

Pre Budget Submission 2020-21 to the State Government of Western Australia

November 2019

CONTENTS

ACKNOWLEDGEMENT.....	1
INTRODUCTION.....	2
RECOMMENDED STRATEGIC PRIORITIES FOR THE 2020-2021 BUDGET	2
ESTABLISH A CULTURALLY SECURE SUSTAINABLE HEALTH SYSTEM.....	2
RECOGNISE THE VITAL ROLE OF ABORIGINAL HEALTH WORKERS AND PRACTITIONERS	3
ADDRESS THE NUMBER OF ABORIGINAL CHILDREN IN OUT OF HOME CARE	4
EMPOWER ABORIGINAL PEOPLE AND COMMUNITIES TO STRENGTHEN THEIR SOCIAL AND EMOTIONAL WELLBEING	5
EMPOWER ABORIGINAL PEOPLE TO DELIVER SUICIDE PREVENTION PROGRAMS THAT WORK FOR THEM.....	6
ADDRESS THE LACK OF HOUSING AND POOR HOUSING MAINTENANCE IN REMOTE AREAS....	7
ENSURE THAT SAFE, CLEAN WATER IS AVAILABLE TO ALL WESTERN AUSTRALIANS.....	8
ENSURE ALL ABORIGINAL COMMUNITIES HAVE ACCESS TO AFFORDABLE AND NUTRITIOUS FOOD	9
CONCLUSION	10
APPENDIX A: FULL LIST OF RECOMMENDATIONS.....	101

ACKNOWLEDGEMENT

The Aboriginal Health Council of Western Australia (AHCWA) acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. AHCWA recognises the wisdom of Aboriginal Elders and leaders, past and present and emerging, and pays respect to Aboriginal communities of today. AHCWA acknowledges the Aboriginal people of the future, our young Aboriginal people, the carriers of culture, of memories, of traditions, and of hopes and aspirations.

Throughout this document, the term Aboriginal is respectfully used to represent all Aboriginal and Torres Strait Islander people of Western Australia.

INTRODUCTION

AHCWA is the Peak Body for the 23 Aboriginal Community Controlled Health Services (ACCHS) of Western Australia. For over 40 years, ACCHS have led the way in delivering best-practice, comprehensive primary health care and medical services to Aboriginal people and communities across the State. AHCWA exists to support and act on behalf of its Member ACCHS.

As the McGowan Government prepares its final budget ahead of the 2021 Western Australian election, it has a unique opportunity to demonstrate its commitment to future-focused health policies, and to establish its election platform. The Government's commitment to prioritising and enhancing the health and wellbeing of Aboriginal people and their communities across Western Australia must be central to the 2020-2021 State Budget, to the 2021 election campaign, and beyond.

With ACCHS services and clinics situated in over 70 metropolitan, regional, remote and very remote locations, ACCHS represent an extensive network of experts working in the delivery of comprehensive primary health care services across the lifespan of Aboriginal people. ACCHS are, therefore, uniquely positioned to advise the McGowan Government on the local, cultural, health and wellbeing needs of the Aboriginal people and communities in which they are located, and to deliver effective locally placed-based health services.

Ahead of the 2020-2021 State Budget, AHCWA welcomes the opportunity submit recommendations to the Government on necessary strategic priorities and funding commitments to ensure Aboriginal people and their communities have every opportunity to attain optimal health and wellbeing. In particular, AHCWA supports initiatives that will establish and support a culturally secure sustainable health system, challenge systemic racism, facilitate genuine system wide partnerships with ACCHS, strengthen the ACCHS workforce, and recognise and address social determinants of health.

RECOMMENDED STRATEGIC PRIORITIES FOR THE 2020-2021 BUDGET

ESTABLISH A CULTURALLY SECURE SUSTAINABLE HEALTH SYSTEM

AHCWA and its Member ACCHS are committed to the vision that Aboriginal people in Western Australia enjoy the same level of health and wellbeing as all Western Australians. The prerequisites of Aboriginal leadership, self-determination and cultural security are integral to achieving this objective.

