



## Sydney Metropolitan Local Aboriginal Health Partnership

# Social Determinants of Aboriginal and Torres Strait Islander health forum Report and recommendations **2016**





**Cover artwork**

*Branching out to different communities*  
by artist **Kayelene Slater**

Kayelene is an Aboriginal woman from the Kamilaroi Nation.

The Partnership meeting is represented by the circle of dots in the middle with the coming together of the four entities. The Pathways lead to the community meeting places which is represented by the full white dots.

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# Background

The Sydney Metropolitan Local Aboriginal Health Partnership is an alliance between Aboriginal Medical Service Redfern (AMS), Sydney Local Health District (SLHD), Northern Sydney Local Health District (NSLHD) and South Eastern Sydney Local Health District (SESLHD). The agreement for this partnership was originally signed on 14 November 2011. The agreement was re-signed on 7 July 2014, to include St Vincent's Hospital and the Sydney Children's Hospitals Network.

Through coordination and the collective expertise of its members, the Sydney Metropolitan Local Partnership is committed to positively improving health outcomes and service delivery for Aboriginal people living in the geographical area covered by SLHD, NSLHD and SESLHD.

## Social determinants of health forum

The Sydney Metropolitan Local Aboriginal Health Partnership held a forum in February 2015 to identify actions to be taken by the health sector (community controlled and state government) to increase Aboriginal and Torres Strait Islander communities' access to and use of the social determinants of health.

The one-day forum was attended by more than 100 participants. Eight social determinants of health were selected by the Sydney Metropolitan Local Aboriginal Health Partnership for in-depth review and discussion in specific workshops (see Appendix 1). Participants in each of the workshops contributed to the review and discussion, and to recommendations for action.

The selected social determinants of health for Aboriginal and Torres Strait Islander people included:

- Connectedness to family, culture, identity, country and land.
- Access to early childhood services and education.
- Freedom from racism and racial discrimination.
- Appropriate, adequate housing – reducing overcrowding, homelessness and providing secure housing tenure. Access to transport.
- Access to, participation, and levels of attainment, in primary, secondary, tertiary and vocational education/ training.
- Reduced incarceration and culturally-determined decisions and actions by the criminal justice system.
- Access to employment and participation in the labour force.
- Freedom from addiction (Wilkinson 2003, Carson 2007, Marmot 2008).

The evidence of the relationship between each of the eight social determinants, the health of Aboriginal peoples and Torres Strait Islanders and (Osborne 2013) effective ways to increase Aboriginal peoples' and Torres Strait Islander's access to and use of these is as follows.



# The social determinants of Aboriginal and Torres Strait Islander health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of power and resources at the global, national and local levels. Much research has demonstrated a close association between an individual's social and economic status and their health status.

The poor health and wellbeing outcomes experienced by Aboriginal and Torres Strait Islanders, including the very high rates of premature death, must be considered within a cultural context of past colonisation, dispossession from land and culture, entrenched racism and vilification, economic exclusion and poverty, the impact of institutional and child removal policies, inherited grief and trauma and the loss of traditional roles, culture and status. In 2016, non-indigenous Australians still lack understanding of Aboriginal and Torres Strait Islander cultures, knowledge and experiences, and their central role in health and wellbeing.

The social determinants of health can impact a person's risk of disease, injury and overall health status as well as their access to and interaction with health and other services. The significant health inequalities experienced by Indigenous Australians are well documented in Close the Gap literature and the 2016 Prime Minister's Close the Gap Report. Indigenous Australians are more likely to have poor health, a shorter life expectancy and experience worse outcomes across their lifespan compared to non-indigenous Australians. These inequities are associated with high behavioural risks to health and poor access to primary, secondary and tertiary health services.

It is estimated that differences in access to the social determinants of health between Aboriginal and non-Aboriginal people explain between one third and one half of the mortality gap.

The report that follows provides recommendations that will improve the social determinants of health for Aboriginal and Torres Strait Islander communities and people and will contribute to overall improvements in their health.

The Closing the Gap Clearinghouse reported on the characteristics of effective governance and culturally competent implementation processes. These include holistic responses that actively involve Aboriginal communities, employing Aboriginal staff and valuing Indigenous cultures; collaborating with agencies outside the health sector; having clear program leadership and governance; having committed, culturally aware staff; having an adequate and sustainable resource commitment; being linked to a research and evidence base and ensuring access to high quality primary health care.





## 1. Early childhood services and education

Positive early years and quality pre-school education provide the foundation for a healthy life. There is strong evidence that suggests slow growth and poor emotional health in childhood can lead to an increased risk of poor physical and mental health as an adult. The risk of an unhealthy childhood is especially high in poor socio-economic circumstances.

Maternal smoking, alcohol use, insufficient exercise and inadequate prenatal care may lead to poor foetal outcomes. These factors create a poor antenatal environment which is a high risk factor for ill health later in life.

The early infant experience ideally requires good emotional attachment and strong cognitive, social and sensory stimulation to ensure optimal child development.

Pre-school programs should have well-trained staff and promote a focus on positive child development, a culturally relevant approach and the active involvement of the family and community.

Factors that may improve educational outcomes in these early years include: promoting the attainment of school readiness, strong community engagement and cultural connections, promoting and supporting pre-school attendance, developing numeracy and literacy early, promoting familiarity with school work, promoting an awareness of the child's skills and abilities, developing pride in children's achievements and high quality teaching that is culturally relevant.

For children to develop into healthy adults they need strong and supportive parent-child bonds and relationships, high quality early childhood education, good nutrition, health education and access to health and preventative care.

