principle of the NIRA recognises that the Aboriginal and Torres Strait Islander community should be central to the design and delivery of programs and services.

 *Recommendation 253 is complete through the development of the Facility Design Guidelines which address the physical design of and methods of operating health care facilities specific to Aboriginal and Torres Strait Islander people. This is complemented by other Commonwealth initiatives such as the NSFATSIH and NIRA.*


As signatories to *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*, all states and territories (excluding Tasmania) seek to implement national best practice in the provision of hospital care. However, there is no requirement to involve Aboriginal and Torres Strait Islander people in the physical design of health care facilities.

In 1992-93, **New South Wales** Aboriginal Health Education Officers, Aboriginal Liaison Committees and the appointment of Aboriginal members to Hospital Boards provided the structure and the authority for Aboriginal involvement in the physical design and methods of operating health care facilities. This included the publication of several reports.


Currently, where there are significant populations of Aboriginal people, NSW Health involves communities at the early stage of planning, development of models of care, and design. Recent examples include Dubbo, Parkes, Forbes and Kempsey. Engagement often occurs through an Aboriginal Advisory Group, which provides the community with an opportunity to influence key aspects of the project. This has included the location of a liaison service at Dubbo, a dedicated meeting place for families at Kempsey Hospital, and appropriate signage. Health Infrastructure also works with local communities to promote new services.

 *New South Wales has fully addressed Recommendation 253 by consulting with communities through an Aboriginal Advisory Group to determine health service design.*

The **Victorian** Government engaged with relevant user groups and directly consulted with Aboriginal and Torres Strait Islander communities through the Koori Health Unit regarding the management and design of health services in Victoria.

 *Victoria has fully addressed Recommendation 253 by consulting with Aboriginal and Torres Strait Islander communities in determining the management and design of health services in Victoria.*

In the design of health care settings, the **Queensland** Government provides for community consultation and input from local community and facility users, from concept to final detailed design. However, no specific actions could be identified that specific steps have been taken towards the recognition of Aboriginal and Torres Strait Islander perspectives.

 *Queensland has partially implemented Recommendation 253 by consulting with local community and facility users, from concept to design, but has not expressly addressed consultation of Aboriginal and Torres Strait Islander perspectives.*

In **South Australia**, services reform was identified as a priority in the Government's *Aboriginal Cultural Report Framework*. During the design phase for SA Health capital works projects, SA Health and the relevant Local Health network work with specific stakeholders, including the Local Health network Aboriginal Liaison Unit and Aboriginal consumer representatives, where relevant, to incorporate their requirements and feedback into the design process.



● *South Australia has addressed Recommendation 253 by consulting with the Aboriginal Liaison Unit and Aboriginal consumer representatives in determining the design of SA Health Capital Works.*

In **Western Australia**, there is no formal policy on community consultation in the design of health care facilities. However, account is taken of local opinions, particularly those of Aboriginal and Torres Strait Islander people where they represent a large proportion of the demographic.

Western Australia has also contributed to the development of the second edition of the National Safety and Quality Health Service Standards through the National Aboriginal and Torres Strait Islander Health Standing Committee. The Standards now include six specific actions to address the needs of Aboriginal and Torres Strait Islander people, including action 1.33, which pertains to health service organisations demonstrating a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander consultation has also occurred in the design of health infrastructure projects, including Perth Children’s Hospital and the Karratha Health Campus.

● *Western Australia has implemented Recommendation 253 by consulting Aboriginal and Torres Strait Islander people on the design of health infrastructure projects. Western Australia also has a policy of demonstrating a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people.*

**Tasmania** has provided no information on any significant action in response to Recommendation 253.

○ *Tasmania has not implemented Recommendation 253, as it has not expressly addressed consultation of Aboriginal and Torres Strait Islander perspectives in physical design.*

In the **Northern Territory**, all new health facilities involve consultation and input from Community Councils, Community Health Councils, and local health staff in design and construction. In 1994, the Alice Springs Hospital considered cultural relevance in their development of a room and an adjoining courtyard into a healing space for Aboriginal and Torres Strait Islander people. More recently, extensive consultations were undertaken with Aboriginal and Torres Strait Islander stakeholders in the planning and development of the Palmerston Hospital.

● *The Northern Territory has addressed Recommendation 253 by consulting with Aboriginal and Torres Strait Islander communities in the design and construction of all new health facilities.*

The **Australian Capital Territory** Government provides that Aboriginal hospital liaison officers must be consulted about the design of any new health facilities.

● *The Australian Capital Territory has addressed Recommendation 253 by consulting with Aboriginal hospital liaison officers on the design of any new health facilities.*

### **Additional commentary**

The **Commonwealth** DOH adds that the Facility Design Guidelines are complementary to the Australasian Health Facility Design Guidelines but take priority as it provides specific guidance on the unique health service delivery requirements of Aboriginal and Torres Strait Islander communities. The Facility Design Guidelines are revised periodically to ensure they are kept up-to-date and are appropriate to changing conditions.

The **Tasmanian** Department of Health and Human Services is leading development of a Tasmanian implementation plan for the Cultural Respect Framework. Stakeholder partnerships and collaboration, and consumer participation and engagement are two of the six domain areas of the Framework. In addition, the second edition of the Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards (released November 2017) for health service organisations emphasise demonstrating a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people.



## Recommendation 254

*That health departments and other mainstream health authorities accept as policy, and implement in practice, the principle that Aboriginal people should be involved in meaningful ways in decision-making roles regarding the assessment of needs and the delivery of health services to the Aboriginal community. One application of this principle is that efforts should be made to see that Aboriginal people are properly represented on the Boards of hospitals serving areas where Aboriginal patients will be a significant proportion of hospital clients.*

### Background information


The RCIADIC Report provided evidence of the strengths of the AHSs, concluding that they overcome many of the deficiencies provided by the mainstream health services.

### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. Collaboration with the Aboriginal and Torres Strait Islander community in regards to health services is the responsibility of both the Commonwealth, and the States and Territories.


### Key actions taken and status of implementation

The **Commonwealth** Government's NATSIHP 2013-23 (National Health Plan) places at the forefront the importance of community-controlled health organisations that allow the Aboriginal and Torres Strait Islander people to lead, deliver and be accountable for culturally appropriate health services. The National Health Plan identifies community governance as having a role in improving services as well as facilitating the delivery of culturally safe care. The DOH noted that the implementation plan was developed in close partnership with the National Health Leadership Forum – the national representative body for Aboriginal and Torres Strait Islander peak organisations.


 *The Commonwealth has implemented Recommendation 254 through the introduction of the National Health Plan. Ensuring that Aboriginal and Torres Strait Islander people are appropriately represented on hospital boards is the responsibility of the States and Territories.*

In 1992, **New South Wales** established that Aboriginal people should be involved in a meaningful way in decision-making roles relating to the assessment and delivery of health services. This was included in the recommendations of the Casualty Review, and the New Direction for Aboriginal Health report. The Aboriginal Health Resources Committee (AMRC) was established to provide representation for Aboriginal people and to ensure that health services are culturally appropriate. The AHMRC's Board of Directors is comprised of Aboriginal people who are elected by members on a regional basis.


More recently, the NSW Aboriginal Health Partnership Agreement 2015-2025 was re-signed with the Aboriginal Health and Medical Research Council of NSW. In addition, NSW Health is reviewing the governance arrangements for Aboriginal Health, which will include consideration of content co-ordination and cultural responsiveness, as well as strategies to elevate the Aboriginal voice at the Local Health District (LHD) Level. Currently, Justice Health and Forensic Mental Health have two Aboriginal members on its Board.

 *New South Wales has completed Recommendation 254 through its development of the NSW Aboriginal Health Plan 2013-2023.*


The **Victorian** Government provided for the recognition of Aboriginal and Torres Strait Islander people through their inclusion on various hospital boards. More recently, the need to work with Aboriginal and Torres Strait Islander communities and to tailor solutions to local problems was identified as a priority in the *Victorian Indigenous Affairs Framework 2013-2018*. Positive employment discrimination programs are also utilised, guided by the Aboriginal Inclusion Framework and Aboriginal and Torres Strait Islander people' participation in the design, implementation and assessment of programs.

 *Victoria has completed Recommendation 254 by ensuring Aboriginal and Torres Strait Islander people are involved in the decision-making processes in the health system, and are represented on hospital boards.*

In 1991, the **Queensland** Government published *Affirmative Action for Queensland Aborigines and Torres Strait Islanders: A Public Health Strategy* which led to the appointment of Aboriginal and Torres Strait Islander people to Regional Health Authorities, the establishment of the Aboriginal and Torres Strait Islander Policy Unit within Queensland Health, and the establishment of regional Aboriginal and Torres Strait Islander Health Advisory Councils. Currently, the Queensland Government's *Cultural Capability Framework* requires community engagement with Aboriginal and Torres Strait Islander people. However, there is no legal requirement for Aboriginal and Torres Strait Islander people to serve on corporate boards. Currently, nine out of 16 Hospital and Health Services have at least one member of their board who identify as an Aboriginal and Torres Strait Island person.

 *Queensland has completed Recommendation 254 by ensuring Aboriginal and Torres Strait Islander people are involved in decision-making via a variety of avenues, including Regional Health Authorities, the Aboriginal and Torres Strait Islander Policy Unit and regional Aboriginal and Torres Strait Islander Health Advisory Councils, and are represented on hospital boards.*

The **South Australian** Health Commission contributed towards this recommendation through including Aboriginal and Torres Strait Islander membership of the Drug and Alcohol Services Council Board of Directors, and the Prison Medical Services General Committee. SA Health engages Aboriginal and Torres Strait Islander people in the planning and delivery of health services to the community via Experience Panels, Community Reference Groups, Aboriginal Advisory Committees, the SA Aboriginal Health Partnership, and ministerial meetings between the Minister and Chief Executive Officer (CEO) of the Aboriginal Health Council of South Australia.


 *South Australia has mostly implemented Recommendation 254 by ensuring Aboriginal and Torres Strait Islander people are consulted via a variety of avenues, including Experience Panels, Community Reference Groups, and Aboriginal Advisory Committees. However, they have not expressly addressed representation of Aboriginal and Torres Strait Islander people on hospital boards.*

The **Western Australia** Government notes in their 1994 implementation report that the established regional planning forums provide opportunities for Aboriginal and Torres Strait Islander communities to participate in the formulation of health service priorities and service decisions. The WA Government also appointed a number of Aboriginal and Torres Strait Islander people to hospital boards, and formed committees for considering the creation of boards. Currently, building cultural leadership capabilities and increasing Aboriginal and Torres Strait Islander people participation in the WA Country Health Service (WACHS) are issues incorporated under the *WACHS Aboriginal Employment Strategy 2014-18*.


In addition to this, the Western Australian Government has indicated that it has implemented the Western Australian Aboriginal Health and Wellbeing Framework 2015-2030, This focuses on the coordination and integration of health services, by incorporating Aboriginal and Torres Strait Islander people into the planning, design and implementation of health services. A priority area of the Framework is building Aboriginal and Torres Strait Islander community capacity.

Completion of an Aboriginal Health Impact Statement Declaration is mandatory in the Western Australian Health System. The intent of this statement is to demonstrate that Aboriginal and Torres Strait Islander people have been consulted and that the health impacts on Aboriginal and Torres Strait Islander people have been considered and appropriately incorporated into relevant health initiatives.


Each new Health Service Provider has established an Aboriginal Health Strategy Team, and has appointed a Director of Aboriginal Health, to oversee Aboriginal and Torres Strait Islander health needs.

 *Western Australia has mostly implemented Recommendation 254 by requiring the completion of an Aboriginal Health Impact Statement, which demonstrates consultation of Aboriginal people when making policies. Although each new Health Service Provider has established an Aboriginal Health Strategy Team, and has appointed a Director of Aboriginal Health, no evidence has been provided that Aboriginal and Torres Strait Islander people are properly represented on the Boards of hospitals.*

In **Tasmania**, District Health Forums have replaced hospital boards as a means to provide for community, including Aboriginal and Torres Strait Islander, involvement. Additionally, Aboriginal and Torres Strait Islander people were consulted by the Department of Community and Health Services regarding health issues. Currently, the Tasmanian Health Service has three Consumer Groups with a broad range of members. There is a new Consumer Advisory Council being formed in addition to the Consumer Groups.

 *Tasmania has partially completed Recommendation 254 by ensuring Aboriginal and Torres Strait Islander people are involved in the decision-making process via consultation. However, they have not expressly addressed the extent of representation of Aboriginal and Torres Strait Islander people on District Health Forums.*


Since 1994, the **Northern Territory** hospital boards have included Aboriginal and Torres Strait Islander members. Currently, the two hospital networks in the NT – the Top End, and the Central Australian Hospital Network Governing Councils – both have Aboriginal and Torres Strait Islander people represented on their governing councils. Further, legislation requires that the community leadership function of governing councils include facilitating input to provide more effective services for Aboriginal and Torres Strait Islander people. The Department of Health is currently implementing the NT Cultural Security Framework 2016-2026 across all NT health services which seeks to improve Aboriginal and Torres Strait Islander representation in governance.

 *The Northern Territory has completed Recommendation 254 by ensuring Aboriginal and Torres Strait Islander people are represented in Hospital Network Governing Councils.*

Although hospitals operated by the **Australian Capital Territory** Health Directorate do not have board structures as in other jurisdictions, an Aboriginal and Torres Strait Islander Advisory Committee has been established. This committee works with officers of the ACT Department of Health and the Commonwealth to monitor the Aboriginal Health Strategy in the ACT. Additional representation for Aboriginal and Torres Strait Islander people has also been provided through the ACT Aboriginal and Torres Strait Islander Advisory Council, the ACT Health Advisory Council, and the Youth Alcohol Action Plan Steering Committee.

ACT Health has also established the ACT Health Aboriginal and Torres Strait Islander Health Coordination Group which is an ACT Health wide committee that advises, monitors and supports coordinated implementation of Directorate wide strategies and initiatives in relation to the health of Aboriginal and Torres Strait Islander people. The membership of HCG include the Chief Executive Office of Winnunga Nimmityjah Aboriginal Health and Community Services and a representative of the Aboriginal and Torres Strait Islander Elected Body.

In addition the executives meets regularly with the Aboriginal and Torres Strait Islander Elected Body of the ACT to ensure and ongoing dialogue.

 *The Australian Capital Territory has implemented Recommendation 254 by ensuring Aboriginal and Torres Strait Islander people are able to provide input into decision-making through the Aboriginal and Torres Strait Islander Advisory Committee and its sub-committee.*

### **Additional commentary**

The **Commonwealth** DOH noted that in March 2017, Minister Wyatt put out a media release calling for Aboriginal and Torres Strait Islander representation on Primary Health Network boards and committees.

## **Recommendation 255**

*That the holding of negative stereotypes of both Aboriginal people and people with drinking problems be addressed through effective staff selection and supervision, along with pre-service and in-service education, to reduce the ignorance, and through clear instructions by employing authorities that such stereotyping of Aboriginal people and those with drinking problems will not be tolerated in the health care setting.*

### Background information

The RCIADIC Report identified that the stereotyping of the Aboriginal and Torres Strait Islander population as well as those with “drinking problems” had adversely affected the treatment of a number of those who died in custody.

### Responsibility


The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that the stereotyping of Aboriginal and Torres Strait Islander people and those with drinking problems be addressed across all types of government health care.

### Key actions taken and status of implementation

The cultural responsiveness measures and training of non-Aboriginal and Torres Strait Islander staff members to respond to Recommendation 247 are also relevant to Recommendation 255.


The **Commonwealth** has implemented training programs such as the RAP 2013-17 and the Closing the Gap NPAs with the aim of improving the cultural sensitivity of health care practitioners. The *Guidelines for the Treatment of Alcohol Problems*, and the *Alcohol Treatment Guidelines for Indigenous Australians* (developed by the former Department of Health and Ageing (DoHA) in 2009) caution strongly against healthcare providers letting their biases and stereotyping affect decision making.

The Health Workforce Reform Branch of the DOH noted that the Aboriginal and Torres Strait Islander Health Curriculum Framework was developed to ensure that “cultural safety” is embedded in to health training courses. The Framework supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs and aims to prepare graduates across health professions to provide culturally appropriate health services.


 Recommendation 255 has been completed through the NPAs and development of the DoHA guidelines on alcohol treatment.

The **New South Wales** Government noted that a module on Aboriginal culture, including stereotyping, had been introduced to staff training requirements in 1994. Additionally, staff selection guidelines and training programs in selection and supervision contain sections of non-discriminatory practices and stereotyping.


In 2011, New South Wales introduced the Aboriginal Cultural Training Framework: *Respecting the Difference*, which seeks to increase cultural awareness of staff and promote greater understanding of the processes and protocols for engaging with Aboriginal people when delivering health services. All NSW Health staff must complete a related online training module as well as a face-to-face component, which seeks to foster an appreciation of the impact of racism and discrimination on Aboriginal experiences of health care. NSW Health Drug and Alcohol services also require staff to undertake this training. The New South Wales Government has also noted that role descriptions provide for best practice approaches for patient care in drug and alcohol and that staff supervision is a key component of team care.

 *New South Wales provides cultural capability training via the Cultural Training Framework: Respecting the Difference to staff in order to cultivate a culturally capable and responsive workforce. However, Recommendation 255 is partially complete as no information could be found on whether this training expressly addresses stereotypes about drinking problems.*

In 1994-95, **Victoria** drafted and implemented appropriate protocols that were conducted by the Koori Health Unit of the Department of Health and Community Services. No further information could be found on the specific provisions made by these guidelines.


 *While Victoria has implemented protocols to address Recommendation 255, no information could be found on what is contained in the protocols. As such, the recommendation is partially complete.*

**Queensland** Health developed a cross-cultural awareness package comprising audio-visual and textual materials and training. Under this program, local Aboriginal and Torres Strait Islander health workers are trained to provide training to their non-Aboriginal and Torres Strait Islander colleagues. This allows for both general and local issues to be addressed, and provides a platform for Aboriginal and Torres Strait Islander issues to be better understood. Currently, the *Cultural Capability Framework* includes a Cultural Capability Learning program which emphasises the need for a culturally capable and responsive workforce.

 *Queensland provides a cross-cultural awareness training package and has also implemented a Cultural Capability Framework. However, Recommendation 255 is partially complete as no information could be found on whether this training expressly addresses stereotypes about drinking problems.*


In 1994, the **South Australian** Government prioritised cross-cultural awareness training for non-Aboriginal and Torres Strait Islander staff through the Aboriginal Health Council. The *South Australian Health Aboriginal Health Care Plan 2010-2016* makes a provision that racism will not be tolerated across South Australian health practices.

Recently, SA Health has developed an Aboriginal Cultural Learning Framework for submission to Portfolio Executive, which supports a well-governed, tiered approach to workforce development that ensures all staff have the required skills, knowledge and attitudes to enable culturally competent responses to the needs of Aboriginal and Torres Strait Islander patients.


 *South Australia has developed an Aboriginal Cultural Learning Framework to ensure staff are culturally competent and responsive. However, Recommendation 255 is partially complete as no information could be found on whether this training expressly addresses stereotypes about drinking problems.*

In 1994, **Western Australia** launched cross-cultural education for Health Department staff members. It dealt with the traditional and contemporary life of Aboriginal and Torres Strait Islander people, and sought to develop an ability to participate in service planning, management and delivery of health services in a non-discriminatory manner. It also addressed alcohol through a number of regional workshops held in response to community concerns over alcohol consumption. Currently, WA's Department of Health has a cultural e-learning package and cultural awareness training for all staff (see Recommendation 247).

The Western Australian Government has noted that Racism or discrimination by employees is not tolerated under the Department of Health's Code of Conduct. The online Aboriginal Cultural Learning Package provides a suite of training, tools and resources to support the development of a culturally respectful health system.


 *Western Australia has partially implemented Recommendation 255 through training and including relevant provisions in the Department of Health's Code of Conduct. However, no evidence was provided as to whether training expressly addresses stereotypes about drinking problems.*

**Tasmania's** Department of Community and Health Services responded to Recommendation 255 through the coordination and implementation of training in adherence to the consultation and Aboriginal and Torres Strait Islander self-determination processes. As previously discussed in response to Recommendation 253, Tasmania is currently developing a Tasmanian implementation plan for the Cultural Respect Framework. In addition, the Cultural Respect Framework domain area "Whole-of-Organisation Approach and Commitment" includes Tackling Racism and Discrimination as a focus area.

 *While Tasmania has implemented practices to address Recommendation 255, including adherence to the Cultural Respect Framework, no information could be found on whether the Framework addresses stereotypes about drinking problems specifically. As such, the recommendation is partially complete.*




The 1993-94 **Northern Territory** implementation report notes that an Aboriginal Team and Aboriginal Policy Officer were positioned to assist in the support and understanding of the *Living with Alcohol Program* philosophy. The *Alcohol Mandatory Treatment Act 2013* (NT), which provided a mandatory treatment order in the case of alcohol misuse, was repealed in 2017. The Remote Alcohol and Other Drugs Workforce Program was implemented in 2015 which employs Aboriginal and Torres Strait Islander people in remote areas to enhance the cultural appropriateness of health interventions being delivered to individuals and communities affected by alcohol and drug issues.

 *The Northern Territory has completed Recommendation 255 by implementing training that is sensitive to stereotypes about drinking problems, through support of the Living with Alcohol program and the Remote Alcohol and Other Drugs Workforce Program.*

The **Australian Capital Territory** Government noted in their implementation reports that Recommendation 255 had been addressed through training and selection requirements. Currently, all ACT Health staff are required to complete the 'Working with Aboriginal and Torres Strait Islander patients and clients (eLearning 2016)' training. ACT Health also expects that all staff will seek and maintain in their work an understanding of Aboriginal and Torres Strait Islander culture, history and the health issues of individuals/families presenting for care at ACT Health services.

ACT Health has developed Engagement Protocols for Working with Aboriginal and Torres Strait Islander Communities Guide, to provide staff with a basic overview of culturally appropriate communication, language and behaviour. This is designed to assist in building positive relationships with the ACT Aboriginal and Torres Strait Islander communities and individuals. The Aboriginal and Torres Strait Islander Practice Centre, Policy and Stakeholder Relations, also delivers an overview of Aboriginal and Torres Strait Islander health during ACT Health Corporate Orientation for all staff each month.

In addition, ACT Health is developing a refresher Aboriginal and Torres Strait Islander Cultural Awareness training course through the Staff Development Unit (SDU). It is intended that staff will be required to complete cultural awareness training every 3 years.

 *The Australian Capital Territory has partially completed Recommendation 255 as it has addressed its requirements through training and workforce selection. However, Recommendation 255 is partially complete as no information was provided on whether this training expressly addresses stereotypes about drinking problems.*

### **Additional commentary**

The **Commonwealth** DOH noted the development of Guiding Principles by Primary Health Networks and Aboriginal Community Controlled Health Organisations (ACCHOs). These principles provide guidance for actions to be taken by each party across six key domains: cultural competency; commissioning; engagement and representation; accountability, data and reporting; service delivery; and research. The DOH noted that as racism in the health sector remains an issue, it will require an on-going effort.

## **Recommendation 256**

*That more Aboriginal staff be employed through affirmative action programs as health care workers (and, indeed, in other capacities such as support staff) in those mainstream health care facilities which serve Aboriginal clients and patients and that their involvement must be well thought out, be at appropriate levels, and be structured so that they contribute effectively with the minimum amount of role conflict.*

### **Background information**

The RCIADIC Report outlined a large volume of evidence on the effectiveness of AHWs in Aboriginal and Torres Strait Islander health care settings. The report also identified the need for AHWs to have further skills in both the clinical and social development fields.

### **Responsibility**




The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that increased numbers of AHWs, across all types of healthcare, be employed through affirmative action policies.

### Key actions taken and status of implementation


The **Commonwealth** supports affirmative action programs such as by providing funding to the Aboriginal and Torres Strait Islander organisations that mentor and support Aboriginal and Torres Strait Islander doctors, nurses and health workers. These organisations include the Australian Indigenous Doctors' Association, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Indigenous Allied Health Australia, and the National Aboriginal and Torres Strait Islander Health Worker Association. The Aboriginal and Torres Strait Islander Pharmacy Scholarship incentivises Aboriginal and Torres Strait Islander students to undertake further study that lead to a registrable qualification in pharmacy.

The DOH noted that two incentive programs operate to encourage the employment of Aboriginal and Torres Strait Islander health professionals in mainstream health care facilities which serve Aboriginal and Torres Strait Islander clients and patients. The first is the Indigenous General Practice Registrars Network which provides a forum for registrars to provide professional and cultural support to one another to achieve fellowship. The second is the Practice Nurse Incentive Program which provides incentive payments to encourage general practices and ACCHOs to employ Aboriginal and Torres Strait Islander health workers.

 *Recommendation 256 has been implemented through the implementation of the Commonwealth's affirmative action programs that include supporting the Aboriginal and Torres Strait Islander health professional organisations to improve the recruitment and retention of Aboriginal and Torres Strait Islander health professionals in clinical and non-clinical roles across all health disciplines. This is complemented by a number of incentive programs in relation to the employment of Aboriginal and Torres Strait Islander people as health professionals.*

The **New South Wales** Government developed an *Aboriginal Employment Strategy* in 1993, to ensure equity in employment and equitable access to government services for Aboriginal people. Since then, NSW has responded to Recommendation 256 through various initiatives including the *NSW Public Sector Indigenous Cadetship Program*, the *Aboriginal Mental Health Traineeship* program, the *Aboriginal Population Health Training Initiative* and the *Aboriginal Environmental Health Training Program*.


More recently, NSW Health has developed the *NSW Health Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2016-2020*, which sets out priorities and key actions for growing the Aboriginal health workforce. All NSW Health organisations are required to report against the nine key performance indicators in the Framework. Aboriginal people can apply for any position in NSW Health where the role requirements are met while there are positions that have been specifically developed for Aboriginal people, where cultural knowledge or connections are a genuine aspect of the role. Currently, the Justice Health and Forensic Mental Health network has exceeded the national Closing the Gap Aboriginal Employment benchmark.

 *New South Wales has implemented Recommendation 256 by promoting Aboriginal health employment through the NSW Health Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2016-2020 and by establishing positions specifically for Aboriginal in NSW Health.*


The **Victorian** Government responded to Recommendation 256 by recognising the need for employment of Aboriginal and Torres Strait Islander people in policy, program development and direct service roles. The *2014-17 Koolin Balit* incorporates workforce development, recruitment and retention initiatives for Aboriginal and Torres Strait Islander people seeking a career in health services. The *Karreeta Yirramboi* policy also addresses career development and employment opportunities for Aboriginal and Torres Strait Islander people in the Victorian public sector, including the health sector.

 *Victoria has implemented Recommendation 256 through affirmative action programs.*

In their 1993 implementation report, the **Queensland** Government noted the development of an employment strategy targeted at including Aboriginal and Torres Strait Islander people in employment interview panels and the development of position descriptions. The *Queensland Health Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026* guides and supports the development of Aboriginal and Torres Strait Islander health workforce planning and the development of a culturally capable and responsive workforce. The Framework seeks to increase the participation rate of Aboriginal and Torres Strait Islander people in the workforce to 3% by 2022.

 *Queensland has implemented Recommendation 256 through affirmative action principles promoted by the Queensland Health Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026.*


In **South Australia**, the Health Commission adopted the "1% Challenge" as a target for increased Aboriginal and Torres Strait Islander participation, and formally launched its *Aboriginal Employment Policy* in 1992. More recently, the South Australian Government has implemented a number of affirmative action measures, anti-discrimination legislation, and policy initiatives including the *Aboriginal Health Care Plan 2010-16*, the *South Australian Health Aboriginal Workforce Reform Strategy 2009-2013*, *Aboriginal Employment Policy*, and the *SA Health Aboriginal Workforce Framework 2017-2022*, which seek to increase the Aboriginal and Torres Strait Islander workforce across the public health sector.

 *South Australia has implemented Recommendation 256 through a range of different policies and programs, including the South Australian Health Aboriginal Workforce Reform Strategy 2009-2013 and the Aboriginal Employment Policy.*

In 1994, **Western Australia** established its *Aboriginal Employment Strategy* which provided opportunities to improve Aboriginal and Torres Strait Islander employment within health services. The Strategy encompassed liaison with federal departments, state-wide coordination, cross-cultural training, equal opportunity, selection and recruitment measures, vocational training, and marketing of the Health Department as an employer.


Since this time, the updated Aboriginal Workforce Strategy 2014-2024 has been implemented to build a strong, skilled and growing Aboriginal and Torres Strait Islander workforce. Aligned with the Strategy, the Aboriginal Workforce Policy mandates a range of initiatives, including Aboriginal and Torres Strait Islander traineeships, Aboriginal and Torres Strait Islander cadetships and the Graduate Development Program. WA Health also employs Aboriginal and Torres Strait Islander doctors, nurses and midwives through a range of other graduate pathways.

A pilot program to increase the Aboriginal health workforce by having nominated Aboriginal positions has been implemented, together with additional educational resources for recruitment managers.

 *Western Australia has implemented Recommendation 256 through affirmative action principles promoted by the Aboriginal Workforce Strategy 2014-2024.*


**Tasmania** responded to Recommendation 256 through the Department of Community and Health Services' equal employment opportunity policy. Anti-discrimination legislation also prevents racial discrimination in employment. The Tasmanian Government has also undertaken measures to bolster Aboriginal and Torres Strait Islander employment as part of *Closing the Gap*.

As previously discussed in response to Recommendation 237, the Tasmanian State Service has set targets for Aboriginal and Torres Strait Islander employment through the *State Service Aboriginal Employment Strategy 2017-2020*. The Department of Health and Human Services also manages the Ida West Aboriginal Health Scholarship, which provides financial assistance to Aboriginal and Torres Strait Islander students completing a formal qualification at university or vocational education in a health or human services field.

 *Tasmania has partially completed Recommendation 256 as it has taken steps towards addressing its objectives through the State Service Aboriginal Employment Strategy 2017-2020 but has not expressly addressed affirmative action policies for Aboriginal and Torres Strait Islander employment in health.*

The **Northern Territory** developed an employment strategy with target employment areas including management, policy and decision making positions, in hospitals, urban community health centres, and service delivery areas with a high concentration of Aboriginal and Torres Strait Islander people. Currently, the *Indigenous Cadetship Support* program is used to recruit and develop Aboriginal and Torres Strait Islander people into areas of current skill shortages. The *Aboriginal Medical Services Alliance Northern Territory* has an objective to increase the number of Aboriginal and Torres Strait Islander people working across all health professions. As part of the *Aboriginal Cultural Security Framework 2016-2026*, NT Health has specified increasing Aboriginal employment across NT Health as a priority action area.

The affirmative action programs run by NT Health have resulted in a one per cent increase per annum between 2014-15 and 2016-17 in Aboriginal and Torres Strait Islander employment across Northern Territory Health. Northern Territory Health also fund a 'back on track' program aimed at improving the recruitment and retention of Aboriginal and Torres Strait Islander people.

 *The Northern Territory has implemented Recommendation 256 by identifying Aboriginal and Torres Strait Islander employment in health as an active priority of both the Aboriginal Medical Services Alliance Northern Territory and the Aboriginal Cultural Security Framework 2016-2026.*


In the **Australian Capital Territory**, measures have been implemented to support Aboriginal and Torres Strait Islander trainees, train members of staff selection panels in equal employment opportunity principles, and to provide additional funding for Aboriginal and Torres Strait Islander professionals. These measures also apply to health professionals.

ACT Health provides employment pathways for Aboriginal and Torres Strait Islander people, including the Aboriginal and Torres Strait Islander Traineeship Program. As of February 2018, ACT Health employs 87 Aboriginal and Torres Strait Islander staff which is working towards the agreed target for ACT Health of 94 Aboriginal and Torres Strait Islander staff by the end of 2018.

By 30 June 2018 ACT Health will have 26 Aboriginal and Torres Strait Islander identified positions established with staff employed across various classification groups, including administration, allied health, dental, general, junior medical officers, nursing staff and, technical officers. Each year, the Chief Allied Health Office offers to subsidise the fees of identified students undertaking the Certificate IV Allied Health Assistance qualification through the Canberra Institute of Technology.

All ACT Health position advertisements specifically include alignment to core values of cultural diversity and inclusion through use of the following statement "ACT Health is committed to building a culturally diverse workforce and an inclusive workplace. As part of this commitment we strongly encourage people from an Aboriginal and/or Torres Strait Islander background to apply for all jobs".

ACT Health is currently developing a workforce strategy, which will have focus on social inclusion and the diversity of the workforce, in particular Aboriginal and Torres Strait Islander people.

 *The Australian Capital Territory has completed Recommendation 256 by implementing measures to support Aboriginal and Torres Strait Islander employment in the ACT Health directorate and implementing affirmative action policies.*

### **Additional commentary**

The **Commonwealth** DOH noted that, as racism in the health sector remains an issue, it will require an on-going effort. The DOH noted the implementation of the Aboriginal and Torres Strait Islander Health Curriculum Framework to assist with minimising conflict and help ensure workplaces are "culturally safe" by embedding cultural safety training in health training courses. The framework supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs.

## Recommendation 257

*That special initiatives now in place in a number of tertiary training institutions such as medical schools, to facilitate the entry into and successful completion of courses of study and training by Aboriginal students be expanded for use in all relevant areas of health services training.*

### Background information

The RCIADIC Report identified gaps in the employment of tertiary-educated Aboriginal and Torres Strait Islander health care specialists in existing health care facilities. An expansion of these training opportunities would ultimately lead to improved health care outcomes for the Aboriginal and Torres Strait Islander population.

### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. Primary responsibility for tertiary training institutions resides with the States and Territories. The Commonwealth's responsibility relates to the availability of funding for those with an Aboriginal and Torres Strait Islander background.

### Key actions taken and status of implementation

The **Commonwealth** has developed a range of funding programs in tertiary institutions with the aim of generating further training opportunities in health care. These programs include Indigenous Health Scholarships, the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme and ABSTUDY. Moreover, Health Heroes provides information for Aboriginal and Torres Strait Islander secondary students about the range of health jobs and training options available.

● *Recommendation 257 has been implemented through the development of various funding programs such as Indigenous Health Scholarships and ABSTUDY, which are designed to facilitate the entry into and completion of health education in tertiary institutions.*

In response to Recommendation 257, the **New South Wales** Government developed the *Aboriginal Community Education – Health initiative* which provided Aboriginal people with training in preventative health. The Aboriginal Education Unit also developed a number of courses and helped to prepare Aboriginal students for higher education through the provision of mentoring services. Currently, NSW offers the *Puggy Hunter Memorial Scholarship Scheme* which provides \$15,000 per annum to Aboriginal people who undertake an entry-level course in a health discipline at an Australian educational institution. In addition, the Justice Health and Forensic Mental Health network have employed two Aboriginal cadet nurses.

● *New South Wales has addressed Recommendation 257 by developing a range of initiatives designed to encourage Aboriginal entry into and completion of health service training, such as mentoring, cadetship schemes, courses, and scholarships.*


The **Victorian** Department of Health has recently funded the Victorian Aboriginal Community Controlled Health Organisation Education and Training Unit to increase the number of Aboriginal and Torres Strait Islander people training in primary health.

● *Victoria has addressed Recommendation 257 by developing programs for Aboriginal and Torres Strait Islander persons to enter tertiary health training.*

The **Queensland** Government introduced bridging courses as part of university education from which graduates could move into other health disciplines. Additionally, Queensland Health provides vocational training to Aboriginal and Torres Strait Islander people in the health sector which can either be full-time or 1 day per week during school. These placements include 12 weeks paid employment to health, public health, oral health, nursing or midwifery trainees who combine full-time study with on-the-job work experience to gain professional qualifications and skill development.

● *Queensland has addressed Recommendation 257 by developing programs and pathways for Aboriginal and Torres Strait Islander persons to enter the health sector, such as bridging courses, vocational training, and work placements.*

The **South Australian** Government established a number of higher education pathways for Aboriginal and Torres Strait Islander students to transition into health services. Currently, the *South Australian Health Aboriginal Health Scholarship Program* supports Aboriginal and Torres Strait Islander students enrolled in health-related education courses by providing scholarships of up to \$5,000 per year.

 *South Australia has addressed Recommendation 257 by developing pathways for Aboriginal and Torres Strait Islander students to transition into the health sector, including the South Australian Health Aboriginal Health Scholarship.*


In **Western Australia**, the Government consulted with higher education providers, Aboriginal Health Workers, Health Regions Executive and Unions to identify the competencies required by Aboriginal and Torres Strait Islander health workers, and to develop pathways from education into health services careers. In 1994, the Western Australian Industrial Relations Committee approved award amendments which introduced new employment paths and career options for Aboriginal and Torres Strait Islander health workers. Currently, Western Australia Health offers financial assistance, scholarships, fellowships and grants to Aboriginal and Torres Strait Islander students who are studying health-related subjects.

The Aboriginal Health Access and Support Program also provides funding for Western Australian Universities and Aboriginal Registered Training Organisations to increase the number of Aboriginal and Torres Strait Islander students who gain qualifications in health-related fields.

Traineeships and cadetships have also been implemented as a pathway into employment, and as a strategy to assist Aboriginal and Torres Strait Islander students to gain experience and work-ready skills conducive to gaining employment in the WA health system. Since 2014, there have been 21 Aboriginal and Torres Strait Islander cadets in a range of health disciplines. Trainees are also employed across the health service providers.

 *Western Australia has addressed Recommendation 257 by developing pathways for Aboriginal and Torres Strait Islander students to transition into the health sector*

The **Tasmanian** Government has collaborated closely with higher education providers, who hold a number of university open days for Aboriginal and Torres Strait Islander communities interested in studying in a health-related discipline. More recently, the *Ida West Aboriginal Health Scholarship* was established to address the under-representation of Aboriginal and Torres Strait Islander people in health services. In addition, the Department of Health and Human Services has provided funding to the Tasmanian Aboriginal Corporation for Aboriginal Health Worker Training with a focus on sexual and reproductive health.

 *Tasmania has partially completed Recommendation 257 as it has taken steps towards encouraging Aboriginal and Torres Strait Islander training in the health sector but has not expressly addressed the provision of broader initiatives in their response.*

The **Northern Territory's** Batchelor College expanded their offering to include a TAFE Certificate and Higher Education Associate Diploma course in health studies. This offered Aboriginal and Torres Strait Islander students the opportunity to expand their skillset and to undertake education in this area. The *Batchelor Institute of Indigenous Tertiary Education Act 1999* (NT) was established for the tertiary education of Aboriginal and Torres Strait Islander people and the provision of educational training and programs across health services.

Under the Indigenous Cadetship Support Program, NT Health cadets have been supported to undertake work placements every year as part of the program. In addition, NT Health implemented the Special Measures Plan 'Priority Consideration for Aboriginal Applicants' in 2015, which gives preference to Aboriginal and Torres Strait Islander applicants for employment vacancies.