Evidence shows that institutional racism within the health service system continues to deny Aboriginal people access to the same standard of healthcare as non-Aboriginal people, contributing to the persistence of poorer health outcomes.¹ For example, the absence of culturally appropriate care can have direct impacts on an Aboriginal person's decision to access or accept services, and whether to self-discharge against medical advice². To address this, the Sustainable Health Review Final Report recommends the need for reform

¹ See eg. Arabena K, 'Future initiatives to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples', *Medical Journal of Australia*, Vol 199, No. 1 (2013) 22; Paradies Y et al, "Racism as a Determinant of Health: A Systematic Review and Meta-Analysis", *Public Library of Science*, Vol 10, No. 9 (2015); Sustainable Health Review, Interim Report to the Western Australian Government, February 2018, 40.

² Sustainable Health Review, Interim Report to the Western Australian Government, February 2018, 40

of the Western Australian health system, particularly with respect to the delivery of health services to Aboriginal people and their communities. Significantly, the Report emphasises the integral role of ACCHS as leaders in improving health outcomes for Aboriginal people and for delivering a quality, culturally secure and equitable health service system.³

AHCWA consistently advocates for ACCHS to be preferred providers in the delivery of effective, appropriate and culturally secure services and supports for Aboriginal people and their communities. The evidence that Aboriginal Community Controlled models of service deliver better outcomes for Aboriginal people is well established. Where Aboriginal people and communities lead, define, design, control and deliver services and programs to their communities, improved health and social and emotional wellbeing outcomes are experienced by the community.⁴ In AHCWA's view, ACCHS will be better placed to provide services with the establishment of Aboriginal Community Controlled procurement and commissioning protocols, which include monitoring and oversight mechanisms.

AHCWA acknowledges that there are essential health services ACCHS are unable to deliver, for example hospital care, and therefore it is extremely important that the state-wide health service system works in partnership and co-design with ACCHS to achieve better health outcomes for Aboriginal people. Mandatory cultural safety training for staff in mainstream services, embedding cultural secure practices, involving ACCHS in patient care planning, and listening to and communicating with communities are key factors for establishing a culturally aware and secure sustainable health system across the state. This model would help to address institutional racism, facilitate change, and embed culturally secure practice as standard across the health service system.

Recommendation 1

Establish procurement, commissioning and monitoring policies and practices that prioritise ACCHS as preferred service providers for the delivery of primary health and related services to Aboriginal people and their communities.

Recommendation 2

Consult with grassroots Aboriginal communities about, and commit sustainable long-term funding for, reform initiatives to build a culturally secure, and equitable health service system in Western Australia.

RECOGNISE THE VITAL ROLE OF ABORIGINAL HEALTH WORKERS AND PRACTITIONERS

Aboriginal Health Workers and Health Practitioners (AHW/AHPs) are uniquely positioned to assist in the delivery of equitable and culturally safe services for Aboriginal people and their communities in Western Australia. Disappointingly, however, the hospital system significantly underutilises AHW/AHPs and where they are present they are often excluded from clinical roles, and are instead limited to roles in advocacy and support.

The Sustainable Health Review Final Report identifies the opportunity for APW/AHPs roles to be expanded in the WA health system as members of multidisciplinary teams.⁵ Not only would enhancing the scope of AHW/AHPs enhance the unique expertise of the clinical team,

³ Sustainable Health Review, Final Report to the Western Australian Government, 2019.

⁴ Campbell, D, Pyett, P, & McCarthy, L 2007. Community development interventions to improve Aboriginal health: Building an evidence base. Health Sociology Review.

⁵ Sustainable Health Review, Final Report to the Western Australian Government, 2019.

importantly it would increase the likelihood of Aboriginal people receiving equitable and culturally appropriate care.

To meet the need of having AHW/AHPs in public hospital multidisciplinary teams, an increase in the number of Aboriginal people completing their Cert IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice would be required. For this to occur, there needs to be broader government support for innovative ways of attracting and supporting Aboriginal students in completing their studies.