### Strategies to improve children's health and wellbeing

- Ensure parent-child relations are supported from birth through home visiting services
- Encourage good relations between parents and schools
- Educate parents about positive child development
- Encourage pro-social behaviour in children
- Prevent and intervene early in child abuse and neglect
- Promote access to and use of high quality primary health care.

## 2. Criminal justice

Indigenous Australians are significantly overrepresented in interactions with the criminal justice system. While the Indigenous community comprises three per cent of the overall Australian population, they make up over one quarter of the total prison population. The imprisonment rate for the Indigenous community is twelve times that of the non-Indigenous population. Indigenous Australians comprise 40 per cent of people imprisoned for assault charges. The representation in juvenile justice is even higher, with Indigenous young people aged 10-17 years being 24 times more likely to be detained than non-Indigenous young people.

These high rates of incarceration can be viewed as indicators of systemic racism. They can also be seen as a complex long-term consequence of the reverberating effects of Indigenous dispossession, loss, and the history of colonisation.

The multiple effects of imprisonment include trauma, mental illness and poor mental health, separation from family and community and compromised/poor physical health. Post imprisonment rates of death in Indigenous communities are significant with suicide, alcohol and drug abuse, cardiovascular disease, trauma and injury prevalent.

The complex issues related to returning to community life post-incarceration include access to housing, employment, education, social and primary health care and diversion programs. The particular needs and risks of Indigenous men, women and young people post-incarceration require careful and separate consideration.

### Strategies to improve Aboriginal communities' health and wellbeing

- Implement evidence-based crime prevention, early intervention and post-incarceration programs
- Tailor crime prevention, early intervention and post-incarceration programs specifically with young Indigenous men and women and their families and communities
- Improve access to education
- Develop cross agency linkages that support comprehensive actions
- Implement programs to strengthen communities' capacity to participate in decisions about preventive initiatives in the criminal justice and the health sectors
- Improve access to high quality primary health care.

### 3. Racism and lateral violence

Racism has a negative impact and effect on the health and wellbeing of Indigenous populations. Approaches to reduce racism include universal interventions, interventions targeted to specific groups, communications, education and social marketing and organisation-wide or place-based interventions.

Lateral violence is generally defined as antisocial behaviours such as bullying, shaming, family feuding, organisational conflict, and, at the most extreme, physical and sexual violence and abuse. These actions often derive from significant disadvantage and oppression and result in violence being directed “laterally” at a cultural group.

#### Strategies to improve Aboriginal communities' health and wellbeing

- Challenge negative beliefs or stereotypes
- Implement interventions within Aboriginal communities and within the service organisations to change negative behaviours including racism, bullying and lateral violence
- Implement initiatives to prevent systemic or structural racism
- Support communities and individuals to strengthen their self-determination
- Seek, enable, and support the active involvement and engagement of Indigenous communities in decisions regarding priorities for action, investment and effective solutions to the current and emerging issues
- Promote access to high quality primary health care.

### 4. Housing

Research shows that living in poor quality, insecure or unaffordable housing can be associated with poor health. Stress related to overcrowding, difficulty in accessing housing and lack of housing affordability can adversely affect health.

Healthy transport means reducing the use of cars and increasing walking, cycling and public transport. Facilities closer to home encourage modes of healthy transport and provide opportunities for health promotion. Healthy transport also means having access to healthy food, services and facilities and social contact.

#### Strategies to improve Aboriginal communities' health and wellbeing

- Work with families before they become homeless
- Link families with other relevant human services
- Assist families with financial management, education, and employment
- Develop strong cross-agency relationships
- Ensure that services (including health and housing) employ highly skilled Indigenous staff
- Promote access to high quality primary health care.



## 5. Education

Although the gap in completion of education (at all levels) between Indigenous and non-Indigenous Australians has reduced in recent times, there is still a significant difference between the two. The association between education and educational achievement and good health and wellbeing is well established.

The relationship between education and health relates to the economic opportunities associated with education, the greater degree of control over one's life that can result from education and the links between education and lifestyle risk factor reduction in areas such as smoking and drinking. There is some evidence that those with higher educational attainment are more likely to engage in cultural activities, which in turn promotes health.

### Strategies to improve Aboriginal communities' health and wellbeing

- Have positive expectations of students
- Promote strong Aboriginal and Torres Strait Islander identities and incorporate Indigenous cultures, languages and knowledge in educational curricula and policies
- Collaborate with Aboriginal communities to create structured, whole-of-institution approaches in early childhood services, schools, and tertiary institutions to ensure that Aboriginal children and young people feel that they belong
- Provide extensive and intensive student support services
- Train, employ and support high quality teachers (particularly, Aboriginal and Torres Strait Islander teachers)
- Ensure access to high quality primary health care.

## 6. Employment and training

Respected and secure employment and a regular income are essential to the health of Aboriginal and Torres Strait Islander people. Access to employment provides Aboriginal people and Torres Strait Islanders the resources they require to improve their health and wellbeing.

The negative effects of unemployment include mental ill-health (anxiety and depression), heart disease and a range of other physical health implications.

### Strategies to improve Aboriginal communities' health and wellbeing

- Ensure agency staff who are involved in assisting Aboriginal and Torres Strait Islanders in obtaining employment are skilled and culturally competent
- Increase the range of organisations and businesses committed to employing Aboriginal and Torres Strait Islander staff
- Ensure that employers are committed to actively supporting Aboriginal and Torres Strait Islander staff through staff development, career progression, and mentorship (if needed)
- Provide support to Indigenous job seekers that is tailored to their aspirations and needs.
- Assess and revise policies within employment organisations to ensure cultural appropriateness and cultural competency of staff
- Provide access to high quality primary health care and, within large organisations, provide access to employee assistance that is culturally appropriate.