 *The Northern Territory has addressed Recommendation 257 by developing pathways and programs for Aboriginal and Torres Strait Islander students to transition into the health sector through Batchelor College and the Indigenous Cadetship Support Program.*



The **Australian Capital Territory** provides training activities for Aboriginal and Torres Strait Islander health workers. Additionally, the ACT offer in conjunction with NSW the *Puggy Hunter Memorial Scholarship Scheme* to support Aboriginal and Torres Strait Islander people studying in a health-related discipline.

ACT Health continues to provide employment pathways for Aboriginal and Torres Strait Islander people, including the Aboriginal and Torres Strait Islander Traineeship Program. As of 30 June 2018 ACT Health will have 26 Aboriginal and Torres Strait Islander identified positions.

All ACT Health position advertisements specifically include alignment to core values of cultural diversity and inclusion through use of the following statement "ACT Health is committed to building a culturally diverse workforce and an inclusive workplace. As part of this commitment we strongly encourage people from an Aboriginal and/or Torres Strait Islander background to apply for all jobs".

 *The Australian Capital Territory has mostly implemented Recommendation 257 by implementing training activities for Aboriginal and Torres Strait Islander health workers and introducing an associated scholarship scheme but has not provided further information regarding these activities.*

### Additional commentary

The **Commonwealth** DOH noted the development of the Aboriginal and Torres Strait Islander Health Curriculum Framework to minimise conflict and help ensure "cultural sensitivity" is embedded in health training courses. The Framework supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs

## Recommendation 258

*That in areas where Aboriginal people are concentrated and the state or territory governments provide or intend to provide a particular service or services to Aboriginal people, the governments invite community-controlled Aboriginal Health Services to consider negotiating contracts for the provision of the services to Aboriginal people and also, where appropriate, to non-Aboriginal people.*

### Background information


Recommendation 258 recognises that, where possible, Aboriginal and Torres Strait Islander communities and community-controlled health services should be contracted to deliver health services and to promote Aboriginal and Torres Strait Islander self-management.

### Responsibility

The recommendation is the responsibility of State and Territory Governments. Contract negotiation for the provision of health services to Aboriginal and Torres Strait Islander people is the responsibility of States and Territories.

### Key actions taken and status of implementation


In 1994, the **New South Wales** Government provided funding to ACCHOs under the *Aboriginal Non-Government Organisation Grants Program* to facilitate the provision of primary health services to Aboriginal people. In 2017/18, \$24.8 million was allocated to 41 ACCHOs to deliver health services across 44 sites. Funding supports a range of Aboriginal health programs, including chronic care, oral health, domestic and family violence, mental health, preventive health care, and drug and alcohol misuse. The NSW Government works in close partnership with Aboriginal Health and the Medical Resource Council of NSW in addressing Recommendation 258.

 *New South Wales has fulfilled Recommendation 258 by promoting and funding the participation of Aboriginal ACCHOs in service delivery, with the NSW Government working closely with the Aboriginal Health and the Medical Resource Council of NSW to respond to this recommendation.*


The **Victorian** Government sought to address Recommendation 258 through their cooperation with the Commonwealth as part of the National Aboriginal Health Strategy. The *Koolin Balit* notes that Aboriginal Community Controlled Health Organisations have emerged as important providers of health services to Aboriginal and Torres Strait Islander people. VACCHO, as the peak body representing

ACCHOs in Victoria, currently administers a number of programs and services, such as the *Improving Care for Aboriginal Patients Program*.


The Victorian Government has noted that as a key component to delivering the new Victorian Aboriginal health, wellbeing and safety strategic plan 2017-2027, Korin Korin Balit-Djak, the Victorian Department of Health and Human Services has committed to prioritising funding to Aboriginal and Torres Strait Islander organisations to deliver services to Aboriginal and Torres Strait Islander people and communities. A phased approach to implementation of the policy across the department's funding streams will occur over the next two years. The new policy aims to significantly assist Aboriginal Health Services negotiate contracts for the provision of services to Aboriginal and Torres Strait Islander people.

 *Victoria has completed Recommendation 258 by engaging Aboriginal Community Controlled Health Organisations as providers of services.*

In **Queensland**, procurement and contracting strategies specify funding preference to Aboriginal and Torres Strait Islander owned and run enterprises, specifically community-controlled health services, for services provided to Aboriginal and Torres Strait Islander people, which are funded through the Making Tracks Strategy. This is consistent with the Council of Australian Government Indigenous Reform Agenda.

 *Queensland has fulfilled Recommendation 258 by giving procurement and contracting preference to Aboriginal and Torres Strait Islander owned and run health enterprises, in line with the Council of Australian Government Indigenous Reform Agenda.*

At the time of RCIADIC, existing **South Australian** practice was for primary health care services that were specifically for Aboriginal and Torres Strait Islander people to be delivered by community-controlled Aboriginal Health Services. Currently, the AHCSA works in partnership with both the Commonwealth and South Australian Governments to improve health service delivery and promote the participation of Aboriginal Community Controlled Health Services (ACCHS). SA Health implements this through the administration of a peak funding agreement between SA Health and the AHCSA.

 *South Australia has fulfilled Recommendation 258 by promoting the participation of Aboriginal ACCHSs in service delivery.*


In their initial response to Recommendation 258, the **Western Australian** Government increased their grant funding provision to Aboriginal and Torres Strait Islander people and organisations for the provision of health services.

Since this time, The Western Australian Government has implemented 'Footprints to Better Health' which sees a high proportion of contracts awarded to Aboriginal Community Controlled Health Services. Additionally, the Western Australian Country Health Service's Population Health unit has engaged and funded ten Aboriginal Community Controlled Health Services to deliver a range of child and school health services in Aboriginal and Torres Strait Islander communities across the state. This has resulted in vulnerable children receiving culturally appropriate and locally based services tailored to need.


 *Western Australia has implemented Recommendation 258 by promoting the participation of Aboriginal Community Controlled Health Services in service delivery, especially in Aboriginal and Torres Strait Islander communities.*

In **Tasmania**, the Tasmanian Aboriginal Corporation is Tasmania's only ACCHO affiliated the NACCHO and is represented on the Tasmanian Aboriginal Health Forum, alongside the Department of Health and Human Services and the Australian Government, with Primary Health Tasmania as an observer. The Forum was established as a mechanism to deliver on the aims of the *Agreement on Aboriginal and Torres Strait Islander Health and Wellbeing 2016-2020*. The Department of Health and Human Services also consults the Tasmanian Aboriginal and Torres Strait Islander community through the Tasmanian Aboriginal Health Reference Group, which comprises the CEOs of a variety of Aboriginal

and Torres Strait Islander organisations, including the Cape Barren Island Aboriginal Association and the Flinders Island Aboriginal Association.


 *Tasmania has partially fulfilled Recommendation 258. While it has indicated that the Tasmanian Aboriginal Corporation has been involved as part of the Tasmanian Aboriginal Health Forum, there is no evidence that it has been involved in negotiating contracts for the provision of services.*

The **Northern Territory** Government noted in its 1993-94 implementation report that the Department of Health and Community Services contributed to the development and implementation of service agreements with Aboriginal and Torres Strait Islander communities to provide their own health services. The NT Department of Health provides significant funding for a range of ACCHSs to provide services.

 *The Northern Territory has fulfilled Recommendation 258 by noting that the Department of Health and Community Services has implemented service agreements with Aboriginal and Torres Strait Islander communities to deliver their own health services, and through funding ACCHSs.*

In the **Australian Capital Territory** in 1993-94, Aboriginal and Torres Strait Islander communities received funding under the National Aboriginal Health Strategy for coordinators, drug and alcohol workers, and mental health workers. Additionally, the ACT Health Department provided funding for a female Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS) educator for the Canberra region.

Although the ACT does not have an area with a high concentration of Aboriginal and Torres Strait Islander people, the ACT Government has a service funding agreement with Winnunga (the ACT's only Aboriginal Community Controlled Health Organisation (ACCHO)) which provides funding for a broad range of services. In addition, ACT Health also provides funding to Winnunga for policy contributions and community events, and provides funding to Gugan Gulwan Youth Aboriginal Corporation to provide youth outreach to Aboriginal and Torres Strait Islander young people.

 *The Australian Capital Territory has completed Recommendation 258 by engaging community-controlled Aboriginal Health Services to provide services to Aboriginal and Torres Strait Islander people.*

## Recommendation 259

*That Aboriginal community-controlled health services be resourced to meet a broad range of functions, beyond simply the provision of medical and nursing care, including the promotion of good health, the prevention of disease, environmental improvement and the improvement of social welfare services for Aboriginal people.*

### Background information


The RCIADIC Report identified the effectiveness of AHSs (now called ACCHOs) in improving the health of the Aboriginal and Torres Strait Islander population as well as in assisting the community to regain power to shape their own lives. However, the RCIADIC Report also noted that there exists a substantial level of unmet demand for new and expanded AHSs, particularly in remote areas.

### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that all levels of government ensure that ACCHOs are adequately resourced.


### Key actions taken and status of implementation

The **Commonwealth** IAHP provides funding to Aboriginal and Torres Strait Islander people to allow access to effective high quality health care services across Australia. The IAHP aims to provide comprehensive, culturally appropriate primary health care for Aboriginal and Torres Strait Islander people.

 *Recommendation 259 has been implemented by the Commonwealth through the introduction of the IAHP.*


**All States and Territories** were signatories to the *National Aboriginal Health Strategy* which included as priorities that services for Aboriginal and Torres Strait Islander people be run by Aboriginal and Torres Strait Islander people, and increased health promotion and preventative health for Aboriginal and Torres Strait Islander people.

In their 1992-93 implementation report, the **New South Wales** Government noted that the NSW Health Department supported the provision of primary health services for Aboriginal people through Aboriginal community-controlled health services. This included funding of \$3.5 million in 1992-93 for 24 Aboriginal community-controlled health services. As mentioned in its response to Recommendation 258, New South Wales has committed \$24.8 million to ACCHOs to deliver a variety of Aboriginal health programs, including chronic care, oral health, domestic and family violence, mental health, preventive health care, and drug and alcohol misuse.


 *New South Wales has fulfilled Recommendation 259 by providing ACCHSs with sufficient funding to deliver a range of services beyond medical care, including assistance for domestic and family violence and preventative health care.*

The **Victorian** Department of Health announced in 2009 that it would provide \$19 million per year to Aboriginal Community Controlled Health Organisations to provide health services in Victoria.


The Victorian Government has noted that a \$7.1 million funding package for Aboriginal and Torres Strait Islander community-controlled organisations to provide corporate infrastructure improvements such as minor capital works, equipment and technology has been recently announced. This funding package aims to improve the sustainability of Aboriginal and Torres Strait Islander community controlled organisations and funds infrastructure improvements such as minor capital works, new equipment and technology. This funding package is also aimed at support the delivery of social welfare services to Aboriginal and Torres Strait Islander communities through Aboriginal and Torres Strait Islander community-controlled organisations in Victoria.

 *While Victoria has historically provided funding to ACCHOs, Recommendation 259 is mostly complete as evidence of continued funding was not identified.*

The **Queensland** Government contributes funding for the Queensland Aboriginal and Islander Health Council which controls 26 community-controlled health services and other associated members. The Council promotes appropriate healthcare through initiatives that seek to address access to education, suicide prevention, professional and cultural mentoring, healthy eating, anti-smoking and alcohol and other drug policies. Aboriginal and Community Controlled Health Services are funded to deliver a range of comprehensive primary health services. Meanwhile, Queensland Health has transitioned Queensland Government funded primary health care services to community control arrangements in a number of communities in Far North Queensland.


 *Queensland has fulfilled Recommendation 259 by providing Aboriginal and Community Controlled Health Services with sufficient funding to deliver a variety of services, including access to education and healthy eating.*

In 1993, the **South Australian** Government increased funding of Aboriginal and Torres Strait Islander health and substance abuse services by \$1.5 million per year under the *National Aboriginal Health Strategy*. SA Health provides funding of ACCHSs through the administration of a peak funding agreement between SA Health and the AHCSA.

 *South Australia has partially fulfilled Recommendation 259 by providing ACCHs with funding through a peak funding agreement with the AHCSA and directing money in particular towards health and substance abuse services. However, they have not addressed the further provision of other services more generally in their response.*


In 1993-94, the **Western Australia** Department of Health provided funding for five Aboriginal and Torres Strait Islander community organisations to operate Aboriginal Health Promotion Units. The activities of these units spanned across environmental health, anti-smoking campaigns, alcohol programs and women's and men's health programs. ACCHOs in Western Australia also receive representation by the Aboriginal Health Council of Western Australia.

The Western Australian Government has noted that it also currently provides funding to three Aboriginal Community Controlled Health Services, as Registered Training Organisations, to deliver the Access and Support program. The key aims of this program are to increase the number of Aboriginal and Torres Strait Islander people who attain qualifications, Aboriginal and Torres Strait Islander student awareness of employment opportunities and access to health services by Aboriginal and Torres Strait Islander communities, families and individuals through a skilled Aboriginal and Torres Strait Islander health workforce.


 *Western Australia has implemented Recommendation 259 by engaging Aboriginal community controlled health services to meet a broad range of functions, including a range of health services in addition to social welfare services.*

The **Tasmanian** Aboriginal Centre was established to provide primary health services for all Aboriginal and Torres Strait Islander people living in Tasmania. Additionally, the 'Number 34 Aboriginal Health Service' is a cooperative effort between the Tasmania Medicare Local and the Six Rivers Aboriginal Corporation which provides health services for Northwestern Tasmania.


Currently, the Tasmanian Aboriginal Corporation delivers a comprehensive primary health care service and secondary health services for Aboriginal and Torres Strait Islander people living in Tasmania. There are seven additional Aboriginal organisations across Tasmania that deliver health services and programs for Aboriginal people.

 *Tasmania has partially fulfilled Recommendation 259 as the Tasmanian Aboriginal Corporation delivers primary and secondary health services for Aboriginal and Torres Strait Islander Tasmanians. However, there has been no further evidence of the specific nature of these services and programs.*

The **Northern Territory** has taken action to address Recommendation 259 by funding ACCHOs for preventative and curative health care. In 1993-94, these funds totalled \$6 million across 21 programs. The Northern Territory Government also provided funds for the provision of other health services. More recently, funding is provided as part of the *Stronger Futures in the Northern Territory National Partnership* which seeks to improve Aboriginal and Torres Strait Islander health outcomes, and through the funding of the Aboriginal Medical Services Alliance of the NT.

 *The Northern Territory has fulfilled Recommendation 259 by providing ACCHSs with funding through the Stronger Futures in the Northern Territory National Partnership and through the Aboriginal Medical Services Alliance of the NT, to deliver preventative and curative health care.*

The Australian Capital Territory currently engages Winnunga, the ACT's only Aboriginal community-controlled health organisation to provide services including midwifery, hearing health, dental health, correctional outreach, mental health and wellbeing, alcohol and other drug harm reduction information and education, needle and syringe programs, alcohol and other drug support and case management, and smoking cessation.

 *The Australian Capital Territory has implemented Recommendation 259 by engaging Winnunga Aboriginal community-controlled health organisation to provide a wide range of services.*

### **Additional commentary**

The **Commonwealth** DOH noted that the funding for comprehensive primary health care gives IAHP the flexibility to determine the needs of their community, develop activities to meet these needs and employ appropriately trained staff and upskill staff to meet their organisation's priorities.



## Recommendation 260

That:

- a. *Funding bodies should facilitate program evaluation of Aboriginal community-controlled health services, not with the aim of making decisions on levels of funding, but with the aim of assisting the services to operate most effectively and efficiently;*
- b. *Representatives of the Aboriginal community should be invited to participate in the control of the evaluation research activity; and*
- c. *Performance indicators should be drawn up co-operatively between the managers of the services and the funding bodies.*

### Background information

The RCIADIC Report identified clear gaps in the evaluation process in determining the efficiency and effectiveness of AHSs across Australia. Prior attempts by the former Department of Aboriginal Affairs, which involved inappropriate performance indicators were deemed as having aggravated existing operation issues within AHSs.

### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that funding bodies at all levels of government ensure that adequate resources are allocated to allow appropriate evaluative programs to be developed and used.

### Key actions taken and status of implementation


The following actions pertain to the **Commonwealth** Government's response to Recommendation 260. A 2015 report by the Aboriginal Health and Medical Research Council noted that "there are important gaps in the [ACCHO] evidence base, including a lack of specific studies on the [ACCHO] primary health care model as a whole and its impact in some health areas" (p. 4).

The *Remote Indigenous Services Act 2009* established the role of Coordinator-General for Remote Indigenous Services, which is responsible for monitoring, assessing and driving the progress of Closing the Gap programs as well as of the development and delivery of services and facilities by the Commonwealth. Funding for this role ceased in late 2013. PM&C released a report in 2014 which concluded that there has been little Commonwealth evaluation of non-remote health services.

The NIRA includes measures pertaining to public accountability and outcomes, while the COAG Reform Council (CRC) independently analyses and reports annually on progress in each jurisdiction.

DOH noted that where possible and as appropriate, co-design approaches may be used with Aboriginal and Torres Strait Islander communities and consumers. In regard to ongoing evaluative monitoring, a continuing aim of the National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care is the commitment to building a 'virtuous cycle' in data collection, analysis, interpretation and management—one that tries to align the interests of all players from consumers and clinicians through to local boards, regional bodies, and government.


It is also noted that significant progress has also been made by the Commonwealth, in relation to improving those performance indicators which are measured. In the 2016 Aboriginal Community Controlled Health Services Report Card, compiled by the Australian Institute of Health and Welfare, the Commonwealth is listed as improving 10 of 16 KPIs for process-of-care since data were first collected in 2012. The number of Aboriginal Community Controlled Health Services clients have also increased by 8%, and the number of episodes of care provided to clients have risen by 19%.

 *While it is not reasonable to expect that every ACCHO be evaluated, there are still significant gaps in the ACCHO evidence base. As such, Recommendation 260 is partially complete.*

**All States and Territories** are parties to the *National Indigenous Reform Agreement* which provides for accountability and outcome measures, collaboration between senior officials, and the alignment of Aboriginal and Torres Strait Islander reporting evaluations. Progress has been continually monitored


in each State and Territory through appointed COAG Reform Councils. However, a 2015 report by the Aboriginal Health and Medical Research Council noted that “there are important gaps in the [ACCHO] evidence base, including a lack of specific studies on the [ACCHO] primary health care model as a whole and its impact in some health areas” (p. 4).

In **New South Wales**, performance agreements were developed for the funding of health services and non-government organisations. The NSW Government also conducted a review of the efficiency and effectiveness of the *Aboriginal Non-Government Organisation Program* under which ACCHOs were funded. Currently, funding criteria for non-government partners of NSW Health are set out in Operational Guidelines. Contracts with ACCHOs and related organisations are generally renewed on a three-year basis in line with compliance with the operational guidelines and reporting on key performance indicators.


 *NSW has partially completed Recommendation 260 through its support for Key Performance Indicator (KPI) data reporting by ACCHOs against funded Aboriginal Health Programs. However, no evidence was provided that KPIs are developed collaboratively with Aboriginal organisations or that the Aboriginal community is invited to participate in the control of the evaluation research activity.*

The **Victorian** Government’s *2014-15 Victorian Health Policy and Funding Guidelines* provide that state-funded primary health services and ACCHOs have annual and quarterly reporting requirements covering Aboriginal and Torres Strait Islander health issues.


The Victorian Government has noted that the development of an Aboriginal and Torres Strait Islander evaluation and research framework is a commitment under Korin Korin Balit-Djak, the Victorian Government’s Aboriginal and Torres Strait Islander health wellbeing and safety strategic plan 2017-2027. The development of the framework and outcome indicators will be Aboriginal and Torres Strait Islander-led and informed by the Aboriginal Strategic Governance forum and Divisional Aboriginal Governance Committees via the Aboriginal and Torres Strait Islander governance and accountability framework.

 *Victoria has taken steps to address Recommendation 260, but has only partially met the requirements.*

The **Queensland** Government stated in their 1996-97 implementation report that the evaluation of ACCHOs is the responsibility of the Commonwealth Department of Health and Family Services as the main funding body. The Queensland Government works in partnership with the Aboriginal and Torres Strait Islander community-controlled sector to develop key performance indicators for funded primary health care initiatives. The Queensland Government has noted that Queensland Health has processes embedded within its engagement practices to allow for two-way feedback with Aboriginal Community Controlled Health Organisations


 *Queensland has taken steps to address Recommendation 260 by developing key performance indicators in collaboration with Aboriginal and Torres Strait Islander communities, but has only partially met the requirements.*

In **South Australia**, the Aboriginal Health Council developed a strategic plan for Aboriginal and Torres Strait Islander health. This included a plan to bring funding for evaluations into line with Recommendation 260. More recently, the *2005-10 Framework Agreement* provided for funding to improve Aboriginal and Torres Strait Islander identification and data collection. Further detail on the Framework Agreement was not able to be identified. Funding agreements between SA Health and the AHCSA include mutually agreed performance measurements and reporting requirements while Aboriginal and Torres Strait Islander people are engaged by SA Health in the planning and delivery of health services in a variety of different capacities.


 *South Australia has mostly implemented Recommendation 260 by ensuring that funding agreements include mutually agreed performance measurements and reporting requirements, and by committing to improved data collection for Aboriginal and Torres Strait Islander health but has not addressed part (b) of the recommendation.*

The **Western Australia** Department of Health cooperated with Aboriginal Medical Services to develop partnership arrangements that promote the delivery of coordinated, efficient and culturally appropriate service provision to Aboriginal and Torres Strait Islander people.

The Western Australian Department of Health has implemented an evaluation framework in collaboration with service providers. Aboriginal Community Controlled Health Services were consulted in the development of the evaluation framework. An external review of the effectiveness of State-funded Aboriginal health programs was undertaken in 2014. The review focused on the measurement and achievement of clinical health outcomes, assessing that 91.3 per cent of the projects delivered good, excellent or outstanding value for money.

 *Western Australia has implemented Recommendation 260 through creating a mutually agreed evaluation framework. Performance measurement has also focused on improvement of efficiency and effectiveness.*

The **Tasmanian** Department of Health and Human Services regularly consults with the Tasmanian Aboriginal Corporation and the Tasmanian Aboriginal Health Reference Group about setting priorities and programs for improving Aboriginal and Torres Strait Islander health and wellbeing in Tasmania. The Department of Health and Human Services has also provided information about results-based accountability to the Tasmanian Aboriginal Health Reference Group and has offered to provide further support in the development of program evaluation frameworks.

 *Tasmania has taken steps to address Recommendation 260 by providing the Tasmanian Aboriginal Health Reference Group with support in the development of evaluation frameworks but has not addressed key elements of this recommendation.*

In the **Northern Territory**, funds are distributed through negotiated service agreements and grant agreements and these contain monitoring and evaluation procedures. Within each agreement, ACCHOs are responsible for the reporting and management of the evaluation procedure along negotiated terms. Negotiated performance indicators are part of any service agreement.


More recently, the Northern Territory Aboriginal Health Forum, comprising the Department of Health, the Aboriginal Medical Services Alliance of the NT, the NT Primary Health Network and the Commonwealth Department of Health, have worked to develop and review the NT Aboriginal Health Key Performance Indicators.

 *The Northern Territory has fulfilled Recommendation 260 by meeting all requirements of the recommendation.*

The **Australian Capital Territory** allocates funding via grant and service agreements for activities including monitoring and evaluation procedures and the development of negotiated performance indicators. ACCHOs are responsible for the reporting and management of the evaluation procedure.

ACT Health regularly meet with Winnunga Aboriginal Community Controlled Health Organisation to discuss performance, reporting and issues affecting the health of the Aboriginal and Torres Strait Islander community.

The ACT Government also has in place specific agreements with the local Aboriginal and Torres Strait Islander community regarding health outcomes, and a tripartite agreement with the Commonwealth and Winnunga in relation to health outcomes in the ACT for this community.

 *The Australian Capital Territory has taken steps to address Recommendation 260 by allocating funding in grant and service agreements for monitoring and evaluation activities, but has only partially met the requirements. There was no evidence provided that the Aboriginal and Torres Strait Islander community is invited to participate in the control of the evaluation research activity and that evaluation is conducted to improve effectiveness / efficiency rather than to determine funding.*

## Recommendation 261

*That the use of Aboriginal hospital liaison officers be expanded in hospitals which serve Aboriginal patients and that they be seen and used as respected members of the therapeutic team.*

### Background information

The RCIADIC found that greater effort was required in formalising the roles of Aboriginal hospital liaison officers and in recognising the contribution the impact they have on Aboriginal and Torres Strait Islander health.


### Responsibility

The recommendation is the responsibility of the State and Territory Governments. Aboriginal Hospital Liaison Officers are used in many hospitals across Australia, with States and Territories having responsibility over employment practices in hospitals.


### Key actions taken and status of implementation

The **New South Wales** Government initially responded to Recommendation 261 through the provision of seed funding for the employment of 19 Aboriginal hospital liaison officers in 1992-93. From 1994, hospitals took over the responsibility for this funding.


In 2014, NSW Health published the Aboriginal Health Worker Guidelines, which identify four categories of Aboriginal Health Workers. Over 20 workshops have been conducted in every LHD to further promote the Aboriginal Health Practitioner role and each LHD has developed a plan to support Aboriginal Health Worker roles. In the last three years, NSW Health has run two two-day "Stepping Up Forums" to promote Aboriginal workforce participation, with focus on promoting better understanding of Aboriginal Health Worker roles.

 *New South Wales has implemented Recommendation 261 by expanding the role of Aboriginal Hospital Liaison Officer (AHLOs) in the health system and developing associated guidelines and training to support their role.*

In **Victoria**, guidelines promoting an increased presence of Aboriginal hospital liaison officers and their corresponding treatment in hospitals were drafted in 1993 and implemented in 1994. Currently, the role of AHLOs is supported in the Career Development Action Plan and VACCHO supports AHLOs in their roles. Additionally, the *Improving Care for Aboriginal and Torres Strait Islander Patients* program (2004) was established to build upon the role of AHLOs in recognition that Aboriginal and Torres Strait Islander people experience poorer health and lower life expectancy than the general community.

 *Victoria has implemented Recommendation 261 by expanding the role of AHLOs in the health system.*

From 1993, **Queensland** increased the employment of AHLOs in hospitals with the intention that there would be AHLOs in all hospitals providing services to significant numbers of Aboriginal and Torres Strait Islander people, as well as in base hospitals and major referral hospitals. More recently, the Queensland Government recognised in the *Queensland Cultural Capability Framework 2010-33* that respect for the role of AHLOs should be a key outcome. Currently, Indigenous Hospital Liaison Officers are employed in most hospital and health services across Queensland, particularly in regions with a large Aboriginal and Torres Strait Islander population.

 *Queensland has implemented Recommendation 261 by increasing the employment of ALHOs in hospitals and recognising their contribution in the Queensland Cultural Capability Framework 2010-33.*

In 1994, the **South Australian** Government reported that AHLOs were provided to four metropolitan and 14 country hospitals. Currently, AHLOs are employed across health service sites in South Australia. The Aboriginal Health Council of South Australia also provides advocacy, support and networking opportunities through a workforce development officer.


 *South Australia has implemented Recommendation 261 by employing ALHOs across health service sites in South Australia.*

In 1994, the **Western Australia** Department of Health collated and presented information on the numbers and placement of AHLOs, and provided program support to contribute towards increased effectiveness, training, career opportunities and future directions. The Western Australia Government implemented the Aboriginal Liaison Program and provided funding of \$20.58 million. Current practice with regard to the Aboriginal liaison program is informed through a collaborative process between the Aboriginal Health Council of WA and the WA Country Health Service.


The Western Australian Government has indicated that a key strategy in the Government's provision of safe, quality and timely health services to Aboriginal and Torres Strait Islander people in regional and remote Western Australia is a state-wide implementation of the Aboriginal Liaison Program. The Western Australian Government also noted that Health Service Providers employ Aboriginal Health Liaison Officers across multiple sites and intend to increase their use.

 *Western Australia has implemented Recommendation 261 by employing ALHOs across the state.*

The **Tasmanian** Government's 1993 implementation report noted that the recommendation would be considered as part of the general hospital staff profile. Currently, Aboriginal Health Liaison Officers work in two of Tasmania's public hospitals in acute health services.


 *Tasmania has partially completed Recommendation 261 by employing AHLOs in two of Tasmania's public hospitals in acute health services. However, there has been no evidence that they have expanded the use of AHLOs to the rest of Tasmania's four public hospitals.*

The **Northern Territory** Government supported Recommendation 261 and recognised the integral role of AHLOs to health teams. The Northern Territory Government's 1993-94 implementation report noted that AHLOs were employed at Royal Darwin, in Katherine, in Alice Springs, in Tenant Creek, and in Gove. Currently, Aboriginal and Torres Strait Islander liaison workers and Aboriginal and Torres Strait Islander Health Practitioners are employed in hospitals and health services across the NT.

 *The Northern Territory has implemented Recommendation 261 by expanding the role of AHLOs across the NT, including the employment of Aboriginal and Torres Strait Islander liaison workers and Health Practitioners in hospitals and health services.*

The **Australian Capital Territory Government** supported the employment of an AHLO in 1994 as part of the National Aboriginal Health Strategy. Currently, ACT Health Aboriginal and Torres Strait Islander Liaison Officers work across all areas of the health system to ensure Aboriginal and Torres Strait Islander people from the ACT and Regional NSW can access mainstream healthcare services. They can provide emotional, social and cultural support to patients and their families, liaison services for patients and their families and information about hospital services and the linkage between the hospital and other Aboriginal and Torres Strait Islander community resources.

The Aboriginal and Torres Strait Islander Liaison Officers also work closely across ACT Health to provide cultural support to Aboriginal and Torres Strait Islander patients after hours.

 *The Australian Capital Territory has implemented Recommendation 261 by expanding the role of AHLOs across all areas of the Australian Capital Territory Health System.*

## **Recommendation 262**

*That the States recognise the contributions of Aboriginal Health Workers and in so doing review the Northern Territory's experience of the establishment of appropriate career structures and the registration of them.*

### **Background information**

The RCIADIC found that greater effort was required in formalising the roles of Aboriginal Hospital Liaison Officers and in recognising the impact they have on Aboriginal and Torres Strait Islander health. This includes the establishment of appropriate career structures, and reviewing their registration.




## Responsibility

This recommendation is the responsibility of the State and Territory Governments. The States and Territories have responsibility over the delivery of hospital services.


## Key actions taken and status of implementation

In 1994, the **New South Wales** Department of Health conducted a review of the role, function and career structures of Aboriginal Health Education Officers. The report from this review made a series of recommendations on the career structures and registration of Aboriginal Health Education Officers, which have since been implemented. A further review, the *NSW Aboriginal Health Worker Project*, was conducted from 2012 to further develop an understanding of the role of Aboriginal health workers in NSW.

Currently, NSW Health has introduced four categories of Aboriginal Health Workers, including the Aboriginal Health Practitioner, whose role is to provide direct clinical services to the Aboriginal community. NSW Health has issued a new award that provides a remuneration scale for Aboriginal Health Professionals and updated pay scales for Aboriginal Health Workers. NSW Health LHDs currently employ seven Aboriginal Health Practitioners and further roles are planned. LHDs also employ 376 Aboriginal Health Workers.

 *New South Wales has mostly implemented Recommendation 262 by recognising the contributions of Aboriginal Health Workers and reviewing the establishment of appropriate career structures as part of the NSW Aboriginal Health Worker Project, but there is no evidence that they have reviewed the NT Model.*

Under the direction of Koori Health in 1993, the **Victorian** Government developed a Koori Health Worker Course and conducted a review of the role and effectiveness of the Victoria Tripartite Council.


 *Victoria has taken steps to address Recommendation 262, but has only partially addressed the recommendation as it does not appear to have reviewed the Northern Territory's experience.*

The **Queensland** Government updated the Industrial Award for Indigenous Health Workers in 1993, establishing greater clarity and flexibility in career progression pathways. A number of other Industrial Awards were updated to incorporate the intent of Recommendation 262, based on a process of community consultation. In 1996-97, 146 inspections were held across Queensland with the Queensland Industrial Relations Commission, Queensland Health and relevant unions, to develop a health workers career and wage structure for Aboriginal and Torres Strait Islander people.

In 2011, the Queensland Government reviewed the Aboriginal and Torres Strait Islander Health Worker Career Structure. Since this time, the career and industrial award structure for Aboriginal and Torres Strait Islander Health Workers in the Queensland health system have been updated. This update relied upon robust consultation and in updating the career and award structure, the Queensland Government was cognisant of the NT employment arrangements and territory based registration. However, Queensland identified that a tailored approach was required for Queensland.

Queensland continues to periodically review the career structure of Aboriginal and Torres Strait Islander Health Worker to ensure that they fit with contemporary service delivery. Queensland also supported the inclusion of Aboriginal and Torres Strait Islander Health Practitioners in the National Registration and Accreditation Scheme for the health professions in line with the NT registration arrangements.


A proposed review will also be undertaken in 2018 to modernise the structure with consideration to broadening qualifications and introducing the Aboriginal and Torres Strait Islander Health Practitioner workforce.

 *Queensland has implemented Recommendation 262 by developing a health workers career and wage structure for Aboriginal and Torres Strait Islander health workers, which has taken into account the NT Model.*

The **South Australian** Government recognises the valuable contributions of Aboriginal Health Workers employed in regional and metropolitan health units and has incorporated an appropriate


career structure for Aboriginal Health Workers. The SA Government oversaw implementation of this structure under the *Health Commission Act (SA)* in 1994.

More recently, the importance of retention for Aboriginal and Torres Strait Islander health workers has been recognised in policies including the *SA Aboriginal Health Care Plan 2010-16*, and the *SA Health Aboriginal Workforce Reform Strategy 2009-13*. SA Health has also undertaken the Aboriginal Health Practitioner Project, which sets out a structure and scope of practice for Aboriginal Health Practitioners and has been approved by the SA Health Portfolio Executive.


 *South Australia has mostly implemented Recommendation 262 by recognising the contributions of Aboriginal Health Workers and establishing an appropriate career structure for workers, including the Aboriginal Health Practitioner Project, but has not appeared to review the NT Model.*

The **Western Australia** Industrial Relations Commission approved award amendments in 1994 which facilitated the introduction of new career opportunities and paths for Aboriginal Health Workers employed by the Health Department.

In addition to the award amendments in 1994, the Western Australian Government has also implemented training programs for Aboriginal Health Workers in Western Australia, in which each worker receive the opportunity to gain a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Practice), making them eligible for registration as an Aboriginal Health Practitioner. The Western Australian Government has also noted that an Aboriginal Health Practitioner Pilot has commenced in the Kimberley, creating a career pathway for Aboriginal Health Workers. Currently, there are well-established career pathways for Aboriginal Health Workers and they are widely used in the WA health system.

 *Western Australia has mostly implemented Recommendation 262 by creating well-established and widely used career pathways for Aboriginal Health Workers in Western Australia. However, the Western Australian Government has not appeared to review the NT model.*

The **Tasmanian** Government developed and implemented an Aboriginal Health Workers Course in 1993, reflecting the Northern Territory model. Currently, the Tasmanian Aboriginal Centre provides training and coordination of Aboriginal and Torres Strait Islander health workers. As previously mentioned in response to Recommendation 253, Tasmania is currently developing the Tasmanian implementation plan for the Cultural Respect Framework.


 *Tasmania has implemented Recommendation 262 by reviewing the NT model and by recognising Aboriginal Health Workers through related training and coordination.*

In their 1993-94 implementation report, the **Northern Territory Government** noted that Recommendation 262 is only applicable to the other jurisdictions. However, in 2014, the NT Department of Health and the Aboriginal and Torres Strait Islander Community Controlled Health Sector endorsed and released the Aboriginal and Torres Strait Islander Health Practitioner Cultural Statement, which provides a formal statement of support for the important role that practitioners play in Closing the Gap for Health and Wellbeing of Aboriginal and Torres Strait Islander people.

 *The Northern Territory has fully addressed Recommendation 262.*

The 1993-94 implementation report noted that the **Australian Capital Territory** Government developed career pathway strategies for Aboriginal Health Workers, and Winnunga Nimmityjah formed an enterprise agreement in collaboration with an industrial relations consultant.

The Australian Capital Territory Government noted that ACT Health continues to provide employment pathways for Aboriginal and Torres Strait Islander people, including the Aboriginal and Torres Strait Islander Traineeship Program.

 *The Australian Capital Territory has partially implemented Recommendation 262 by recognising the contributions of Aboriginal Health Workers and developing relevant career pathways and enterprise agreements, but has not appeared to review the NT model.*

## Recommendation 263

*That where there is a high level of non-compliance by a range of Aboriginal patients with advice tendered to them by health professionals, the health professionals should examine their styles of operation with a view to checking whether those styles can be improved.*

### Background information

The RCIADIC Report identified instances where treatment outcomes were adversely affected by the reaction of health professionals in dealing with cases of non-compliance.


### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that all health professionals – including those funded through Commonwealth programs – be flexible in their styles of operation when dealing with cases of non-compliance.

### Key actions taken and status of implementation

The **Commonwealth** has funded and implemented an extensive range of cultural sensitivity programs. One such example is the Closing the Gap NPAs which set out a number of strategies with the aim of improving the cultural sensitivity of health workers and the subsequent services provided to the Aboriginal and Torres Strait Islander population.


The DOH noted that in 2016 the Australian Health Ministers' Advisory Council launched the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026: A National Approach to Building a Culturally Respectful Health System. This document commits both the Commonwealth and State and Territory governments to embed principles of cultural respect into their health systems, and it provides guidance to health services who seek to improve their cultural competence.

 *Recommendation 263 has been mostly implemented through delivery of extensive cross-cultural training programs. However, it does not appear that specific protocols have been put in place that require health professionals to evaluate their styles of operation in cases where there is a high level of non-compliance.*

All States and Territories are signatories to the *Closing the Gap NPAs* which set out a number of strategies with the aim of improving the cultural sensitivity of health workers and the subsequent services provided to the Aboriginal and Torres Strait Islander population.

In 1994-95, the **New South Wales** Centre for Education and Information on Drugs and Alcohol was responsible for the training of alcohol and other drug workers throughout NSW. The NSW Government worked in collaboration with the Centre for Education and Information on Drugs and Alcohol (CEIDA), TAFE NSW, and Drug Abuse Data to promote the improvement of training opportunities and styles of operation for Aboriginal health professionals.


Currently, the Health Education and Training Institute hosts an online module for the training program, "Aboriginal Culture – Respecting the Difference". This module is compulsory for all NSW Health staff to complete. "My Health Learning" records training completions and these data are available to the manager of each staff member.

 *New South Wales has partially implemented Recommendation 263 by implementing compulsory cultural awareness programs for new doctors and nurses, but has not addressed consideration of styles of operation in their response.*

In their 1993 implementation report, the **Victorian** Government noted that Recommendation 263 was to be addressed by the Department of Health and Community Services. In their 2005 implementation report, the Government advised that Aboriginal Hospital Liaison Officers are now involved in orientation and cultural awareness training programs for new doctors and nurses, to ensure advice is given in a culturally-appropriate manner.


The Victorian Government has also indicated that the revised program will look to address the cultural awareness, and unconscious bias of hospital staff from a systemic organisational perspective. The

Victorian department of Health will be implementing new reporting requirements for Aboriginal Health, elevating its priority status in health services.