Aboriginal students, including those in secondary, vocational education and training (VET) and tertiary studies, often experience diverse challenges and barriers when completing their education. Improved career pathways that recognise and accommodate these complex circumstances are required. For example, to support young Aboriginal people to become AHW/AHPs, flexible and collaborative education and support models incorporating a mixture of school and VET sector certification with health industry support, may provide students with a clearer pathway into the career of their choice.

Recommendation 3

Commit to the development and funding of innovative and flexible support models for Aboriginal students to complete secondary education, VET and industry specific training, and enable viable pathways into employment.

Recommendation 4

Provide adequate and sustained investment in the expansion of the scope and number of AHW/AHP roles within the public health system to provide greater placement opportunities for trainees, better value and utilization of the unique skills of AHW/AHPs to provide more culturally secure services for Aboriginal people.

ADDRESS THE NUMBER OF ABORIGINAL CHILDREN IN OUT OF HOME CARE

The overrepresentation of Aboriginal children in the out of home care system in Western Australia continues to be unacceptable with 55% of the 5,379 children in the Department of Communities' care as of June 2019 being Aboriginal.⁶ Furthermore, in 2018/19 only 64% of Aboriginal children in care were placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle.⁷ The Government's failure to keep Aboriginal children with family, or at least connected to kin and cultural support, is a key concern for AHCWA and its member ACCHS.

In many communities across Western Australia, ACCHS have existing relationships with vulnerable Aboriginal families and work closely with them to promote healthy relationships and family wellbeing, to prevent Aboriginal children from going into care. In recognition of the strong healing and protection roles of cultural and community connections for better health and wellbeing outcomes for Aboriginal people, AHCWA submits that ACCHS and other Aboriginal Community Controlled Organisations (ACCO) are best placed to provide early intervention support services to Aboriginal children and their families.

AHCWA supports the McGowan Government's commitment to develop an Action Plan to

⁶ Department of Communities 2019. Department of Communities 2018-19 Annual Report. Retrieved from: <https://www.communities.wa.gov.au/about/publications/>

⁷ Department of Communities 2019. Department of Communities 2018-19 Annual Report. Retrieved from: <https://www.communities.wa.gov.au/about/publications/>

address the overrepresentation of Aboriginal children in out of home care. This will require the Government to empower Aboriginal communities to lead the process and determine solutions.

The State Government must also commit more broadly to a culturally competent child and family welfare system that prioritises the self-determination of Aboriginal families and communities through systemic reform that recognises and builds on existing ACCHS capacity to deliver family support and out-of-home care services.

Recommendation 5

Empower ACCHS to deliver early intervention and prevention support services with Aboriginal families through transparent and fair commissioning processes, and adequate and sustained funding.

Recommendation 6

Commit to thorough systemic reform in the child welfare system mandating the Department of Communities' adherence to the Aboriginal and Torres Strait Islander Child Placement Principles, and ensure the placement of Aboriginal children within kinship networks.

Recommendation 7

Increase funding for Aboriginal-led family wellbeing and reunification programs that assist families to build a safe home environment enabling their children to be returned as soon as possible, including ongoing post-reunification support for these children and their families.

EMPOWER ABORIGINAL PEOPLE AND COMMUNITIES TO STRENGTHEN THEIR SOCIAL AND EMOTIONAL WELLBEING

Social and Emotional Wellbeing (SEWB) for Aboriginal people and their communities recognises that health is a holistic concept. For Aboriginal people, connection to family, Elders, community, country, culture, and spirituality are all interconnected, and impact on health and wellbeing. SEWB extends further than mainstream concepts of mental health, which are deficits focussed and limited in recognising and addressing the full scope of factors that impact an Aboriginal person's health and wellbeing.

The SEWB of Aboriginal people is also influenced by physical wellbeing, emotional wellbeing, and cultural wellbeing, and other social determinants, such as education, employment, housing and economic security. SEWB is also deeply impacted by experiences of historical and current trauma, grief, loss, discrimination, social racism, and continued institutional violations of the human rights of Aboriginal people.