Important considerations include:

- The prevention of unemployment
- Providing unemployment benefits for those who are not in the labour force
- Culturally appropriate employment and education training schemes.

## 7. Connectedness

Being and feeling connected to culture, community and family is associated with positive wellbeing. This includes having good social relationships and support networks at home, at work and in the community. Social cohesion and high levels of mutual support are helpful in maintaining good health while inequality and poor relationships can be detrimental to health.

Connectedness to traditional land and country is strongly associated with benefits for the health and wellbeing of Indigenous Australians. Connection and identity may be framed by language, family and clan identification and connection with country.

Social isolation is associated with poor health outcomes including premature death and an increased risk of surviving a heart attack. The Stolen Generation experiences where family and community were disconnected demonstrably led to poor health and negative health behaviours.

### Strategies to improve Aboriginal communities' health and wellbeing

Every Aboriginal community will benefit from actions taken by health and other social services working in partnership with Aboriginal and Torres Strait Islander communities to:

- Increase access to social environments and support networks that make people feel valued and cared for
- Provide facilities, services and spaces that promote social interaction among all members of geographical communities
- Identify the need for and implement actions to increase the social inclusion of Aboriginal people, families and communities
- Ensure access to high quality primary health care.

Although the central importance of connectedness is intuitively obvious, the linkages between programs designed to foster or support connectedness and positive health outcomes can be difficult to prove conclusively.

## 8. Addiction

Addiction offers users what appears to be an escape from stress and poor life circumstances however in reality, it often worsens their problems. People frequently turn to drugs and alcohol to numb the effects of a negative personal and social environment. Drug and alcohol misuse (tobacco, alcohol, illicit drugs and prescription drugs) are strongly related to social disadvantage and contributes significantly to poor health in all communities, including Aboriginal communities. Furthermore, the use of drugs and alcohol can be expensive and have a negative impact on socioeconomic status, particularly for those on low incomes.

The use of alcohol and other legal drugs is also fostered by marketing and promotion by large corporations and by organised crime. Their activities are at direct odds with healthy public policy.

### Strategies to improve Aboriginal communities' health and wellbeing

- Reduce the supply of harmful substances; particularly addressing issues of pricing and licensing.
- Inform people about less harmful usage or harm minimisation approaches.
- Promote a community development and community involvement approach which seeks to address social inequality issues and the complex social environment that generates drug usage (i.e. the social determinants).
- Employ and support highly skilled Indigenous staff.
- Implement culturally appropriate programs that recognise the history of colonialism in responses to risky behaviours.
- Establish partnerships between health and corporations for health improvement (e.g. petrol and alcohol outlets).
- Promote access to high quality primary health care.





## Forum workshop recommendations

Each of the eight workshops began with an overview of the current evidence of the relationship between a 'social determinant' of health and the health of Aboriginal and Torres Strait Islander communities, and of current policies, programs and evidence of effective action. The audience was then invited to discuss and recommend actions needed to make positive progress towards increasing Aboriginal peoples' access to the social determinants of health.

The table below sets out the recommendations for the 'next steps' outlined by the Sydney Metropolitan Aboriginal Health Partnership and/or by each of the partner organisations.

The recommendations have been linked with the policies and recommendations of the Close the Gap Campaign (Holland 2015) and national and state Aboriginal health policies.

### 1. Early childhood

There is strong evidence on what Aboriginal children need to become and stay healthy across their lives. The workshop confirmed the need for increased collaboration between Aboriginal communities and the health and education sectors to support continued investment in optimal antenatal care, sustained home visiting, positive parenting education and support, pre-school education and high quality primary health care.

#### *Objective*

To ensure that there continues to be a high level of Aboriginal community, health and education sector support for sustained, integrated, evidence-based services and programs for Aboriginal children.

Strategies	Actions	Outcomes
Advocacy for investment in early childhood services in the education and health sectors	<p>Review current initiatives to identify strengths and gaps.</p> <p>Continue (and/or expand) financial and workforce support for the services required (below).</p> <p>Form new partnerships or strengthen existing partnerships between services.</p>	The Partnership has advocated for continued, and where necessary, increased investment from the health and education sectors in Aboriginal early childhood services, programs and resources.
Communication	Implement a communication strategy to encourage Aboriginal parents to participate in designing and implementing services and programs for their children's health.	Public and professional support is in place for increased, sustained investment in early childhood initiatives in Aboriginal and Torres Strait Islander communities.
Map and assess quality and cultural safety of services	<p>Map and assess the reach, quality, and cultural safety of services being provided in each of the LHDs. Benchmark against national standards and other LHDs. The relevant services include:</p> <ul style="list-style-type: none"> <li>• Sustained Home Visiting, Pre-school Engagement,</li> <li>• Antenatal Health and Health Promotion.</li> </ul>	Actions to increase reach, quality and cultural safety identified and implemented.

## 2. Criminal justice

The emphasis of health care (and other social support) services needs to be on understanding the range of factors influencing the lives of people in the criminal justice system. This means identifying effective ways to support them to maintain their social and emotional wellbeing, including recognising the strong points in their culture. The delivery of cultural competence training and improving the relationship between justice workers, police, clinicians and Aboriginal and Torres Strait Islander people in the justice system must be a priority.

### Objectives

1. To provide optimal pathways between health care, social and community services and the criminal justice sector to ensure that Aboriginal people in the criminal justice system receive appropriate diagnosis and treatment for mental health issues and/or drug and alcohol addiction.
2. To provide optimal pathways between health care, social and community services and the criminal justice sector to enable Aboriginal people who are in the criminal justice system to return safely to the community.