 *Victoria has partially implemented Recommendation 263 by implementing cultural awareness programs for new doctors and nurses, but does not appear to have specific protocols for staff members to evaluate their styles of operation.*

**Queensland** sought to implement Recommendation 263 by increasing the number of AHLOs to ensure that health agencies remained relevant and appropriate in their provision of health services to Aboriginal and Torres Strait Islander people. Additionally, the Cross-Cultural Awareness Package developed in 1993 provided guidance to health workers on the accessibility and acceptability of services. The Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033 also aims to foster cultural capability and responsiveness within the health system so that it provides culturally appropriate services to Aboriginal and Torres Strait Islander people.

As a part of Queensland Health's ongoing training for staff, online cultural capability training modules specific to practice areas have been developed. This cultural capability training seeks to improve the responsiveness of the clinical workforce to the needs of Aboriginal and Torres Strait Islander consumers.


 *Queensland has partially implemented Recommendation 263 through expansion of AHLOs and implementation of cultural awareness training and frameworks, but has not addressed key elements of this requirement.*

**South Australia** reported that implementation in 1994 was ongoing, being the responsibility of Aboriginal Health Services and the Aboriginal Health Council. More recently, the issue of discharge against medical advice was addressed in the *SA Aboriginal and Torres Strait Islander Health Performance Framework Report 2012*. Currently, the Aboriginal Cultural Learning Framework has been developed for submission to Portfolio Executive for final approval, and will seek to ensure that SA Health staff have the required skills, knowledge and attitudes to meet the needs of Aboriginal and Torres Strait Islander people in their care.

 *South Australia has partially implemented Recommendation 263 by addressing non-compliance in the SA Aboriginal and Torres Strait Islander Health Performance Framework Report 2012 and by implementing cultural awareness training but does not appear to have specific protocols for staff members to evaluate their styles of operation.*


The **Western Australia** Government provide cultural training of health professionals through the Department of Health's Aboriginal Health Division. Further, professional standards policies include coverage of the treatment of Aboriginal and Torres Strait Islander patients supported by professional registration bodies.

The Western Australian Government has also implemented a number of initiatives to improve the level of cultural awareness and increase compliance amongst its staff. These include implementing the Western Australian Aboriginal Health and Wellbeing Framework 2015-2030, through its associated Implementation Guide, and the drafting of a Cultural Competency Continuum. Additionally, the Department of Health has begun to measure the rate of discharge against medical advice as an indirect assessment of cultural competency.

 *Western Australia has partially implemented Recommendation 263, by taking the initial steps required for full implementation such as measuring the rate of discharge against medical advice amongst Indigenous patients and developing cultural awareness training. However, there does not appear to be any program in place that require health professionals to evaluate their styles of operation in cases where there is a high level of non-compliance.*

In **Tasmania**, the Department of Health and Human Services has taken significant steps to improve communication and to support community health literacy, with the launch of the inaugural *Tasmanian Communication and Health Literacy Action Plan* in 2012, and publication of the Workplace Communications and Health Literacy Workplace Toolkit. In addition, the Tasmanian Health Service provides verbal and written information in plain English to patients and clients and runs regularly training courses for staff to improve the development of resources based on health literacy principles.


Communication is one of the six domain areas of the Cultural Respect Framework, which includes the focus area of health literacy and the broader communication environment.

 *Tasmania has implemented Recommendation 263 by implementing strategies to improve communication and health literacy.*

The **Northern Territory** Department of Health recognises the need to address Aboriginal and Torres Strait Islander culture in the delivery of health services, in order to improve Aboriginal and Torres Strait Islander people's compliance with treatment. NT Health have an ongoing commitment to working with Aboriginal and Torres Strait Islander leaders and elders within the community and a variety of community groups to ensure they are aware of the current population health needs of the community and the rationale for health interventions.


The Northern Territory is also currently implementing the NT Aboriginal Cultural Security Framework 2016-2026, which includes a staff self-evaluation of cultural security and an organisational assessment. This assessment identifies strengths and weaknesses of service delivery and communication with Aboriginal patients.

Both Alice Springs Hospital and Royal Darwin Hospital also have specific Aboriginal Cultural Advisory groups that monitor 'Take own Leave' and 'Discharge Against Medical Advice' rates for Aboriginal patients and implement strategies to reduce these rates. NT health has also piloted an 'Effective Communication: improving health literacy and cultural safety in health care' training program.

 *The Northern Territory has implemented Recommendation 263 by actively engaging with members of the community regarding health care needs and issues, and has implemented strategies to improve communication and health literacy.*

The **Australian Capital Territory** Government has noted that all ACT Health staff are required to complete the 'Working with Aboriginal and Torres Strait Islander patients and clients (eLearning 2016)' training module through the ACT Health eLearning system.

As part of the ACT 2018-19 budget \$500,000 has been provided over three years to improve health literacy and to help consumers better navigate the health system. The funding will support the Health Care Consumer Association of the ACT to engage with communities that experience poor chronic health outcomes, including Aboriginal and/or Torres Strait Islanders, people living with disability and the elderly, and help connect them with appropriate preventative health services.

 *The Australian Capital Territory has partially implemented Recommendation 263, by allocating funding to improve health literacy. However, it does not appear that specific protocols have been put in place that require health professionals to evaluate their styles of operation in cases where there is a high level of non-compliance.*

### **Additional commentary**

The **Commonwealth** DOH noted that the NATSIHP 2013-2023 sets out a number of deliverables relating to improving cultural competence and reducing racism. Principally, these deliverables focus on the health system and its organisations.

## **Recommendation 264**

*That:*

- a. There be a substantial expansion in Aboriginal mental health services within the framework of the development, on the basis of community consultation, of a new national mental health policy;*
- b. There be close scrutiny by those developing the national policy of the number of models that exist for such expansion; and*
- c. Aboriginal people be fully involved in the policy development and implementation process.*



### Background information

The RCIADIC Report identified that the network of mental health services in Australia was not designed to meet the needs of mentally ill Aboriginal and Torres Strait Islander people who presented in ways typically seen in the non-Aboriginal and Torres Strait Islander population. There were no special mental health services or culturally appropriate facilities, and a lack of specially trained mental health workers.


### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that significant mental health resources be devoted to expanding the framework across all levels of government.

### Key actions taken and status of implementation


The **Commonwealth** has funded and implemented a range of mental health programs since the release of the RCIADIC Report, aimed at improving the size and reach of appropriate mental health facilities to serve the Aboriginal and Torres Strait Islander population. The *Closing the Gap* NPAs aimed to provide integrated alcohol, drugs and mental health services. Further examples include the Aboriginal and Torres Strait Islander Suicide Prevention Strategy in 2013 and an expansion of The Dementia Behaviour Management Service. These policies have been developed in close consultation with the Aboriginal and Torres Strait Islander community, guided by the National Health Plan and the NIRA.

The DOH noted that in 2015, the Commonwealth Government announced \$84.75 million over 3 years to improve mental health outcomes for Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander stakeholders were consulted on the allocation methodology for this funding.


 *Recommendation 264 has been completed through policy initiatives and funding to improve the mental health networks services which have been designed with the Aboriginal and Torres Strait Islander community.*

As addressed in the Commonwealth Government's response, Recommendation 264 has partially been addressed by National Partnership Agreements, including *Closing the Gap*, and the *Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013*. These initiatives reflect the commitment of **all States and Territories** to provide integrated alcohol, drugs, and mental health services.

**New South Wales** developed and implemented specific Aboriginal mental health policies in 1997 and 2007, with extensive Aboriginal input. Currently, "Living Well: A Strategic Plan for Mental Health in NSW 2014-2024" is in place. A Mental Health Workforce Plan is also being developed by NSW Health, which includes the Aboriginal mental health workforce. Aboriginal people have been involved in the development of this plan. A review of Aboriginal mental health policy is currently underway, which has involved input from Aboriginal Mental Health experts, including the community sector and other stakeholders. In late 2017, the NSW Government also endorsed the Fifth National Mental Health and Suicide Prevention Plan, which is strongly supportive of Aboriginal mental health as a priority area for action in the next five years.

 *New South Wales has implemented Recommendation 264 by implementing Aboriginal mental health programs and policies and involving Aboriginal communities in their development.*


**Victoria** was already compliant with offering services for Aboriginal and Torres Strait Islander mental health at the time that Recommendation 264 was made. Since then, Victoria has implemented the Victorian Aboriginal Suicide Prevention and Response Action Plan 2010-15, and has continued to offer a range of mental health and counselling services for the Aboriginal and Torres Strait Islander community.

 *Victoria has implemented Recommendation 264 by implementing mental health programs for Aboriginal and Torres Strait Islander people.*


In the 1990s, the **Queensland** Government rolled out an integrated mental health service within a number of key regions around the State. Queensland also contributed to the development of national

mental health policy, including collaborating with the Commonwealth on the development of performance indicators.

More recently, Queensland Health has invested in improving Aboriginal and Torres Strait Islander mental health outcomes and responsive service provision through the Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021 and Connecting Care to Recovery 2016-2021. Queensland Health also funds Health Consumers Queensland, which includes Aboriginal and Torres Strait Islander consumer representatives with lived experiences of mental illness.


 *Queensland has implemented Recommendation 264 by expanding mental health programs for Aboriginal and Torres Strait Islander people, such as the Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021 and Connecting Care to Recovery 2016-2021, and ensuring appropriate community consultation through Health Consumers Queensland.*

The **South Australian** Government, through the Aboriginal Health Council, established a state-wide network of trained Aboriginal and Torres Strait Islander Social Health Workers. More recently, the South Australian Government has implemented a number of mental health services as set out in its Aboriginal Health Care Plan 2010-16. In addition, the SA Health Aboriginal Mental Health Reference Group has provided leadership to ensure appropriate service development and system redesign.


 *South Australia has implemented Recommendation 264 by developing mental health services, as part of the Aboriginal Health Care Plan 2010-2016, and inviting Aboriginal and Torres Strait Islander input through the SA Health Aboriginal Mental Health Reference Group.*

In **Western Australia**, a number of pilot programs were launched in 1994 to target youth mental health among Aboriginal and Torres Strait Islander people in regional areas. Additionally, the Western Australia Government conducted consultations with community, ACCHOs, and other stakeholders to develop and implement appropriate strategies.

Since this time, the Western Australian Government have developed State-wide Specialist Aboriginal Mental Health Services, with extensive consultation process, which included Aboriginal Community Controlled Health Organisations and regional Aboriginal health planning forums. This model of care underwent rigorous community consultation prior to being finalised.

 *Western Australia has implemented Recommendation 264 by developing a State-wide Specialist Aboriginal Mental Health Services, with extensive consultation and involvement of Aboriginal and Torres Strait Islander people.*

In **Tasmania**, the 1993 implementation report stated that the National Mental Health policy gives no ground for supporting Recommendation 264. More recently, the Tasmanian Government's *Rethink Mental Health: Better Mental Health and Wellbeing – A long-term plan for Mental Health in Tasmania 2015-2025* includes as a medium-term priority to "Work with key stakeholders to develop an Action Plan in relation to the mental health, social and emotional wellbeing under the Tasmanian Aboriginal Health Framework in line with the National Aboriginal and Torres Strait Islander Health Plan 2013-2023". Work has not yet commenced but will be informed by work being undertaken through the Tasmanian Aboriginal Health Forum Mental Health Working Group and by the Fifth National Mental Health and Suicide Prevention Plan.

 *Tasmania has partially implemented Recommendation 264 by planning for the development of an Action Plan for improved Aboriginal and Torres Strait Islander mental health with the aim of involving the Tasmanian Aboriginal Health Forum Mental Health Working Group but has not yet commenced this work.*


The **Northern Territory** Government responded to Recommendation 264 through a number of initiatives noted in the 1993-94 implementation report, including:

- the development of an Aboriginal Mental Health Care Policy which identified all mental health care needs as perceived by communities and primary health care providers, and which set forth the principles that should guide service delivery;

- the development of models for Aboriginal and Torres Strait Islander mental health care at a district level; and
- inclusion of Aboriginal and Torres Strait Islander staff and community members on the Aboriginal Mental Health Care Policy Working Group.
- More recently, the Northern Territory Government contributed to the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023 and supports the leadership of that framework. The 5<sup>th</sup> National Mental Health Strategy and Suicide Prevention Plan also has a focus on Aboriginal and Torres Strait Islander health outcomes.

Since this time, the Northern Territory has contributed to the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 and has continued to support the framework.

There are number of mechanisms that ensure Aboriginal and Torres Strait Islander people in the Northern Territory are involved in policy development and implementation. They include: utilisation of the Northern Territory Aboriginal Cultural Security Policy when designing and implementing mental health policy; consulting with key stakeholders in Aboriginal and Torres Strait Islander communities; and ensuring the Northern Territory Mental Health Co-ordination group appropriately represents Aboriginal and Torres Strait Islander organisations and people.


 *The Northern Territory has implemented Recommendation 264 by implementing mental health programs for Aboriginal and Torres Strait Islander people and involving Aboriginal and Torres Strait Islanders in the development of policy and programs.*

In response to Recommendation 264, the **Australian Capital Territory's** 1993-94 implementation report noted that it extended funding for mental health services for Aboriginal and Torres Strait Islander people, and continued to develop links with community service providers. The ACT also cooperated with the establishment of national mental health policy.

In regards to part a) of Recommendation 264, ACT Health participates in the Mental Health Expert Reference Panel and Mental Health Principal Committee which provides advice to the Australian Health Ministers' Advisory Council on the renewal of the National Mental Health Policy. There is commitment in this committee structure for improved mental health services and outcomes for Aboriginal and Torres Strait Islander people. ACT Health has a number of strategies for local implementation of this priority in line with the implementation of the 5th National Mental Health and Suicide Prevention Plan. ACT Health also reports into the ACT Aboriginal and Torres Strait Islander Health Partnership Forum at Winnunga Nimmityjah about improvements to mental health service system.

In regards to b) of Recommendation 264, ACT Health report to the National Mental Health Commission and the Australian Health Ministers' Advisory Council on progress towards the actions to improve Aboriginal mental health services within reporting on the local implementation of the 5th National Mental Health and Suicide Prevention Plan.

In regards to c) of Recommendation 264, there are a range of expert representatives within the committee structure including representation from the National Aboriginal and Torres Strait Islander Mental Health Leadership committee and the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Project Reference Group.

 *The Australian Capital Territory has partially implemented Recommendation 264 by participating in the formation of national policy, but has not addressed key aspects of the recommendation.*

### **Additional commentary**

The **Commonwealth** DOH noted that current work on the Fifth National Mental Health Plan (2017-2022), Aboriginal and Torres Strait Islander mental health and suicide prevention is one of seven priority areas.

## Recommendation 265

*That as an immediate step towards overcoming the poorly developed level of mental health services for Aboriginal people priority should be given to complementing the training of psychiatrists and other non-Aboriginal mental health professionals with the development of a cadre of Aboriginal health workers with appropriate mental health training, as well as their general health worker training. The integration of the two groups, both in their training and in mental health service delivery, should receive close attention. In addition, resources should be allocated for the training and employment of Aboriginal mental health workers by Aboriginal health services.*

### Background information

The RCIADIC Report identified that the network of mental health services in 1991 was poorly developed and that further links between non-Aboriginal and Torres Strait Islander health professionals and Aboriginal and Torres Strait Islander health professionals be established and strengthened.

### Responsibility


The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that links between these two groups be established by both Commonwealth and State and Territory governments.

### Key actions taken and status of implementation

The **Commonwealth** PM&C noted that under the IAS Safety and Wellbeing Program, around \$6 million annually funds Workforce Support Units to undertake training needs analysis, and to plan and provide the necessary education, training and development for the social and emotional wellbeing workforce.

The DOH noted that the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework has been developed as one mechanism to guide national Aboriginal and Torres Strait Islander health workforce policy and planning. It assists in contributing to the needs of the Aboriginal and Torres Strait Islander health workforce, including social and emotional wellbeing; drugs and alcohol; and the mental health workforce.


The 2013 Suicide Prevention Strategy outlines that a key objective is to ensure that high-quality resources, information and methods be available to support suicide prevention for Aboriginal and Torres Strait Islander people. Other policies have been developed – such as the 1992 National Mental Health Policy – however these have not been focused on Aboriginal and Torres Strait Islander people or the training of AHWs.

 *Recommendation 265 is complete through the various initiatives by the Commonwealth to improve the mental health facilities servicing Aboriginal and Torres Strait Islander communities.*

**All States and Territories**, in conjunction with the Commonwealth, have supported the implementation of the 2013 *Suicide Prevention Strategy*. The Strategy outlines that a key objective is to ensure that high-quality resources, information and methods be available to support suicide prevention for Aboriginal and Torres Strait Islander people.

As noted in Recommendation 264, the **New South Wales** Government introduced a state-wide Aboriginal Mental Health Policy which encompassed provisions for mental health training. This policy also sought to promote closer ties between various health professional bodies. In addition, New South Wales is currently developing a Mental Health Workforce Plan.


As part of the second tranche of NSW mental health reforms, projects are being delivered which aim to increase Aboriginal workforce clinical capacity and improve training of health care providers for Aboriginal community-based workers (in partnership with the ACCHS sector and the Centre for Aboriginal Health). In addition to a culturally tailored “Getting on Track in Time (Got It!)” model is currently being trialled and evaluated.

 *New South Wales has fully implemented Recommendation 265 by prioritising the training of Aboriginal health workers in areas of mental health through the Mental Health Workforce Plan.*


At the time of the RCIADIC, the **Victorian** Government had a number of initiatives that responded to the issues identified. In 1988-89, the Aboriginal Mental Health Network was established as a specialist program managed jointly by the Victorian Aboriginal Health Service, Mont Park Hospital, and St Vincent's Hospital. The program included the employment of Aboriginal Mental Health Workers, and specialist in-patient and out-patient services. Victoria also provided a state-wide consultation service.

 *Victoria had already implemented Recommendation 265 at the time of the RCIADIC.*

The 1993 implementation report noted that **Queensland** had funded the placement of several Aboriginal and Torres Strait Islander mental health workers, developed a pilot Area Integrated Mental Health Service, and provided cross-cultural training programs for psychiatrists and non-Aboriginal and Torres Strait Islander health workers. More recently, the Queensland Health *Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021* is enhancing cultural capability into mental health clinical practice through the provision of a mental health cultural capability training module for clinical staff, nurses, allied health staff, Queensland Ambulance Service and administrative staff.

 *Queensland has fully implemented Recommendation 265 by allocating resources to the training of Aboriginal and Torres Strait Islander mental health workers as part of the Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021.*


The **South Australian** Government undertook a number of initiatives under Recommendation 264, which also apply to Recommendation 265. More recently, SA Health is also finalising and implementing a structure to support workforce training and development programs for cultural competence, including building the capacity of local services and the current workforce to competently assess and manage Aboriginal and Torres Strait Islander mental health and wellbeing that has a whole-of-family approach.

 *South Australia has partially implemented Recommendation 265 as it is currently finalising and implementing a structure that will support the training of Aboriginal and Torres Strait Islander health workers in areas of mental health but has not outlined the specific actions it will be taking to address this recommendation.*


In **Western Australia**, the Statewide Specialist Aboriginal Mental Health Service was allocated \$22.47 million over four years from 2011 to 2014 to improve access to culturally-appropriate mental health services for Aboriginal and Torres Strait Islander people, and to develop and maintain inter-agency partnerships.

In addition to this, Western Australia has developed eLearning packages for specific target groups (mental health clinicians, refereeing practitioners, transport officers and consumers, families and carers) as a part of its implementation of the Mental Health Act 2014.

The Certificate IV in Alcohol and Other Drugs training program is also provided to health workers. The certificate includes units pertaining specifically to mental health, as well as units on alcohol and other drugs. The course provides participants with a better overall understanding of the causes of social and emotional wellbeing issues for their clients and communities, and offer practical suggestions to improve support and assistance.

 *Western Australia has implemented Recommendation 265 by funding specialist Aboriginal mental health workers.*


The **Tasmanian** Government is currently developing an implementation plan for the Cultural Respect Framework, which contains steps to implement Recommendation 265.

 *Tasmania has partially implemented Recommendation 265 in its development of an implementation plan for the Cultural Respect Framework but has not outlined the specific actions it will be taking to address this recommendation.*

In the **Northern Territory**, The Top End Health Service currently employs five dedicated Aboriginal Mental Health Workers. The Batchelor Institute, formerly the Batchelor College, have built a mental health component into their Aboriginal and Torres Strait Islander Primary Healthcare study stream,




Vocational and Educational training, and Certificate to Diploma levels. Cultural competence training is also mandated for all Department of Health staff.

 *The Northern Territory has fully implemented Recommendation 265 by prioritising the training of Aboriginal and Torres Strait Islander mental health workers in education and training curriculums.*

In 1993-94, the **Australian Capital Territory** provided funding for an Aboriginal and Torres Strait Islander mental health worker, and facilitated the Winnunga Nimmityjah Aboriginal Health Service's collaboration and networking with mental health service workers.

Currently, Mental Health Aboriginal liaison officers in the Australian Capital Territory provide consultation and liaison services to all mental health teams, Aboriginal and Torres Strait Islander youth services, adult medical services and other stakeholders as required. Aboriginal and Torres Strait Islander liaison officers play a crucial role in ensuring that the delivery of mental health services is sensitive to the social and cultural beliefs, values and practises of Aboriginal and Torres Strait Islander people, their family, and their community in the ACT.

Additionally, ACT Health continues to provide funding to Winnunga Nimmityjah Aboriginal Health Service for a mental health and wellbeing programs. Winnunga Nimmityjah Aboriginal Health Service places particular emphasis on assisting clients to access mainstream support. ACT health also funds Gugan Gulwan Youth Aboriginal Corporation to provide early intervention mental health and wellbeing support.

 *The Australian Capital Territory has mostly implemented Recommendation 265, but has not addressed how non-Aboriginal and Torres Strait Islander and Aboriginal and Torres Strait Islander mental health development will be integrated.*

## Recommendation 266

*That the linking or integrating of mental health services for Aboriginal people with local health and other support services be a feature of current and expanded Aboriginal mental health services.*

### Background information

The RCIADIC Report identified that there was a lack of adequate links to mental health services in mainstream health facilities across Australia. This recommendation was made to maximise the efficiency and effectiveness of health service delivery by bringing together health resources.


### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that integration of mental health services for Aboriginal and Torres Strait Islander people be established at all levels of government.

### Key actions taken and status of implementation

The **Commonwealth** DOH noted that Primary Health Networks aim to establish linkages between commissioned and existing services to facilitate a joined up, integrated approach to the provision of mental health services, and to support providers.


The 2013 Suicide Prevention Strategy prioritised the development of Aboriginal and Torres Strait Islander controlled services in dealing with healing, recovery and trauma. Moreover, this policy attempted to build the capacity of mainstream services and agencies to be more inclusive and responsive to the needs of Aboriginal and Torres Strait Islander communities.

 *Recommendation 266 has been implemented through the work of Primary Health Networks and the Commonwealth's National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.*


**All States and Territories**, in conjunction with the Commonwealth, have supported the implementation of the 2013 *Suicide Prevention Strategy*. This policy prioritised the development of Aboriginal and Torres Strait Islander controlled services in dealing with healing, recovery, and trauma.

Moreover, this policy attempted to build the capacity of mainstream services and agencies to be more inclusive and responsive to the needs of Aboriginal communities.


In 1995, **New South Wales** developed an Aboriginal Mental Health Policy and Strategy which required Area and District Health Services to cultivate links with ACCHOs. This emphasis on cultivating partnerships with ACCHOs was maintained in the *Aboriginal Mental Health and Welfare Policy 2006-10*. As noted in Recommendations 264 and 265, the NSW Government has expanded Aboriginal mental health services through a number of programs and projects.

 *New South Wales has implemented Recommendation 266 through the Aboriginal Mental Health and Welfare Policy 2006-10 and by expanding Aboriginal mental health services.*


The **Victorian** Government's actions as part of Recommendation 265 are also relevant in their response to Recommendation 266. Additionally, the Koolin Balit Strategic Direction advocates that Aboriginal and Torres Strait Islander health services collaborate with other sectors to provide coordinated and integrated care.

 *Victoria has implemented Recommendation 266 through the measures outlined under Recommendation 265 and the Koolin Balit Strategic Direction.*

The **Queensland** Government stated in the 1993 implementation report that progress was being made towards the integration of mental health services with other local health and support services, in line with the National Mental Health Task Force findings. The Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021 includes a commitment to collaborating with the Aboriginal and Torres Strait Islander community controlled health sector, the Commonwealth Department of Health and primary healthcare networks to improve the alignment and integration of service provision of mental health services and funding.

 *Queensland has implemented Recommendation 266 through commitments outlined in the Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021.*


**South Australia** contributed towards the implementation of Recommendation 266 through actions taken in their response to Recommendation 264. Further, the Coordinated Aboriginal Mental Health Care project aimed to implement protocols and pathways for the care of Aboriginal and Torres Strait Islander people and their families where they had been impacted by substance misuse. SA Health is currently developing an Aboriginal Mental Health Model of Care.

 *South Australia has implemented Recommendation 266 by developing associated protocols and pathways.*


**Western Australia's** initial response to Recommendation 266 focused on developing a cooperative approach to the integration of health service delivery to Aboriginal and Torres Strait Islander people. This included the formation of an Aboriginal Mental Health Working Party, and the launch of two pilot programs in 1994. Currently, the Specialist Aboriginal Mental Health Service provides state-wide consultation with service providers and the community, and supports Aboriginal and Torres Strait Islander people in accessing required services.

As a part of the Western Australian Mental Health Commission's procurement process, all respondents are required to demonstrate that the services will be culturally secure and developed in consultation with local stakeholders. It is also a requirement that services are provided in partnership with other providers to ensure that clients have access to integrated and coordinated care.


The State-wide Specialist Aboriginal Mental Health Service operated by Western Australia is integrated with mainstream mental health services. Providers of services are encouraged through contracting arrangements to co-locate with Social and Emotional Wellbeing services.

 *Western Australia has implemented Recommendation 266 by developing the Specialist Aboriginal Mental Health Service and ensuring this care is integrated and coordinated with local health services*

A **Tasmanian** Aboriginal Health Forum Mental Health Working Group has recently been convened to bring together representatives from the Community Controlled Health Sector, Commonwealth Government, State Government and Primary Health Tasmania to support a collaborative approach to improving mental health outcomes for Aboriginal and Torres Strait Islander Tasmanians. The working group's key tasks will be to identify gaps in mental health services, undertake comprehensive mapping of patient journeys, and to develop next steps for improving mental health outcomes.


 *Tasmania has implemented Recommendation 266 by convening the Tasmanian Aboriginal Health Forum Mental Health Working Group to improve mental health services for Aboriginal and Torres Strait Islander people.*

At the time of the RCIADIC, mental health services in the **Northern Territory** were integrated with other health services. In response to Recommendation 266, the Northern Territory Government developed a separate mental health service for Aboriginal and Torres Strait Islander people in the Aboriginal Mental Health Care Policy. Currently, the Northern Territory Department of Health continues to deliver integrated health services and mental health services from remote clinics. There is no dedicated mental health service for Aboriginal and Torres Strait Islander people, but there is an NT Aboriginal Health Plan and Aboriginal Cultural Security Framework.

 *The Northern Territory has implemented Recommendation 266 by integrating mental health services with other health services across the Northern Territory.*

The **Australian Capital Territory's** Aboriginal and Torres Strait Islander Health Unit is tasked with engaging the health and non-health sectors in collaborative efforts to address Aboriginal and Torres Strait Islander health. However, no evidence has been provided relating to whether progress has been made to link or integrate mental health services for Aboriginal people with local health and other support services.

The Australian Capital Territory Government noted the roles of Aboriginal Liaison Officers, but did not provide any evidence that progress has been made to link or integrate mental health services for Aboriginal people with local health and other support services.

 *The Australian Capital Territory has not implemented Recommendation 266.*

## Recommendation 267

*That aerial medical services and the appropriate authorities review the effectiveness of practices relating to medical diagnosis at a distance, for example by radio or telephone, and consider the implementation of standard diagnostic protocols, where they are not currently being used.*

### Background information


The RCIADIC Report identified cases that highlighted the problem of misdiagnosis when relying on incomplete information. The Report contended that this risk could be reduced by policies that implement standard protocols and encourage the use of technology that improve channels of communication.

### Responsibility


The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires the adoption of standard diagnostic protocols and updated communication technology in Commonwealth and State and Territory government health facilities.

### Key actions taken and status of implementation


The **Commonwealth** DoHA's 2008 eHealth strategy directly addresses the concerns raised by this recommendation through prioritising telehealth and electronic consultation tools to improve rural, remote and disadvantaged community access to health care services. The policy aims to service up to 20% of consumers with these tools.

 *Recommendation 267 has been implemented through the eHealth Strategy which aims to remove the barriers to communication that lead to increased risk of misdiagnosis in Aboriginal and Torres Strait Islander communities.*

**New South Wales** noted in the 1994-95 implementation report that Recommendation 267 related to the Royal Flying Doctor Service and its operational policies. However, several policy programs have been introduced which support the implementation of Recommendation 267. These include the expansion of e-health in rural and remote NSW, in line with the *NSW Rural Health Plan Towards 2021* and the *eHealth Strategy for NSW Health 2016-2026*. Through the work of the Agency for Clinical Innovation and eHealth NSW, NSW Health has provided greater training, exposure and expertise across rural NSW. Current systems exist for urgent video access to specialists in NSW, such as the Western NSW patient flow unit and a pilot program in Port Stephens giving Police and Ambulance officers remote telehealth access to mental health experts.


 *New South Wales has implemented Recommendation 267 by expanding training and expertise with telehealth.*

In their 1993 implementation report, the **Victorian** Government stated that Recommendation 267 does not apply to Victoria. No further evidence on implementation could be found.

 *Recommendation 267 does not apply to Victoria, as remote diagnostic processes are not used in the State.*

In **Queensland**, the Royal Flying Doctor Service is a combined initiative of the Australian Government Department of Health, the Health Insurance Commission and Queensland Health. The Royal Flying Doctor Services has extended Medical Officer placement to remote locations of the Cape York Peninsula as part of the Rural and Remote Medical Benefits Project and the Medical Specialist Outreach Access Program. Telehealth services are also offered to people living in rural and remote Queensland as an opportunity to see a specialist without having to leave their communities.

Queensland Health has also indicated that they continuously seek to implement models of care to meet the health needs of Aboriginal and Torres Strait Islander people in remote areas. Where telehealth is not feasible, the Queensland Patient Travel Subsidy Scheme is available to people who are required to travel


 *Queensland has partially implemented Recommendation 267 as multiple services are available to assist remote access to medical services. However, no information has been found on implementation of a review of the effectiveness of practices relating to medical diagnosis at a distance.*

In their 1994 implementation report, the **South Australian** Government noted that health authorities including the Aboriginal Health Council had not encountered dissatisfaction or difficulty in relation to service delivery. Two Royal Flying Doctor Services medical officers were made contactable for 7 days a week, 24-hours per day by telephone or radio. Implementation of a review is currently underway and compliance is being assessed.

 *South Australia has implemented Recommendation 267 by undertaking a review of the Royal Flying Doctor Services and assessing compliance.*

The **Western Australian** Government provides a state-wide telehealth service to residents in rural, remote and outer metropolitan areas. This service involves the use of information and communication technology applications to provide health services over substantial distances.

The Royal Flying Doctor Service's Western Operations have a long-established and effective practice regarding distance diagnosis. Their 2013 Clinical Manuals guide the clinical management and aeromedical transport of patients.

 *Western Australia has partially implemented Recommendation 267 as multiple services are available to assist remote access to medical services. However, no information has been found*

*on implementation of a review of the effectiveness of practices relating to medical diagnosis at a distance.*

The **Tasmanian** Department of Health provided in a 2014 press release that e-health services would be rolled out, led by Tasmania Medicare Local. In 2015, the Department of Health and Human Services, in collaboration with the Tasmanian Health Service, commenced the Telehealth Expansion project, which aims to reduce patient travel and improve access to care through expanding the availability of telehealth across Tasmania. The project is expected to continue until mid-2018.


 *Tasmania has implemented Recommendation 267 through the Telehealth Expansion Project.*

In 1993, the **Northern Territory** Government provided 24-hour medical phone consultation, where Aboriginal and Torres Strait Islander health workers, nursing staff, and other providers could contact the on-call doctor. Standard Treatment Protocols and Manuals were also available and in use, promoting the effective and consistent management of health problems.

Recently, the Department of Health undertook considerable work to implement My eHealth Record and the use of telehealth. The project resulted in more remote and regional Territorians receiving medical advice and an increase in patient consultations with doctors using telehealth technology.

 *The Northern Territory has implemented Recommendation 267 by undertaking work to implement My eHealth Record and telehealth.*

The **Australian Capital Territory** noted in their 1993-94 implementation report that Recommendation 267 applies to remote communities, and as such it has not been implemented.

 *Recommendation 267 does not apply to the Australian Capital Territory as there are no remote communities in the ACT.*

## Recommendation 268

*That the National Health and Medical Research Council actively stimulate research into health concerns identified as priorities by appropriate Aboriginal health advisory bodies (such as the proposed Council of Aboriginal Health), particularly research that involves Aboriginal people at both the development and implementation stages.*

### Background information

The RCIADIC Report identified a clear lack of funding by the National Health & Medical Research Council (NHMRC) on the issue of Aboriginal and Torres Strait Islander health.

### Responsibility

The recommendation is solely the responsibility of the Commonwealth Government. The Commonwealth has responsibility for the National Health and Medical Research Council.

### Key actions taken and status of implementation

In 1992-93, the **Commonwealth's** NHMRC prioritised Aboriginal and Torres Strait Islander health research, for example through providing funds of \$460,000 towards research into hearing loss and \$249,000 into child health.

The NHMRC's 2009 Road Map II policy aimed to increase participation by Aboriginal and Torres Strait Islander researchers in NHMRC programs while also supporting research that generated medical outcomes in Aboriginal and Torres Strait Islander communities. An example of this is the funding of research into Foetal Alcohol Spectrum Disorder in Queensland.

The DOH noted that in 2016, in partnership with the NHMRC, they contributed \$3.4 million to support a Research Special Initiative in Aboriginal and Torres Strait Islander Health. This resulted in the approval of funding for four research projects through the NHMRC's Partnership Projects Scheme to support population and health services research and to promote health outcomes for Aboriginal and Torres Strait Islander people.



- *Recommendation 268 has been implemented as there has been consistent funding of research into Aboriginal and Torres Strait Islander health.*

#### **Additional commentary**

The NHMRC noted that in 2016 they made a public call for research priorities in Aboriginal and Torres Strait Islander health, and received 66 completed submissions. A number of Targeted Calls for Research were recommended by the NHMRC Principal Committee Indigenous Caucus which are being progressed.

### **Recommendation 269**

*That compliance with the National Health and Medical Research Council's Advisory Notes on Aboriginal health research ethics be a condition of Aboriginal health research funding from all sources.*

#### **Background information**

The RCIADIC Report identified the need for ethical guidelines when conducting all research into Aboriginal and Torres Strait Islander health.

#### **Responsibility**

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that research conducted across all levels of governments adhere to the ethical guidelines set out by the NHMRC.

#### **Key actions taken and status of implementation**

The **Commonwealth** Government's NHMRC are the body that are responsible for setting the guidelines around the ethics for research into Aboriginal and Torres Strait Islander health. The NHMRC noted that research funded by NHMRC and the Australian Research Council must adhere to NHMRC's research ethics guidelines.

- Recommendation 269 has been implemented as there have been consistent efforts by the NHMRC to ensure compliance with ethical guidelines.

The **New South Wales** Government responded to Recommendation 269 in 1993 by ensuring compliance with NHMRC research ethics, and in circulating a copy of the advisory notes to all Area, Districts and Public Health Units for implementation. Current health research practice is compliant with NHMRC ethical guidelines, evidenced in the requirement to obtain the permission of the individual research subject when conducting human research, including the NHMRC's advisory notes on Aboriginal Health Research Ethics. In addition, all research being undertaken at the Justice Health and Forensic Mental Health Network requires Aboriginal Reference Group review and endorsement, and Aboriginal Health and Medical Research Council Ethics Committee approval before consideration by the Chief Executive.

- *New South Wales has fully addressed Recommendation 269 by endorsing the NHMRC guidelines and requiring approval and endorsement by the Aboriginal Reference Group for research being undertaken at the Justice Health and Forensic Mental Health Network.*

The **Victorian** Government endorsed the draft guidelines on research prepared by the NHMRC in 1993. The Victorian Government has also adopted the NHMRC *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* which provides guidelines for health research involving Aboriginal and Torres Strait Islander people.

- *Victoria has fully addressed Recommendation 269 by endorsing the NHMRC guidelines.*

The **Queensland** Government's stated position in 1993 was supportive of these guidelines, and endorsed the need for community participation in research proposal development and implementation. In addition, Queensland will include the Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research in the Research Ethics and Governance Health Service Directive and Policy Framework.

● *Queensland has fully addressed Recommendation 269 by endorsing the NHMRC guidelines and supporting the need for community participation in research proposal development and implementation.*

At the time of the RCIADIC, the **South Australian** Government had its own Research Ethics Committee that had been accredited by the NHMRC. All supported research on Aboriginal and Torres Strait Islander health is approved by the Aboriginal Health Research Ethics Committee, which is guided by the principles set out in the NHMRC's National Statement on Ethical Conduct in Human Research 2007.

● *South Australia has fully addressed Recommendation 269 by endorsing the NHMRC guidelines and requiring all health research to be approved by an Aboriginal Health Research Ethics Committee.*

In 1996, the **Western Australian** Office of Aboriginal Health, in partnership with the Western Australian Aboriginal Community Controlled Health Organisation, established the Western Australian Aboriginal Health Information and Ethics Committee. This committee actively monitors ethical standards relating to the health system's use of Aboriginal and Torres Strait Islander health information. The committee is registered with the National Health and Medical Research Council and complies with national standards, including guidelines on Ethical matters in Aboriginal and Torres Strait Islander Health Research. An Aboriginal person elected by the Western Australian Aboriginal Community Controlled Health Organisation chairs the committee.

● *Western Australia has implemented Recommendation 269 by forming the Western Australian Aboriginal Health Information and Ethics Committee to actively monitors ethical standards relating to the health system's use of Aboriginal and Torres Strait Islander health information.*

Government launched an Aboriginal Health Information and Ethics Committee which was charged with maintaining the standards set out in NHMRC guidelines. Western Australia has maintained its commitment to the implementation of Recommendation 269. All human research must undergo ethical and scientific review, approval and monitoring by a Human Research and Ethics Committee registered with the NHMRC. Health ethical review processes are clearly established in the Western Australia Health Research Governance Framework.

The **Tasmanian** Government requires human health research to be assessed by the Tasmanian Health and Medical Human Research Ethics Committee. When conducting a research project with Aboriginal and Torres Strait Islander people or communities, the design of the project must respect and take into account the values, and cultural protocols of Aboriginal and Torres Strait Islander people. The Tasmanian ethics application process abides by the current NHMRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (2003).