The ongoing disparity between Aboriginal and non-Aboriginal health and wellbeing outcomes confirm that the current mainstream approach is not adequate for meeting the needs of Aboriginal people. In response to this issue, the WA ACCHS sector has developed an *Aboriginal Community Controlled Health Service Social and Emotional Wellbeing Service Model* which is a blue print for the delivery of comprehensive and culturally secure SEWB support services for Aboriginal people and their communities.

ACCHS are best-positioned to lead and deliver SEWB programs to Aboriginal people across Western Australia, and they must be supported to implement the *Aboriginal Community Controlled Health Service Social and Emotional Wellbeing Service Model*.

Recommendation 8

Invest in sufficient and sustained funding and resources for the implementation of the *Aboriginal Community Controlled Health Service Social and Emotional Wellbeing Service Model* to be led and delivered by ACCHS across WA.

EMPOWER ABORIGINAL PEOPLE TO DELIVER SUICIDE PREVENTION PROGRAMS THAT WORK FOR THEM

Suicide is an ongoing tragedy for Aboriginal people with the ripple effects of suicide attempts and completed suicides being felt across the breadth of their communities. Western Australia has consistently recorded the highest standardised death rate of suicides of Aboriginal people of any state or territory with 37.9 deaths per 100,000 people across 2014-18⁸. This is also substantially higher than the national average rate for Aboriginal people over the same time period which was 23.7 deaths per 100,000 people⁹. The rate of suicide is three times greater for Aboriginal people than for non-Aboriginal people.

Aboriginal children and young people are particularly vulnerable to suicide. The recent *Inquest into the Deaths of 13 Children and Young Persons in the Kimberley Region* identified that despite the considerable efforts of service providers and increases in government funding for new suicide prevention initiatives, children and young people continue to die by suicide¹⁰. The inquiry also found that current suicide prevention programs fail to adequately address the needs of Aboriginal youth and adults by reinforcing a mainstream perspective of health that is not culturally relevant. Services need to be co-designed in a way that prioritises a collective and inclusive approach towards cultural healing for Aboriginal communities¹¹.

AHCWA strongly supports the development of an Aboriginal specific suicide prevention action plan that: is developed by Aboriginal people, for Aboriginal people; invests in Aboriginal-led initiatives; prioritises culturally secure approaches to SEWB and Suicide Prevention; and, values the depth of knowledge held within Aboriginal communities about what works to prevent suicides among Aboriginal people across Western Australia. An Aboriginal specific suicide prevention action plan must acknowledge the unique and various drivers of suicidal behaviours and recognise cultural differences across communities by having a regional focus, and the voices and lived experience of Aboriginal youth must also be captured and valued.

Aboriginal-led strategies must be prioritised and ACCHS must be empowered to deliver these SEWB programs. The recently released *Mental Health Draft Report* by the Australian Productivity Commission supports this by stating; 'suicide prevention programs for Aboriginal and Torres Strait Islander people should have Indigenous-controlled organisations as the preferred providers, to increase the likelihood that program provision is sensitive to the experiences, culture and specific social issues faced within particular communities'¹².

⁸ Australia Bureau of Statistics 2019, Causes of Death, Australia, 2018, retrieved from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2018~Main%20Features~Intentional%20self-harm%20in%20Aboriginal%20and%20Torres%20Strait%20Islander%20people~4>.

⁹ Australia Bureau of Statistics 2019, Causes of Death, Australia, 2018, retrieved from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2018~Main%20Features~Intentional%20self-harm%20in%20Aboriginal%20and%20Torres%20Strait%20Islander%20people~4>.

¹⁰ Coroner's Court of Western Australia 2019, *Inquest into the Deaths of Thirteen Children and Young Persons in the Kimberley Region*, Western Australia.

¹¹ Coroner's Court of Western Australia 2019, *Inquest into the Deaths of Thirteen Children and Young Persons in the Kimberley Region*, Western Australia.

¹² Productivity Commission 2019. *Mental Health: Productivity Commission Draft Report – Overview and Recommendations*, retrieved from <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>. Pg. 15.