Strategies	Actions	Outcomes
Work with the Sydney East Justice and Wellbeing Taskforce to establish systematic training for police and other justice workers	<p>The training will enable police and other justice workers to:</p> <ul style="list-style-type: none"> <li>• recognise people with health problems, including mental illness, or mental health problems, and to respond effectively.</li> <li>• be culturally competent and respectful in the course of their work.</li> </ul>	The justice systems, police and other professionals who encounter people with poor health outcomes, including mental illness or mental health problems will correctly recognise these problems and refer appropriately.
Work with the Sydney East Justice and Wellbeing Taskforce and the health system to develop more effective services and referral pathways for Aboriginal people in the criminal justice system	<ul style="list-style-type: none"> <li>• Investigate and map pathways that link people in the Justice system with community-based health and social support services.</li> <li>• Establish routine referral systems based on the pathways.</li> <li>• Inform health and other community-based agencies about the pathways and routine referral systems.</li> </ul>	<p>The justice systems, police, and other professionals working within the criminal justice system will assist people to connect with appropriate health and social support services to facilitate successful return to community.</p> <p>People in the criminal justice system will have access to appropriate, culturally competent health and social support services (including mental health services at Aboriginal Medical Services, GPs, and community-based services) upon their release.</p>
Work with the Sydney East Justice and Wellbeing Taskforce to develop Court diversion pathways.	<ul style="list-style-type: none"> <li>• Develop Court diversion pathways.</li> <li>• Advocate for the implementation of Court diversion pathways.</li> <li>• Engage with communities to support and facilitate the use of a merit based Court diversion program.</li> </ul>	<p>Court diversion pathways in place for young people with mental health problems or who are experiencing problems with drugs and alcohol.</p> <p>A merit based Court diversion pathway is in place for young people.</p>

### 3. Racism

The principles embedded in the Declaration on the Rights of Indigenous Peoples are:

- Self determination
- Participation in decision-making and free, prior and informed consent
- Non-discrimination and equality
- Respect for, and protection of culture.

#### Objective

To develop stronger and deeper relationships between Aboriginal and Torres Strait Islander peoples and government agencies, and between Aboriginal and Torres Strait Islander peoples and the broader Australian community (Australian Human Rights Commissioner 2011 p. 52).

Strategies	Actions	Outcomes
Health services (and other social services) recognise, audit for, and take evidence-based actions to eliminate institutional racism from their policies and practices.	<p>Decide on and disseminate agreed definitions of institutional racism and lateral violence.</p> <p>Endorse agreed cultural protocols that health services and other organisations can use to audit their policies, practices, and environments for cultural safety.</p> <p>Endorse agreed evidence-based models for reducing and eliminating institutional racism and/or lateral violence</p> <p>Review relevant policies to determine what changes are required and to advocate for the changes.</p> <p>Review relevant policies to determine whether they are being implemented and recommend appropriate actions.</p> <p>Investigate whether there is relevant funding available for actions to eliminate bullying, harassment, or lateral violence that could be used for this purpose.</p>	<p>Partners each establish a Committee responsible for deciding on and guiding actions to reduce institutional racism and lateral violence.</p> <p>Each LHD has audited policies and practices to identify institutional racism and has identified and implemented evidence-based responses.</p> <p>Report on progress being made by the LHDs each year.</p>
	<p>Identify and disseminate relevant resources, for example:</p> <ul style="list-style-type: none"> <li>• ‘What’s up with my mob?’ website – online component for children and adults (Australian Human Rights Commissioner 2011).</li> <li>• Relevant conferences such as the first Aboriginal Health and Wellbeing Conference to be held in Ballina.</li> </ul>	<p>Information and resources to build awareness of and support for action to build and sustain culturally safe environments identified and disseminated routinely (e.g. in LHD newsletters; Board reports; Terms of Reference of committees).</p>

## 4. Housing

Secure, appropriate housing is critical to the health and wellbeing of urban as well as rural and remote Aboriginal families. Evidence suggests that there is a lack of suitable housing available to Aboriginal people and families, and there is limited information about Aboriginal families' housing preferences from the choices available - public housing, Aboriginal housing, private rental housing and privately owned housing.

### Objectives

1. To identify Aboriginal families' housing preferences.
2. To facilitate an increase in the number of Aboriginal families in the LHD areas that have been able to take up appropriate housing options.
3. To advocate for increases in the stock of affordable, secure, appropriate housing for Aboriginal families in urban areas.

Strategies	Actions	Outcomes
<p>Identify Aboriginal families' housing preferences and options within the LHDs.</p> <p>Identify Aboriginal families who are living in unaffordable, and/or inappropriate housing (or who are homeless)</p>	<p>Collaborate with the AHMRC, NACCHO, LHDs, the Indigenous Business Association, the Aboriginal Legal Service and other relevant partners to identify Aboriginal families' housing preferences and options (within the LHDs).</p> <p>This should include investigation of the number of people being forced out of public housing and the affordable options available to them.</p>	<p>Aboriginal families' housing preferences and options (and the numbers and locations of homes) have been identified.</p>
<p>Increase the number of Aboriginal families living in secure, appropriate housing</p>	<p>Identify housing that's available and include information on the Partnership website.</p> <p>Trial the Holistic Housing and Health Packages (such as the Redfern Integrated Support Program) across LHDs - including housing, mental health, drug and alcohol services, and health care.</p>	<p>More housing options and opportunities available to Aboriginal and Torres Strait Islander residents of the Sydney Metropolitan Health Partnership area.</p> <p>All available trial packages adopted.</p>
<p>Brief the Minister of Housing about the significant link between housing and health in urban areas.</p> <p>Advocate for greater investment in affordable housing</p>	<p>Prepare a briefing note for the Minister of Housing informing him of the significant link between housing and health in urban and rural/remote areas.</p> <p>Advocate to government (and Urban Growth) for greater investment in affordable housing.</p>	<p>Increase in the stock of affordable, secure, appropriate housing, especially on government-controlled urban development sites.</p>
<p>Public information on housing options available to communities</p>	<p>All information about housing preferences and options to be available on LHD websites.</p>	<p>Aboriginal families informed about housing options and support services.</p>

## 5. Education

The association between education and educational achievement and good health and wellbeing is well established.