● *Tasmania has fully addressed Recommendation 269 by endorsing the NHMRC guidelines and requiring all research projects with Aboriginal and Torres Strait Islander people or communities to take into account cultural values and protocols.*

The **Northern Territory's** 1993-94 implementation report noted that the Joint Institutional Ethics Committee of the Royal Darwin Hospital and Menzies School of Health Research, the Top End Aboriginal Sub-Ethics Research Committee, and the Alice Springs Ethics Committee have been formed. Health Research Ethics Committees were registered with the NHMRC to ensure the ethical acceptability of research proposals involving human participants and operate in accordance with the NHMRC's National Statement on Ethical Conduct in Human Research 2007.


● *The Northern Territory has fully addressed Recommendation 269 by endorsing the NHMRC guidelines and establishing a number of relevant ethics committees, including the Top End Aboriginal Sub-Ethics Research Committee.*

In their 1993-94 implementation report, the **Australian Capital Territory** Government commented that the ACT will comply with the NHMRC's Advisory Notes when considering applications for research funding concerning Aboriginal and Torres Strait Islander health. Currently, the ACT Health Human Research Ethics Committee includes representation from researchers currently undertaking Aboriginal

and Torres Strait Islander health research. Although this is not a core membership requirement from the National Health and Medical Research Council, ACT Health has taken this position to include an Aboriginal and Torres Strait Islander health researcher on the Human Research Ethics Committee since 2010. All members of the committee are aware of the leading guideline on Aboriginal and Torres Strait Islander health research, *Value and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*. The Ethics and Governance Unit, in the Office of Research has established a collaborative relationship with the Australian Institute for Aboriginal and Torres Strait Islander Studies.

When undertaking its review processes the committee considers the key NHMRC criteria of community engagement; benefit; sustainability and transferability and building capacity. Research proposals not satisfying these criteria are advised on how to engage with the local Aboriginal and Torres Strait Islander health community in order to meet these standards and improve the quality of the research proposal. Committee members and staff are due to undergo training in the *Guidelines for Ethical Research in Australian Indigenous Studies* during the second half of 2018.

Research proposals not meeting these criteria to a high standard would not qualify for funding through sources controlled by ACT Health. Funders not controlled by ACT Health would receive notice of the proposed project failing to meet these standards.

 *The Australian Capital Territory has implemented Recommendation 269 through policies established by the ACT Human Research Ethics Committee.*

### Additional commentary

Under the **Commonwealth** Government, the NHMRC noted that the 'Advisory Notes on Aboriginal health research' ethics has been rescinded. The new guidelines include *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research* (2004) and *Keeping Research on Track: A guide for Aboriginal and Torres Strait Islander people about health research ethics* (2005). In addition to the ethical guidelines produced by the NHMRC, the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) has produced the *Guidelines for Ethical Research in Australian Indigenous Studies* (2012).

## Recommendation 270

*That:*

- a. *Aboriginal people be involved in each stage of the development of Aboriginal health statistics; and*
- b. *Appropriate Aboriginal health advisory bodies (such as the proposed Council of Aboriginal Health) consider developing an expanded role in this area, perhaps in an advisory capacity to the Australian Institute of Health, and that the aim of this involvement should be to ensure that priority is given to the collection, analysis, dissemination and use of those Aboriginal health statistics most relevant to Aboriginal health development.*

### Background information

The RCIADIC Report identified that a proper assessment of Aboriginal and Torres Strait Islander health status was limited by a lack of comprehensive data.


### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that data on the health of Aboriginal and Torres Strait Islander communities be collected by responsible departments in the Commonwealth, and State and Territory governments.

### Key actions taken and status of implementation


Under the **Commonwealth** Government, the ABS conducts the Australian Aboriginal and Torres Strait Islander Health Survey, which assesses the health of the Aboriginal and Torres Strait Islander population. Statistics include estimates of the prevalence of chronic diseases, certain behavioural risk

factors, physical activity and sedentary behaviour. The ABS also conducts the NATSISS. These surveys have been developed with close consultation from the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data.

 *Recommendation 270 has been implemented through the ABS' conduct of regular surveys such as the Australian Aboriginal and Torres Strait Islander Health Survey and the NATSISS, which have been informed with the consultation of Aboriginal and Torres Strait Islander people and health advisory bodies.*

In 1995, the **New South Wales** Department of Health established a partnership with the Aboriginal Health Resource Co-operative (AHRC) which required the involvement of the AHRC in planning and policy issues. This provided Aboriginal people with a platform through which to be involved with the development of health statistics. This commitment to involving Aboriginal people in data collection and the development of health statistics has subsequently been maintained through various partnership agreements and policy initiatives.


Currently, NSW Health works with the Aboriginal Health and Medical Research Council of NSW to enable recognition of Aboriginal community perspectives in the design, analysis, interpretation and reporting of Aboriginal health information.

 *New South Wales has completed Recommendation 270 through its work with the Aboriginal Health and Medical Research Council of NSW to enable recognition of Aboriginal community perspectives in the design, analysis, interpretation and reporting of Aboriginal health-related information.*


The **Victorian** Department of Health, in partnership with VACCHO, has developed initiatives for engaging Aboriginal and Torres Strait Islander people in the development of health statistics.

 *Victoria has implemented Recommendation 270 by working with VACCHO to engage Aboriginal and Torres Strait Islander people in the collection of health data.*

Following the RCIADIC, the **Queensland** Government collaborated with other state health agencies and community-based organisations in the development of standards for Aboriginal and Torres Strait Islander health data collections and a minimum data set. More recently, Queensland's Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-33 provides that research involving Aboriginal and Torres Strait Islander people be ethical, and ensure appropriate consultation and feedback.

 *Queensland has mostly implemented Recommendation 270 by collaborating with community-based organisations to develop data collection standards and a minimum data set but has not addressed the potential involvement of appropriate health advisory bodies.*


In **South Australia**, the Aboriginal Health Council works cooperatively with South Australian Health to promote and advance the social, physical and mental health of Aboriginal and Torres Strait Islander communities. This includes a cooperative approach to the development of health statistics. There is currently a review of the Australian Health Minister's Advisory Council structure that could potentially incorporate these recommendations. There are a number of national committees that consider information and statistics on Aboriginal and Torres Strait Islander specific metrics, which have representation from and consultation with relevant communities.

 *South Australia has mostly implemented Recommendation 270 by collaborating with the Aboriginal Health Council to develop health statistics. While not yet fulfilled, the other requirements of this recommendation may be incorporated following a review of the Advisory Council structure.*


**Western Australia** responded to Recommendation 270 in 1994 by introducing a number of agreements between the WA Department of Health and Aboriginal Medical Services which provided the basis for a cooperative approach to data collection and development. The Aboriginal Medical Services were also given an expanded role with regard to the use of these statistics.

Since this time, the Western Australian Government has continued its partnership with the Aboriginal Health Council of Western Australia and has reached a collaborative agreement through the Western Australian Aboriginal Health Ethics Committee to ensure research, data collection is conducted in a culturally appropriate manner, and that community consultation is undertaken where relevant.

The Department of Health's Aboriginal Health Policy Directorate also works closely with internal data, information and performance directorates to ensure Aboriginal engagement and input into Aboriginal and Torres Strait Islander health data collection, analysis and publication.

 *The Western Australian Government has mostly implemented Recommendation 270 by collaborating with the Aboriginal Health Council of Western Australia and Western Australian Aboriginal Health Ethics Committee to ensure research, data collection is conducted in a culturally appropriate manner, and that community consultation is undertaken where relevant. However, it is unclear whether priority has been given to the collection, analysis, dissemination and use of those Aboriginal health statistics most relevant to Aboriginal health development.*

**Tasmania** noted in their 1993 implementation report that the Department of Community and Health Services would coordinate development of health statistics with Aboriginal Health Services. More recently, the *Tasmanian Aboriginal and Torres Strait Islander Health Partnership Framework Agreement 2016-2020* between the Australian Government, Tasmanian Government and the Tasmanian Aboriginal Corporation includes provisions for the development of Aboriginal and Torres Strait Islander health data. The Tasmanian government follows initiatives undertaken by national advisory bodies on the collection, analysis and distribution of Aboriginal and Torres Strait Islander health statistics.

 *Tasmania has mostly implemented Recommendation 270 by involving the Tasmanian Aboriginal Corporation in the development of Aboriginal and Torres Strait Islander health data but has not expressly addressed part (b) of this recommendation in their response.*


The **Northern Territory** provided for Aboriginal and Torres Strait Islander people's involvement in the development of health statistics through a number of initiatives. These included the training of Aboriginal Health Workers in computing and health statistics in 1993, and the consultation of Aboriginal and Torres Strait Islander organisations in developing health plans.

More recently, this has included the development of Aboriginal Health Key Performance Indicators by Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander health and community workers involved with primary care services delivery, including mental health services in remote and prison clinics. This has been further facilitated by the completion of the 'My eHealth Record transition to the national My Health Record' project in 2016.

 *The Northern Territory has implemented Recommendation 270 by working with Aboriginal and Torres Strait Islander health workers to develop and collect health data.*

The **Australian Capital Territory's** Winnunga Nimmityjah Aboriginal Health Service was funded under the National Aboriginal Health Strategy (NAHS) to upgrade its data collections. Practice in the ACT follows the initiatives undertaken by national advisory bodies in relation to the collection, analysis and distribution of Aboriginal and Torres Strait Islander health statistics.

The ACT Government has noted that ACT Health will shortly commence a project with Winnunga Nimmityjah Aboriginal Health and Community Services. This project is aimed at improving the accuracy of Aboriginal and Torres Strait Islander identification within patient data collected by ACT public hospitals and to provide current data to help promote the benefits for patients, of ACT Health services more broadly, correctly recording Aboriginal and Torres Strait Islander identity.

 *The Australian Capital Territory has partially implemented Recommendation 270 by involving appropriate health advisory bodies in the collection of health data but has not addressed the involvement of Aboriginal and Torres Strait Islander health workers in this process.*



### Additional commentary

The **Commonwealth** DOH noted that the National Aboriginal and Torres Strait Islander Health Data Principles provide a framework for a culturally respectful foundation for the collection, storage and use of Aboriginal and Torres Strait Islander health-related information. These principles relate to all organisations, including Commonwealth agencies, that have significant responsibilities in relation to Aboriginal and Torres Strait Islander health data.

### Recommendation 271

*That the implementation of the National Aboriginal Health Strategy, as endorsed by the Joint Ministerial Forum, be regarded as a crucial element in addressing the underlying issues the Commission was directed to take into account, and that funds be urgently made available to allow the Strategy to be implemented.*

### Background information


The RCIADIC Report identified that greater and urgent funding for the NAHS was required to meet the recommendations. The Commission estimated that less than a fifth of the funding needed in improving Aboriginal and Torres Strait Islander health was actually provided prior to 1991.

### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that greater funding from all levels of government was needed for the NAHS to be implemented.

### Key actions taken and status of implementation


The **Commonwealth** has contributed significant funding toward the renewed NPA on Closing the Gap. The DOH noted that subsequent national plans (the NSFATSIH 2003-2013, the NIRA 2008, and the NATSIHP 2013-2023) are regarded as carrying forward the work of the Strategy. The DOH noted that current Commonwealth funding for Aboriginal and Torres Strait Islander health (the Indigenous Australians' Health Program) is \$3.4 billion over 4 years from 2016-17 (\$780 million allocated in 2016-17) plus significant additional funding from uncapped programs.

 *Recommendation 271 has been implemented through the funding provided by the Commonwealth for the IAHP.*

**All States and Territories** were signatories to the *National Aboriginal Health Strategy* which included as priorities that services for Aboriginal and Torres Strait Islander people be run by Aboriginal and Torres Strait Islander people, and increased health promotion and prevention for Aboriginal and Torres Strait Islander people.


**New South Wales** became a signatory to the NAHS in 1994 and contributed towards its implementation through the provision of \$1.3 million in recurrent funding to support projects to improve health service delivery to Aboriginal people. More recently, the NSW Aboriginal Health Partnership 2008-13 adhered to the principles of NAHS. The NSW Ministry of Health is also investing \$24.8 million in 2017/2018 for 41 Aboriginal Community Controlled Health and related organisations to deliver health services across 44 sites.

The NSW Government is continuing to work with the Commonwealth Government to identify and progress shared priorities to deliver improved health outcomes for Aboriginal people. More recently, this included participation in national consultations to inform the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan in 2017.

 *New South Wales has implemented Recommendation 271 by providing additional funding support for the implementation of the NAHS.*


No evidence could be located on **Victoria's** response to the implementation of the NAHS. However, in 2013 the government allocated \$61.7 million over four years for improving the health and wellbeing of Aboriginal and Torres Strait Islander people. In 2005, the Victorian Government stated in its implementation report that Victoria has developed an implementation plan consistent with the newer *National Strategic Framework for Aboriginal and Torres Strait Islander Health*.

The development of an Aboriginal evaluation and research framework is also a commitment under Korin Korin Balit-Djak, the Victorian Government's Aboriginal health wellbeing and safety strategic plan 2017-2027. The Victorian Government has also indicated that the development of the framework and outcome indicators will be Aboriginal-led and informed by the Aboriginal Strategic Governance forum and Divisional Aboriginal Governance Committees via the Aboriginal governance and accountability framework.

 *Victoria has partially completed Recommendation 271. It has funded programs to improve Aboriginal and Torres Strait Islander health, but no evidence could be found that it funded the implementation of the NAHS.*


In the 1993 implementation report, the **Queensland** Government noted that the NAHS would form the basis of the Queensland Aboriginal and Torres Strait Islander Health policy which was then under development. Associated with this policy, the Queensland Government also provided additional funding support for the implementation of the NAHS.

More recently, the National Aboriginal Health Strategy has been superseded by the Making Tracks Strategy in 2010 which provides the overarching policy direction in Queensland towards closing the health gap. The policy is supported by a series of triennial implementation plans.


 *Queensland has implemented Recommendation 271 by providing additional funding support for the implementation of the NAHS and supporting the development of the Making Tracks Strategy, which has superseded the NAHS.*

In response to the NAHS, the **South Australian** Government increased the recurrent funding of Aboriginal and Torres Strait Islander health and substance abuse services by \$1.5 million per annum. Capital projects worth \$2 million were also supported. These measures are reported in the 1994 implementation report.


The NAHS has since been superseded in SA by other strategies to support the COAG Closing the Gap targets and South Australia's Strategic Plan, as well as other relevant state and national policy priorities agreed through COAG, COAG Health Council, and the Australian Health Minister's Advisory Council.

 *South Australia has implemented Recommendation 271 by providing additional funding support for the implementation of the NAHS as well as associated capital projects. The NAHS has since been superseded in South Australia by other policy priorities.*

**Western Australia** has noted that the National Aboriginal Health Strategy is no longer current, with the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 forming the current overarching national policy framework for Aboriginal health. The first Implementation Plan for this was released in 2015. The Vision, Principles, Priorities and Strategies outlined in the plan align with and inform the Western Australian Aboriginal Health and Wellbeing Framework 2015-2030 and its associated Implementation Guide.

 *Western Australia has completed Recommendation 271 through implementation of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (which forms the current national policy framework for Aboriginal Health).*

**Tasmania** noted in the 1993 implementation report that the NAHS had been implemented and has more recently noted that the NAHS has been superseded by the National Aboriginal and Torres Strait Islander Health Plan.

 *Tasmania has not implemented Recommendation 271 as there is no evidence that it funded the implementation of the NAHS.*

The **Northern Territory** Department of Health and Community Services reported in their 1993-94 implementation report that it spends over 50% of its funds on services to Aboriginal and Torres Strait Islander people. Additionally, the Northern Territory has supported the implementation of the NAHS. Currently, the NT Department of Health is working on developing priority areas for the 2018

Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2032, which has a specific focus on the social and cultural determinants of health for Aboriginal and Torres Strait Islander people.

● *The Northern Territory has implemented Recommendation 271 by providing additional funding support for the implementation of the NAHS and continuing support of its objectives through its 2018 Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan.*

In 1992, the **Australian Capital Territory** Government provided a joint funding package under the NAHS, that was targeted at improving the health and wellbeing of Aboriginal and Torres Strait Islander people. This funding was provided on an ongoing basis and supported services including emergency accommodation; a coordinator, an alcohol worker, and a mental health worker for the Winnunga Nimmityjah Aboriginal Health Service, and an AHLO. More recently, the ACT's *Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006-11* supported continued maintenance of the NAHS and associated initiatives.

● *The Australian Capital Territory has implemented Recommendation 271 by providing additional funding support for the implementation of the NAHS through a joint funding package and maintaining its objectives more recently, through the Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006-11.*

## 10.2 Coping with alcohol and other drugs: strategies for change (272-288)

### Recommendation 272

*That governments review the level of resources allocated to the function of ensuring that the holder of liquor licences meet their legal obligations (in particular laws relating to serving intoxicated persons), and allocate additional resources if needed.*

#### Background information

The RCIADIC recognised that the consumption of alcohol was a significant factor leading to alcohol- and other drug-related problems. The Report found evidence to suggest that licensed premises, driven by an incentive for profit, continued to serve persons while they were intoxicated.

#### Responsibility

The recommendation is the responsibility of the State and Territory Governments who have policy oversight of liquor legislation and regulations.

#### Key actions taken and status of implementation


The **New South Wales** Government responded to Recommendation 272 by introducing a range of education and training programs for liquor licensees. These programs focused on ensuring that licensees knew their responsibilities, including the identification of intoxicated persons. Additionally, the *Liquor Act 2007 (NSW)* made it an offence for a licensee to sell or supply liquor to an intoxicated person. As part of structural reforms in 2015, the Government announced Liquor and Gambling New South Wales (L&GNSW) would be given a 20 per cent boost in compliance capacity "to facilitate more routine and targeted compliance activities across the state.

● *New South Wales has implemented Recommendation 272 by allocating additional resources to facilitate more routine and targeted compliance activities.*

**Victoria** conducted a number of Responsible Serving of Alcohol workshops across licensed premises, and trained a number of staff in 1992. Additionally, the 1993 amendment of the *Liquor Control Act 1987 (Vic)* provided that the Chief Executive Officer of the Commission could recommend against the grant of a license if he was of the view that the applicant had an insufficient understanding of their responsibility under the Act.

Since this time, the Victorian Commission for Gambling and Liquor Regulation has focused on regional enforcement of liquor laws through the establishment of offices throughout Victoria. Further, the Commission has reviewed its strategies with education of licensees being a critical element. The education strategy aims to increase licensees' understanding of their obligations, encourage voluntary and proactive compliance, and build and maintain effective partnerships.


The Commission has also strengthened resources to target the greatest risk of high harm offences within licensed premises and it has developed a new tool to inform the deployment of compliance inspectors. It has also developed and implemented new training initiatives across its compliance area. The Victorian Government has announced a review of the *Liquor Control Reform Act 1998* (Vic) that will look at the compliance and enforcement regime of the Act including the serving of intoxicated people in licensed venues.

 *Victoria has implemented Recommendation 272 by strengthening resources allocating resources to target the greatest risk of high harm offences.*

Following the RCIADIC, the **Queensland** Government strengthened existing legislation in the *Liquor Act 1992* (Qld), by increasing the penalties for licensees breaching their legal obligations.


Since 2014, additional amendments have been made to tighten the requirements around responsible service of alcohol and alcohol availability, such as more stringent prescription of “unacceptable” practices, reduction of certain on-premises liquor trading hours and the banning of the sale of “rapid intoxication drinks” after midnight.

In conjunction with these amendments, temporary funding has been allocated to the Office of Liquor and Gambling Regulation (OLGR) to fund additional liquor inspectors, investigators, and a dedicated legal officer. The OLGR also has a compliance officer based in Townsville who has dedicated responsibilities relating to licensed premises in remote communities with alcohol restrictions. The OLGR also maintains close linkages with police officers stationed in and around remote communities


 *Queensland has implemented Recommendation 272 by allocating additional resources to the OLGR to fund oversight of licensed premises.*

In **South Australia**, the *Liquor Licensing Act 1997* (SA) prohibits the sale or supply of liquor on a licensed premise to an intoxicated person. Under the Act, police officers are also given the power to enter and inspect licensed premises at any reasonable time. Police officers may also require the provision of information relating to the sale or supply of liquor.

In 2016, the Honourable Tim Anderson QC was appointed to undertake a review of the liquor licensing laws in SA. Recommendations from the review included an increase in annual fees for all classes of license with the revenue to be used to address both enforcement and welfare issues related to the supply of liquor in the community, including more police officers and Consumer and Business Services inspectors, victim support service funding, and rehabilitation facilities. The SA Government accepted the recommendation to increase annual fees but will need to draft regulation to implement any increased fees.


 *South Australia has implemented Recommendation 272 by reviewing liquor licensing laws and accepting the recommendation to increase annual fees.*

The **Western Australia** Government, through the *Liquor Control Act 1988* (WA), made it an offence for a licensee to permit drunkenness to occur on licensed premises, or to sell or supply liquor to an intoxicated person. Police officers are also given the power to ensure that licensed premises conform to proper standards by conducting inspections or requiring the provision of information regarding the sale or supply of liquor. In 1996, the Western Australia Government also appointed six Liquor Licensing Inspectors.

 *Western Australia has implemented Recommendation 272 by providing additional resources (six Liquor Licensing Inspectors) to ensure licence holder meet their obligations.*

**Tasmania** noted in their 1993 implementation report that the *Liquor Licensing Act 1990* (Tas) makes it an offence to sell or supply liquor to people appearing to be intoxicated. This is enforced by police officers and authorised officers appointed by the Commissioner for Licensing.


More recently, amendments to Tasmania's *Liquor Licensing Act 1990* took effect in 2016. In particular, the Act contains provisions that licensees and permit holders are to retain effective control over the sale and any consumption of liquor on the premises and it is an offence for a licensee or permit holder to sell or supply liquor to people who appear to be intoxicated. Authorised officers (inspectors) and police conduct routine inspections of premises and resourcing is reviewed regularly.

 *Tasmania has implemented Recommendation 272 by noting that resourcing of oversight and compliance activities is regularly reviewed.*

The **Northern Territory** provided funding in 1993-94 to the Northern Territory Hotels and Hospitality Association for the development and delivery of training programs for workers in the liquor industry. More recently, the National Partnership Agreement on Remote Aboriginal Investment 2015-2022 contains specific key performance indicators to support Liquor Licence Compliance in support of safety for remote communities in the NT.


Under the National Partnership Agreement on Remote Aboriginal Investment, Community Safety Implementation Plan, specific resources are allocated to Liquor Licence Compliance activities (particularly in remote Aboriginal and Torres Strait Islander communities). Licence inspectors are employed to boost proactive education, advice and engagement with licensees, and report annually on compliance activities undertaken.

The Northern Territory has also funded a review into "Managing Alcohol Consumption – a review of licensed clubs in remote Indigenous communities in the Northern Territory" which was published in 2016. The report found that clubs can contribute to harm minimisation as they offer an environment where alcohol consumption can be effectively managed. Clubs also can provide a direct intervention point in communities, with sanctions such as bans being available for anti-social behaviour. The report recommended best practice governance requirements and support for licensed clubs, which has been implemented by the Northern Territory Government.

 *The Northern Territory has mostly implemented Recommendation 272 by implementing key performance indicators to support its requirements but has not reviewed resourcing allocations.*

In the **Australian Capital Territory**, the *Liquor Act 2010* (ACT) makes it an offence for a liquor licensee to serve an intoxicated person. The Act also provides police officers and investigators who are appointed by the Commissioner for Fair Trading to enter a liquor licensed premises at any time when it is open for business to inspect or examine the premises.

In December 2014 the ACT Government announced the creation of new agency 'Access Canberra', which combined a number of regulatory services within a single agency. This initiative resulted in an increase to the total number of investigators appointed under the Liquor Act 2010. Access Canberra utilises a risk based compliance framework to identify the areas where risk is the greatest to engage and educate and ensure increased public safety. The Access Canberra liquor licence compliance framework also guides compliance activities, noting that the framework places significant emphasis on addressing conduct that may cause risk to harm to the community. This includes the supplying of liquor to an intoxicated person. Access Canberra has developed a pro-active compliance program to ensure compliance with obligations under the Act. The program primarily focuses on visits to licensed premises to ensure and promote compliance.

 *The Australian Capital Territory has implemented Recommendation 272 through its risk based compliance framework which allocates resources to areas where risk is the greatest.*

## **Recommendation 273**

*That consideration be given to legislating for the appointment of community workers who would have the power to inspect licensed premises to ensure that licensees comply with the applicable legislation and licence conditions.*



### Background information

At the time of the RCIADIC, community workers were employed to focus specifically on Aboriginal and Torres Strait Islander drug and alcohol problems. ATSIC also had a policy of supporting community-based programs which focused on non-residential prevention and intervention activities. In line with this, Recommendation 273 calls for community workers to be given the power to inspect licensed premises to ensure that licensees are compliant with the relevant legislation.

### Responsibility

The recommendation is the responsibility of the State and Territory Governments who have policy oversight of liquor legislation and regulations.

### Key actions taken and status of implementation

In **New South Wales**, the *Liquor Act 2007* (NSW) doesn't include a provision for community workers to inspect licensed premises. The 1994-95 implementation report notes that the NSW Government did not consider it appropriate for community workers to assume a role in which they are responsible for law enforcement.

*New South Wales has not implemented Recommendation 273.*

**Victoria** provides for community engagement and interest in licensing matters. Any community member who considers that a licensee is breaching the liquor laws may take their complaint to the police or the Liquor Licensing Commission. The Victorian Government has also noted that it has been focused on improving the effectiveness of compliance and enforcement activities of liquor inspectors.

*Victoria has not implemented Recommendation 273.*

In **Queensland**, the OLGR adopts a risk-based approach to monitoring compliance with the Liquor Act 1992 (Qld), based on the inherent, specific and emerging risks relating to individual venues. Administration of the Liquor Act is shared jointly between the OLGR and the Queensland Police Service, with both agencies working together to ensure compliance and consistency of regulatory action. Queensland does not consider it appropriate for community workers to have the power to inspect premises and ensure compliance. In the event that a community member has a concern or complaint regarding a licensee or licensed premises, this can be referred to the OLGR for further investigation.

*Queensland has not implemented Recommendation 273.*

**South Australia** does not specifically confer power to community workers to inspect licensed premises. The responsibility for enforcing the *Liquor Licensing Act 1997* is currently shared by Consumer and Business Services Inspectors and the SAPOL.

*South Australia has not implemented Recommendation 273.*


In 1994, the **Western Australia** Government provided \$600,000 in support of Aboriginal and Torres Strait Islander community patrols. Under the *Liquor Control Act 1988* (WA), the Director of Liquor Licensing can authorise any person to undertake the duties of a liquor licensing inspector. To date, this provision has not been exercised to enable community workers to inspect licensed premises.

Licensed premises are inspected regularly under Western Australia's compliance program and, where appropriate, joint inspections are conducted with local government authorities and police. A number of communities throughout Western Australia have Liquor Accords established for the purposes of minimising harm caused in the local community by the excessive consumption of liquor, and promoting responsible practices in its sale, supply and service. The Western Australian Government has noted that given the specialist nature of liquor licensing legislation, the appointment of community officers as "authorised officers" under the Liquor Control Act is not considered appropriate.


*Western Australia has not implemented Recommendation 373.*

**Tasmania** does not provide for community workers to inspect licensed premises. Instead, it provides for authorised inspectors to inspect licensed premises. A compliance program involving regular audits

of licensed premises is administered by the Liquor and Gaming Branch on behalf of the Commissioner for Licensing.


 *Tasmania has not implemented Recommendation 273.*

In the **Northern Territory**, provision is made for ministerial appointment of necessary persons to inspect licensed premises and to perform the duties of an inspector under the *Liquor Act 1978* (NT). However, the power of being able to inspect licensed premises has not been conferred to community patrols. More recently, the Riley Review in 2017 has made a number of recommendations to inform the reform of the *Liquor Act*, including the powers of licensing inspectors.

 *The Northern Territory has not implemented Recommendation 273.*

The **Australian Capital Territory** has not given community workers the power to inspect licensed premises. Under, the *Liquor Act 2010* (ACT) the power to inspect licensed premises resides with authorised persons who are the Commissioner of Fair Trading, and police officers.

The ACT government has indicated that they have considered this, however noted that there is no evidence that there is a need for community workers to supplement the work of inspectors (from the regulator Access Canberra) and police officers which oversee compliance and enforce provisions in the *Liquor Act 2010*.

 *The Australian Capital Territory has not implemented Recommendation 273*

## Recommendation 274

*That governments consider whether there is too great an availability of liquor, including too many licensed premises, and the desirability of reducing the number of licensed premises in some localities, such as Alice Springs, where concentrations of Aboriginal people are found.*

### Background information


There is a relationship between the availability of alcoholic beverages, consumption levels, and levels of alcohol-related harm. Availability encompasses a range of factors, including the number of licenses in a locality, license types, and hours of sale. The RCIADIC found that in areas of Australia characterised by large Aboriginal and Torres Strait Islander populations, there were many more liquor licenses than was socially justifiable.

### Responsibility

The recommendation is the responsibility of the State and Territory Governments who have policy oversight of liquor legislation and regulations.


### Key actions taken and status of implementation

In **New South Wales**, controls over the granting of liquor licenses are set out in the *Liquor Act 2007* (NSW). All applications are considered and assessed against a range of factors related to social impact. The NSW Government noted in the 1994-95 implementation report that the issues which are intended to be rectified through Recommendation 274 are not considered to be an issue for NSW.

 *New South Wales has not implemented Recommendation 274.*


In the early 1990s, the **Victorian** Government conducted a review into the volume of liquor purchases by licensed retailers in Victoria and concluded that there was a decreasing trend. In 2002, the Victorian Coordinating Council on Liquor Abuse conducted a review into the impact of packaged liquor licenses operations on the level of alcohol and substance misuse. The *Change the Record* report noted that the report from this review is not available.

The Victorian Government has noted that it is considering many issues associated with the supply of liquor in this state. However, it is doing so as part of the review of the relevant legislation.

 *Victoria has taken steps to address Recommendation 274, but has not fully addressed the recommendation.*


In **Queensland** the Liquor Act 1992 (Qld) imposes significant consultation requirements on applications for liquor licences. Applications with significant potential for social impact must also be accompanied by a community impact statement. In making a decision on such applications, the Commissioner for Liquor and Gaming must have regard to the outcomes of this consultation and the impact assessment information. For applications in 'restricted areas', the Commissioner for Liquor and Gaming may seek comment from the relevant local government, police district officers, community justice group and/or the chief executive of the department that administers the Aboriginal and Torres Strait Island Communities (Justice, Land and Other Matters) Act 1984 (Qld).

In addition, Alcohol Management Plans (AMPs) were introduced from 2002 across 19 discrete Aboriginal and Torres Strait Islander communities to improve community safety and reduce alcohol-related harm. For licensed venues in communities with AMPs in place, more stringent licensing conditions may be applied to mitigate risks associated with alcohol consumption.

 *Queensland has implemented Recommendation 274 by imposing restrictions on the supply of alcohol and more stringent licensing conditions in relevant localities.*


In **South Australia**, the Liquor Licensing Commission in 1993 imposed restrictions on supply by formulating new conditions on licensing. These conditions were imposed after the conduct of a review in collaboration with local communities and relevant Aboriginal and Torres Strait Islander agencies.

Currently, the *Liquor Licensing (Liquor Review) Amendment Bill 2017* is before the South Australian Parliament and introduces a test based on community interest for certain applications. The Licensing Authority must be satisfied that the granting of the application is in the community interest, including with regards to harm that may be caused (whether to a community as a whole or a group within a community) due to the excessive or inappropriate consumption of liquor. The Liquor Licensing Commission has imposed conditions on licenses in Ceduna, which among other things, restricts the sale of liquor for off-premises consumption to anyone who resides in prescribed lands and limits the volume of liquor sold per person per day.

 *South Australia has implemented Recommendation 274 by undertaking a review of licensing conditions.*

**Western Australia's** *Liquor Control Act 1988* (WA) provides that liquor licenses may be suspended, or that additional conditions may be imposed, on the grounds of public interest. The Director of Liquor Licensing is also required to consider public interest in reviewing liquor license applications.

Amendments to the *Liquor Control Act 1988* have replaced the public needs test with a public interest test. A public interest test will apply to when granting or removing a licence or extending trading hours.

 *Western Australia has implemented Recommendation 274 by amending the Liquor Control Act to include a public interest test, which considers public interests (including the situation where the availability of liquor is too great).*

The **Tasmanian Government** introduced the *Tasmanian Alcohol Action Framework 2010-15* which provided a means to address alcohol issues, including the control and regulation of availability. This Framework also recognises Aboriginal and Torres Strait Islander people as a high-risk, high-priority area for government action. The Department of Treasury and Finance, which participates in the Framework, is currently a key stakeholder of a project led by the Department of Health and Human Services to develop a dynamic model to inform strategies to reduce alcohol-related harms in Tasmania. This project will inform the development of the next Alcohol Action Framework.

More generally, it is at the discretion of the Commissioner for Licensing to grant or refuse a liquor application. This is based on the formal application process and as to whether it is in the best interest of the community to grant a liquor licence. The Commissioner also has to be satisfied that the applicant is a fit and proper person to be a licensee.

- *Tasmania has implemented Recommendation 274 by undertaking a review of alcohol control and availability as part of the Alcohol Action Framework.*

In the **Northern Territory**, Regional Alcohol Management Plans provide guidance for alcohol measures, rules and regulations concerning liquor. Additionally, the *Liquor Act 1978* (NT) allows for “designated areas” to be declared following acts of alcohol-related violence near licensed premises. This provision also encompasses temporary bans for community members charged with specific offences.

More recently, a number of regional areas in the NT have been supported to develop supply plans, and Liquor Accords to manage alcohol consumption. The *Northern Territory National Emergency Response Act 2007* and *Stronger Futures NT 2012* legislation also created additional restrictions with Alcohol Protected Areas. The Banned Drinker Register was also re-introduced in 2017 to reduce alcohol-related harm to individuals, families and communities. In addition to this, the NT licencing commission has also been re-established.

- *The Northern Territory has implemented Recommendation 274 by implementing supply plans, Liquor Accords, and additional legislative restrictions on the supply of alcohol.*

The **Australian Capital Territory** responded to the RCIADIC by introducing a Code of Practice in 1993 which sought to promote the responsible selling and serving of alcohol both on-licenses and off-licenses.

Since this time, a review of ACT Liquor Laws and Licensing Fees has been conducted, which resulted in a white paper and reforms to the Liquor Act 2010. One of the subsequent amendments to the Liquor Act 2010 made in 2017 expanded the consultation requirements for the Commissioner for Fair Trading to undertake when considering an application for a liquor licence in the ACT. The Commissioner for Fair Trading must also provide a notice of application to adjoining properties of the licensee application.

- *The Australian Capital Territory has implemented Recommendation 274 by undertaking a review of licence conditions in 2017.*

## Recommendation 275

*That the Northern Territory Government review its liquor legislation in the light of the size of the Aboriginal population of the Territory and its needs, and include in such a review the desirability of appointing at least one Aboriginal person to be a member of the Northern Territory Liquor Commission.*

### Background information

The RCIADIC found a high rate of alcohol use and misuse among Aboriginal and Torres Strait Islander communities in the Northern Territory. As a part of the solution, Recommendation 275 recognises the importance of having Aboriginal and Torres Strait Islander perspectives represented in policymaking and advisory. This Recommendation calls for a review to existing legislation and the inclusion of an Aboriginal person to be a member of the Northern Territory Liquor Commission.

### Responsibility

The recommendation is solely the responsibility of the Northern Territory. Recommendation 275 is specifically addressed to the Northern Territory Government.

### Key actions taken and status of implementation

In 1993, the **Northern Territory** appointed an Aboriginal and Torres Strait Islander person as an alternate member of the Northern Territory Liquor Commission. The Northern Territory Government also considered issues including the availability and impact of liquor on Aboriginal and Torres Strait Islander communities.

The Northern Territory Liquor Commission was superseded by the Northern Territory Licensing Commission. In its current set-up, the board is not required to provide consideration to appointing Aboriginal and Torres Strait Islander people. The *Stronger Futures in the Northern Territory Act 2012*

(Cth) introduced various initiatives to reduce alcohol-related harm to Aboriginal and Torres Strait Islander people, including the application of alcohol-protected areas. The Riley Review (2017) has made a number of recommendations to inform the re-establishment of the NT Liquor Commission in 2018.

● *The Northern Territory implemented Recommendation 275 by appointing an Aboriginal and Torres Strait Islander person as an alternate member of the Northern Territory Liquor Commission in 1993. The Northern Territory Liquor Commission was superseded by the Northern Territory Licensing Commission but is currently being considered for re-establishment.*

## Recommendation 276

*That consideration be given to the desirability of legislating to provide for a local option as to liquor sales trading hours, particularly in localities where there are high concentrations of Aboriginal people.*

### Background information

Recommendation 276 aims to restrict the availability of liquor and thereby reduce consumption. The desired outcomes of the recommendation are to reduce the social disharmony and alcohol health related trauma. Recommendation 276 calls for a consideration of trading hours for liquor sales, particularly where there are high concentrations of Aboriginal and Torres Strait Islander people.

### Responsibility

The recommendation is the responsibility of the State and Territory Governments who have policy oversight of liquor legislation and regulations.

### Key actions taken and status of implementation

**New South Wales** legislation at the time of the RCIADIC provided for local communities and councils to have a role in the determination of trading hours of licensed premises. An application for an extension of trading hours could be objected to, by three or more residents, the police or the local council on the grounds of public interest. Additionally, other pieces of NSW legislation provide for the creation of dry zones and temporary dry zones in any area. Currently, substantial powers presently exist under the Liquor Act 2007 (NSW) that enable the Independent Liquor & Gaming Authority (ILGA), or the Secretary, Department of Industry, to reduce liquor trading hours in a locality where there is significant community concern about alcohol-related problems.

● *New South Wales has implemented Recommendation 276 by providing for local communities and councils to have a role in the determination of liquor sales trading hours and licensed premises.*


In **Victoria**, the *Liquor Control Act 1987* (Vic) allows for community participation in the decision-making process for licensing matters. The Commission may also impose conditions on a license where it can be shown that this is in the community interest. Currently, all applications for new licenses and the extension of existing trading hours are subject to objection by any affected member of the public on amenity grounds.

● *Victoria has implemented Recommendation 276 by providing for local community participation in decision-making around licensing matters.*


**Queensland's** *Liquor Act 1992* (Qld) provides that the Liquor Licensing Division is to have due regard to the recommendations of Aboriginal and Torres Strait Islander Councils in the granting of liquor licenses and the setting of trading hours and conditions within Council areas. The Commissioner for Liquor and Gaming undertakes significant consultation before making a decision on liquor license applications, including seeking comment from the Queensland Police Service, the local authority for the area and, in the case of a licensed premises located in a declared restricted area, the local community justice group and DATSIP. The Commissioner must have regard to all comments received from stakeholders when making a decision on the application. Further, the Commissioner has the ability to impose conditions on liquor licenses and permits to ensure harm minimisation and compliance with the *Liquor Act 1992* (Qld) by licensees and patrons, including restricted trading



hours. Any conditions imposed are based on a number of factors, including whether an Alcohol Management Plan (AMP) is in place for the relevant restricted area.