Recommendation 9

Commit to sufficient and sustained funding for the development and implementation of a culturally secure *Western Australian Aboriginal Suicide Prevention Action Plan* with dedicated regional streams.

Recommendation 10

Recognise existing cultural and governance structures within Aboriginal communities across Western Australia, and promote their leadership, self-determination and decision making in the development of suicide prevention programs that will work for their communities.

Recommendation 11

Empower emerging Aboriginal leaders and Aboriginal youth to have a voice in developing solutions and decision making in relation to suicide prevention priorities.

Recommendation 12

Urgently invest in ACCHS to provide culturally secure suicide prevention, intervention and postvention services for Aboriginal people at a local level while the *Western Australian Aboriginal Suicide Prevention Action Plan* is being developed.

ADDRESS THE LACK OF HOUSING AND POOR HOUSING MAINTENANCE IN REMOTE AREAS

People in remote Western Australian communities continue to experience hygiene-related diseases at rates higher than non-Aboriginal people because of poor living conditions and inadequate home maintenance programs.¹³

Ongoing work in the area of Environmental Health has established causal links between the home environment and health outcomes, and specific health problems are correlated with poor conditions in remote housing. For example, skin diseases, ear infections, respiratory conditions, gastrointestinal infections and rheumatic heart disease are all directly related to poor living conditions and overcrowding¹⁴.

In Australia, sustained progress has been made in reducing the rate of preventable infectious diseases with environmental health information readily available, and specific activities around water, sanitation, rubbish collection, housing standards, and food safety being embedded into local government services. However, Aboriginal people are denied the same health outcomes that non-Aboriginal people are able to enjoy, with control over public housing, utilities and maintenance in remote areas largely taken out of Aboriginal control. Factors, such as poor water and food quality, air pollution, unmaintained buildings and waste, are likely responsible for 13 per cent of the overall gap in premature mortality between Aboriginal and non-Aboriginal people in country Western Australia¹⁵.

Significant investment is urgently needed in 'housing for health' initiatives to reduce the disease burden on, and resulting hospital presentations of, Aboriginal children, adults and

¹³ Foster, T & Nina L. Hall 2019. Housing conditions and health in Indigenous Australian communities: current status and recent trends, *International Journal of Environmental Health Research*

¹⁴ Silburn S, Zubrick S, De Maio J, Shepherd C, Griffin J, Mitrou F, Dalby R, Hayward C & Pearson G. 2006. *The Western Australian Aboriginal child health survey*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research.

¹⁵ Holman, D 2019, *A Promising Future: WA Aboriginal Health Outcomes*, from *Sustainable Health Review 2019*.

Elders due to poor housing and living conditions. Programs must be designed and delivered by Aboriginal organisations with relationships in communities, using local knowledge and skills to address local issues including overcrowding, maintenance and the need for new housing.

Recommendation 13

Urgently invest in the construction of new housing stock in remote communities to ameliorate overcrowding which leads to poor health. This must include the capacity building of local Aboriginal organisations to empower local people to complete the work.

Recommendation 14

Develop and invest in sustainable housing maintenance programs for remote communities in partnership with Aboriginal Community Controlled Organisations. This must include capacity building to enhance the skills of Aboriginal people, and limit the use of fly-in, fly-out labour.

Recommendation 15

Invest in local training and employment initiatives for a sustainable on-the-ground Aboriginal workforce to develop, lead and deliver preventative environmental health activities.

ENSURE THAT SAFE, CLEAN WATER IS AVAILABLE TO ALL WESTERN AUSTRALIANS

Most remote Aboriginal communities in Western Australia rely on groundwater for drinking water and domestic needs, however, many residents in remote communities do not consider their water safe to drink, and do not have any reasonable or practical alternatives. They also don't have access to reliable data about the chemical content or quality of the water available to them, raising concerns about the health impacts of the water they consume.

Water quality testing is completed across Western Australia and data is available via the Water Corporation, the Department of Communities or the Department of Health. However, there is no transparency of this data to enable Aboriginal people, communities or ACCHS to make informed decisions about whether their water is safe for all community members, including pregnant women and babies.