Aboriginal children’s literacy and numeracy skills have been found to be significantly lower than those of non-Aboriginal children of the same age. This highlights the need for schools to become culturally safe for Aboriginal children, including respecting language and cultures.

Although schools have been concentrating on getting kids to school and on engaging with communities there continues to be a gap in school attendance between Aboriginal and non-Aboriginal children. In remote communities there is nothing out there for children after completion of high school.

A significant opportunity to improve Aboriginal children’s attendance at and retention in schools is through Connected Community Schools that

are able to identify the issues in the communities around school and education and to provide education that is tailored to students’ needs (rather than one size fits all). Connected Communities Schools will be community hubs in which children and parents will have access to a range of services from birth, through school, to further training and education. The Principal positions in such schools are upgraded, and there are to be ongoing partnerships with AECG, schools, TAFEs, and communities.

### Objectives

1. To improve the accessibility and quality (including cultural safety and relevance) of school education for Aboriginal and Torres Strait Islander children.
2. To improve the health and wellbeing of Aboriginal and Torres Strait Islander school children.

Strategies	Actions	Outcomes
Start the dialogue between the services and the schools to develop local schools and local initiatives	Partnership to engage Department of Education to map and engage all schools within its boundaries with a high enrolment of Indigenous students.	Communication strategy with Department of Education and local schools developed and implemented.
Engage the Schools as Communities Projects to support and work with the Partnership to provide better access for health services into schools	Scope current health and other services in local schools. Provide health and other services in the schools by engaging with students and parents, inviting families to be part of the process.	Supported access to schools for health services. Engagement with students, parents and local communities to provide appropriate health care.
Recruit school nurses into schools alongside consideration of the network into the community	Investigate Department of Education Aboriginal Workforce. Develop a plan and advocate for nurses to be located in schools with high numbers of Aboriginal students.	Appropriate Aboriginal workforce in schools to meets the needs of Aboriginal children.

## 6. Employment and training (including cultural competence training)

Strategies	Actions	Outcomes
Support the Aboriginal Workforce Steering Committee in LHDs to recruit and retain more Aboriginal people in all types of positions – professional, administrative, strategic, environmental	Advocate for increased employment opportunities for Aboriginal people across the health sector and encourage and support Aboriginal people to enter the health sector as a career option.	Increase in the number of Aboriginal people employed in secure positions within the health sector.  Increase in the number of Aboriginal people employed at every level within the health sector.
Simplify the application process	Each of the organisations within the health sector reviews the application process (for all employees and Aboriginal employees in particular) and, where necessary, simplify or provide support for applicants.  For all Aboriginal identified positions, wherever practical, ensure that an Aboriginal person is included on interview panels.	Increase in number of Aboriginal people recruited to health sector positions.
Career development, mentorship, and on-going appointments  Retention of employees	Increase career development opportunities for Aboriginal employees within the health sector (including opportunities for further education, training, and mentorship as decided with the employees).  Ensure that Aboriginal employees with transferable, career building skills and experiences, including secure employment, and training.	Increase in number of Aboriginal people who are employed in the Partner health services for five and ten years or more – retention.
Cultural awareness training for all non-Indigenous staff.	Agree on a consistent model of effective cultural awareness training.  Provide cultural awareness training routinely to all staff.	Model developed and disseminated.  Increase in the number and proportion of non -Indigenous staff who are able to meet the criteria for cultural competence.

## 7. Connectedness

To achieve positive outcomes that ensure Aboriginal people and Torres Strait Islanders' connectedness to decision-making power within society and to be self-determining, the Sydney Metropolitan Aboriginal Land Council considers that a truly holistic response is vital. A fundamental step is that Aboriginal sovereignty must be recognised and respected.

Sovereignty would include a Treaty, return of land, royalties, and representative systems that are equal with the rest of community, including seats in parliament. International examples such as New Zealand, United States and Canada provide models for actions that could be taken here.

### Objectives

1. To work with the Sydney Metropolitan Aboriginal Land Council to achieve positive health outcomes among Aboriginal peoples' and Torres Strait Islander peoples by increasing our connectedness to decision-making power within society and enabling us to be self-determining.
2. To expand and support Aboriginal NGOs and community organisations providing health care and health promotion services to communities to enable them to become viable, sustainable entities.

Strategies	Actions	Outcomes
<p>Define Aboriginal sovereignty</p> <p>Articulate the relationship between Aboriginal sovereignty and health and wellbeing</p>	<p>The Partnership liaises with the Sydney Metropolitan Aboriginal Land Council to develop an agreed understanding of Aboriginal sovereignty.</p>	<p>The chairs of the Partnership will have written to appropriate authorities to articulate the definition of Aboriginal sovereignty and the relationship between sovereignty and health and wellbeing.</p>
<p>Public communication</p>	<p>The Partnership works with communities and organisations and explains the vital importance of the relationship between Aboriginal sovereignty and health outcomes.</p>	<p>Health (and other social service) professionals have reached a deeper understanding and recognition of Aboriginal culture - including in relation to health and the use of traditional healing and spirituality in health settings.</p>
<p>Support provided to enable Aboriginal NGOs and community organisations to be effective, efficient, and viable in the long term.</p>	<p>Scope Aboriginal NGOs and community groups offering effective services and programs within the LHDs.</p> <p>Support Aboriginal NGOs and community groups that are effectively promoting and improving health to develop the infrastructure and systems needed to ensure long-term viability.</p>	<p>Aboriginal NGOs and community organisations have been supported to enable them to maximise their effectiveness.</p> <p>Evaluation of the effectiveness of programs and services based on Aboriginal perspectives and methods of determining success.</p>