 *Queensland has implemented Recommendation 276 by ensuring that Aboriginal and Torres Strait Islander councils and community stakeholders are extensively consulted with when determining the granting of liquor licenses and the setting of trading hours.*

The **South Australian** Government facilitates community consultation and the input of Aboriginal and Torres Strait Islander people through the *Liquor Licensing Act 1997* (SA), which requires that all applications for liquor licenses must be advertised, and that any person may object. More recently, liquor accords have been formed as goodwill agreements between licensees, Councils, the Office of the Liquor and Gambling Commissioner, the police and community resident groups and organisations for regional areas including Port Lincoln and Ceduna. Local liquor accords are codes of practice, memorandums of understanding or other arrangements that affect the supply of liquor (i.e. opening and closing times of licensed premises). The *South Australian Alcohol and Other Drug Strategy 2011-16* also recognises the need to collaborate with regional and remote communities in addressing alcohol misuse.


 *South Australia has implemented Recommendation 276 by facilitating community consultation and providing for negotiation of licensing matters through the development of local accords.*

In **Western Australia**, the *Liquor Control Act 1988* (WA) provides for the development of liquor accords between liquor outlets, the Western Australia Police, local government authorities, and the Western Australia Department of Health. These are largely informed by public interest concerns, including the concerns of Aboriginal and Torres Strait Islander community members.


The Liquor Control Act also empowers the licensing authority to impose conditions on liquor licences in order to minimise the harm or ill-health caused to people, or groups of people, due to the use of liquor. In a number of areas in regional Western Australia, conditions have been imposed to control the sale of packaged liquor in those communities, including restrictions on trading hours due to evidence of harm.

 *Western Australia has implemented Recommendation 276 by facilitating the development of local accords and imposing conditions on liquor licences where there is evidence of harm in the community.*

In **Tasmania**, the *Liquor Licensing Act 1990* (Tas) requires all applications for liquor licenses to be publicly advertised and allows for community representation. The Commissioner for Licensing may impose conditions on licences and permits when determined to be in the community's best interest.

 *Tasmania has implemented Recommendation 276 by providing for local community representation when determining the granting of liquor licenses.*

In the **Northern Territory's** 1993-94 implementation report, it was noted that the Liquor Commission has powers to vary license conditions in line with community views. This principle was enshrined in the Northern Territory's *Living with Alcohol* program. Additionally, the *Liquor Act 1978* (NT) provides for the Director-General of Licensing to impose additional conditions on liquor licences in response to concerns for community consultation and public interest. A number of regional areas in the NT have been recently supported to develop supply plans, and Liquor Accords to manage alcohol consumption at a local level.

 *The Northern Territory has implemented Recommendation 276 by providing for local consultation around, and control of, liquor sales trading hours.*

In their 1993-94 implementation report, the **Australian Capital Territory** noted that Recommendation 276 is not relevant as there are no areas with a high concentration of Aboriginal and Torres Strait Islander people. More recently, the *Liquor Regulation 2010* prescribed an "alcohol free place" where liquor must not be consumed.

 *The Australian Capital Territory has stated that Recommendation 276 is not applicable.*

## Recommendation 277

*That legal provision be available in all jurisdictions to enable individuals, organisations and communities to object to the granting, renewal or continuance of liquor licences, and that Aboriginal organisations be provided with the resources to facilitate this.*

### Background information


Aboriginal and Torres Strait Islander members of the community have a basic right to influence the decisions that affect their quality of life, and the granting of liquor licenses is one such category of decision.

### Responsibility


The recommendation is the responsibility of the State and Territory Governments who have policy oversight of liquor legislation and regulations.

### Key actions taken and status of implementation

In **New South Wales**, the *Liquor Act 2007* (NSW) allows interested parties to object to the granting of applications for new licences and the extension of trading hours of existing premises. The Act also provides that a complaint can be laid with the Independent Liquor and Gaming Authority on a number of grounds, including public interest, which can ultimately result in the cancellation of the licence. In addition, a Category B Community Impact Scheme is required for applications, such as a new hotel, club or packaged liquor licence. Under a Community Impact Scheme, consultation is required with recognised leaders or representatives of the local Aboriginal community. Within Liquor and Gaming NSW, a community access team provides assistance to local communities, including Aboriginal communities to access information and have their say.


 *New South Wales has implemented Recommendation 277 by permitting objections to the granting of new liquor licenses and the extension of trading hours under the Liquor Act 2007.*

The **Victorian** *Liquor Control Act 1998* (Vic) provides that any person may object to the grant or variation of a licence on the grounds of public interest, or if any such grant or variation would promote alcohol misuse.

 *Victoria has mostly implemented Recommendation 277 by allowing any person to object to a granting of, or variation to, a liquor license under the Liquor Control Act 1998 but has not specifically addressed providing Aboriginal and Torres Strait Islander organisations with resources to facilitate this.*

In **Queensland** the *Liquor Act 1992* (Qld) imposes significant consultation requirements and consideration of community impacts on applications for liquor licences and approvals. In making a decision on such applications, the Commissioner for Liquor and Gaming must have regard to the outcomes of this consultation and impact assessment. Members of the public have the right to object to any publicly advertised application for a new liquor licence or extended trading hours approval. Comment must also be sought from the relevant local government for applications which require a community impact statement or which may adversely affect the amenity, quiet or good order of a locality and in the case of extended trading hours applications, the police district officer for the area. For every liquor application relating to an alcohol 'restricted area', the Commissioner may seek comment from the relevant local government, police district officer, community justice group and/or the chief executive of the department that administers the *Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984* (Qld).


The OLGR also funds a dedicated remote communities compliance officer.

 *Queensland has mostly implemented Recommendation 277 by allowing any persons to object to the granting of a new liquor licence and the extension of trading hours under the Liquor Act 1992. However, it has not specifically addressed providing Aboriginal and Torres Strait Islander organisations with resources to facilitate this.*

**South Australia** was already consistent with Recommendation 277 at the time of RCIADIC. The *South Australian Liquor Licensing Act 1985* (SA) provides the right for people to object to the


granting, renewal, or continuation of liquor licences. An application for the grant of a liquor licence must also be publicly advertised under the *Liquor Licensing Act 1997 (SA)*.

Under the changes in the Liquor Licensing (Liquor Review) Amendment Bill 2017, which is currently before Parliament, the community or members of the public have the opportunity to make submissions on new licence applications in relation to certain grounds. Section 43 has been amended to give a prescribed person or body the ability to apply to the Commissioner to impose, vary, suspend or revoke a condition on a license.


 *South Australia has mostly implemented Recommendation 277 by allowing any person to object to the granting, renewal or continuation of liquor licenses under the South Australian Liquor Licensing Act 1985 but has not specifically addressed providing Aboriginal and Torres Strait Islander organisations with resources to facilitate this.*

In **Western Australia**, the Director of Liquor Licensing must advertise where there is an application for the grant of a liquor licence. Additionally, in the event that there is undue disturbance or offence to residents, community members may object to the grant application. The Director of Liquor Licensing will give consideration to public interest in making decisions on the granting, renewal, and continuance of liquor licences.


Licences in Western Australia remain in force unless surrendered or cancelled, As a result, licences are not subject to a renewal process and therefore not open to objection. However, the Act allow disciplinary actions to be taken where licence conditions are violated or the community seeks additional conditions on a licence for the health and wellbeing of people.

 *Western Australia has mostly implemented Recommendation 227 but has not specifically addressed providing Aboriginal and Torres Strait Islander organisations with resources to facilitate objections to the granting, renewal or continuance of liquor licences.*


In **Tasmania**, the *Liquor Licensing Act 1990 (Tas)* contains provisions for individuals, organisations or communities to lodge an objection in respect of an application for a liquor licence, within 14 days after a public notice is published. The public can obtain details in respect to an application by contacting the regulator (Liquor and Gaming Branch, Department of Treasury and Finance). The Commissioner also has the ability to suspend or cancel a licence or permit if deemed appropriate.

 *Tasmania has mostly implemented Recommendation 277 by allowing any person to object to liquor licenses in their communities through a provision contained in the Liquor Licensing Act 1990 but has not specifically addressed providing Aboriginal and Torres Strait Islander organisations with resources to facilitate this.*

The **Northern Territory** *Liquor Act 1978 (NT)* provides that persons may object to applications for licences, based on the grounds that the licence will impact public amenity or the health, education, public safety or social conditions of the community.

 *The Northern Territory has mostly implemented Recommendation 277 by allowing any person to object to applications liquor licenses in their communities under the Liquor Act 1978 but has not specifically addressed providing Aboriginal and Torres Strait Islander organisations with resources to facilitate this.*

In the **Australian Capital Territory** when considering an application for a liquor license, the Commissioner for Fair Trading must take into account the suitability of the premises as well as the harm minimisation and community safety principles of the *Liquor Act (2010)*. The provision for consultation and representations is intended to take into account the whole community, including Aboriginal people and Torres Strait Islander concerns with licensed premises. Complaints may be made by any person to the Commissioner for Fair Trading, including for the loss of amenity in the vicinity of the licensed premises attributable to the premises. The Commissioner may find grounds for the imposition of occupational discipline, including suspension or cancellation of the licence.

 *The Australian Capital Territory has mostly implemented Recommendation 277 by allowing any person to lodge complaints regarding liquor licences, but has not specifically addressed providing Aboriginal and Torres Strait Islander organisations with resources to facilitate this.*

## Recommendation 278

*That legislation and resources be available in all jurisdictions to enable communities which wish to do so to control effectively the availability of alcoholic beverages. The controls could cover such matters as whether liquor will be available at all, and if so, the types of beverages, quantities sold to individuals and hours of trading.*

### Background information


Recommendation 278 recognises the importance of community input in regulating the supply and consumption of alcoholic beverages. This recommendation advocates for Aboriginal and Torres Strait Islander input into the types of liquor sold, the hours of trading, and availability of alcohol in its aim to reduce overall alcohol consumption.

### Responsibility


The recommendation is the responsibility of the State and Territory Governments who have policy oversight of liquor legislation and regulations.

### Key actions taken and status of implementation


The **New South Wales** *Liquor Act 2007* (NSW) doesn't include controls in regard to the type of beverage or quantities sold to individuals. However, it includes public interest provisions which empower the community to take action where licensed or club premises are causing a disturbance. In addition, local liquor accords can introduce strategies, including alcohol restrictions, to reduce harm in their communities. For example, in Bourke, licence conditions have been imposed on venues since 2009 to restrict the types and quantities of takeaway alcohol that can be sold. This action formed part of a locally developed Alcohol Action Plan by Bourke Alcohol Working Group, which comprised government and community stakeholders, including members of the Bourke Aboriginal Community Working Party.

 *New South Wales has implemented Recommendation 278 by enabling communities to control the availability of alcohol through local liquor accords.*

The **Victorian** Government has taken steps towards the implementation of Recommendation 278 as part of its response to Recommendation 277 and actions may be taken subject to the outcomes of the review of the relevant liquor licencing legislation.

 *Victoria allows people to object to liquor licenses in their communities. However, this does not extend to other types of controlling the availability of alcoholic beverages. As such, Recommendation 278 is partially complete.*

Under the *Liquor Act 1992* (Qld), communities in Queensland may be declared as alcohol restricted areas. For each of these restricted areas, the *Liquor Regulation 2002* (Qld) specifies the types and maximum quantities of liquor that a person may have in their possession. There are currently 19 declared restricted areas, which bear varying restrictions regarding possession of alcohol. Prior to a community area being declared as a restricted area, the minister must consult with the local community justice group about the declaration. Alternatively, the community justice group can make a request for a restricted area to be declared, which the Minister must consider. The Minister must also consider any changes to the restricted area that are recommended by the community justice group at a later date

 *Queensland has implemented Recommendation 278 by enabling communities to control the availability of alcohol under the *Liquor Act 1992* (Qld) and the *Liquor Regulation 2002* (Qld).*

In their 1994 implementation report, the **South Australian** Government noted that legislation has been enacted conferring the ability for Aboriginal and Torres Strait Islander communities to control the availability of alcohol. The supply and consumption of alcohol on Aboriginal and Torres Strait Islander lands is regulated by the *Anangu Pitjantjatjara Yankunytjatjara Land Rights Act 1981* (SA)

and the *Aboriginal Lands Trust Act 1966* (SA). Liquor accords exist for regional areas including Port Lincoln and Ceduna.

● *South Australia has implemented Recommendation 278 by implementing legislation to regulate the supply and consumption of alcohol on Aboriginal and Torres Strait Islander land.*

In **Western Australia**, the *Aboriginal Communities Act 1979* (WA) provides for the creation of community by-laws to regulate liquor supply. In addition to this the *Liquor Control Act 1988* allows communities to apply to restrict or prohibit liquor in an area. Liquor Accords are also available to assist communities that wish to manage liquor issues.

● *Western Australia has implemented Recommendation 278 by allowing communities to create by-laws to regulate liquor, enabling communities to restrict or prohibit liquor in an area and implement liquor accords.*

The **Tasmanian** Government commented in their 1993 implementation report that under current licensing laws, the Licensing Board could grant a licence for a community containing conditions in line with the matters raised in Recommendation 278.

The *Liquor Licensing Act 1990* contains a provision that the Commissioner must consider the community interest and that all licenses and permits are subject to any condition as specified by the Commissioner. The Act also provides for the Minister to prohibit alcohol products if it is in the best interests of the community. The Department of Treasury and Finance is also actively participating in several advisory groups as a response to alcohol-related harm in the Tasmanian community.

● *Tasmania has implemented Recommendation 278 as the Licensing Board is able to grant a licence for a community containing conditions in line with the matters raised in Recommendation 278.*

In the **Northern Territory**, the *Stronger Futures in the Northern Territory Act 2012* (Cth) establishes that the Commonwealth will provide funding and aid with the design and implementation of alcohol management plans in remote Aboriginal and Torres Strait Islander communities. A number of regional areas in the NT have been supported to develop supply plans, and Liquor Accords to manage alcohol consumption at a local level. This has extended to the development of permit systems, overseen by local permit committees, and restrictions on the volume and types of alcohol which can be purchased.

● *The Northern Territory has implemented Recommendation 278 by enabling communities to control the availability of alcohol under the Stronger Futures in the Northern Territory Act 2012.*

In the Australian Capital Territory, the *Liquor Act 2010* makes provision for public input and representations as part of the liquor licensing application process from the community. Under the Act the Commissioner for Fair Trading may impose conditions or amendments to applications for liquor licenses. A member of the Liquor Advisory Board is to represent Aboriginal and Torres Strait Islander people in reviewing and providing advice on the operation and effectiveness of the Liquor Act, including harm minimisation and community safety principles.

● *The Australian Capital Territory has implemented Recommendation 278 through the provision for public input and representations as part of the liquor licensing application process.*

## **Recommendation 279**

*That the law be reviewed to strengthen provisions to eliminate the practices of 'sly grogging'.*

### **Background information**

'Sly grogging' describes the practice of selling liquor without a licence. Sly grogging raised difficulties in the enforcement of restrictions on the availability of alcoholic beverages, particularly 'dry area' provisions. The practice of 'sly grogging' at the time of RCIADIC was widespread and existing laws were inadequate to deal with this problem.



## Responsibility

The recommendation is the responsibility of the State and Territory Governments who have policy oversight of liquor legislation and regulations.

## Key actions taken and status of implementation

Legislation in **New South Wales** was compliant with Recommendation 279 at the time of the RCIADIC. The *Liquor Act 2007* (NSW) contains provisions that prohibit the sale or supply of liquor without a licence, and the sale of liquor to the public from unlicensed premises, thereby providing a deterrent to the sale of 'sly grog'. In NSW, there are currently no dry areas.

- *New South Wales has addressed Recommendation 279 by prohibiting the sale or supply of liquor without a licence under the Liquor Act 2007.*

The **Victorian** Government complied with Recommendation 279 at the time of RCIADIC, by levying substantial penalties for selling liquor without a licence under the *Liquor Control Act 1987* (Vic). In its 2005 implementation report, Victoria's liquor licensing authorities reported that there was no evidence of 'sly grogging' in Victoria.

- *Victoria has addressed Recommendation 279 by levying substantial penalties for selling liquor without a licence under the Liquor Control Act 1987.*

In its initial response to the RCIADIC, the **Queensland** Government introduced the *Liquor Act 1992* (Qld), which increased the maximum penalty for 'sly-grogging' to \$15,000. Additionally, the Act provides that Aboriginal and Torres Strait Islander Councils may regulate and control the consumption of alcohol in Council areas, which includes by-laws that prohibit 'sly grogging'. Section 38 of the *Aboriginal and Torres Strait Islander Communities (Justice, Land and other Matters) Act 1984* (Qld) also relates to homebrew bans. The Queensland Government has also set up a "Sly Grog Hotline" for the purpose of reporting incidents of liquor selling without the appropriate licence.

- *Queensland has addressed Recommendation 279 by explicitly addressing the practice of sly-grogging under the Liquor Act 1992 and by setting up a Sly Grog Hotline.*

In **South Australia**, anyone who sells liquor without a licence is guilty of an offence, and police have the power to search premises or vehicles on suspicion of the presence of drugs or alcohol. The Government is considering measures to target 'grog running' or 'sly grogging'.

- *South Australia has addressed Recommendation 279 by having legal provisions to deal with sale of liquor without a licence.*

**Western Australia** introduced 'sly-grogging' as a specific offence in the *Liquor Licensing Act 1988* (WA), thus making it illegal for a person without a permit to transport alcohol onto, or near an Aboriginal and Torres Strait Islander community which has either declared itself "dry" or imposed limitations on the availability of alcohol. The *Liquor and Gaming Legislation Amendment Act 2006* (WA) also increased the fine for selling alcohol without a licence from \$10,000 to \$20,000, and the fine for carrying or offering liquor for sale at unlicensed premises. In addition to fines, where a person is convicted of an offence any vehicle in which the liquor was carried may be seized and is liable for forfeiture.

- *Western Australia has addressed Recommendation 279 by having legal provisions to deal with sale of liquor without a licence.*

In their 1993 implementation report, the **Tasmanian** Government noted that the Aboriginal and Torres Strait Islander community had developed their own "rules" which the Government supports and that there was no need for intervention. No further information on these rules was identified.

More recently, the Tasmanian Government noted that, given the small size and population of Tasmania, it is considered unlikely that the practice of selling alcohol by an unlicensed operator would occur without the knowledge of the authorities. Provisions in the *Liquor Licensing Act 1990* make it an offence for any person to sell alcohol without a liquor licence, permit or general exemption.

- *Tasmania has addressed Recommendation 279 by prohibiting the sale of liquor without a licence under the Liquor Licensing Act 1990.*

Under the **Northern Territory's** *Liquor Act 1978* (NT), police have wide powers to search vehicles or people suspected of 'sly-grogging'. On the spot penalties and court prosecutions are permissible penalties. More recently, the Riley Review has made a number of recommendations to inform the reform of the *Liquor Act*.

- *The Northern Territory has addressed Recommendation 279 by providing the police with powers to search vehicle or people suspected of 'sly-grogging'.*

The **Australian Capital Territory** commented in their 1993-94 implementation report that Recommendation 279 is targeted to isolated outback communities, and that any issues in the ACT relating to alcohol would be brought to the ACT Aboriginal and Torres Strait Islander Advisory Council. The ACT government views this recommendation as out of scope for the ACT.

- ⊘ *Recommendation 279 is not applicable to the Australian Capital Territory.*

## Recommendation 280

*That ATSIC and other organisations be encouraged to provide resources to help Aboriginal communities identify and resolve difficulties in relation to the impact of beer canteens in the communities.*

### Background information

The RCIADIC noted that many Aboriginal and Torres Strait Islander communities are concerned about the impact of beer canteens on their communities, and require assistance in identifying and resolving difficulties in this area. Recommendation 280 calls for ATSIC and other organisations to be encouraged to provide additional resources in support of this issue.

### Responsibility

The recommendation is the responsibility of the State and Territory Governments who have policy oversight of liquor legislation and regulations.

### Key actions taken and status of implementation

The following States and Territories considered Recommendation 280 to be out of scope: **New South Wales, Victoria, South Australia, Western Australia, Tasmania**, and the **Australian Capital Territory**. There were no beer canteens in these jurisdictions at the time of the RCIADIC.

The **Queensland** Government provided in their 1993 implementation report that the resolution of difficulties in relation to beer canteens is a complex matter, and that wherever communities seek the advice of Queensland Government agencies, it will be provided. More recently, Queensland noted that councils in Queensland can no longer hold liquor licenses and as such, venues previously referred to as 'wet canteens' no longer exist.

- ⊘ *Recommendation 280 does not apply to NSW, Victoria, South Australia, Western Australia, Queensland, Tasmania, and the Australian Capital Territory.*

The **Northern Territory** noted in their 1993 implementation report that they worked closely with communities to resolve difficulties in relation to beer canteens. The Bowchung Report into licensed clubs on remote communities in 2015 made a number of recommendations to strengthen the positive effect local clubs can have on reducing alcohol-related harms.

- *The Northern Territory has addressed Recommendation 280 by working with communities to resolve difficulties in relation to beer canteens.*

## Recommendation 281

*That Aboriginal communities that seek assistance in regulating the operation of beer canteens in their communities be provided with funds so as to enable effective regulation, especially where a range of social, entertainment and other community amenities are incorporated into the project.*

### Background information

The RCIADIC noted that many Aboriginal and Torres Strait Islander communities are concerned about the impact of beer canteens on their communities and seek assistance in identifying and resolving difficulties in this area. Recommendation 281 calls for the provision of funds to Aboriginal and Torres Strait Islander communities for regulation.


### Responsibility

The recommendation is the responsibility of the State and Territory Governments who have policy oversight of liquor legislation and regulations.


### Key actions taken and status of implementation

For the following States and Territories, see Recommendation 280: **New South Wales, Victoria, South Australia, Western Australia, Tasmania**, and the **Australian Capital Territory**.

In 2008 amendments to **Queensland's** Liquor Act 1992 prohibited local authorities from operating commercial hotel licences, including the beer canteens in Aboriginal communities. Licensed premises in Aboriginal communities are now applied for and granted on a case by case basis subject to the framework prescribed under the Act. Specific consultation is required for applications in Aboriginal and Torres Strait Islander communities with community justice groups. Due regard is also had to the potential health and social impact of an alcohol outlet in the community prior to a decision on any licence being made.

 *Recommendation 281 does not apply to NSW, Victoria, South Australia, Western Australia, Queensland, Tasmania and the Australian Capital Territory.*

The **Northern Territory** is the focus of the Commonwealth's *Stronger Futures in the Northern Territory Act 2012* (Cth), which commits funding to reduce alcohol-related harm to Aboriginal and Torres Strait Islander people in the Northern Territory.

 *Recommendation 281 has been addressed in the Northern Territory through providing communities with additional funding to reduce alcohol-related harm through the *Stronger Futures in the Northern Territory Act 2012* (Cth).*

## Recommendation 282

*That media campaigns and other health promotion strategies targeted at Aboriginal people at the local and regional levels include Aboriginal involvement at all stages of development to ensure that the messages are appropriate.*

### Background information

The RCIADIC Report noted the importance of specific health programs or health promotion strategies targeted at Aboriginal and Torres Strait Islander communities at both the local and regional levels in changing negative health behaviours.

### Responsibility


The Commonwealth, and all State and Territory governments have responsibility for this recommendation. State and territory governments are responsible for media campaigns and health promotion at the local and regional levels. The Commonwealth supports these programs through relevant funding and national initiatives.

### Key actions taken and status of implementation

The **Commonwealth** DOH advised that it ensures that all health promotion campaigns that include Aboriginal and Torres Strait Islander people in their target audience have a suitably qualified Aboriginal and Torres Strait Islander consultant to advise on all aspects of the campaign. Campaigns that target Aboriginal and Torres Strait Islander people are also guided by an expert advisory group who have experience in communicating with this audience. Campaigns targeting Aboriginal and Torres Strait Islander people are based on research undertaken in communities and involving local Aboriginal and Torres Strait Islander community organisations to facilitate the process and ensure local protocols are respected.


The DOH noted several examples where this approach had been adopted, including the Don't Make Smokes Your Story, Break the Chain, and Health Heroes campaigns. The DOH also has an in-house advisor who has vast experience in communicating with Aboriginal and Torres Strait Islander people and is a respected community leader.

The Tackling Indigenous Smoking program is a major health promotion commitment of the Government focused on reducing smoking. The program funds 37 regional tobacco control grants across Australia. Grant guidelines for the program require multi-level tobacco health promotion approaches that are locally designed and delivered and aim to achieve Aboriginal and Torres Strait Islander community involvement in and support for local tobacco control activities.

 *Recommendation 282 has been completed through the DOH's consistent implementation of this recommendation across all its media campaigns and health promotion strategies.*


The **New South Wales** Government noted in their 1994-95 implementation report that all health promotion programs/campaigns for Aboriginal people in NSW must involve Aboriginal people at all stages of development. This commitment has continued.

Additionally, as part of the *NSW State Health Plan 2013-23*, NSW Health noted the importance of adopting a partnership approach between the Aboriginal Community Controlled Health Services and the NSW LHDs in ensuring a culturally-appropriate message. The *Stay Strong and Healthy Alcohol in Pregnancy project* is an example of engaging Aboriginal healthcare workers and community members in the design and delivery of health information and resources for Aboriginal women, their partners and families on the risks of alcohol consumption during pregnancy and availability of services.

 *New South Wales has fully addressed Recommendation 282 by requiring input from communities when developing relevant health programs and by forming partnerships with Aboriginal Community Controlled Health Services to deliver culturally appropriate messaging.*


In 1993, the **Victorian** Koori Health Unit was tasked with developing culturally relevant materials and programs through community consultation – such as through the Cervical Cancer Awareness Programs. The Victorian Department of Human Services provides that its programs are designed to include Aboriginal and Torres Strait Islander involvement at all stages of development. Examples include:

- Aboriginal and Torres Strait Islander community alcohol resource services;
- Aboriginal and Torres Strait Islander community alcohol and drug workers; and
- the development of the *Koori Drug and Alcohol Plan 2003-04* which sought to address Aboriginal and Torres Strait Islander priority areas from an alcohol and drug treatment, prevention and early intervention perspective.

 *Victoria has fully addressed Recommendation 282 by incorporating input from Aboriginal and Torres Strait Islander communities in health programs and media messaging.*


**Queensland's** 1993 implementation report noted that the Queensland Government supported Recommendation 282 through endorsement of the National Aboriginal Health Strategy. Additionally, the Aboriginal and Torres Strait Islander Health Branch within Queensland Health provides leadership, high-level advice and direction on appropriate programs and policies.

Currently, state-wide campaigns created by Queensland Health are underpinned by comprehensive market research. Health campaigns specific to Aboriginal and Torres Strait Islander people are informed by and tested with an appropriate audience to ensure messages, language and imagery are appropriate and channels will be effective. In 2014, DATSIP worked in conjunction with Queensland Remote Aboriginal Media to develop locally appropriate and community owned radio advertisements and interview-style radio segments for a Sly Grog and Homebrew communication campaign that was being rolled out.

 *Queensland has fully addressed Recommendation 282 by undertaking comprehensive market research, and consultation with the Aboriginal and Torres Strait Islander Health Branch when designing and developing health programs and media messaging.*


In **South Australia**, the South Australian Aboriginal Health Partnership seeks to establish a collaborative approach between the Commonwealth and SA Governments, and the Aboriginal Health Council of South Australia to foster better health outcomes for Aboriginal and Torres Strait Islander people. Drug and Alcohol Services South Australia has aimed to involve the target groups of campaigns and strategies in the development of their initiatives.

Aboriginal and Torres Strait Islander staff and community members have been involved in the development of all SA Health's health promotion activities and media, including delivery of the Strong Aboriginal Children's Health Expo, training on Promoting Health for Aboriginal Children and Families, and the Aboriginal Environmental Health Program.


 *South Australia has fully addressed Recommendation 282 by involving Aboriginal and Torres Strait Islander staff and community members in the development of all of its health programs and promotional activities.*

As part of their initial response to the RCIADIC, in 1994 the **Western Australia** Government funded five Aboriginal Health Promotion Units and involved Aboriginal and Torres Strait Islander people in the development of health promotion initiatives. The *Aboriginal Cultural Respect – Implementation Framework* places an emphasis on the development of partnerships with cultural groups and Aboriginal Community Controlled Health Services, staff exchange strategies with Aboriginal Community Controlled Health Services, and the encouragement of Aboriginal and Torres Strait Islander communities and organisations to be involved in service development.

In the development of the Western Australian Aboriginal Health and Wellbeing Framework 2015-2030, Aboriginal and Torres Strait Islander community control and engagement were key guiding principles. The Framework states that prevention and early intervention must have meaning for Aboriginal and Torres Strait Islander communities and work within the Aboriginal and Torres Strait Islander view of health, and a whole-of-community perspective.

 *Western Australia has partially implemented Recommendation 282 by noting that Aboriginal and Torres Strait Islander community control and engagement were key guiding principles and providing examples of Aboriginal and Torres Strait Islander involvement. However, Western Australia has not addressed any formalised processes or mechanisms for facilitating community participation or input.*


In **Tasmania**, examples of active involvement of Aboriginal and Torres Strait Islander people in health promotion activities include the 'Smokes Won't Crush Us' campaign, led by the Flinders Island Aboriginal Association.

 *Tasmania has partially implemented Recommendation 282 by noting examples of Aboriginal and Torres Strait Islander involvement in health campaign development but has not addressed any formalised processes or mechanisms for facilitating community participation or input.*


The **Northern Territory** Department of Health has an Aboriginal Policy and Stakeholder Engagement Division which provides advice and leadership to improve the wellbeing of Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people have contributed to the development of a number of initiatives, including:

- "Enough is Enough" alcohol reforms, which formed part of the Northern Territory's alcohol management plans. These reforms were accompanied with community awareness programs, and education initiatives to promote a safer drinking culture.
- "No Smokes" deals with issues regarding smoking, and recognises the communication differences and conceptual differences among Aboriginal and Torres Strait Islander people.
- Larrakia Radio addressed ear health for Aboriginal and Torres Strait Islander people. It broadcast personal stories from Aboriginal and Torres Strait Islander community members, elders, and community health clinic workers.
- More recently, the Riley Review (2017) has made a number of recommendations to inform the development of campaigns to strengthen health promotion messages and community culture.



 The Northern Territory has fully addressed Recommendation 282 by incorporating input from Aboriginal and Torres Strait Islander communities through its Aboriginal Policy and Stakeholder Engagement Division when designing health programs and media messaging.

The **Australian Capital Territory** utilises an integrated media program which involves collaboration between ACT Health and a number of Aboriginal and Torres Strait Islander organisations, including the Aboriginal and Torres Strait Islander Elected Body, United Ngunnawal Elders Council, Ngunnawal Bush Healing Farm, and Gugan Gulwan Youth Aboriginal Corporation.

 *The Australian Capital Territory has fully addressed Recommendation 282 by incorporating input from Aboriginal and Torres Strait Islander communities in its integrated media program.*

## Recommendation 283

*That the possibility of establishing early intervention programs in Aboriginal health services and in hospitals and community health centres with a high proportion of Aboriginal patients be investigated. This would include the training needs of staff in intervention techniques.*

### Background information

The RCIADIC Report identified that early intervention programs had been introduced in a number of hospitals and community programs with encouraging success.


### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that greater funding and policy designed for early intervention programs be provided by the Commonwealth, and State and Territory governments.

### Key actions taken and status of implementation


The **Commonwealth** ATSIC allocated \$12.11 million in 1992-93 to various communities that addressed drug-related issues, including through early intervention programs. In addition, the NDS provided \$460,000 for the development of early intervention and training courses.

The NSFATSIH 2003-13 and ongoing National Health Plan 2013-23 prioritise counselling, health promotion and early intervention services amongst Aboriginal and Torres Strait Islander communities.

 *Recommendation 283 has been implemented through funding and policy initiatives, such as the National Health Plan 2013-23, by the Commonwealth into early intervention programs.*

In 1994, the **New South Wales** Department of Health extended \$1.35 million in recurrent funding to support projects to improve the delivery of health services to Aboriginal people. These funds contributed to the employment of AHLOs and projects in a number of districts. Funds were also provided for a range of programs covering antenatal services, cervical cancer and mammography screening, and domestic violence and sexual assault services.


More recently, the University of NSW conducted a review into the training needs of health care professionals involved in the delivery of alcohol screening and interventions. In addition, the NSW Ministry of Health has invested \$24.8 million in 2017/18 in ACCHOs and related organisations to deliver health services, including preventive health care.

 *New South Wales has partially implemented Recommendation 283 as it funded a range of health services, including preventative care, but has not consistently implemented early intervention programs across all aspects of health service delivery.*

The **Victorian** research (2001-02) project *Early Intervention for Young People with Alcohol and Drug Problems* involved a consortium approach to examining case studies of effective early intervention programs in Victoria that addressed alcohol and drug misuse among young people. The subsequent findings promoted the need for greater integration between Aboriginal and Torres Strait Islander-specific treatment providers and mainstream treatment providers.


The Victorian Government has noted the possibility of establishing early intervention programs in Aboriginal and Torres Strait Islander health services and in hospitals and community health centres

with a high proportion of Aboriginal and Torres Strait Islander patients be investigated in the context of the Improving Care for Aboriginal Patients Program.

 *Victoria has taken steps to address Recommendation 283 but has not consistently implemented early intervention programs across all aspects of health service delivery. As such, the recommendation is partially complete.*


The **Queensland** Government noted in their 1993 implementation report that early intervention training was provided on a needs-basis to non-Aboriginal and Torres Strait Islander staff as part of the Primary Health Care Certificate training undertaken by Aboriginal and Torres Strait Islander Health Workers. More recently, the *Queensland Making Tracks Framework* provides an overarching policy framework for the delivery of health services to Aboriginal and Torres Strait Islander people. The Framework calls for a multi-faceted approach that includes increased and sustained effort across the health system, intervention across an individual's life span, and attention to the needs of urban and remote communities.

Queensland has also invested in upskilling the health and community sectors via a state-wide brief intervention training program. The program aims to train the workforce to provide healthy eating, physical activity and smoking cessation advice (and referrals) to Aboriginal and Torres Strait Islander clients.


 *Queensland has fully addressed Recommendation 283 by implementing early intervention programs in Aboriginal and Torres Strait Island health services and instituting a state-wide intervention training program.*

In **South Australia**, Drug and Alcohol Services South Australia has contributed to the employment of Aboriginal and Torres Strait Islander workers and provided training – including a Certificate III in Community Services – to address drug and alcohol issues. Drug and Alcohol Services South Australia also provides cross-cultural awareness training to frontline staff, and contracts Aboriginal and Torres Strait Islander organisations to provide services on its behalf.

In addition, Public Health Services provides funding to Child and Adolescent Mental Health Services to deliver culturally appropriate early intervention mental health programs for Aboriginal and Torres Strait Islander children and young people. The program has been delivered in Murray Bridge for a number of years and plans to expand the service are underway.


 *South Australia has taken steps to address Recommendation 283 by implementing training to address drug and alcohol issues in a culturally appropriate way and by implementing culturally appropriate early intervention mental health programs but has not consistently implemented early intervention programs across all aspects of health service delivery. As such, the recommendation is partially complete.*

The **Western Australia** Government commented in their 1994 implementation report that early intervention training programs had been conducted in hospitals throughout priority areas, and that minimum intervention skills programs had been conducted in alcohol services training. Independent Aboriginal and Torres Strait Islander organisations have also been proactive in implementing early intervention programs in health services, such as Meerilinga which provides parental services and education. In addition to this, prevention and early intervention is a key strategic direction in the Western Australian Health and Wellbeing Framework 2015-2030

 *Western Australia has partially completed Recommendation 283 by implementing early intervention training programs and programs lead by Aboriginal and Torres Strait Islander organisations. However, Western Australia has not addressed how an early intervention approach will apply to other areas of health service delivery for Aboriginal and Torres Strait Islander people. As such, the recommendation is partially complete.*

**Tasmanian** Government drug policies state that prevention and early intervention are key commitments. Additionally, the Tasmanian Alcohol and Drug Services provides funding for the Circular Head of Aboriginal Corporation which offers alcohol education programs. Currently, the Department of Health and Human Services is developing an *Alcohol and Other Drugs Service System Framework*


which will guide the planning, funding and delivery of public-funded alcohol and other drugs services in Tasmania. A number of Tasmanian Aboriginal and Torres Strait Islander organisations have been consulted in its development.

 *Tasmania has taken steps to address Recommendation 283 by committing to prevention and early intervention in its drug policies but has not addressed how an early intervention approach will apply to other areas of health service delivery for Aboriginal and Torres Strait Islander people. As such, the recommendation is partially complete.*

The **Northern Territory** funded 12 specialist training positions through the *Living with Alcohol Program* in 1993-94. More recently, the Ntaria and Gunbarlanya communities implemented the Beat Project between 2010 and 2014 which offers best practice in early intervention, assessment and treatment of depression and substance misuse. Additionally, the Northern Territory has sought to minimise alcohol- and drug-related harm through prevention, education, treatment and community action initiatives as part of the *Alcohol and Other Drugs Program*.

The National Partnership Agreement on Remote Aboriginal Investment 2015-2022 contains specific key performance indicators to support prevention and early intervention programs in remote communities through community developed Alcohol Action Initiatives.


The Northern Territory Department of Health also delivers early intervention services throughout the Northern Territory. They include: nurse home visiting programs, antenatal visits, the Strong Women Strong Babies program, disease control screening HIV/ AIDS, STDs, environmental management, adult health checks, screening Aboriginal and Torres Strait Islander children under five years of age for anaemia, diagnosing diabetes early in pregnancy and improving maternity education, renal disease, increased cancer screening for Aboriginal and Torres Strait Islander people, and health promotion programs relating to all aspects of health.

 *The Northern Territory has taken steps to address Recommendation 283 by developing and implementing early intervention programs focused on alcohol and substance abuse and associated mental health issues. However, as the Northern Territory has not identified a consistent approach to early intervention across other areas of health service delivery, the recommendation is partially complete.*

In the **Australian Capital Territory**, a range of early intervention programs targeted at reducing alcohol abuse among Aboriginal and Torres Strait Islander communities are administered by the Gugan Gulwan Youth Aboriginal Corporation. Initiatives include lunch and night outreach programs and drug and alcohol groups for young men.

In addition to the Gugan Gulwan youth intervention programs, the ACT Government also funds a sobering up shelter, which provides assistance to intoxicated people, including counselling and follow up care, with staff trained in Aboriginal and Torres Strait Islander cultural awareness.

The ACT Government Health Directorate has also established reconciliation working groups within each alcohol, tobacco and other drug service funded by the ACT Government. Each working group has been tasked with implementing reconciliation action plan principles within the service.