## 8. Addiction

People frequently turn to drugs and alcohol to numb the effects of negative personal and social environments and for aboriginal people, the ongoing impacts of colonisation and displacement. Drug and alcohol misuse (tobacco, alcohol, illicit drugs and prescription drugs) are strongly related to social and economic disadvantage and contribute significantly to poor health in all communities, including Aboriginal communities. Stigma within Aboriginal communities is a barrier to seeking drug and alcohol treatment, and there is need for an increase in the size of the Aboriginal clinical workforce in the Drug and Alcohol domain. There is existing evidence that supports strategies to reduce the harms caused by addiction in Aboriginal communities' and of what is needed to prevent addiction.

### Objectives

1. To continue to develop integrated, comprehensive drug and alcohol services that are responsive to and culturally safe for Aboriginal clients and communities.
2. To increase the size of the Aboriginal clinical, managerial, and administrative workforce employed in drug and alcohol services.
3. To support Aboriginal communities to build their knowledge of and capacity to prevent the misuse of drugs and alcohol.

Strategies	Actions	Outcomes
<p>Implement recommendations from the Aboriginal Drug and Alcohol Forum</p> <p>Drug and alcohol services to expand models of care to engage with Aboriginal people and communities</p> <p>Drug and alcohol services more accessible and responsive to Aboriginal clients and communities</p>	<p>Mainstream and Aboriginal Community Controlled Organisations work in partnership to treat and prevent health and social problems related to drug and alcohol use.</p> <p>Identify and respond quickly and appropriately to patient and community needs, and to drug trends.</p> <p>Strengthen partnerships between Aboriginal Medical Services, mainstream services, and communities.</p>	<p>Health services, programs and projects that are focused on working with Aboriginal groups including young people and families.</p> <p>Agreed principles for working effectively to treat or prevent drug and alcohol addiction, including to reduce harm and to prevent misuse.</p> <p>Increase in number of Aboriginal people engaging with Drug and Alcohol services.</p> <p>KPIs reflecting improved access to social determinants of health embedded into funding and performance agreements.</p>
<p>Aboriginal staff and community members have leadership roles in deciding on strategies and solutions, and in guiding implementation.</p>	<p>Use the NSW Health Impact Statement to ensure consultation with Aboriginal people in developing, delivering and evaluating services.</p>	<p>Aboriginal people have leadership roles in developing and implementing services and programs.</p>

<p>Increase the Aboriginal drug and alcohol workforce including clinicians, managers and administrators.</p>	<p>Advocate that all Partners work with Aboriginal Employment Services to increase the Aboriginal workforce.</p>	<p>All partners have Aboriginal employment strategies in place.</p>
<p>Reduce stigma that prevents access to drug and alcohol treatment and services.</p>	<p>Provide training and support in treatment and service availability for the Aboriginal drug and alcohol workforce.</p> <p>Provide training for the non-Indigenous drug and alcohol workforce to increase understanding of the complex and traumatic history of Aboriginal people – and the relationship to drug and alcohol addiction.</p>	<p>Increase in number of Aboriginal people engaging with Drug and Alcohol treatment and prevention services and programs.</p>
<p>Increase information available related to needs, service development, prevention programs and progress.</p>	<p>Investigate where data linkage between agencies is possible (both in terms of technical capacity and in terms of privacy legislation).</p>	<p>Seamless, integrated care provision in place, offering flexible wrap around services that include outreach services.</p>
<p>Education for communities.</p>	<p>Provide information and education for community members to prevent drug and alcohol misuse.</p>	<p>Levels of knowledge of ways to prevent drug and alcohol misuse are high in the Aboriginal communities.</p>



## Implementation and governance

The strategies recommended by the forum require action by multiple sectors, so it will be necessary for the partnership to decide on the most efficient and effective model of governance and accountability for each.

It will be necessary to prioritise from the recommendations, those that will be implemented in the short, medium, and longer terms, and to then assign responsibility for overseeing and leading the actions to be taken. It is possible that different organisational models will be necessary depending on the specific recommendation being implemented.

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## Appendix One

# Sydney Metropolitan Local Aboriginal Health Partnership

## Aboriginal Social Determinants of Health Program

Time	
8:30am	Tea and coffee served on arrival
9:00am	<b>Official Welcome – Master of Ceremonies</b> Mr Sol Bellear, Co-Chair, Sydney Metropolitan Local Aboriginal Health Partnership
	<b>Welcome to Country</b> Metropolitan Local Aboriginal Land Council
9:10am	Introduction Dr Teresa Anderson, Chief Executive Sydney Local Health District
9:15am	<b>Official Opening</b> The Hon. Jillian Skinner MP, NSW Minister for Health and Minister for Medical Research
9:30am	<b>Keynote Speakers</b> Professor John McDonald, University of Western Sydney
9:50am	<b>WHO Social Determinants of Health</b> Professor Paul Torzillo, Executive Clinical Director, Head of Respiratory Medicine, SLHD
10:10am	<b>Solutions</b> Mr Rick Welsh, Coordinator, The Shed Mount Drutt <b>Indigenous Social Determinants of Health</b>
10:25am	Dancers from Descendance Aboriginal and Torres Strait Islander Dance Theatre
10:30am	Morning tea
11:00am	<b>Morning Workshops – Aboriginal Social Determinants of Health</b> Workshop 1 – Early childhood Workshop 2 – Criminal Justice Workshop 3 – Racism Workshop 4 – Housing and Transport
12:30pm	Lunch
1:30pm	<b>Afternoon Workshops – Aboriginal Social Determinants of Health</b> Workshop 1 – Connectedness (Family Culture, Country and Land) Workshop 2 – Education Workshop 3 – Employment and Training Workshop 4 – Addiction
3:00pm	Afternoon tea
3:30pm	<b>Plenary Session – Workshop Feedback</b> Dr Greg Stewart, Director of Operations APHC, South Eastern Sydney Local Health District
4:00pm	<b>Aboriginal Community Responses</b> Ms LaVerne Bellear, Chief of Staff, Aboriginal Medical Service Redfern
4:20pm	<b>Charles Perkins Centre</b> Professor Steve Simpson, Academic Director of the Charles Perkins Centre, The University of Sydney
4:40pm	<b>Closing speech</b> Dr Teresa Anderson, Chief Executive Sydney Local Health District
5:00pm	<b>Event close</b>



## Workshops

	Chairperson	Scribe	Presentation	
Early Childhood	<b>A/Prof Karen Zwi,</b> Clinical Director Community Ambulatory Rehabilitation Population Health & Allied Health Directorate, Sydney Children's Hospitals Network	<b>Ms Lavena Lyons,</b> Aboriginal Liaison Officer, Sydney Local Health District	<i>SESLHD Intensive Home Visiting Program</i> <b>A/Prof Karen Zwi</b>	<i>Maari Ma Early Literacy Built into Health</i> <b>Ms Claudett Dixon</b> <b>Dr Garth Alperstein</b>
Criminal Justice	<b>Mr Gregory Davison,</b> Manager, Aboriginal Health, Justice Health & Forensic Mental Health Network	<b>Ms Anna Mactiernan,</b> Management Trainee, Sydney Local Health District	<i>Joining of Two Spirits: Building a Culturally Appropriate Environment</i> <b>Mr Brendan Christie</b> <b>Mr Gregory Davison</b>  <i>Community Integration Team Case Study</i> <b>Mr Nathan Whitton</b> <b>Ms Jeanette Toole</b>  <i>Continuity of Care for Young People Leaving Custody</i> <b>Mr Nathan Whitton</b> <b>Ms Kristy Tran</b>	
Racism	<b>Ms LaVerne Belleair,</b> A/CEO, Redfern Aboriginal Medical Service	<b>Ms Gail Daylight,</b> Manager Aboriginal Health Unit, SESLHD	<i>Racism</i> <b>Ms Laverne Belleair</b>	<i>Lateral Violence</i> <b>Ms Mel Brown</b>
Housing and Transport	<b>Ms Yvette Park,</b> Aboriginal Service Development & Delivery, FACS	<b>Ms Pauline DeWeerd,</b> Aboriginal Health Unit Manager, St Vincent's Hospital	<i>Aboriginal Housing FACS</i> <b>Ms Yvette Park</b>	<i>Roads and Maritime Service - Aboriginal Transport Network</i> <b>Ms Yvette King</b>
Connectedness (Family Culture, Country and Land)	<b>Mr Nathan Moran,</b> Chief Executive Officer, Metropolitan Local Aboriginal Land Council	<b>Ms Sharmain Smith,</b> Respecting the Difference Project Officer, Sydney Local Health District	<i>Metropolitan Local Aboriginal Land Council (MLALC)</i> <b>Mr Nathan Moran</b>	<i>Gamarada Aboriginal Men's Group</i> <b>Mr Ken Zulumovski</b>
Education	<b>Mr Raymond Ingrey,</b> Team Leader Community Engagement, Connected Communities FACS	<b>Mr Peter Shine,</b> Director Aboriginal Health, Northern Sydney Local Health District	<i>Connecting Communities Strategy</i> <b>Mr Raymond Ingrey</b>	<i>Connecting Communities Strategy in Bourke Public School</i> <b>Ms Kylie Pennell</b>
Employment and Training	<b>Ms Debbie Nelson,</b> Director Yarn'n, Aboriginal Employment Services Redfern.	<b>Ms Wendy Bryan-Clothier,</b> Aboriginal Health Management Advisor, Sydney Children's Hospital	<i>Yarn'n Aboriginal Employment Program</i> <b>Ms Debbie Nelson</b>	<i>South Eastern Sydney Local Health District Aboriginal Workforce Plan</i> <b>Mr Shannon Allwright</b>
Addiction	<b>Dr Adrian Dunlop,</b> Medical Advisor, NSW Health	<b>Mr Peter Jack,</b> Aboriginal Health Project Officer, Sydney Local Health District	<i>Hunter Aboriginal Drug Health Program</i> <b>Mr Martin Nean</b> <b>Mr Ray Warner</b>	<i>SLHD Aboriginal Drug Health</i> <b>Ms Keren Kiel</b> <b>Ms Amanda Kassis</b>

## Appendix Two

Although these issues were not considered at the forum, they are widely recognised as social determinants of the health and wellbeing of Aboriginal communities. The objectives and strategies proposed below are suggestions only, drawing on evidence from the literature and communities' experiences. They have been included for consideration by the Partnership and by the wider Aboriginal workforce and communities.

### Income and financial management

Many Aboriginal families have household incomes below the national average – and, in many cases, below the poverty line. Low income, on its own, contributes to poor health and to ongoing stress for families and individuals – with its impact on housing options, food choices, transport options, and on access to health care and medications. It also has an impact on whether or not it's possible to take up higher education opportunities, and on capacity to participate fully in society (children's sport, or community activities), for example. Each of these has an impact on health.