 *The Australian Capital Territory has taken steps to address Recommendation 283 by providing early intervention programs to address drug and alcohol abuse but has not consistently implemented early intervention programs across all aspects of health service delivery. As such, the recommendation is partially complete.*

### **Additional commentary**

The **Commonwealth** DOH noted that funding for comprehensive primary health care gives the service flexibility to determine the needs of their community, develop activities to meet these needs, employ appropriately trained staff and upskill staff to meet their organisation's priorities. Funding for comprehensive primary health care specifically includes funding for children's health services, including early intervention services.

## Recommendation 284

*That Aboriginal organisations consider adopting alcohol-free workplace policies and be encouraged and given support to develop employee assistance programs.*

### Background information

Policies and programs concerning the use of alcohol in the workplace illustrate employers' and employees' perceptions of the position of alcohol beverages in society. In order to assist employees in reducing their alcohol consumption, Recommendation 284 calls for the implementation of alcohol-free workplace policies.

### Responsibility

The recommendation is the responsibility of the State and Territory Governments who have policy oversight of liquor legislation and regulations.

### Key actions taken and status of implementation

The **New South Wales** Government noted in their 1994-95 implementation report that this is not a matter for the NSW Government. More recently, the NSW Government has written a number of policies which provide advice for the delivery of workplace support to people impacted by drug and alcohol misuse. These include the *Guide to Developing a Workplace Alcohol and Other Drugs Policy and Employee Assistance Programs*.

- *New South Wales has completed Recommendation 284 by developing policies that provide workplaces with guidance on designing relevant workplace assistance programs.*

The **Victorian** *Guidelines for Developing a Workplace Alcohol Policy* provides that workplace alcohol procedures should focus on prevention, education, counselling and rehabilitation.

- *Victoria has completed Recommendation 284 by putting guidelines in place encouraging workplaces to offer alcohol advice and counselling services for employers.*

The **Queensland** Government's 2011 framework for managing alcohol and drug-related problems in the workplace recommended the introduction of a testing regime and testing procedures, the implementation of procedures for counselling and disciplining of workers in the case of a positive test, and the provision of early intervention services that include counselling and referral services for workers. The Department of Child Safety Youth and Women and Department of Communities, Disability Services and Seniors does not mandate these requirements in its funding arrangements but requires organisations to describe how they will recruit, develop and support their staff in procurement processes.

- *Queensland has completed Recommendation 284 by putting guidelines in place encouraging workplaces to offer alcohol advice and counselling services for employers.*

The **South Australian** Government has developed a Workplace Health and Wellbeing Toolkit, which provides a guide to the design, implementation and evaluation of workplace health and wellbeing programs with the aim of providing guidance to employers.

- *South Australia has partially completed Recommendation 284 by developing a toolkit that provides workplaces with guidance on designing and implementing workplace health and wellbeing programs but does not expressly address alcohol workplace policies.*

In **Western Australia**, the *Healthier Workplace WA* framework assists workplaces with the implementation and evaluation of workplace health and safety policies. The Healthy Workers Alcohol Program extends free information, resources and workplace support for alcohol- and drug-related issues.

- *Western Australia has completed Recommendation 284 as the Healthier Workplace WA framework provides organisations with guidance relating to alcohol and substance-related workplace health and safety policies.*

The **Tasmanian** Government commented in their 1993 implementation report that Recommendation 284 is the responsibility of individual Aboriginal and Torres Strait Islander organisations. The *WorkSafe Tasmania Drugs and Alcohol: A Guide for Employers and Workers* provides support to employers seeking to fulfil their workplace health and safety obligations with regard to alcohol and drug-affected employees.

● *Tasmania has completed Recommendation 284 as the WorkSafe Tasmania Drugs and Alcohol Guide provides organisations with guidance relating to alcohol and substance-related workplace health and safety obligations.*

The **Northern Territory** Government responded to the RCIADIC by extending the provision of training for staff to better identify and treat substance misuse. The Northern Territory Government has also continued to monitor Employee Assistance Programs in remote areas.

● *The Northern Territory has completed Recommendation 284 by expanding training for the identification and treatment of substance misuse, and support for Employee Assistance Programs in remote areas.*

In the **Australian Capital Territory**, the *Guide to Promoting Health and Wellbeing in the Workplace* outlines the various attributes of an effective workplace health and wellbeing program. This guide recommends the provision of information, advice, counselling and referral to treatment services for staff who are concerned about alcohol use; education and training to employees over the responsible use of alcohol; and the development of employee assistance programs to help employees reduce their alcohol consumption.

● *The Australian Capital Territory has completed Recommendation 284 by developing guidelines for effective workplace health and wellbeing, including support for staff who are concerned about alcohol use and Employee Assistance Programs.*

## Recommendation 285

*That Aboriginal organisations and Councils (including ATSIC) be encouraged to give consideration to the further implementation of programs to employ multipurpose Aboriginal drug and alcohol community workers, and that appropriate assistance is sought in the training of Aboriginal people to fill such roles.*

### Background information

The RCIADIC found that in some States and Territories, Aboriginal drug and alcohol community workers have in many cases provided an effective service. In order to improve cultural sensitivity and functional accessibility in the provision of alcohol and drug related health services to Aboriginal and Torres Strait Islander people, Recommendation 285 endorses the role of Aboriginal drug and alcohol community workers.

### Responsibility

The recommendation is the responsibility of the State and Territory Governments who have policy oversight of liquor legislation and regulations.

### Key actions taken and status of implementation

The **New South Wales** Government's Mental Health and Drug and Alcohol Committee offers Aboriginal drug and alcohol traineeships which support Aboriginal workers to undertake supported practical and theoretical training in drug and alcohol-related issues. The draft NSW Health Alcohol and Other Drugs Strategy, which is expected to be finalised in 2018, reiterates the NSW Health priority of increasing the proportion of Aboriginal people employed in drug and alcohol services.

NSW Health funds the Aboriginal Health and Medical Research Council of NSW to lead the Aboriginal Drug and Alcohol Network, which supports Aboriginal drug and alcohol workers from LHDs and ACCHSs to better respond to and treat people with drug and alcohol problems in their communities. The Network received \$173,800 in 2017/18.



● *New South Wales has fully implemented Recommendation 285 by implementing a range of employment and training initiatives for Aboriginal drug and alcohol community workers, including through drug and alcohol traineeships and the Aboriginal Drug and Alcohol Network.*

The **Victorian** Government increased funding provision for Koori Alcohol and Drug workers, and increased the number of workers from six to ten in 1993. This also included the introduction of a training and professional development initiative.

● *Recommendation 285 has been addressed by Victoria through the employment and training of Aboriginal and Torres Strait Islander drug and alcohol community workers.*

In **Queensland's** initial response to Recommendation 285, courses were developed for Aboriginal and Torres Strait Islander workers to increase their skill level in the provision of drug and alcohol-related health services. This included Certificate courses in Indigenous Primary Health, a Bachelor of Applied Health Sciences, and Alcohol and Drug Counsellor Training.

Currently, the Indigenous Wellbeing Centre is tasked with the provision of alcohol and drug use prevention initiatives and supports the employment of Aboriginal and Torres Strait Islander community workers. In addition, public intoxication services funded by the Department of Communities Disability Services and Seniors, and men's support services, funded by the Department of Child Safety Youth and Women, are provided with annual training to undertake their role.

● *Queensland has fully implemented Recommendation 285 by developing specific Certificates for the training of Aboriginal and Torres Strait Islander drug and alcohol community workers and by supporting their employment through the Indigenous Wellbeing Centre.*

The **South Australian** Aboriginal Drug and Alcohol Council resource package on illicit drugs for Aboriginal and Torres Strait Islander workers provides the opportunity for Aboriginal and Torres Strait Islander community workers to increase their skills and qualifications. This is guided with a view to develop competency among Aboriginal and Torres Strait Islander workers in the areas of illicit drugs, community development, and cultural skills.

● *South Australia has fully addressed Recommendation 285 via the Aboriginal Drug and Alcohol Council resource package on illicit drugs, which provides Aboriginal and Torres Strait Islander drug and alcohol community workers with education and employment opportunities.*


The **Western Australia** Government allocated funding in 1994 to regionally-based training in addictions for Aboriginal and Torres Strait Islander workers. More recently, the *Aboriginal Employment Strategy 2011-15* was developed to provide sustainable employment opportunities and career pathways for Aboriginal and Torres Strait Islander people. Additionally, as part of the *Western Australia Country Health Service Aboriginal Employment Strategy 2010-14*, Western Australia seeks to increase employment opportunities for Aboriginal and Torres Strait Islander staff, focus on workforce skill development, and develop a workforce culture and environment that supports the employment and retention of Aboriginal and Torres Strait Islander people.

Western Australia also operates the Strong Spirit Strong Mind program, which offer either a Certificate III in Community Services or Certificate IV in Alcohol and other Drugs qualification to Aboriginal and Torres Strait Islander workers employed in the health and broader human services sector.


● *Western Australia has implemented Recommendation 285 by developing specific training for Aboriginal and Torres Strait Islander drug and alcohol community workers and by supporting their employment through the Western Australia Country Health Service Aboriginal Employment Strategy.*

As part of **Tasmania's** *Alcohol, Tobacco and Other Drug Services Tasmania Future Service Directions (2008/09-2012/13)*, the Tasmanian Government extended initiatives to work in partnership with the Aboriginal and Torres Strait Islander community to establish an Aboriginal and Torres Strait Islander workforce development strategy, and to build the capacity for ACCHOs to address alcohol and drug-related issues.


More recently, as per their response to Recommendation 283, the Department of Health and Human Services is developing an *Alcohol and Other Drugs Service System Framework* which will guide the planning, funding and delivery of public-funded alcohol and other drugs services in Tasmania.

 *Tasmania has partially completed Recommendation 285 via the implementation of the Alcohol and Other Drugs Service System Framework but has not expressly addressed the training or employment of Aboriginal and Torres Strait Islander drug and alcohol community workers.*

In 1993, the **Northern Territory's** Batchelor College developed a TAFE Certificate in Primary Health Care (Drug and Substance Abuse) to support the training of Aboriginal and Torres Strait Islander workers. The employment of Aboriginal and Torres Strait Islander health workers is also prioritised in the *Stronger Futures Plan* which seeks to provide: employment for 20 new full-time alcohol and drug workers through primary health care centres; employment for local workers; and professional development and a support framework to provide training for community workers. The National Partnership Agreement on Remote Aboriginal Investment also provides specific support for the Indigenous Remote Alcohol and Other Drugs workforce, and for additional funding for Aftercare programs.

 *The Northern Territory has fulfilled the objectives of Recommendation 285 by developing appropriate educational pathways for Aboriginal and Torres Strait Islander drug and alcohol community workers in TAFE and by prioritising their employment in the Stronger Futures Plan.*

The **Australian Capital Territory** Government has responded to Recommendation 285 through providing a number of training initiatives for Aboriginal and Torres Strait Islander community health workers in the areas of drug and alcohol misuse. Most recently, the *Aboriginal and Torres Strait Islander Health Workforce Action Plan 2013-18* prioritises increasing the employment of Aboriginal and Torres Strait Islander people across the ACT health sector, and providing training initiatives, support networks, and professional development opportunities.

 *Recommendation 285 has been addressed by the Australian Capital Territory through the provision of relevant training initiatives Aboriginal and Torres Strait Islander community health workers in the areas of drug and alcohol misuse.*

## Recommendation 286

*That the Commonwealth Government, in conjunction with the States and Territories Governments and nongovernment agencies, act to co-ordinate more effectively the policies, resources and programs in the area of petrol sniffing.*

### Background information


The RCIADIC Report concluded that petrol sniffing, though uncommon, can cause serious health issues for Aboriginal and Torres Strait Islander communities and should be managed by a more co-ordinated rehabilitation framework.

### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation.

### Key actions taken and status of implementation

In 2005, the **Commonwealth** Government and **all States and Territories** implemented a whole-of-government *Petrol Sniffing Strategy* in response to the effects of petrol sniffing in some Aboriginal and Torres Strait Islander communities. The strategy aimed to reduce the incidence and impact of petrol sniffing and other forms of substance use among Aboriginal and Torres Strait Islander young people and communities in specific areas. All States and Territories contributed toward the implementation of this Strategy, and associated initiatives. To complement this Strategy, the *Low Aromatic Fuel Act 2013* was introduced to prohibit the supply of regular unleaded petrol to certain areas.

 *Recommendation 286 has been implemented by the Commonwealth and all States and Territories through the introduction of relevant policies and programs, such as the Petrol Sniffing Strategy and the supporting Low Aromatic Fuel Act 2013.*

#### **Additional commentary**

PM&C has managed the **Commonwealth** Government's response to petrol sniffing since 2013. PM&C coordinates the rollout of low aromatic fuel and other harm reduction programs to combat petrol sniffing, and works closely with fuel production companies and distributors, fuel outlets across Australia, non-government organisations, and state and territory governments. This includes the administration of the *Low Aromatic Fuel Act 2013*. PM&C further noted that research released in 2016 showed that in communities surveyed since 2005-07, petrol sniffing has reduced by up to 88% since the introduction of low aromatic fuel, which is now available in more than 175 fuel outlets in regional and remote parts of Australia.

In **New South Wales**, the NSW Health "Your Room" drug and alcohol website provides accurate and non-judgemental health information on the harms associated with alcohol and other drugs, including resources on inhalants and petrol sniffing.

In 2001, the **Victorian** Government established a working group to address petrol sniffing in collaboration with Aboriginal and Torres Strait Islander communities. This led to the development of a resource package for solvent abuse, which was distributed to Victorian alcohol and drug workers as part of their training. Guidelines were also developed for front line workers who deal with people who use inhalants, including Aboriginal and Torres Strait Islander people.

In **Queensland**, the Queensland Health Dovetail service provides training, resources and support for services working with young people impacted by inhalant and volatile substance misuse. In line with *Connecting Care to Recovery 2016-2021: A plan for Queensland's state funded mental health, alcohol and other drug services*, services provide treatment for people impacted by any substance. Specific funding is directed to services for young people and Aboriginal and Torres Strait Islander people.

The **South Australian** Government developed the *Petrol Sniffing and Other Solvents* resource package in 2000 to support health workers dealing with issues related to the use of inhalants. The Drug and Alcohol Services South Australia developed the APY Lands Substance Misuse Service to address petrol sniffing and other issues, and to provide for the assessment and treatment of people who misuse petrol and other drugs.

SA Health works in collaboration with the APY Lands General Business Managers and a range of APY Lands based service providers to coordinate effective responses to petrol sniffing outbreaks as they occur. In addition, SA Health supported the introduction of low aromatic, or Opal, fuel on the APY Lands, which has reduced the misuse of petrol.

**Western Australia** introduced Opal fuel as a replacement to regular petrol.<sup>47</sup> The introduction of Opal fuel was accompanied by a range of advertising initiatives, including the Western Australia Department of Health's "stop petrol sniffing" website, radio announcements, community information sessions, and brochures.

The Western Australian Mental Health Commission, in partnership with the Department of the Prime Minister and Cabinet, has also established the State Volatile Substance Use Coordination Group, to provide a coordinated and strategic response to volatile substance use issues. The Mental Health Commission also provides expert advice and support to regional Working Groups, towns and communities requiring the development of local responses to address volatile substance use problems.

The **Tasmanian** Government has noted that petrol sniffing has not been identified as an issue in Tasmania.

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<sup>47</sup> Opal fuel was also introduced into SA and WA.

The **Northern Territory's** Alcohol and Other Drugs Program targets drug harm minimisation, including from alcohol and petrol. It offers a range of initiatives, including education, treatment, and community actions; as well as the provision of advice and information to members of the community. The Northern Territory has also implemented the *Volatile Substance Abuse Prevention Act 2006* (NT), which requires persons considered to be at severe risk of harm from substance inhalation to be assessed by health practitioners. There have also been community led Volatile Substance Abuse prevention coordinating committees in regional areas.

## Recommendation 287

*That the Commonwealth, States and Territories give higher priority to the provision of alcohol and other drug prevention, intervention and treatment programs for Aboriginal people which are functionally accessible to potential clients and are staffed by suitably trained workers, particularly Aboriginal workers. These programs should operate in a manner such that they result in greater empowerment of Aboriginal people, not higher levels of dependence on external funding bodies.*

### Background information

The RCIADIC Report found that few drug and alcohol programs had been implemented by Aboriginal and Torres Strait Islander communities. Moreover, based on the different patterns of abuse by these communities, the Report called for greater focus on community-driven programs.

### Responsibility


The Commonwealth, and all State and Territory governments have responsibility for this recommendation.

### Key actions taken and status of implementation

The **Commonwealth** Government's NSFATSIH 2003-13 and ongoing National Health Plan 2013-23 prioritise counselling, health promotion and early intervention services amongst Aboriginal and Torres Strait Islander communities. The NPA on Closing the Gap in Indigenous Health Outcomes set out a plan of targeted investment for the provision of alcohol, drugs and mental health services.


PM&C provides funding for over 80 Aboriginal and Torres Strait Islander Alcohol and Other Drug treatment services, which provide culturally appropriate counselling, referrals, aftercare, and residential rehabilitation.

The DOH noted that under the National Ice Action Strategy, the Government is providing funding of \$241.5 million over four years from 2016-17 for Primary Health Networks (PHNs) to commission additional drug and alcohol treatment services to meet local need, including funding of \$78.6 million for Aboriginal and Torres Strait Islander-specific services. PHNs are required to ensure appropriate consultation and collaboration with local Aboriginal and Torres Strait Islander stakeholders in the planning, design, and implementation of this program. Under this program, ACCHO's and other drug and alcohol service providers have the opportunity to apply for funding from PHNs to deliver treatment services based on local needs.


 *Recommendation 287 has been mostly implemented – while Commonwealth programs have increased the accessibility of drug and alcohol services, it is not clear that these programs have resulted in greater empowerment for Aboriginal and Torres Strait Islander people.*

In their 1994-95 implementation report, the **New South Wales** Government noted that the NSW Health Department funded 16 drug and alcohol programs, including associated workers, under the *Aboriginal Non-Government Organisation Program*. Currently, NSW Health provides specific programs for Aboriginal people through Aboriginal residential rehabilitation services, and Aboriginal drug and alcohol workforce development initiatives, and drug and alcohol health information for local communities.

Aboriginal people are a priority population for new drug and alcohol treatment, rehabilitation, pregnancy services and aftercare programs. The NSW Drug Package is investing an additional \$75 million over four years to tackle drug use problems in NSW communities through supporting more young people and families into treatment.

 *New South Wales has mostly addressed Recommendation 287 by providing specific drug and alcohol treatment programs for Aboriginal people and identifying Aboriginal people as a priority population for new drug and alcohol treatment but it is not clear whether these programs have resulted in greater empowerment for Aboriginal people.*


The **Victorian** Government has funded a range of programs and initiatives aimed at addressing the abuse of alcohol, drugs and other substances in Aboriginal and Torres Strait Islander communities under the *Koori Alcohol Action Plan 2010-20*. The Plan seeks to strengthen communities, provide responsible access to alcohol, improve information and understanding, and improve responses and services.

 *Victoria has mostly addressed Recommendation 287 through the Koori Alcohol Action Plan 2010-20 but it is not clear whether the plan has resulted in greater empowerment for Aboriginal and Torres Strait Islander people.*


The **Queensland** Government has offered specific measures in response to Recommendation 287.

- The *IRIS Program* offers screening and intervention for Aboriginal and Torres Strait Islander people impacted by alcohol, drug, and mental health issues.
- The *SmokeCheck* program was introduced to address tobacco smoking and to promote behavioural changes through the identification, encouragement and support of Aboriginal and Torres Strait Islander people.
- The *Making Tracks* initiative also supports implementation of Recommendation 287.

In addition, the The Department of Communities, Disability Services and Seniors funds public intoxication services, which divert Aboriginal and Torres Strait Islander people from custody, and men's services aimed at addressing the causes of alcohol abuse and associated family violence in discrete communities. Alcohol and other drug commissioned services also target culturally appropriate service delivery models inclusive of Aboriginal and Torres Strait Islander workers. Aboriginal and Torres Strait Islander people are recruited and trained to deliver these services.

 *Queensland has mostly addressed Recommendation 287 by offering targeted screening and intervention initiatives to Aboriginal and Torres Strait Islander people and by ensuring that alcohol and other drug commissioned services target culturally appropriate service delivery models. However, it is not clear whether Queensland's actions have resulted in greater empowerment for Aboriginal and Torres Strait Islander people.*


**South Australia's** 1994 implementation report noted that Recommendation 287 was supported by the Drug and Alcohol Services Council, particularly as it relates to the empowerment of Aboriginal and Torres Strait Islander communities. Currently, SA Health supports collaboration between ACCHOs and specialist alcohol and other drug treatment services, with a view to the exchange of expertise in the delivery of evidence-based treatment and prevention responses, through contractual arrangements for the delivery of culturally appropriate service and policy development. ACCHOs are encouraged to take a lead in the design and delivery of these programs.

 *South Australia has mostly addressed Recommendation 287 by supporting collaborations between ACCHOs and specialist services to deliver drug and alcohol treatment programs for Aboriginal and Torres Strait Islander people. However, it is not clear whether these programs have resulted in greater empowerment for Aboriginal and Torres Strait Islander people.*

The 1994 implementation report for **Western Australia** notes that the WA Government offered a number of programs through the WA Drug and Alcohol Authority, including community drug prevention, intervention and treatment initiatives. These programs were informed through a collaborative, consultative process between government representatives and community organisations.


Drug and alcohol service providers contracted by the State's Mental Health Commission are required to be accredited against a suitable standard, with many providers choosing to be accredited against the standard on Culturally Secure Practice (Alcohol and Drug Sector).



 *Western Australia has mostly addressed Recommendation 287 by encouraging community drug prevention, intervention and treatment initiatives to be delivered in a culturally sensitive way to Aboriginal and Torres Strait Islander people. However, it is not clear whether these programs have resulted in greater empowerment for Aboriginal and Torres Strait Islander people.*


**Tasmania's Alcohol, Tobacco and Other Drug Services Tasmania Future Service Directions** (2008/09-2012/13), introduced as part of the response to Recommendation 285, recommended that the Government take steps towards: improved access to specialist alcohol and drug services; early intervention; consultation from the Alcohol and Drug Service; liaison and outreach to other organisations; and supporting the Aboriginal and Torres Strait Islander community.

As previously mentioned in response to Recommendation 283, the Department of Health and Human Services is developing an *Alcohol and Other Drugs Service System Framework* which will guide the planning, funding and delivery of public-funded alcohol and other drugs services in Tasmania and will consider the needs of specific population groups, including Aboriginal and Torres Strait Islander people.

 *Tasmania has mostly addressed Recommendation 287 through the Alcohol and Other Drugs Service System Framework but has not stated to what extent the Framework has resulted in greater empowerment for Aboriginal and Torres Strait Islander people.*


In the **Northern Territory**, Commonwealth Government funding has been allocated by the Northern Territory Government through the *Commonwealth Substance Misuse Service Delivery Grants Fund* for 22 organisations to assist Aboriginal and Torres Strait Islander communities in the Northern Territory in the provision of alcohol and drug treatment. In addition, the National Partnership Agreement on Remote Aboriginal Investment provides specific support for the Indigenous Remote Alcohol and Other Drugs workforce, as well as additional funding for Aftercare programs. This workforce, which operates within 18 remote communities throughout the NT to provide greater access to treatment intervention and support is comprised of 98% Aboriginal workers.

In addition to providing greater access to treatment intervention and support, the policy of employing a Indigenous Remote Alcohol and Other Drugs workforce aims to empower Aboriginal communities to address alcohol and drug issues within their own communities.

 *The Northern Territory has addressed Recommendation 287 by supporting Aboriginal and Torres Strait Islander alcohol and drug treatment through the Commonwealth Substance Misuse Service Delivery Grants Fund and empowering Aboriginal communities to address alcohol and drug issues within their own communities.*

The **Australian Capital Territory** has provided funding for AHLOs and guidelines around culturally-appropriate service provision to improve Aboriginal and Torres Strait Islander access to healthcare services.

In addition to this, the ACT Government opened the Ngunnawal Bush Healing Farm in 2017 to provide culturally appropriate prevention, education, and rehabilitation programs for Aboriginal and Torres Strait Islander people recovering from alcohol and other drug problems. Programs delivered at the facility include traditional healing practices, life skills training, and cultural programs.

 *The Australian Capital Territory has completed Recommendation 287 by providing resources for improved Aboriginal and Torres Strait Islander access to healthcare services and has addressed drug and alcohol treatment access through the establishment of the Ngunnawal Bush Healing Farm. However, it is not clear whether these programs have resulted in greater empowerment for Aboriginal and Torres Strait Islander people.*

## **Recommendation 288**

*That all workers, both Aboriginal and non-Aboriginal, involved in providing alcohol and other drug programs to Aboriginal people, receive adequate training. Priority training needs include:*



- a. *Relevant cross-cultural awareness and communication training for non-Aboriginal workers such as health and welfare staff who provide services to Aboriginal people;*
- b. *Skills training for Aboriginal alcohol and other drug treatment workers, particularly those who have recovered from alcohol problems themselves but have no formal training in the area.*

### Background information

The RCIADIC Report pointed to evaluations of alcohol and drug abuse programs that found many programs to be ineffective and wasteful of resources. Training in both cultural awareness and health skills were found to be of particular need.


### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. This recommendation requires that training programs be provided to workers in programs under the Commonwealth, and State and Territory governments.

### Key actions taken and status of implementation


The **Commonwealth** has developed the National Aboriginal and Torres Strait Islander Health Workforce Training Package to provide funding to organisations that mentor and support Aboriginal and Torres Strait Islander doctors, nurses and health workers.

The NPA on *Closing the Gap in Indigenous Health Outcomes* set out a number of strategies with the aim of improving the cultural sensitivity of health workers and the subsequent services provided to the Aboriginal and Torres Strait Islander population. All **States and Territories** are signatories to this NPA.

 *Recommendation 288 has been implemented through the introduction of relevant training for provision of alcohol and other drug treatment services, via programs such as the National Aboriginal and Torres Strait Islander Health Workforce Training Package and the relevant NPA in Closing the Gap.*

The **New South Wales** Government provided training to Aboriginal drug and alcohol workers through the Centre for Education and Information on Drugs and Alcohol and TAFE NSW. Their 1994-95 implementation report comments that TAFE NSW provided a range of Certificate-level courses in drug and alcohol worker training, while the Centre for Education and Information on Drugs and Alcohol provided training in cross-cultural competence.

Currently, "Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health" delivers cultural competency training for healthcare professionals on delivering culturally safe service to Aboriginal people. NSW Health Drug and Alcohol services, as well as the Justice Health and Forensic Mental Health Network, are required to ensure that staff have undertaken the training. NSW Health also funds the Aboriginal Drug and Alcohol Workers Network to deliver drug and alcohol workforce development initiatives to public, non-government and ACCHSs.


 *New South Wales has fully addressed Recommendation 288 by providing cross-cultural awareness training via NSW Health as well as providing education pathways to Aboriginal alcohol and other drug treatment workers through the Centre for Education and Information on Drugs and Alcohol and TAFE NSW.*

The **Victorian** Government has funded a number of training programs, including at the Certificate level, for Aboriginal and Torres Strait Islander health workers. Additionally, the 1993 implementation report for Victoria noted that the Department of Health and Community Services facilitated the development of a program, kit and professional training for staff involved in delivering cultural awareness sessions. In 2004, the Victorian Government also supported accredited training for Aboriginal and Torres Strait Islander health workers in advanced case management and counselling skills.


 *Victoria has fully addressed Recommendation 288 by providing appropriate training and education to Aboriginal and Torres Strait Islander health workers.*

In 1992, **Queensland** Health revised its orientation and training programs for Aboriginal and Torres Strait Islander drug and alcohol workers to bring programs into line with the National Aboriginal Health Strategy. More recently, Queensland's *Making Tracks Framework* places an emphasis on providing culturally-sensitive and responsive programs that are staffed by a workforce that has both the clinical and cultural training to make them competent practitioners of health service delivery for Aboriginal and Torres Strait Islander people.

In addition, The Department of Child Safety Youth and Women and Department of Communities, Disability Services and Seniors provides ongoing training for services responding to Aboriginal and Torres Strait Islander clients, with non-Aboriginal and Torres Strait Islander workers required to undertake cultural capability training. Aboriginal and Torres Strait Islander workers who are not formally qualified but have past experiences in the area also undertake relevant training. Resources, training, education and support are provided through Queensland Health's Insight and Dovetail services. In 2016-17 and 2017-18, Queensland Health also provided funding to the Queensland Aboriginal and Islander Health Council support services to address methamphetamine and other substances of concern for Aboriginal and Torres Strait Islander people.


 *Queensland has fully addressed Recommendation 288 by providing cross-cultural awareness training and appropriate training to Aboriginal alcohol and other drug treatment workers under the Making Tracks Framework.*

In **South Australia**, Drug and Alcohol Services SA provides training for Aboriginal and Torres Strait Islander workers, including a Certificate 3 VET accredited program – “Strong Spirit Strong Mind” – in collaboration with the WA Drug and Alcohol Office, and Nunkuwarrin Yunti. Front line clinicians and other workers employed by Drug and Alcohol Services SA are required to undertake cultural awareness training while contracted non-government organisations involved in servicing Aboriginal and Torres Strait Islander clients are also required to ensure cultural appropriateness of services. Drug and Alcohol Services SA also undertakes Aboriginal Workforce Development, which provides Aboriginal and Torres Strait Islander workers with training and networking opportunities.

 *South Australia has fully addressed Recommendation 288 by providing cross-cultural awareness training and alcohol and other drug treatment certifications through Drug and Alcohol Services SA.*

The **Western Australia** Government has sought to provide nationally recognised Aboriginal and Torres Strait Islander workforce development programs and career pathways, including through traineeships, and culturally secure training for non-Aboriginal and Torres Strait Islander staff. This is supported by the Aboriginal Alcohol and Drug Service which provides training, capacity building, the establishment of partnerships, and the development of sustainable programs in this area.

The Western Australian Governments Strong Spirit Strong Mind program also includes cultural awareness training to non-Aboriginal and Torres Strait Islander people in the alcohol and other drugs, mental health and broader human service sectors.

 *Western Australia has fully addressed Recommendation 288 by providing cross-cultural awareness training and appropriate training to Aboriginal and Torres Strait Islander alcohol and other drug treatment workers under the Strong Spirit Strong Mind program.*

The **Tasmanian** Government responded to Recommendation 288 by expanding an offering of TAFE courses to specifically address training for alcohol and drug workers. Under the *Alcohol, Tobacco and Other Drug Services Tasmania Future Directions (2008/09-2012/13)*, the Tasmanian Government worked in partnership with Aboriginal and Torres Strait Islander communities to develop cultural awareness training, a workforce development strategy, and reciprocal learning approaches to build the cultural competence of mainstream services and to establish the capacity of ACCHOs to address alcohol and drug issues.

More recently, funding has been granted to the Drug Education Network in partnership with the Tasmanian Aboriginal Corporation as a Registered Training Organisation, to deliver the Cert IV in Alcohol and Other Drugs work with the expectation of 24 people completing the qualification, thereby

increasing the number of qualified Aboriginal and Torres Strait Islander alcohol and other drug workers as well as boosting the capability of the mainstream alcohol and other drugs sector to provide culturally safe services. The Drug Education Network and the Tasmanian Aboriginal Corporation will also provide cultural safety training to around 60 alcohol and other drug workers.

● *Tasmania has fully addressed Recommendation 288 by providing appropriate training and education through a partnership between the Drug Education Network and the Tasmanian Aboriginal Corporation.*

In their 1993-94 implementation report, the **Northern Territory** Government noted the provision of cross-cultural training and initiatives to build greater competence among Aboriginal and Torres Strait Islander drug and alcohol workers. The Riley Review has also made a number of recommendations to strengthen workforce initiatives. Night and Community Patrols have been a significant area of focus for skills development.

● *The Northern Territory has fully addressed Recommendation 288 by providing cross-cultural training and initiatives for Aboriginal and Torres Strait Islander drug and alcohol treatment.*

In response to Part A of Recommendation 288, the **Australian Capital Territory** Government provided training for Aboriginal and Torres Strait Islander workers including the launch of cross-cultural training through Winnunga Nimmityjah. In relation to Part B, the ACT Government provided that staff from Winnunga Nimmityjah Aboriginal Health Service would attend symposiums and conferences which would focus on training on drug and alcohol matters.

● *The Australia Capital Territory has fully addressed Recommendation 288 by providing appropriate training and education through the Winnunga Nimmityjah Aboriginal Health Service.*

### Additional commentary

All **Commonwealth** PM&C funded alcohol and other drug treatment services are encouraged to employ Aboriginal and Torres Strait Islander staff where possible and are required to demonstrate cultural awareness. PM&C advocates that staff employed through these programs should have at minimum a Certificate IV in alcohol and other drug work. In the case where a person is not already qualified, providers must support staff through training to attain their Certificate IV in alcohol and other drugs.

## 10.3 Educating for the future (289-299)

### Recommendation 289

*That:*

- a. *governments, State Aboriginal Education Consultative Groups and local AECGs should pay great attention to the fact that the scope of the National Aboriginal and Torres Strait Islander Education Policy extends to pre-schooling programs and that it should be recognised that to a considerable extent the success of the whole National Assessment of Educational Progress will turn on the success of the pre-schooling initiatives;*
- b. *That pre-schooling programs should have as a major aim the involvement not only of the children, but of the parents or those responsible for the care of the children.*

### Background information

Pre-schooling years are important for the success of all later education interventions. The effectiveness of pre-schooling programs benefit in particular from the involvement of parents and primary carers.

### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. State and territory governments provide varying levels of subsidised access to one year of pre-school in the year before children start school. In addition, the National Assessment of


Educational Progress is jointly implemented by both State and Territory, and Commonwealth governments.

### Key actions taken and status of implementation

The DET indicates that since 2008, the **Commonwealth** Government have made over \$3.2 billion available in funding support to States and Territories to achieve universal access to quality preschool programs with a focus on making sure all Aboriginal and Torres Strait Islander children have access to and participate in quality early childhood education programs for a minimum of 600 hours per year, in the year before full-time school.


The DET noted the establishment of the Connected Beginnings Program in 2016 which aims to better prepare Aboriginal and Torres Strait Islander children for school, and contribute to closing the gap in educational outcomes. This program includes initiatives that provide outreach and support so that more Aboriginal and Torres Strait Islander families get involved in early childhood services. In addition, the program aims to bring early childhood and health services together so families have a combined place in their community for these services.

PM&C noted that under the National Partnership Agreement on Universal Access to Early Childhood Education, the Commonwealth is providing \$843 million in 2016 and 2017 to the States and Territories to ensure every that Australian child has access to a structured, quality early childhood education program for 15 hours per week in the year before formal school. The Commonwealth Government is committing a further \$428 million to continue support for preschool throughout 2018. This funding will be provided by a one-year extension to National Partnership arrangements. This will benefit around 346,000 children across all preschool settings and bring the total Commonwealth investment in preschool to \$3.2 billion since 2008."

 *Recommendation 289 is complete as the Commonwealth has implemented several policies and funding strategies which address expanding pre-school education for Aboriginal and Torres Strait Islander children.*

In their 1992 response, the **New South Wales** Government facilitated a consultative process between the Department of School Education, the Department of Community Services, and the Aboriginal Education Consultative Group about the number and location of preschool centres for Aboriginal children. This led to the approval of several centres, and the provision of increased funding for preschool centres. More recent initiatives include the Kids Excel Program, which provided funding for support staff at preschools, and the Building Stronger Connections Project, which promoted increased family and community involvement in pre-schooling.

The NSW Government also has a range of initiatives supporting the involvement of parents and community members of Aboriginal pre-schoolers. These include the Ngroo Walking Together program, the Aboriginal Early Childhood Education Teaching Scholarships, and the Start Strong Community Safety Net. In 2017 and 2018, the Department of Education developed and funded *Tunin' In*, an early years education initiative aimed at helping Aboriginal parents and carers to support their pre-school child's learning. Further, all Connected Communities primary and central schools either have a preschool in operation or an Early Years Transition program to help ready children and their parents for school.

 *New South Wales has implemented Recommendation 289 by supporting a range of early education programs for Aboriginal children and their parents and carers, including the targeted initiative, Tunin' In.*

In **Victoria**, a joint partnership approach in the early 1990s between the Office of Preschool and Childcare with the Victorian Koori Early Childcare Association sought to ensure that all eligible Aboriginal and Torres Strait Islander children had access to one year of preschool education prior to school entry. This encompassed community liaison, and the rollout of additional preschool learning centres and associated funding. The *Koori Early Childhood Education Program* currently seeks to increase Aboriginal and Torres Strait Islander preschool attendance, increase the cultural relevance of preschool, and foster greater community involvement in the education process.

● *Victoria has implemented Recommendation 289 by developing the Koori Early Childhood Education Program.*

In 1992, the **Queensland** Government launched an *Aboriginal and Torres Strait Islander Early Childhood Education Policy* which provided guidelines for teachers in developing culturally appropriate curricula and classroom strategies. The Queensland Government also appointed regional Aboriginal and Torres Strait Islander Counsellors to provide a link between preschools, schools and parents in the education process. More recently, Queensland's *Embedding Aboriginal and Torres Strait Islander Perspectives in Early Childhood Program* supports early childhood education providers in regional and urban areas of Queensland to engage with Aboriginal and Torres Strait Islander families to deliver early childhood education programs.

The Queensland Department of Education has also worked with the Queensland Aboriginal and Torres Strait Islander Education and Training Advisory Council to improve early childhood and education care outcomes, as part of the National Aboriginal and Torres Strait Islander Education Strategy 2015. The Queensland Government has rolled out other initiatives aimed at involving parents and carers, such as the Families as First Teachers and the Elders as Storytellers campaign initiatives involving Elders and families, which upskills and empowers parents, and the expansion of the Deadly Kindies campaign, which promotes the importance of early childhood education in Aboriginal and Torres Strait Islander Community Controlled Health Services. The Queensland Government has also provided funding to early childhood services targeting Aboriginal and Torres Strait Islander children and their families across Queensland.

● *Queensland has implemented Recommendation 289 by implementing early education programs for Aboriginal and Torres Strait Islander children that aim to engage their parents and carers, such as the Embedding Aboriginal and Torres Strait Islander Perspectives in Early Childhood Program.*

The **South Australian** Government noted in their 1994 implementation report that all Aboriginal and Anangu communities have Child Parent Centres with Aboriginal Education Workers and teachers in each centre. Currently, under the Department of Education and Child Development's Preschool Enrolment Policy, Aboriginal and Torres Strait Islander children may start preschool after their third birthday and may have an extended period in preschool up to six years of age.

● *South Australia has implemented Recommendation 289 by encouraging Aboriginal and Torres Strait Islander enrolment in preschool and supporting engagement with parents and carers through the employment of Aboriginal Education Workers and teachers in Child Parent Centres in all Aboriginal and Torres Strait Islander and Anangu communities.*

In **Western Australia**, the Government's response to Recommendation 289 was to launch the *Early Childhood Education: An Intervention Program* which supported 28 Aboriginal Preschool Centres. This supported 600 preschool places for Aboriginal and Torres Strait Islander children.