Addictions to smoking, alcohol, illicit drugs and prescription drugs, and to gambling are all consequences of social and economic disadvantage – on one hand offering an escape from the effects of negative personal and social environments, and on the other, leading to financial hardship and deprivation.

### Objectives

1. To support the implementation of the education and employment/training strategies outlined in Sections 6 and 7, above.
2. To increase the access of Aboriginal communities to financial management advice and support.
3. To increase the services accessible to Aboriginal communities to reduce and prevent gambling addiction.

Strategies	Actions	Outcomes
Strengthen communication about and support to take up education, training, and employment opportunities.	Advocate that all Partners work with Aboriginal Employment Services to increase the Aboriginal workforce.  Advocate that all Partners work with education/training providers to increase Aboriginal enrolments and completions.	Increased information for Aboriginal people about employment and education opportunities.  Greater number of employment opportunities available for Aboriginal people in the workforce in all industries.  Greater number of education/training opportunities for Aboriginal high school graduates.
Identify a culturally competent provider to deliver budget management education, advice and support. (The provider should be Aboriginal wherever available).	Communicate with communities about the availability of the education, advice and support.  Assist providers to deliver programs effectively and in locations that are easily accessible.	Greater opportunities for low-income Aboriginal people and families to obtain assistance with budgeting, financial management, and support.
Education for communities on overcoming gambling addiction	Identify and publicise effective on-line, written, and face-to-face opportunities for education and support to overcome gambling addiction.	More effective education available to Aboriginal people about avoiding gambling addiction.
Education for communities on preventing gambling addiction	Identify and advocate for the delivery of effective gambling prevention programs and services.	More effective education available to Aboriginal people about overcoming gambling addiction.
Increase the Aboriginal work-force providing information, education, and services on financial management, or preventing gambling addiction.	Collaborate with initiatives to increase the Aboriginal workforce in health and addiction services and programs.	Increase in the number of Aboriginal people in secure employment.

## Transport

There is evidence that limited access to transport is a significant factor in preventing Aboriginal people from obtaining optimal health care – including emergency and non-emergency care, preventive services or programs, or follow-up care. One of the consequences of the unequal access to other social determinants of health (e.g. education, employment, and income) is that Aboriginal people experience higher rates of acute and chronic disease, requiring higher than the population average levels of access to health care services.

Poverty limits access to private motor vehicles, and even in the cities, Aboriginal communities have been poorly serviced by public transport options. Furthermore, higher than average levels of poor health and disability mean that public transport may not be physically accessible.

Access to timely, affordable transport is, therefore, an important determinant of the immediate and long-term health of Aboriginal and Torres Strait Islander peoples – exacerbating the impact of living in communities that are, often, even in cities, poorly serviced by public transport options.

At least one LHD is investigating the options for expanding the transport and parking options available to people who currently struggle to access the health care (and other social services) they need. It will be essential to ensure that the needs of Aboriginal and Torres Strait Islander peoples are considered in depth in identifying suitable solutions.

## Objectives

1. To investigate the needs of Aboriginal and Torres Strait Islander people and communities in the Sydney metropolitan area for transport to obtain optimal health care – at existing facilities and through community outreach initiatives.
2. To increase appropriate transport options for Aboriginal and Torres Strait Islander people and communities to enable them to obtain optimal health care.
3. To reduce transport as a barrier to receiving optimal care by providing community-based outreach care that is readily accessible to Aboriginal and Torres Strait Islander communities.

Strategies	Actions	Outcomes
Investigate unmet need for emergency and non-emergency transport to obtain optimal health care among the Aboriginal communities in the Sydney metropolitan area	Consult with Aboriginal and Torres Strait Islander patients, carers, and families about needs for transport to health care services – emergency and non-emergency services – using focus groups, survey, and individual interviews	Nature and extent of the problem defined, and solutions identified
Aboriginal and Torres Strait Islander patients, carers, and communities informed about existing transport options	Develop and distribute information on transport options to health care facilities to all patients, carers and families – both emergency and non-emergency transport.	Increased use of non-emergency transport services to reach health care facilities
Explore options to establish outreach services closer to communities	Wherever feasible and cost-effective, provide outreach services close to Aboriginal and Torres Strait Islander communities.	Increase in the number of Aboriginal and Torres Strait Islander patients receiving early care (e.g. antenatal care), early diagnosis and treatment, and receiving optimal care along the pathway (of chronic disease)
Eliminate/ reduce health service-controlled costs of parking for low income patients and families		

## Crime Prevention

There is growing evidence that the social determinants of health are also the determinants of criminal activity, and that conversely, reductions in the inequitable distribution of the determinants of health are not only necessary to increase health equity, but also to reduce the number and proportion of people who engage in crime – or who are caught up in the criminal justice system.

Among the most effective crime prevention strategies are those that focus on equipping all parents to provide a nurturing, positive social and learning environment for their children, and that enable all young children to have access to high quality early childhood education. (See the recommendations in the early childhood section of this report).

There is evidence, too, of explicit crime prevention programs that have been implemented in a variety of settings and places (Gabor 2011, Australian Institute of Criminology 2015), and by a variety of organisations including local government.

### **Objective**

To increase the implementation of evidence-based crime prevention strategies with and in Aboriginal communities.

Strategies	Actions	Outcomes
Work with the Sydney East Justice and Wellbeing Taskforce to identify crime prevention strategies that have been effective in Aboriginal communities – or that have a high potential to be effective	Invest in pilot testing and evaluating crime prevention initiatives in Aboriginal communities	Increased number of evidence-based crime prevention programs implemented in Aboriginal communities.  Evidence of ‘what works’ in crime prevention programs in Aboriginal communities generated and published





**Cover artwork**

*Branching out to different communities*  
by artist **Kayelene Slater**