Currently, the Western Australian Government also funds a parenting service program to provide information, assistance and support to parents and families with children aged 0 to 18. While services are provided on a universal basis, each service is required to meet the diverse needs of parents throughout the state, including Aboriginal parents and carers. In addition, the State has a range of programs to meet the recommendation that include:

- Child and Parent Centres, which are operated in partnership with non-government organisations and other government agencies, providing a suite of early learning, child and maternal health, parenting and playgroup services to families with children from birth to age eight, focusing on the years prior to school entry; and
- KindiLink, a play-and-learn initiative for three-year-old Aboriginal and Torres Strait Islander children who participate with a parent/caregiver.
- Free access to pre-school for all four-year-olds at public schools, fully funding 11 hours per week since 2001 and expanding to 15 hours per week under the National Partnership on Universal Access to Early Childhood Education.



● *Western Australia has implemented Recommendation 289 by encouraging Aboriginal and Torres Strait Islander enrolment in preschool and engaging Aboriginal and Torres Strait Islander children and their parents and carers in early education through a number of policies.*

The **Tasmanian** Government has supported the employment of Aboriginal Early Years Education Workers, which engage families in their child's preschool education. Currently, they are employed across six Child and Family Centres and one Primary School and work to improve educational outcomes for Aboriginal and Torres Strait Islander students, provide outreach to families, and support culturally responsive practice.

● *Tasmania has implemented Recommendation 289 by engaging Aboriginal and Torres Strait Islander children and their parents and carers in early education through the employment of Aboriginal Early Years Education Workers.*

In the **Northern Territory**, the Indigenous Education Council provides in their Strategic Plan that all Aboriginal and Torres Strait Islander four year olds in remote Northern Territory communities have access to early childhood education. The Northern Territory Government has also funded a Preschool Readiness Program which sought to promote Aboriginal and Torres Strait Islander preschool attendance.

● *The Northern Territory has partially completed Recommendation 289 by supporting preschool enrolment and readiness for Aboriginal and Torres Strait Islander children but has not addressed the involvement of parents and carers in its response.*

The **Australian Capital Territory** implemented strategies to address preschool attendance among Aboriginal and Torres Strait Islander children. These included the Aboriginal Preschool Program at the Narrabundah Early Childhood Education Centre, and the development of Holt and Mount Neighbourhood preschools in the early 1990s. The ACT Government has also adopted a strategy of proactive engagement with communities and families as part of childhood education policy reform.

The ACT Government also offers free public preschool, delivered by a qualified early childhood teacher for 600 hours per year for all children prior in the year prior to their first year of school. Aboriginal and Torres Strait Islander children are eligible to commence six months earlier than their same age cohort, providing up to 18 months of early childhood education.

Aboriginal and Torres Strait Islander children can also concurrently attend the Koori Preschool Program, which provides education 3-5 year old children in a culturally safe environment that includes Aboriginal and Torres Strait Islander perspectives embedded in the curriculum.

● *The Australian Capital Territory has implemented Recommendation 289 by implementing strategies to improve Aboriginal and Torres Strait Islander preschool attendance and proactively engaging with parents and carers.*

### **Additional commentary**

The **Commonwealth** DET noted the Education Council's *National Aboriginal and Torres Strait Islander Education Strategy* was endorsed by education ministers on 18 September 2015. One of the Strategy's priority areas includes school and child readiness. This priority area outlines the importance of high quality, culturally inclusive early childhood education services, and schools working with families and communities to set a strong foundation for early learning (including a child's transition to school).

### **Recommendation 290**

*That curricula of schools at all levels should reflect the fact that Australia has an Aboriginal history and Aboriginal viewpoints on social, cultural and historical matters. It is essential that Aboriginal viewpoints, interests, perceptions and expectations are reflected in curricula, teaching and administration of schools.*



## Background information

Culturally-relevant curricula are seen as being directly linked to improved self-esteem, engagement and educational achievement amongst Aboriginal and Torres Strait Islander students.

## Responsibility


The Commonwealth, and all State and Territory governments have responsibility for this recommendation. School curricula are developed, reviewed and implemented jointly by both State and Territory, and Commonwealth governments.

## Key actions taken and status of implementation


The **Commonwealth** Government's DET noted that Aboriginal and Torres Strait Islander history features throughout the Australian Curriculum. The DET provided an example of first year students learning about the Aboriginal and Torres Strait Islander Country/Place on which their school is located and why the Country/Place is important to Aboriginal and Torres Strait Islander people. The DET complemented this with an example from Year 9 History, where students learn about the extension of settlement, including the effects of contact (intended and unintended) between European settlers in Australia and Aboriginal and Torres Strait Islander people.

Goals 20 and 21 of the National Assessment of Educational Progress express a commitment from all governments to develop and implement Aboriginal and Torres Strait Islander studies curricula initiatives. Under this, the Commonwealth developed the National Reconciliation and Schooling Strategy, which includes the development of appropriate and consistent Aboriginal and Torres Strait Islander studies curricula for all schools across Australia. PM&C noted that the Australian Curriculum provides the opportunity for all Australian students to gain a deeper understanding and appreciation of Australia's First Peoples, histories, languages and cultures.


The DET noted that the Foundation to Year 10 Australian Curriculum includes that Aboriginal and Torres Strait Islander students are able to see themselves, their identities and their cultures reflected in the curriculum of each of the learning areas, can fully participate in the curriculum and can build their self-esteem. In addition, the Aboriginal and Torres Strait Islander Histories and Cultures cross-curriculum priority is designed for all students to engage in reconciliation, respect and recognition.

 *Recommendation 290 is complete given the development of an Australian Curriculum which integrates Aboriginal and Torres Strait Islander history and viewpoints on social, cultural and historical matters.*

In **New South Wales**, the Board of Studies reformed curriculums for all schools to include a greater emphasis on Aboriginal perspectives, such as in History, Geography, Legal Studies, General Studies, Studies of Religion, English, Science and Technology, Applied Sciences, and Visual and Performing Arts. The Department of Education and Training's *Aboriginal Education and Training Policy* also includes a commitment to develop further knowledge and understanding of the histories, cultures and experiences of Aboriginal people. Since 2016, the NSW Education Standards Authority has made improvements in the representation of Aboriginal histories and cultures in new K-12 syllabuses, building substantially on Australian Curriculum content.


 *New South Wales has addressed Recommendation 290 by incorporating Aboriginal history and viewpoints into its curriculum and programs in line with the NSW Department of Education and Training's Aboriginal Education and Training Policy.*

The **Victorian** Government, as part of its initial response to Recommendation 290, developed the Koori Educator Program, the Cross-sectoral Coordinator Program, the Language and Literacy Program, and the School Speakers Program for students to broaden their perspectives in relation to Aboriginal and Torres Strait Islander matters.


 *Victoria has addressed Recommendation 290 by incorporating Aboriginal and Torres Strait Islander history and viewpoints into its curriculum and programs.*

Following the RCIADIC, the **Queensland** Government implemented an approved and accredited Year 11 and 12 Aboriginal and Torres Strait Islander studies subject. Queensland state schools have been progressively delivering the Australian Curriculum since 2012, which embeds Aboriginal and Torres

Strait Islander Histories and Cultures across curriculum priority areas. The Department of Education chairs the Australian Curriculum and Reporting Authority Aboriginal and Torres Strait Islander Education Taskforce, which aims to embed these subjects across all learning areas. Currently, over 10 schools are engaging with their communities to develop Aboriginal and Torres Strait Islander language programs. The Indigenous Perspectives Curriculum and Pedagogy is also a statewide initiative implemented through workshops and coaching to increase teacher confidence in teaching cross-curriculum content.


 *Queensland has addressed Recommendation 290 by incorporating Aboriginal and Torres Strait Islander history and viewpoints into its curriculum and programs through the statewide Indigenous Perspectives Curriculum and Pedagogy initiative.*

The **South Australian** Government participated in an Australian Education Council working party to develop nationally agreed guidelines, curriculum statements, and best practices for Aboriginal and Torres Strait Islander studies. Currently, under the Department of Education and Child Development's 'Curriculum, pedagogy, assessment and reporting policy for reception to year 10', the use of the Australian Curriculum is mandated in all schools and prioritises Australian histories and cultures across curriculums. Schools are expected to maximise the learning of this priority as appropriate throughout the curriculum to achieve South Australia's Strategic Plan target 27.


 *South Australia has addressed Recommendation 290 by incorporating Aboriginal and Torres Strait Islander history and viewpoints into its curriculum and programs as per the Department of Education and Child Development's 'Curriculum, pedagogy, assessment and reporting policy for reception to year 10'.*

The **Western Australia** Government introduced an *Aboriginal Perspectives Across the Curriculum* program which has sought to broaden students' and teachers' understanding of Aboriginal and Torres Strait Islander cultures and perspectives.


All Western Australian schools plan curriculum in accordance with the Western Australian Curriculum and Assessment Outline, with a strong focus on the history, traditions, languages and cultures of Aboriginal and Torres Strait Islander people within the English, Humanities and Social Sciences, and Languages syllabuses. In addition, Aboriginal and Torres Strait Islander histories and cultures forms one of three cross-curriculum priorities.

 *Western Australia has addressed Recommendation 290 by incorporating Aboriginal and Torres Strait Islander history and viewpoints into its curriculum*

In **Tasmania**, a comprehensive suite of education resources is currently in development, which has been driven by the government's Reset Agenda. These resources will be supported by professional learning programs and learning tasks available across the Tasmanian system. The cross curriculum priority of Aboriginal and Torres Strait Islander Histories and Cultures is being incorporated into general learning materials, as appropriate, and in consultation with Aboriginal Education Services.

 *Tasmania has partially completed Recommendation 290 as it is currently developing, but has not yet implemented, a suite of resources that embed Aboriginal and Torres Strait Islander histories and cultures into curricula.*


The **Northern Territory** Government encourages the inclusion of Aboriginal and Torres Strait Islander perspectives in the curriculum through the *Indigenous Education Council Strategic Plan*. Further, the Northern Territory's policies include a mandatory requirement that schools embed Aboriginal and Torres Strait Islander perspectives and partnerships in their curricula.

 *The Northern Territory has addressed Recommendation 290 by making it mandatory to implement Aboriginal and Torres Strait Islander history and viewpoints into its curriculum and programs.*

The **Australian Capital Territory** Government has introduced a range of measures focused on incorporating Aboriginal and Torres Strait Islander perspectives and cultures into the curriculum. This

has included the provision of Aboriginal Education Workers, and consultation with Aboriginal and Torres Strait Islander organisations and community members.

The Australian Capital Territory Government noted that Aboriginal and Torres Strait Islander history and viewpoints are embedded into the Australian Curriculum and are embedded into all learning areas and year levels across all ACT public schools. It was noted that the ACT Education Directorate also provides a range of professional learning opportunities in this area, including cultural competence training and curriculum workshops.

 *The Australian Capital Territory has addressed Recommendation 290 as it has implemented measures to incorporate Aboriginal and Torres Strait Islander views and perspectives into its curriculum and regularly consults with Aboriginal and Torres Strait Islander communities.*

### Additional commentary

The **Commonwealth's** PM&C noted that the implementation of the Aboriginal and Torres Strait Islander Histories and Cultures cross-curriculum priority is mandatory, however jurisdictions have the discretion to have their own syllabus under the curriculum. A review of the curriculum found that the cross-curriculum priorities should be implemented where appropriate and that this is the responsibility of individual schools.

## Recommendation 291

*That:*

- a. *In designing and implementing programs at a local level which incorporate Aboriginal viewpoints on social, cultural and historical matters local schools should, wherever possible, seek the support and participation of the local Aboriginal community in addition to any other appropriate Aboriginal organisations or groups; and*
- b. *In engaging local Aboriginal people to assist in the preparation and delivery of such courses at a local level, school principals and the relevant education departments accept that in recognition of the expertise which local Aboriginal people would bring to such a program, payment for the services of such Aboriginal people would be appropriate.*

### Background information


Educational programs at the local level should appropriately incorporate the views and perspective of Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people should also be remunerated for their specialised knowledge and skills that they can bring into schools.

### Responsibility

The recommendation is the responsibility of the State and Territory Governments. Recommendation 291 is under the jurisdiction of the States and Territories as it involves the design and implementation of programs at a local level.


### Key actions taken and status of implementation

In 1993, the **New South Wales** Board of Studies provided for the involvement of Aboriginal people in the development of schooling curricula, and the inclusion of Aboriginal people on syllabus committees. All new syllabuses developed since 2016 include recommendations to teachers to involve local Aboriginal communities and/or appropriate knowledge holders in the planning and programming of content relevant to Aboriginal histories and cultures. The NSW Aboriginal Education Consultative Group offers programs such as "Connecting to Country" and "Healthy Culture, Healthy Country" to assist schools with the process of localising related curriculum content. The Department of Education funds Aboriginal Education Consultative Groups to deliver local culturally responsive training to school staff.


 *New South Wales has completed Recommendation 291 by engaging and funding Aboriginal Education Consultative groups to design programs.*

The **Victorian** Government supported the establishment of Local Aboriginal Consultative Groups which provided input into the preparation and delivery of schooling programs to support Koori


students. The Koori Educator Program (1993) promoted a link between the school and Koori community through the allocation of 56 Koori Educators. The Department of Education has noted that it is common practice for schools to pay Aboriginal and Torres Strait Islander community members in return for their expertise.

 *Victoria has completed Recommendation 291 through involving Aboriginal and Torres Strait Islander people via the Koori Educator Program.*

In 1993, the **Queensland** Government restructured the Queensland Aboriginal and Torres Strait Islander Education Consultative Committee to enhance its capacity to provide independent advice to the Minister for Education on Aboriginal and Torres Strait Islander education. Additionally, the Queensland Government allocated funding to regional offices of the Department of Education to enable payment for Aboriginal and Torres Strait Islander community involvement in schooling, including initiatives such as developing community report cards on school performance and facilitating local school-community forums. The Queensland Government's *Embedding Aboriginal and Torres Strait Islander Perspectives* program requires that schools develop appropriate methods for engaging and paying Aboriginal and Torres Strait Islander people for Welcome to Country, guest speaker programs, artist in residence and general curriculum engagement.


 *Queensland has completed Recommendation 291 by engaging the Queensland Aboriginal and Torres Strait Islander Education Consultative Committee to provide advice regarding Aboriginal and Torres Strait Islander education and by allocating funding to pay for Aboriginal and Torres Strait Islander community involvement in schooling.*

In 1993, the **South Australian** Government increased the number of Aboriginal Education Workers by 20% and increased the level of funding to employ Aboriginal and Torres Strait Islander people as paid instructors by 25%. Currently, Aboriginal Community Engagement Officers and Aboriginal Secondary Education Transition Officers, both formerly known as Aboriginal Education Workers, are employed within schools to support community engagement and participation of the local Aboriginal and Torres Strait Islander community on language and cultural studies. When engaged by schools, members of the Aboriginal and Torres Strait Islander community receive hourly paid instructor fees. Representatives of the Pitjantjatjara Yankunytjatjara Education Committee and its Director respectively receive payment and a salary for their responsibilities.

 *South Australia has completed Recommendation 291 by engaging Aboriginal Community Engagement Officers and Aboriginal Secondary Education Transition Officers in local programs and compensating members of the Aboriginal and Torres Strait Islander community, including representatives of the Pitjantjatjara Yankunytjatjara Education Committee, for their contributions.*


As part of the **Western Australia** Government's initial response to Recommendation 291, 299 Aboriginal Student Support and Parent Awareness Committees were established, 65 Government and 5 non-Government schools implemented the Education Department's *Aboriginal Studies Program*, 22 primary schools and 2 preschools implemented the Aboriginal Language program, and 144 Government schools and 40 Catholic schools had accessed the *Aboriginal Speakers* program.

Currently, public schools in Western Australia have the flexibility to determine how to best meet the needs of their students, the expectations of their community and the requirements of the Curriculum. The Department of Education provides targeted funding allocations for schools to meet the specific learning needs of Aboriginal and Torres Strait Islander students. Schools may choose to implement local-level strategies, programs and approaches to address the outcomes of Aboriginal and Torres Strait Islander students.


 *Western Australia has partially completed Recommendation 291 by designing curriculum with Aboriginal and Torres Strait Islander perspective but have not addressed Aboriginal and Torres Strait Islander involvement in program delivery and development in their response.*

Following the RCIADIC, the **Tasmanian** Government developed a curriculum framework and guidelines, and facilitated consultation with community members through school-based Aboriginal Student Support and Parent Awareness Program Committees. Currently, Tasmania's Aboriginal

Education Framework is updated biennially and Tasmanian government schools are supported by Aboriginal Education Workers and Education Officers. People in these identified positions work with teachers and school leaders in developing culturally responsive curriculum and pedagogy and inclusive learning environments. The Aboriginal Sharers of Knowledge Program provides Tasmanian Government schools with opportunities to involve Aboriginal Cultural Educators to work with teachers to deliver learning programs that drew on the rich knowledge and experiences of the Aboriginal community. Presenters are contracted and paid at an appropriate rate.


 *Tasmania has fully addressed Recommendation 291 by engaging Aboriginal Education Workers, Education Officers and Cultural Educators to assist with the development of culturally responsive curriculum and learning programs, and compensating them accordingly.*

In their 1993-94 implementation report, the **Northern Territory** Government noted that Aboriginal Assistant Teachers had been employed in all non-urban schools and that an additional \$1 million in funding was provided through the *Aboriginal Education Programs Initiative #5* for the employment of Aboriginal Education Resource Officers across schools.

 *The Northern Territory has completed Recommendation 291 by implementing the Aboriginal Education Programs Initiative #5.*

The **Australian Capital Territory** schooling curriculum is developed through a consultative process including Aboriginal and Torres Strait Islander communities, the Aboriginal Education Consultative Groups, and individual Aboriginal Student Support and Parent Awareness committees.

The ACT Education Directorate indicated that they engage with Aboriginal and Torres Strait Islander people, businesses and organisations wherever possible. Examples of this engagement included collaboration in curriculum development and collaboration in the development of reconciliation action plans. The ACT Education Directorate also indicated that any Aboriginal and Torres Strait Islander organisation that is engaged is appropriately paid for the services provided.

 *The Australian Capital Territory has mostly completed Recommendation 291 by engaging Aboriginal and Torres Strait Islander individuals in the curriculum development process but have not addressed Aboriginal and Torres Strait Islander involvement in program delivery in their response.*

## Recommendation 292

*That the AECGs in each State and Territory take into account in discussing with governments the needs of the Aboriginal communities in their area, and that local Aboriginal Education Consultative Groups take into account when consulting with school principals and providers at the local level, the fact that many Aboriginal communities and organisations have identified the need for the education curriculum to include a course of study to inform students on social issues such as the legal system – including police and Courts – civil liberties, drug and alcohol use and sex education.*

### Background information

The RCIADIC Report advocates that teaching on drugs, alcohol, health, employment, welfare and the legal system should be part of the education system to assist Aboriginal and Torres Strait Islander children to counteract low self-esteem, loss of identity and loss of land.

### Responsibility

The recommendation is the responsibility of the State and Territory Governments. Recommendation 292 is under the jurisdiction of the State and Territories as it relates primarily to AECGs and their consultation practices.

### Key actions taken and status of implementation

In **New South Wales**, the role of Aboriginal Education Consultative Groups in consulting with communities is analysed in the NSW Government's response to Recommendations 295, 296, and 297. The NSW Government supports the delivery of Aboriginal drug and sex education through the provision of teaching resources.




Currently, the Department of Education partners with the NSW AECG through the "Together we are, Together we can, Together we will" 2010-2020 Partnership Agreement. An agreed priority under the Agreement is "ensuring that Aboriginal students have access to quality learning and training environments that enhance their capacity to live fulfilling and productive lives that contribute to the economic and social wellbeing of their communities".

As part of the Aboriginal Studies Years 7-10 syllabus, an option is to study Aboriginal interaction with the legal and political system. Students learn about the relationship between, and interactions with, Aboriginal Peoples and Australian political and legal systems, and explore Aboriginal initiatives and advocacy to access their rights to overcome disadvantage in political and legal systems. As part of the core Aboriginal Autonomy unit, students explore issues around human rights, autonomy, and social justice.


 *New South Wales has implemented Recommendation 292 by incorporating these focus areas into its curriculum and partnering with Aboriginal Education Consultative Groups.*

The **Victorian** curriculum in 1993 included information on the legal system, including police and courts, civil liberties, drug and alcohol use and sex education, as part of the Aboriginal and Torres Strait Islander studies component of *Studies of Society and the Environment*.


 *Victoria has addressed Recommendation 292 by incorporating these focus areas into its curriculum.*

The **Queensland** Government noted in their 1993 implementation report that many schools offer curricula which include social issues, such as legal studies and citizenship education, health and person development, and human relationships. A number of initiatives were utilised to promote community engagement, including the *Aboriginal Student Support and Parent Awareness Program*.

Currently, the Queensland Aboriginal and Torres Strait Islander Education and Training Committee provides advice to education and training ministers regarding educational content. At the regional and local levels, schools and Department of Education regional offices have also established a range of informal and formal mechanisms for local engagement with Aboriginal and Torres Strait Islander people. In addition, the DET has developed the Alcohol and Other Drugs education program and the Respectful Relationships education program for delivery in schools.

 *Queensland has addressed Recommendation 292 by consulting with the Queensland Aboriginal and Torres Strait Islander Education and Training Committee and by incorporating these focus areas into its curriculum and delivering associated education programs.*

The **South Australian** Government noted in 1993 that social issues would continue to be incorporated into schooling curricula, aided by the work of School Counsellors, Aboriginal Education Workers, and Aboriginal Education Resource Teachers. Currently, the SA Aboriginal Education and Training Consultative Council is funded to provide advice and community voice to the Department on education matters from an Aboriginal and Torres Strait Islander community perspective. The Department for Education has engaged with the Aboriginal Health Council of South Australia to deliver the health promotion curriculum across Aboriginal and Torres Strait Islander schools in South Australia. South Australian Government schools implement the Australian Curriculum which incorporates social issues.

 *South Australia has partially completed Recommendation 292 by funding and consulting with the SA Aboriginal Education and Training Consultative Council but has not expressly addressed incorporating these focus areas into its curriculum.*

In **Western Australia**, the *Aboriginal Health Program* (1994) produced a health curriculum for schools which addressed the intent of Recommendation 292. This was developed in collaboration with Aboriginal Liaison Officers, Aboriginal Education Workers, and community members in remote communities to ensure appropriateness. It was first trialled in Kalgoorlie and Hedland Education districts. It encompassed issues related to drug and alcohol use, sex education, and civil liberties.



Currently, the Western Australian Humanities and Social Sciences curriculum and the Health and Physical Education curriculum provide students with opportunities to develop skills, knowledge and understanding related to justice, rights and responsibilities, as well as safe choices relating to sexuality, alcohol and other drug use

● *Western Australia has implemented Recommendation 292 by developing a health curriculum for schools which was developed in collaboration with Aboriginal Liaison Officers, Aboriginal Education Workers, and community members in remote communities to ensure appropriateness*

The **Tasmanian** Government provided formal mechanisms for consultation between the Tasmanian Aboriginal Education Council and Government, and the views of local Aboriginal and Torres Strait Islander communities. The health curriculum which was compulsory in all schools, noted in the 1993 Tasmanian implementation report, also addressed issues of drug and alcohol abuse, personal relationships, self-esteem and sex education.

Currently, the Aboriginal Education Reference Group provides strategic advice to Aboriginal Education Services. In Tasmania, the Respectful Relationships initiative, together with the Personal, Social and Community Health Strand of the curriculum allows schools plenty of scope to inform students about sexual health, family violence, the effects of drugs and alcohol, help-seeking and protective strategies. Students also receive education about legal and political systems under the Civics and Citizenship strand of the curriculum.

● *Tasmania has addressed Recommendation 292 by consulting with the Aboriginal Education Reference Group and incorporating these focus areas into its curriculum via existing educational initiatives.*

No information could be found on the **Northern Territory's** implementation of Recommendation 292.

○ *The Northern Territory has not implemented Recommendation 292.*

The **Australian Capital Territory** Government provided in their 1993-94 implementation report that Recommendation 292 was being addressed by the Aboriginal Education Consultative Groups. Consultation was utilised in developing curricula and planning culturally-appropriate units on social issues.

The ACT Government noted that as part of the Australian Curriculum, Humanities and Social Sciences includes topics such as democracy, civics and citizenship, justice, ethics and the legal system. In addition, within Health and Physical Education there is a focus on teaching about drugs, alcohol and sex education, and ensuring safety and wellbeing. Aboriginal and Torres Strait Islander perspectives are also embedded in these learning areas as part of the cross curriculum priority. The ACT Aboriginal and Torres Strait Islander Advisory Group meets quarterly to provide input into Education policy in the ACT.

● *The Australian Capital Territory has completed Recommendation 292 by consulting with Aboriginal Education Consultative Groups to develop curricula that incorporate these focus areas and has addressed their incorporation into the curriculum.*

## Recommendation 293

*That the introduction of the Aboriginal Student Support and Parent Awareness (ASSPA) Program be commended as being an appropriate recognition of the need for the participation of Aboriginal people at a local level in the delivery of school programs. The Commission notes, however, that the success of the program will be dependent on the extent to which the Aboriginal community is guaranteed adequate consultation, negotiation and support in devising and implementing this program.*

### Background information

Improved support for Aboriginal and Torres Strait Islander students, particularly via the involvement of their parents, has been perceived as conducive to increased engagement and educational outcomes.


### Responsibility

The recommendation is solely the responsibility of the Commonwealth Government. The ASSPA Program was a Commonwealth Government initiative.

### Key actions taken and status of implementation

The **Commonwealth's** ASSPA Program was replaced by the Parent School Partnership Initiative (PSPi) in 2005, which provides funding to applicants to improve educational outcomes of Indigenous students and the participation of Indigenous people in that process. The PSPi concluded in 2009 (Commonwealth of Australia, 2013).

PM&C noted that the Children and Schooling Programme under the IAS funds a number of activities aimed at supporting Aboriginal and Torres Strait Islander families and communities to become more involved in their children's education. These activities focus on supporting parental and community engagement in helping children and young people learn at home and helping parents connect with schools, build relationships with school principals and teachers and overcome the barriers to sending children to school.

 *Recommendation 293 has been implemented through the ASSPA Program, which was completed in 2005 and has since been superseded by new initiatives focusing on expansion of parental involvement in Aboriginal and Torres Strait Islander education.*

## Recommendation 294

*That governments and Aboriginal Education Consultative Groups take note of the methodology employed in such programs as that at Batchelor College, Northern Territory in the training of Aboriginal, teachers and others for work in remote communities.*

### Background information


The Batchelor Institute of Indigenous Tertiary Education (Batchelor College) in the Northern Territory was commended in the RCIADIC Report for innovations in the training of Aboriginal and Torres Strait Islander teachers, including training in community based settings and differing levels of qualification. The continued development of such programs was suggested to increase the number of Aboriginal and Torres Strait Islander teaching graduates.

### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. Education and training programs are overseen by the State and Territories. Policies relating to rural and remote communities more generally fall under the Commonwealth's jurisdiction.

### Key actions taken and status of implementation

The *1993-94 Annual Report* noted that the **Commonwealth** Government's Ministerial Council on Education, Employment and Training and Youth Affairs appointed a taskforce to examine the best way of preparing teachers for work in remote community schools with Aboriginal and Torres Strait Islander students.


 *While the taskforce has demonstrated a commitment to study examples of successful programs, no evidence was observed to show that the methodology used in the Batchelor College program had been noted. As such, Recommendation 294 is mostly complete.*

In 1993, the **New South Wales** Government adapted the Batchelor College courses to NSW conditions in teacher education courses conducted by the University of Western Sydney and by the Australian Catholic University. In 2016, the NSW Education Standards Authority commenced an Initial Teacher Education Review in the priority area of Aboriginal Education, which is due for completion in 2018. As part of the Review, it engaged primarily Aboriginal experts in Aboriginal Education as expert panel members to make recommendations for improvement in Initial Teacher Education.


 *New South Wales has addressed Recommendation 294 by conducting the Initial Teacher Education Review.*

In their 1993 implementation report, the **Victorian** Government considered that Recommendation 294 was not applicable to Victoria, as no areas of Victoria are remote. Since then, the Victorian Department of Education has developed regional training courses for Aboriginal and Torres Strait Islander teachers and extended initiatives to promote the training of Aboriginal and Torres Strait Islander teachers.


The Victorian Government has noted that it encourages and supports teachers to work in rural and disadvantaged communities, including through a number of policies and programs. Policies and programs include; the Student Teacher Rural Practicum Placement Program, financial incentives to attract graduate teachers to work in rural areas, Teach for Australia and excellence in teaching Reforms.

 *Victoria has partially implemented Recommendation 294 by developing regional training courses for Aboriginal and Torres Strait Islander teachers and extended initiatives to promote the training of Aboriginal and Torres Strait Islander teachers. However, no evidence was observed to show that the methodology used in the Batchelor College program had been noted.*

In 1992, **Queensland** TAFE conducted the *Remote Area Teacher Education Program* (RATEP), which provided qualified Aboriginal and Torres Strait Islander teachers the opportunity to teach in their local areas, and enabled people to undertake teacher training without having to venture far from home. This was extended to encompass a number of award courses, including the Health Worker course, which had an intake of 59 students in 1993. RATEP now operates in 15 school communities where teacher coordinators support Aboriginal and Torres Strait Islander student teachers to become autonomous learners as they complete their teaching education.


 *Queensland has partially completed Recommendation 294 by conducting the RATEP but has not mentioned adopting the Batchelor College model in their response.*

The **South Australian** Government contributed funding to the *Anangu Teacher Education Program* in 1993 to support a mixed delivery program including distance education and on-site training. Currently, the Australian Professional Standards for Teachers are the public statement of what constitutes teacher quality, which have been endorsed for implementation by all Australian jurisdictions through the COAG Education Council. All universities with initial teacher education training programs are required to embed these standards into their training programs. Two of the standards specifically include a focus on Aboriginal and Torres Strait Islander learners and on understanding Aboriginal and Torres Strait Islander histories, culture and languages.


 *South Australia has partially implemented Recommendation 294 by supporting the Anangu Teacher Education Program and addressing Aboriginal and Torres Strait Islander education through the Australian Professional Standards for Teachers but has not addressed adopting the Batchelor College model in their response.*

In **Western Australia** in 1994, Edith Cowan University offered an external teacher training course which enabled Aboriginal Education Workers to participate without leaving their communities for extended periods of time. This was funded by the Western Australia Government. The Western Australia Government also supported Pundulmurra College to develop the *Certificate of Education Practice Course* for Aboriginal and Torres Strait Islander people working in schools.


Through the Department of Education, the Western Australian Government continues to provide professional learning that builds the capacity of teachers to effectively teach Aboriginal and Torres Strait Islander students, and to ensure that all staff and students develop a broader understanding of Aboriginal and Torres Strait Islander histories, cultures and languages. The Department facilitates professional learning sessions for both experienced and graduate teachers, including those working in regional and remote locations.

 *Western Australia has partially implemented Recommendation 294 by addressing Aboriginal and Torres Strait Islander education through teacher training. However WA has not addressed adopting the Batchelor College model in their response.*


The **Tasmanian** Government provided in their 1993 implementation report that Recommendation 294 was not directly applicable to Tasmania.

 *Recommendation 294 does not apply to Tasmania as there are no remote communities in Tasmania.*

In 1993-94, the **Northern Territory** Government provided ongoing financial support to Batchelor College.

 *Recommendation 294 does not apply to the Northern Territory.*

No information could be found on the **Australian Capital Territory's** implementation of Recommendation 294.

 *Recommendation 294 does not apply to the Australian Capital Territory as there are no remote communities in the Australian Capital Territory.*

### Additional commentary

The **Commonwealth** DET advised that, in recognition of the status of the Batchelor Institute of Indigenous Higher Education as the only Aboriginal and Torres Strait Islander-run dual sector tertiary provider in Australia, the Commonwealth Government provides annual funding under the National Institutes program to support its operations. In 2017, Batchelor will receive \$7.3 million under this program.

PM&C noted that under the IAS's Children and Schooling Programme, the Commonwealth Government is supporting the Remote Principals Project with total funding of \$1.55 million. The project aims to build the quality of leadership in remote schools with high proportions of Aboriginal and Torres Strait Islander enrolments.

## Recommendation 295

*That:*

- a. All teacher training courses include courses which will enable student teachers to understand that Australia has an Aboriginal history and Aboriginal viewpoints on social, cultural and historical matters, and to teach the curriculum which reflects those matters;*
- b. In-service training courses for teachers be provided so that teachers may improve their skill, knowledge and understanding to teach curricula which incorporate Aboriginal viewpoints on social, cultural and historical matters; and*
- c. Aboriginal people should be involved in the training courses both at student teacher and in-service level.*

### Background information

The RCIADIC Report highlighted the concern that some teachers sent to regional communities lacked knowledge of local Aboriginal and Torres Strait Islander culture and aspirations. This put them in suboptimal conditions to successfully communicate the importance of Aboriginal and Torres Strait Islander history and viewpoints.


### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. The Commonwealth oversees the curriculum which guides teacher training courses. States and Territories are responsible for the implementation of the associated strategies.

### Key actions taken and status of implementation

The **Commonwealth** DET noted that the Education Council's 2015 National Aboriginal and Torres Strait Islander Education Strategy identifies specific actions for the Australian Institute for Teaching and School Leadership. This includes the development of assessment criteria for Graduate Teacher Standards 1.4 (strategies for teaching Aboriginal and Torres Strait Islander students) and 2.4 (understand and respect Aboriginal and Torres Strait Islander people). Additionally, the provision of


advice to Initial Teacher Education assessment panels assists on how to assess competence against Graduate Teacher Standards 1.4 and 2.4.

 *Recommendation 295 is complete as progress has been made by the Commonwealth in integrating Aboriginal and Torres Strait Islander history and viewpoints into teaching through the National Aboriginal and Torres Strait Islander Education Strategy.*

The **New South Wales** Government provided in their 1992-93 implementation report that consultation would occur between Special Education and Curriculum Directorates, Human Resource Development Directorate personnel, and universities to ensure that courses incorporated Aboriginal viewpoints and experiences. Currently, the *NSW Professional Teacher Standards* require teachers to be able to apply effective methods for teaching Aboriginal students.

In addition, the Department of Education's Aboriginal Education Policy commits to mandatory Aboriginal cultural education for all staff. This is achieved through a number of ways. The Department of Education partners with the NSW AECG to deliver "Healthy Culture: Healthy Country" and "Engaging with Aboriginal Communities" professional development training for principals, school leaders, and Aboriginal staff, as well as corporate staff. This training is delivered by Aboriginal people.


Recently, the NSW Education Standards Authority commenced an Initial Teacher Education Review in the priority area of Aboriginal Education. As part of the Review, it engaged primarily Aboriginal experts in Aboriginal education as panel members to make recommendations for improvement in Initial Teacher Education.

 *New South Wales has fully addressed Recommendation 295 through the Department of Education's Aboriginal Education Policy.*

The **Victorian** Government introduced Cultural Awareness Programs to aid the development of administrators and teachers as the basis of Aboriginal Studies in schools. The Victorian Government also ensured that Teacher Training Courses sensitised prospective teachers to Koori culture.

Formal partnerships have also been established between Victorian universities and the Victorian Aboriginal Education Association to develop ways in which universities can cooperate and enhance their engagement with the Victorian Aboriginal and Torres Strait Islander community. In addition to this, the Marrung: Aboriginal Education Plan 2016-2026 has also been developed, with the key action to work with the Victorian Institute of Teaching and providers of initial teacher education programs to strengthen the integration of Koori culture.


The Victorian Government has also funded cultural Understanding and Safety Training for Schools in an ongoing capacity. This training program aims to build the capacity of all government school staff to better support Koori students and build more culturally inclusive practices. In addition to this, the Victorian Department of Education's Koori Education Workforce group has developed training materials for teachers.

 *Victoria has addressed Recommendation 295 through developing training programs for teachers both before and after entering service.*

In **Queensland**, the Board of Teacher Registration convened a conference in 1993 which emphasised the inclusion of studies relating to Aboriginal and Torres Strait Islander people in pre-teacher education programs. Recommendations from the conference were incorporated into course standards of teacher education.

Currently, the DET supports building the cultural capability of educators, school leaders and the education system through a variety of initiatives. These include delivering cultural capability training through the Centres for Learning and Wellbeing and Rural and Remote Teacher Education Centres of Excellence, as well as delivering the Hidden Histories – Crossing Cultures program, an interactive workshop which ensures that teachers and staff can gain an understanding of the history of Queensland from the perspective of Aboriginal and Torres Strait Islander people.


The Remote Indigenous Professional Development (RIPD) project promotes understanding and use of the early years learning framework for Aboriginal and Torres Strait Islander early childhood educators in regional, remote and very remote areas of Queensland, the Northern Territory and South Australia. Professional development workshops are facilitated by Aboriginal and Torres Strait Islander early childhood teaching experts (known as pedagogical leaders) with extensive cultural and early childhood education knowledge, and include site visits, connection with land and country, and practical learning experiences. In addition, Aboriginal and Torres Strait Islander pedagogical leaders facilitate a six-month Indigenous Mentoring Program, which builds on the RIPD project.

 *Queensland has fully addressed Recommendation 295 through a range of different initiatives, including the Remote Indigenous Professional Development program.*

The **South Australian** Government responded to Recommendation 295 through a range of initiatives.

- An Aboriginal Education Reference Library was established to provide information on best practices for teaching Aboriginal and Torres Strait Islander students. In-service training was facilitated through the provision of 120 Aboriginal Education Workers and 42 Aboriginal Education Resource Teachers.
- The introduction of a 'train the trainer course' in 1992 addressed the need to build teacher competence in Aboriginal and Torres Strait Islander viewpoints. Associated training initiatives were also introduced.

The Department for Education provided that Aboriginal and Torres Strait Islander people must lead or co-present cultural competence training for teachers and leaders. Conferences are held by the Department's Learning Improvement Division for Aboriginal and Torres Strait Islander Education Teachers.

 *South Australia has fully addressed Recommendation 295 through the introduction of relevant programs, including a "Train the Trainer" course and related conferences.*

Under **Western Australia's** *Teacher Registration Act 2012* (WA), teachers seeking registration in Western Australia must have completed an initial teacher education program which includes methods for teaching Aboriginal and Torres Strait Islander children and a broad understanding of Aboriginal and Torres Strait Islander history, culture, and language. The *Western Australian Strategic Plan for Aboriginal Education and Training* (2011-15) provided that all universities in Western Australia incorporate Aboriginal and Torres Strait Islander studies and education units in teacher education courses.

In Western Australian, every five years each initial teacher education programs undergo a process of accreditation against the Western Australian Standards for the Accreditation of Initial Teacher Education Programs. Under this process, providers must demonstrate how pre-service teachers are appropriately and adequately taught and assessed against the Australian Professional Standards for Teachers' graduate teacher standards, including:

- demonstrating broad knowledge and understanding of the impact of culture, cultural identity and linguistic background on the education of students from Aboriginal and Torres Strait Islander backgrounds; and
- demonstrating broad knowledge of, understanding of, and respect for Aboriginal and Torres Strait Islander histories, cultures and languages.

In addition to this, the Department of Education provides an online Aboriginal Cultural Appreciation Course to provide staff with an overview of Aboriginal and Torres Strait Islander history and cultures

 *Western Australia has mostly implemented Recommendation 295, however has not provided evidence that Aboriginal and Torres Strait Islander people are involved in the training courses both at student teacher and in-service level.*


**Tasmania's** *Aboriginal Education Framework* (2012-15) sought to increase training and staff qualifications in Aboriginal and Torres Strait Islander education leadership and cultural understanding. This measure also promoted teacher collaboration with local communities.



Currently, the University of Tasmania has a compulsory teacher training unit titled “Cultural Awareness: The Non-Indigenous and Aboriginal and Torres Strait Islander Interface”. The unit has four integrated foci: identity/nationalism, history, ethics and pedagogy. In-service professional learning is provided to support Tasmanian teachers in satisfying the requirements. In addition, the “From Gumnuts to Buttons” professional learning workshops provide teachers with a culturally appropriate classroom resources that raises student awareness of Tasmanian Aboriginal Histories and Cultures.


 *Tasmania has mostly addressed Recommendation 295 by implementing mandatory cultural awareness teacher training and introducing professional learning workshops, but has not mentioned the involvement of Aboriginal and Torres Strait Islander people expressly in receiving training.*

In the **Northern Territory**, teacher education at Batchelor College incorporates Aboriginal and Torres Strait Islander perspectives. The Northern Territory Government has incorporated Recommendation 295 into the design of training programs, and has extended additional training to teaching staff assigned to Aboriginal and Torres Strait Islander schools. The *Teacher Registration (Northern Territory) Act (NT)* includes Aboriginal and Torres Strait Islander people as prospective members of the Northern Territory Teacher Registration Board.

 *The Northern Territory has mostly addressed Recommendation 295 by offering relevant training at the Batchelor College and revising the design of training programs but has not specifically addressed the involvement of Aboriginal and Torres Strait Islander people in receiving training.*

In 1993, the **Australian Capital Territory** provided a compulsory unit on Aboriginal and Torres Strait Islander education as part of pre-service and in-service teacher training. Aboriginal and Torres Strait Islander parents, caregivers and community members have been actively included in the design and delivery of in-service programs.

The ACT Education Directorate also provides a range of professional learning activities that focus on integrating Aboriginal and Torres Strait Islander perspectives across all year levels and subject areas. In 2017 the ACT education directorate provided training for school leaders on Cultural Integrity in an effort to create a new organisational culture within the Education Directorate. Cultural Integrity training also currently provided to teachers, business managers and education support staff to encourage a whole system approach to Cultural Integrity. In addition to this, to the maximum extent possible, Aboriginal and Torres Strait Islander teachers, academics and other experts are involved in the design and delivery of professional learning.

 *The Australian Capital Territory has fully addressed Recommendation 295 by providing compulsory teacher training on Aboriginal and Torres Strait Islander education and involving the community in the design of these programs.*

### **Additional commentary**

The **Commonwealth** PM&C noted that the Australian Curriculum is closely related to the Australian Professional Standards for Teachers, meaning that any teacher that has graduated after 2004 is required to meet these standards and is assessed annually on how well they are performing against them.

## **Recommendation 296**

*That:*

- a. *AECGs consider such processes which might allow communities and teachers to negotiate and agree upon the role of teachers at local community level; and*
- b. *Governments, AECGs and, where appropriate, unions explore processes which will enable teachers, pupils and parents to negotiate guidelines for the teaching of Aboriginal students and the employment and conditions of teachers on local communities.*

### Background information


There is an important need for implementing established processes to guide the negotiation and agreement of the role, employment and condition of teachers between relevant stakeholders in local communities.

### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. The States and Territories have prime responsibility for the roles of teachers and their conditions of employment. However, the Commonwealth Government has contributed to addressing this recommendation.

### Key actions taken and status of implementation

According to the *1991-92 Annual Report*, the **Commonwealth** Government arranged a meeting with AECGs to discuss the implementation of this recommendation.


 *The Commonwealth has mostly implemented Recommendation 296 through a meeting with AECGs. However, it is not clear to whether guidelines were negotiated for the teaching of Aboriginal and Torres Strait Islander people.*

The **New South Wales** Government's 1992-93 implementation report provided that the process of allowing communities and teachers to negotiate the local role of the teacher was facilitated by Regional Aboriginal Education Advisory Committees. The Aboriginal Education Consultative Group experienced strong representation on these committees.


Currently, the Department of Education's Local Schools, Local Decisions reform gives principals increased ability to make decisions in line with local need. This is carried out in consultation with local communities including Aboriginal communities. Under its 'Together we are, Together we can, Together we will' 2010-2020 Partnership Agreement Partnership Agreement with the department, the NSW Aboriginal Education Consultative Group commits to a focus on working in partnership through genuine consultation with Aboriginal communities to ensure quality teaching and learning.

NSW public schools are strongly encouraged to engage with local Aboriginal communities through Local and Regional Aboriginal Education Consultative Groups. The department funds the NSW AECG Inc. to deliver local culturally responsive training by Aboriginal people to school staff, including principals and school leaders, on engaging with Aboriginal communities.

The Department is also developing guidelines to further clarify roles and responsibilities, including for teachers, in NSW's Aboriginal Language and Culture Nests.


 *New South Wales has mostly implemented Recommendation 296 by allowing communities and teachers to negotiate the local role of the teacher, facilitated by Regional Aboriginal Education Advisory Committees. New South Wales has also strongly encouraged schools to engage with local Aboriginal communities through Local and Regional Aboriginal Education Consultative Groups. However, it is unclear whether teachers, pupils and parents can negotiate the employment and condition of teachers.*

The **Victorian** Government responded to Recommendation 296 through the *Koori Employment Strategy for the Teaching Service*, introduced in the Directorate of Schooling's Operational Plan for 1996-1998. The Victorian Government noted the involvement of the Victorian Aboriginal Education Association in the development of curriculum and efforts to establish culturally inclusive learning environments, including protocols for Koori education in Victorian schools. However, the Victorian government did not address the level of involvement of the community in defining the role of teachers or negotiating guidelines for the teaching of Aboriginal and Torres Strait Islander students.

 *Victoria has partially implemented Recommendation 296, as it is unclear to what extent the Koori Employment Strategy for the Teaching Service facilitated wider involvement of the community and other stakeholders.*


In 1993, **Queensland's** Department of Education provided a framework for the coordination of action across all education sectors and all levels of education. This plan was developed through a

consultative process with the Aboriginal and Torres Strait Islander communities of Queensland, including the Queensland Aboriginal and Torres Strait Islander Education Consultative Committee. Currently, local schools can involve community members in the recruitment of positions as part of standard departmental human resources processes. The recruitment of school principals must involve community input.

 *Queensland has partially implemented Recommendation 296, as it does not expressly address the wider involvement of the community and other stakeholders in its response.*


**South Australia** provides the Anangu people with curriculum and operational responsibility in Anangu schools. The South Australian Government provides additional remuneration and leave entitlements for teachers in remote communities, and Aboriginal Education Worker (AEWs) were granted provisional teacher registration status in Anangu Child Parent Centres.

The responsibilities of teachers are provided for in Education Regulation 42(2). Guidance regarding expectations of teachers is further defined in the Australian Professional Standards for Teachers. The curriculum is delivered through the Australian Curriculum Framework. Employment conditions for teachers are outlined in the Education Act and industrial agreements.


 *South Australia has partially implemented Recommendation 296 by granting the Anangu people with curriculum and operational responsibility in Anangu schools, but has not addressed processes for negotiation in its response.*

In their 1994 implementation report, the **Western Australia** Government allowed Aboriginal and Torres Strait Islander communities access to the appointment process of teachers via the WA Aboriginal Education Consultative Group. However, the roles and conditions of teachers were determined by industrial agreement.


The Western Australian Government has noted that one of the objectives of the *School Education Act 1999* is to acknowledge the importance of parent involvement and participation in the child's education.

 *Western Australia has partially implemented Recommendation 296 by allowing Aboriginal and Torres Strait Islander communities access to the appointment process of teachers via the WA Aboriginal Education Consultative Group. However, roles can and conditions of teachers employment are determined by industrial agreements.*

**Tasmania** responded to Recommendation 296 through the Aboriginal Education Consultative Group, which liaised with the Aboriginal and Torres Strait Islander education coordinator. The State Planning Group, in 1993, was also sensitive to the participation of Aboriginal and Torres Strait Islander community members in school decision-makers. The Tasmanian Government provided in their 1993 implementation report that part (b) of Recommendation 296 was beyond their responsibility. Currently, the Aboriginal Education Reference Group provides strategic advice to Aboriginal Education Services, Department of Education, in Tasmania.

 *Tasmania has partially implemented Recommendation 296 by inviting community input through the Aboriginal Education Reference Group but has not addressed part (b) of this recommendation.*


The **Northern Territory** Government noted in their 1993-94 implementation report that members of School Councils were involved with selection panels to make recommendations on all promotion positions in schools. This included representation of Aboriginal and Torres Strait Islander people in Aboriginal and Torres Strait Islander schools.

 *The Northern Territory has partially implemented Recommendation 296 by including Aboriginal and Torres Strait Islander representation on selection panels for promotions in schools but does not expressly address the wider involvement of the community and other stakeholders in its response.*

In the **Australian Capital Territory** the role of teachers is firmly embedded in the industrial framework through the Enterprise Bargaining Agreement and the role of teachers are not negotiated

or agree upon at a community level. Currently there is no process by which teachers, pupils and parents can negotiate teaching guidelines for the teaching of Aboriginal and Torres Strait Islander students and the employment and conditions of teachers.

However, the Australian Capital Territory Government noted in 1993 that school procedures and policies on education practice for Aboriginal and Torres Strait Islander people would be informed by Aboriginal Student Support and Parent Awareness committees, and Aboriginal Education Workers where practicable.

 *The Australian Capital Territory has partially implemented Recommendation 296 through the involvement of Aboriginal Student Support and Parent Awareness committees but has not addressed other parts of the response.*

### Additional commentary

The **Commonwealth** PM&C noted that research suggests a high level of variability across universities in terms of the incorporation of Aboriginal and Torres Strait Islander histories in initial teacher education programs. There are currently no mandated requirements for education providers to involve Aboriginal people/community in training courses.

## Recommendation 297

*That:*

- a. The vital role which Aboriginal Education Workers or persons performing a similar role but with another title—can play in ensuring effective Aboriginal participation in the education system be recognised;*
- b. Aboriginal Education Workers be given the recognition and remuneration which their role merits and that it be recognised that they suffer from conflicting expectations of community and Department as to their role; and*
- c. It be understood that there is a need for them to have accountability to the Aboriginal community as well as to their employer.*

### Background information

There is an important need for Aboriginal Education Workers to be appropriately recognised and remunerated for their work and for their commitments to the Aboriginal and Torres Strait Islander community, in order to ensure their effective participation in the education system.


### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. The States and Territories have prime responsibility for the roles of teachers and their conditions of employment. However, the Commonwealth Government has contributed to addressing this recommendation.

### Key actions taken and status of implementation

According to the *1992-93 Annual Report*, the Australian Education Union was funded by the **Commonwealth** to undertake a national study documenting the terms and conditions of employment of Aboriginal and Torres Strait Islander Education Workers (AIEWs), as well as current working conditions, including the availability of training and recognition of such training. The findings of the study were intended to assist all education providers employing AIEWs to establish their own guidelines for the employment of AIEWs within a national framework.

PM&C supports activities to increase local Aboriginal and Torres Strait Islander employment in remote Northern Territory schools through the National Partnership Agreement on Northern Territory Remote Aboriginal Investment. This provides funding of \$119.8 million over 2015 to 2017. Workforce development is one of five elements funded to improve Aboriginal and Torres Strait Islander student outcomes.

 *The Commonwealth Government has acknowledged the importance of giving AIEWs proper recognition and remuneration for their roles, and funded a study to assist with implementation of Recommendation 297. While it is not clear if recognition and remuneration of AIEWs were appropriately altered following this study, implementation of Recommendation 297 is the responsibility of the States and Territories.*

The **New South Wales** Government noted in 1993 that Aboriginal Education Assistants would be represented on relevant syllabus committees, and involved with the Board of Studies in the development of resources. The NSW Government also conducted a review into the working conditions of Aboriginal Education Assistants in 1993.


Currently, a range of Aboriginal Education Officer roles now exist for all NSW Government schools, which provide high level support to educational service teams and schools to assist with implementing strategies that assist with Aboriginal education. These include Aboriginal Education and Wellbeing Advisors, Aboriginal Student Liaison Officers, and Aboriginal Community Liaison Officers. These officers are often required to liaise with the families and carers of students.

Improvements for Aboriginal Education Officers' remuneration have been addressed more recently since 1993. In 2010, the NSW Industrial Relations Commission varied the Crown Employees (School Administrative and Support Staff) Award to reflect outcomes of a review of these roles. Outcomes included new levels of remuneration, incremental progression including the removal of incremental barriers, and the removal of barriers to the accessing of overtime, excess travel time and waiting time.

Role Descriptions and selection criteria for Aboriginal education workers (including Aboriginal Education and Wellbeing Advisors, Aboriginal Student Liaison Officers, and Aboriginal Community Liaison Officers) include that these workers will:


- act as a conduit on the views of communities; lead development of consultative mechanisms between communities and the Department of Education; and
- support facilitation of community involvement in Aboriginal education, and community capacity building.

The Department's Aboriginal Education Policy recognises the importance of collaboration, between communities and schools. Collaboration is also implicit in the formal partnership the Department has with the NSW Aboriginal Education Consultative Group Incorporated, as the peak community advisory body to the Department on Aboriginal education. Experiencing and managing conflict around community expectations concerning Departmental policy is an expected outcome of these roles. The Department is confident that an Aboriginal education worker's accountability to the community and to their employer is managed within the department's aim, set out in its Aboriginal Education Policy, of improving the educational outcomes and wellbeing of Aboriginal students so that they excel and achieve in every aspect of their education.

 *New South Wales has implemented Recommendation 297 by appropriately recognising and remunerating Aboriginal Education Officers.*


The **Victorian** Government responded to Recommendation 297 with the *Aboriginal Employment Strategy*, which aimed to bolster the employment of Aboriginal and Torres Strait Islander people across all levels of the government sector. Under this initiative, 56 Koori Educators and 16 Cross-sectoral Coordinators were employed to support students across all sectors.

A reform of the Victorian Department of Education and Training's Koori Education Workforce took place in 2010. This reform resulted in 'Koori educators' and other related positions being re-classified as Koori Engagement Support Officers, with significantly higher remuneration and ongoing employment levels. The Koori community, through the Victorian Aboriginal Education Association was involved in this reform.

 *Victoria has mostly implemented Recommendation 297 through the Aboriginal Employment Strategy and reform of the Victorian Department of Education and Training's Koori Education Workforce. However, part c) of Recommendation 297 has not been implemented.*


The **Queensland** Government reviewed employment arrangements for Aboriginal and Torres Strait Islander para-professional education workers in Queensland schools and subsequently developed career structure and permanency for community education counsellors. Position descriptions for school-based Aboriginal and Torres Strait Islander community education counsellors were updated to include the development and maintenance of close communication networks between Aboriginal and Torres Strait Islander students, parents, and communities.

The Department of Education has undertaken initiatives aimed at growing and developing Aboriginal and Torres Strait Islander employees, including transitioning school-based employees previously employed through the Australian Government's Community Development Employment Program into state-funded positions.

 *Queensland has recognised Aboriginal and Torres Strait Islander community education counsellors by developing career structure and permanency for these roles but has not addressed key elements of the recommendation. As such, Recommendation 297 is partially implemented.*

In 1993, the **South Australian** Government introduced the *Education Department Equal Employment Opportunities Management Plan* which detailed a range of employment strategies to enhance Aboriginal Education Worker career opportunities through accredited training and development and ongoing professional support. Additionally, the Aboriginal Education Worker Industrial Agreement was revised to recognise the varied roles that AEWs perform.


Currently, the SA Aboriginal Education Worker Award covers Aboriginal Education Workers. The SA School and Preschool Education Staff Enterprise Agreement 2016 also has a number of provisions supporting the employment of Aboriginal Education Workers. The Department for Education also supports all school based Aboriginal Education Workers with undertaking relevant training.

 *South Australia has mostly addressed Recommendation 297 by providing Aboriginal and Torres Strait Islander Education Workers with appropriate award conditions and development pathways but has not addressed part (c) of this recommendation.*

The **Western Australia** Government responded to Recommendation 297 through the *Aboriginal Participation in School Decision Making* package (1994) which described the role of AEWs.


The Western Australian Government has recognised the importance of Aboriginal and Torres Strait Islander education officers by employing 525 Aboriginal and Torres Strait Islander education officers and committing to establishing an additional 50 positions.

Western Australia has also implemented the Aboriginal and Torres Strait Islander education officers Professional Learning Program, which aims to build the capacity of staff to support teaching and learning programs in schools. The Program provides funding and support for Aboriginal and Torres Strait Islander people to achieve a Certificate III or IV in Education Support, as well as providing alternative pathways to obtain a Bachelor of Education qualification.


 *Western Australia has partially addressed Recommendation 297, by recognising the importance of Aboriginal and Torres Strait Islander education officers and developing appropriate development pathways. However remuneration, and an understanding that Aboriginal and Torres Strait Islander education officers are accountable to the Aboriginal community as well as to their employer, have not been addressed.*

**Tasmania's** 1993 implementation report provided that Home-school Liaison Officers had an important role in implementing Recommendation 297, and that AEWs are accountable to the Tasmanian Aboriginal Community through the Tasmanian Aboriginal Education Council. More recently, the Tasmanian Government has noted that there are a number of Tasmanian Aboriginal and Torres Strait Islander people who work for Aboriginal Education Services and are supported by their line managers to traverse the community and professional expectations of their roles. All workers are required to complete a Performance Development Plan in consultation with their line manager or delegate.



 *Tasmania has fully addressed Recommendation 297.*

In 1993-94, the **Northern Territory** Department of Education employed 186 full-time and 107 part-time AEWs. The provision of Remote Area Teacher Education and mixed mode programs enabled AEWs to further develop professional skills required for career progression. Award conditions were also negotiated for AEWs.


 *The Northern Territory has mostly addressed Recommendation 297 by providing Aboriginal and Torres Strait Islander Education Workers with appropriate award conditions and development pathways but has not addressed part (c) of this recommendation.*

The **Australian Capital Territory** Government provided for the employment of Home School Liaison Officers, AEWs, and Aboriginal Mentors through the 1993 *Aboriginal Education Strategic Initiative Plan*. Remuneration and standards were maintained with the National Review of Aboriginal and Torres Strait Islander Education Workers.

Currently, the ACT Education Directorate employs 10 Aboriginal and Torres Strait Islander Education Officers who work across 11 ACT public schools. The role of Aboriginal and Torres Strait Islander Education Officers includes:

- supporting schools to engage with families and community;
- supporting teachers to embed Aboriginal and Torres Strait Islander perspectives across the curriculum;
- providing advice and leadership to schools on celebrating significant events and milestones for Aboriginal and Torres Strait Islander people;
- supporting schools to grow a culture of high expectations for Aboriginal and Torres Strait Islander students; and
- facilitating successful student transitions between year levels, between schools and to post school study or work.

The ACT Government has also noted that the Education Directorate is cognisant of the fact that Aboriginal and Torres Strait Islander Education Officers may need to manage conflicting expectations of community and employer and that the Officers have accountability to both.

 *The Australia Capital Territory has addressed Recommendation 297 by appropriately recognising and remunerating Aboriginal and Torres Strait Islander Education Workers in line with the National Review of Aboriginal and Torres Strait Islander Education Workers. The ACT government has also recognised that Aboriginal and Torres Strait Islander Education Officers may need to manage conflicting expectations of community and employer.*

## **Recommendation 298**

*That:*

- a. Governments support Aboriginal community controlled adult education institutions and other institutions which provide a program of courses which have the support of the Aboriginal community;*
- b. Governments accept that courses delivered by such institutions should be regarded as courses entitling students to such payments or allowances as would be their entitlement in the event that they were participating for the same or equivalent time in a TAFE course; and*
- c. It be recognised that owing to the substantial historical educational disadvantage which Aboriginal people have experienced, a course for Aboriginal students may necessarily be longer than might be the case if the course were provided to non-Aboriginal students.*

### **Background information**

Support of Aboriginal community controlled adult education institutions is critical to providing equity of access for Aboriginal and Torres Strait Islander people to educational services, raising the rates of

Aboriginal and Torres Strait Islander participation in education, and achieving equitable and appropriate educational outcomes for Aboriginal and Torres Strait Islander people.

### Responsibility


The Commonwealth, and all State and Territory governments have responsibility for this recommendation. The States and Territories have responsibility for adult and community education institutions. The Commonwealth Government is responsible for payments and allowances.

### Key actions taken and status of implementation

Following the RCIADIC Report, the **Commonwealth** Government's ABSTUDY scheme of student assistance was expanded to include accredited higher education or TAFE equivalent courses conducted by private providers, including Aboriginal and Torres Strait Islander colleges. The level of assistance provided for such colleges is the same as that for participants in TAFE/higher education courses.

According to the *1995-96 Annual Report*, the Commonwealth supported community-controlled education providers via the Indigenous Education Strategic Initiatives Project, and provided \$15 million in capital for these providers via the Australian National Training Authority in 1996.


The DET noted that the Australian Government provides the Batchelor Institute of Indigenous Tertiary Education with National Institutes funding under the Higher Education Support Act 2003. This provides ongoing certainty of funding in recognition of the special status of this institution as the only Aboriginal and Torres Strait Islander-run dual sector tertiary provider, and the first Aboriginal and Torres Strait Islander-run higher education provide in Australia. Students enrolled at Batchelor are eligible for the full range of student payments and allowances payable to students studying public university or TAFE courses.

 *The Commonwealth Government has implemented policies and initiatives which provide support to Aboriginal community controlled adult education institutions and Aboriginal and Torres Strait Islander students at these institutions. Recommendation 298 is mostly complete as there is no clear evidence of a Commonwealth response to addressing educational disadvantage for Aboriginal and Torres Strait Islander students, as stipulated in section (c).*

The **New South Wales** Government provided in their 1992-93 implementation report that the Adult and Community Education sector has a strong role in Aboriginal education, given its non-bureaucratic, flexible and responsive nature. In 1992, TAFE NSW introduced an *Umbrella Course* for Aboriginal students which contained a compulsory literacy and numeracy course.

In 2015, the NSW Government implemented "Smart and Skilled", which provides eligible students with an entitlement to government subsidised training for specific courses. Aboriginal students are exempt for paying fees for any Smart and Skilled courses for which they are eligible. The "Smart and Skilled Adult Community Education Community Service Obligation" program provides extra support for learners to access training, including Aboriginal people in remote communities.


Both TAFE NSW and Adult Community Education providers provide additional services to help Aboriginal students improve their reading, writing and numeracy skills. Training providers contracted to deliver "Smart and Skilled" receive additional funding for Aboriginal students. In addition, vocational assistance aimed at Aboriginal job-seekers are provided by the New Careers for Aboriginal Program and the Training Services NSW Aboriginal Services team.

 *New South Wales has partially implemented Recommendation 298 by providing special provisions for Aboriginal students of the TAFE's Smart and Skilled courses but has not addressed key elements of the recommendation, including support for Aboriginal community controlled adult education institutes.*

In **Victoria**, Further and Adult Education providers offered a range of courses for adults in consultation with Aboriginal and Torres Strait Islander communities, including several Learn Local organisations that specifically tailor programs to meet the needs of Koori students.

The Indigenous Completions Initiative in Victoria provides additional funding for Koori students by requiring them to pay only the concession tuition fee for training at any level, including at Diploma


level and above. In addition to this, Koori students also attract a 50% higher level of funding in government subsidised training, allowing Training Providers to more flexibly support learners to successfully complete courses, including running courses over a longer period of time. The TAFE Community Service Fund also supports accredited training programs targeted at Aboriginal and Torres Strait Islander students.

 *Victoria has implemented Recommendation 298 by providing additional funding for Aboriginal and Torres Strait Islander students, allowing education provides greater flexibility in the length of courses and funding courses specifically tailored to the needs of Aboriginal and Torres Strait Islander students.*

In **Queensland**, Aboriginal and Torres Strait Islander people were permitted to make submissions on the development of future curricula. All courses designed for Aboriginal and Torres Strait Islander students and submitted for accreditation have been examined for their suitability in meeting the needs of Aboriginal and Torres Strait Islander students.


Currently, the Department of Education provides subsidies to enable eligible people to obtain their first post-school Certificate III qualification from registered, pre-qualified training organisations (which Aboriginal and Torres Strait Islander training organisations can apply to become). Disadvantaged students, including Aboriginal and Torres Strait Islander students, are paid a higher subsidy to encourage and support their participation.

The Queensland Government has noted that as the time taken to complete a training course is at the discretion of the individual training organisation, Aboriginal and Torres Strait Islander students are able to take additional time to complete a training course.

 *Queensland has implemented Recommendation 298 by appropriately reviewing all courses designed for Aboriginal and Torres Strait Islander students for accreditation, accrediting Torres Strait Islander training organisations and allowing flexibility in the time taken to complete courses.*

The **South Australian** *Aboriginal Education Program* operated in 12 TAFE Colleges in 1993, and offered a range of certificate courses which encouraged both junior and adult students to enrol in mainstream courses on completion of an Aboriginal Education course. The *Prisoner Education* program also offered certificate subjects in a classroom situation and in the Study Centre mode. The South Australian Government provided in their 1993 implementation report that all Aboriginal Community College courses were designed for Aboriginal and Torres Strait Islander students, with funds allocated on the basis of the cost of delivery.


Currently, the South Australian Certificate of Education (SACE) Board Aboriginal Education Strategy 2017 seeks to equip Aboriginal and Torres Strait Islander young people to achieve their SACE while maintaining their culture and identity. Initiatives include Homework Centres, which aim to assist Aboriginal and Torres Strait Islander students with their homework and study habits, while Aboriginal Education Teachers work with the leadership team, staff, students and the parents of students to improve learning outcomes. An Aboriginal Cultural Consultant is developing a state-wide operational framework in partnership with the Aboriginal and Torres Strait Islander community to ensure the curriculum is culturally competent.

 *South Australia has partially implemented Recommendation 298 by supporting the funding and delivery of Aboriginal Community College courses but has not addressed parts (b) and (c) of this recommendation.*


In response to Recommendation 298, the **Western Australia** Government offered a range of programs in partnership with Aboriginal and Torres Strait Islander community-based organisations, and provided funding for the delivery of short courses. The Western Australia Government also consults Aboriginal and Torres Strait Islander communities in the design and curriculum development of vocational education and training programs, in order to ensure cultural appropriateness.

Currently, Western Australia operates a number of training programs targeted at Aboriginal and Torres Strait Islander students, including the Aboriginal School Based Training program, specialist support for Aboriginal and Torres Strait Islander students through the Western Australian Group


Training Program, and the provision of Aboriginal support funding to TAFE Colleges. Western Australia also funds a number of Aboriginal and Torres Strait Islander- owned and operated registered training organisations to deliver culturally appropriate training on its behalf.

 *Western Australia has partially implemented Recommendation 298 by supporting the funding and delivery of Aboriginal targeted course, including through Aboriginal and Torres Strait Islander owned and operated registered training organisation. However parts (b) and (c) of this recommendation have not been addressed.*

The **Tasmanian** Government introduced an Aboriginal Cultural Centre which offered adult literacy and numeracy programs, along with courses in Performing and Visual Arts.

 *Tasmania has partially implemented Recommendation 298 by offering courses through the Aboriginal Cultural Centre but has not addressed key elements of the recommendation in their response.*


In 1993, the **Northern Territory** had a number of Aboriginal and Torres Strait Islander private providers registered as organisations qualified to conduct TAFE level courses. These organisations were eligible to apply for recurrent, capital and growth funding from the Northern Territory Employment and Training Authority. The Northern Territory worked closely with Aboriginal community-controlled adult education institutions, provided funds for a number of courses, and provided ongoing advice and support to the institutes.

 *The Northern Territory has mostly implemented Recommendation 298 by supporting a number of Aboriginal and Torres Strait Islander private providers with the delivery of TAFE level courses but has not appear to have addressed part (c) of the recommendation.*

The **Australian Capital Territory** Government provided an Aboriginal Education Worker in the Foundation course at the University of Canberra to address Aboriginal and Torres Strait Islander disadvantage. Designated places were also provided for Aboriginal and Torres Strait Islander people in mainstream courses. Skills Canberra's funding programs also take into account the additional learning and support needs of Aboriginal and Torres Strait Islander students by providing an additional funding to training organisations for each Aboriginal and Torres Strait Islander student enrolled either through the Australian Apprenticeships program or the Skilled Capital Program. This money can be used by the RTO to cover extra costs associated with Aboriginal and Torres Strait Islander students who need longer to complete their course.

The establishment of the Yarauna Sub-committee also contributed to the approval of specifically designed Aboriginal and Torres Strait Islander courses. The ACT Government also provides significant financial support for Aboriginal and Torres Strait Islander community controlled adult education providers and other courses which have the support of the Aboriginal and Torres Strait Islander community. This is achieved through the ACT Adult Community Education Grants program and Skills Canberra grants.

The ACT Australian Apprenticeship program also caters for students requiring a longer than average time to complete their course through flexible programs, which assess competency rather than imposing limits of completion time.

 *The Australian Capital Territory has implemented Recommendation 298 by providing designated places and additional funding for Aboriginal and Torres Strait Islander students, funding Aboriginal and Torres Strait Islander community controlled adult education providers and supporting students studying at Aboriginal and Torres Strait Islander community controlled adult education providers.*

### **Additional commentary**

The **Commonwealth** DET noted that the majority of Aboriginal and Torres Strait Islander people who participate in VET churn through lower level skills training, which has minimal impact on supporting sustainable employment. In contrast, Aboriginal and Torres Strait Islander people who complete university have higher levels of full time employment, find work more quickly and have, on average,

higher commencing salaries than other graduates (2016 Graduate Outcomes Survey). Therefore, it is important to develop pathways for Aboriginal and Torres Strait Islander students into Cert III and IV courses as well as higher education.

DET advised that as part of the 2017-18 Budget, from 1 January 2018, access to ABSTUDY and other student payments for students undertaking VET courses at diploma level and above will be limited to courses approved for VET Student Loans and offered by VET providers approved to offer VET Student Loans for those courses. Students undertaking VET courses at certificate level will still have access to ABSTUDY, provided the courses and providers are accredited, as at present.

## Recommendation 299

*That:*

- a. *At every stage of the application of the National Aboriginal Education Policy the utmost respect be paid to the first long-term goal expressed in the policy, that is: To establish effective arrangements for the participation of Aboriginal parents and community members in decisions regarding the planning, delivery, and evaluation of pre-school, primary, and secondary education services for their children.*
- b. *It be recognised that the aims of the Policy are not only to achieve equity in education for Aboriginal people but also to achieve a strengthening of Aboriginal identity, decision making and self-determination; and*
- c. *It is unlikely that either of these aims can be achieved without the achieving of the other.*

### Background information

The involvement of Aboriginal and Torres Strait Islander parents and community members in decisions regarding education services for their children has been identified as important to achieving equity in education as well as to the empowerment of Aboriginal and Torres Strait Islander people, as promoted by the National Aboriginal Education Policy (NAEP). The NAEP is still current.


### Responsibility

The Commonwealth, and all State and Territory governments have responsibility for this recommendation. The NAEP is the joint responsibility of State and Territory, and Commonwealth governments.

### Key actions taken and status of implementation

According to the *1994-95 Annual Report*, the **Commonwealth** provided funding to 3,900 ASSPA committees in 1994-95 to train ASSPA committees in financial management and educational issues. The *1995-96 Annual Report* notes that the Commonwealth maintained consultative arrangements with Aboriginal and Torres Strait Islander representatives through monitoring groups for education providers receiving funds under the Indigenous Education Strategic Initiatives Project.

PM&C noted that The Children and Schooling Program under the IAS funds a number of activities aimed at supporting Aboriginal and Torres Strait Islander families and communities to become more involved in their children's education. These activities focus on enhancing parental and community engagement.

 *The application of the NAEP is the responsibility of the States and Territories. The Commonwealth has contributed to the implementation of Recommendation 299 through its oversight role in providing funding and maintaining consultative arrangements.*

The **New South Wales** Government implemented Recommendation 299 in 1992 through the *School Education Operational Plan for Aboriginal Education* which aimed to enhance and develop community awareness of education policies and practices; and develop skills to enable community members to participate in decision making. The Board of Studies also implemented additional measures aimed at Aboriginal representation and recognition.

Currently, the Department of Education commits to collaborative decision making with Aboriginal people, parents, caregivers, families and their communities under its Aboriginal Education Policy. The Department is also committed to valuing and acknowledging the identities of Aboriginal students and incorporating the cultural contexts, values and practices of local communities into the mainstream delivery of education.

● *New South Wales has implemented Recommendation 299 by implementing the National Aboriginal Education Policy, committing to community engagement and involvement, and incorporating Aboriginal values and practices into the delivery of education.*

In **Victoria's** 1993 implementation report, it was noted that implementation proceeded through: the National Aboriginal Education Policy; the promotion of culturally relevant materials in preschools by the Office of Preschool and Childcare, and the Victorian Koori Early Childhood and Development Association; and involvement on the Steering Committee. The Office of Preschool and Childcare directed funding for Aboriginal and Torres Strait Islander assistant positions to community-based Aboriginal and Torres Strait Islander organisations.

● *Victoria has implemented Recommendation 299 by implementing the National Aboriginal Education Policy, providing cultural training, and procuring services through Aboriginal and Torres Strait Islander organisations.*

As part of **Queensland's** implementation of the national ASSPA program (1993), Aboriginal and Torres Strait Islander parents were provided with greater input in school-based decision making processes. Aboriginal and Torres Strait Islander members were also provided with opportunity to participate in school committees that were involved in the preparation of School Development Plans and associated school budgets. The Queensland Aboriginal and Torres Strait Islander Education Consultative Committee were tasked with advising the Minister for Education on all educational matters.

Currently, the Department of Education enhances the cultural rights of Aboriginal and Torres Strait Islander people across its leadership policies, programs and services through a variety of different initiatives and programs. These include measuring performance against Aboriginal and Torres Strait Islander key performance indicators, using a cultural capability action plan, and having a dedicated ministerial advisory council provide advice on Aboriginal and Torres Strait Islander education and training outcomes. In addition, Queensland state schools offer opportunities for parents to join a local Parents and Citizens Association to provide community input into school decision making.


● *Queensland has implemented Recommendation 299 by establishing arrangements for community participation and upholding Aboriginal and Torres Strait Islander cultural rights in its implementation of education policy.*

The **South Australian** Government, as part of its initial response to Recommendation 299, prioritised the role of Aboriginal Education Workers in working with communities, and the *Aboriginal Student Support and Parent Awareness Program*.

The SA Aboriginal Education and Training Consultative Council is supported and funded to provide the Aboriginal community, parent and student voice to the Department for Education on the delivery of early childhood and education services affecting Aboriginal children and young people. Implemented programs also seek to build the capacity of Aboriginal and Torres Strait Islander parents and carers in their roles as primary care givers.


Individual Learning Plans are required for all Aboriginal and Torres Strait Islander children and young people in SA government schools and involve students, teachers and their families working together to achieve the best possible health, wellbeing and learning outcomes for students. In addition, the SA Government has developed Aboriginal Student Awards (such as the Dame Roma Mitchell Scholarship), which aim to achieve a strengthening of identity, decision making and self-determination for Aboriginal and Torres Strait Islander students.



 *South Australia has implemented Recommendation 299 by implementing programs and initiatives that encourage and support the participation of Aboriginal and Torres Strait Islander communities and parents in education services.*


The **Western Australia** Government, in the early 1990s, facilitated and supported the establishment and operation of Aboriginal Student Support and Parent Awareness Committees in schools with significant Aboriginal and Torres Strait Islander enrolments.

Since this time, the Western Australian Aboriginal Cultural Standards Framework has been developed to support teachers to reflect on their approaches to the education of Aboriginal and Torres Strait Islander students, including the relationships with Aboriginal and Torres Strait Islander students, parents, families and communities. In 2017, two Elders in Residence were engaged by the Department of Education to provide strategic advice on public schooling directions and matters with respect to Aboriginal and Torres Strait Islander children and families.


 *Western Australia has implemented Recommendation 299 by implementing programs and initiatives that encourage and support the participation of Aboriginal and Torres Strait Islander communities and parents in education services.*

The **Tasmanian** Government established three regional Advisory Committees to formalise networks for parent and community involvement in education decision making. Programs were also introduced through Adult Education and TAFE to deliver programs to enhance Aboriginal and Torres Strait Islander identity and self-esteem.

Currently, there exist a variety of different groups and avenues through which Aboriginal and Torres Strait Islander community members can participate in the planning, delivery and evaluation of education services, including the Aboriginal Education Reference Group, Aboriginal Education Workers and Education Officers, and the Aboriginal Sharers of Knowledge Program.

 *Tasmania has fully implemented Recommendation 299 by implementing a range of programs and roles that support Aboriginal and Torres Strait Islander community participation in education design and promote cultural learning.*


The **Northern Territory** Government expanded the devolution of control over curriculum and class design to schools and the requirement for each School Council to develop an Action Plan for school improvement, Aboriginal parent and community involvement. As at 1994, there were 104 School Councils and 168 ASSPA groups through which Aboriginal and Torres Strait Islander people were participating.

 *The Northern Territory has partially implemented Recommendation 299 by expanding Aboriginal and Torres Strait Islander parent and community involvement in education-related decision making but has not addressed part (b) in their response.*

The **Australian Capital Territory** Government's *Aboriginal Education Strategic Initiatives Program* emphasised the involvement of Aboriginal and Torres Strait Islander parents and community in the planning, delivery and evaluation of education programs. This was enacted through a range of committees, the role of AEWs within schools, and contact with Aboriginal and Torres Strait Islander community organisations. To address the strengthening of Aboriginal and Torres Strait Islander identity, the ACT Government introduced the Artist-in-Residence program, the Mentor program, and the Aboriginal Speakers program in the early 1990s.

Since this time, the ACT Education Directorate's *Cultural Integrity policy* has been developed, using an extensive consultation process involving members of the Education Directorate's Aboriginal and Torres Strait Islander Staff Network, local experts, students and local community members.

Despite the cessation of Commonwealth funding for Aboriginal and Torres Strait Islander Education Consultative Groups at the end of 2014, the ACT Education Directorate has continued to support the existence and operation of a Group in the ACT.

 *The Australian Capital Territory has implemented Recommendation 299 by implementing programs and initiatives that encourage and support the participation of Aboriginal and Torres Strait Islander communities and parents in education services, as well as the strengthening of cultural identity.*