There is also a lack of current research around the standards of groundwater being used for consumption in Aboriginal communities and the potential impact on health from long term exposure to higher than normal levels of nitrates, arsenic and uranium in drinking water. A study by Kalgoorlie Pediatrician, Dr Christine Jeffries-Stokes raised concerns that the levels of nitrates and other pollutants in water in the Western Desert area greatly exceed officially recommended levels, and that it is highly likely that people in remote communities are unknowingly ingesting high levels of nitrates and uranium, including uranyl nitrates¹⁶. In some areas where water quality is poor, or where the supply is severely limited, water is transported into the community which is extremely costly, and can have negative environmental impacts such as increased plastic waste from used disposable water bottles.

There is significant concern and a general lack of confidence in remote communities about the monitoring and management of its water supply, including at what point the water is tested, and how this information is shared. This situation must change, and water quality standards

¹⁶ Rajapakse, J. Rainer-Smith, S. Millar, G. J. Grace, P. Hutton, A. Hoy, W. Jeffries-Stokes, C. and Hudson, B. 2019. Unsafe drinking water quality in remote Western Australian Aboriginal communities. *Geographical Research*, 57: 178– 188. <https://doi.org/10.1111/1745-5871.12308>

in remote communities must be comparable to the quality of water available to all Australians.

Recommendation 16

Establish an independent review of all current water testing and analysing processes used in regional and remote Aboriginal communities to establish a consistent standard across the state.

Recommendation 17

Mandate the release of water quality testing data by government departments to Aboriginal communities on a regular basis.

Recommendation 18

Prioritise funding for research into the current standard of drinking water in Western Australia, and the long term health effects of long term exposure to high levels of pollutants in remote Aboriginal communities.

Recommendation 19

Urgently invest in resources and infrastructure to ensure all Aboriginal communities have access to clean drinking water, including cost-effective local level water treatment systems.

ENSURE ALL ABORIGINAL COMMUNITIES HAVE ACCESS TO AFFORDABLE AND NUTRITIOUS FOOD

The vast majority of Western Australians have access to safe, affordable, nutritious and high quality food, however, many Aboriginal people, particularly those in remote communities, are not afforded this access¹⁷. Often food in these communities does not meet quality and safety guidelines, and issues with transportation can result in limited nutritious food options, and high costs for core foods; for example, fruit and vegetables can be 30% higher in remote communities¹⁸.

Many factors can contribute to food insecurity for people in remote communities including income, limited access to transport, poor housing infrastructure like limited storage, refrigeration and cooking facilities, and overcrowding resulting in many mouths to feed¹⁹. Due to limited employment options, many residents in these communities earn a significantly lower income than residents in other areas, and as a result spend a considerably higher proportion of their income on food²⁰.

Food supply in these communities is a key issue and is often limited to a single community general store. In 2010, a census of all remote Western Australian Aboriginal community store managers was completed and it found that poor store infrastructure, compromised cold chain

¹⁷ Climate Council of Australia 2015. Feeding a Hungry Nation: Climate Change, Food and Farming in Australia, retrieved from: <https://www.climatecouncil.org.au/uploads/7579c324216d1e76e8a50095aac45d66.pdf>.

¹⁸ Climate Council of Australia 2015. Feeding a Hungry Nation: Climate Change, Food and Farming in Australia, retrieved from: <https://www.climatecouncil.org.au/uploads/7579c324216d1e76e8a50095aac45d66.pdf>.

¹⁹ Australian Institute of Family Studies 2011, *Food Insecurity in Australia: What is it, who experiences it and how can child and family service support families experiencing it?*, retrieved from: <https://aifs.gov.au/cfca/publications/food-insecurity-australia-what-it-who-experiences-it-and-how-can-child>.

²⁰ Australian Institute of Family Studies 2011, *Food Insecurity in Australia: What is it, who experiences it and how can child and family service support families experiencing it?*, retrieved from: <https://aifs.gov.au/cfca/publications/food-insecurity-australia-what-it-who-experiences-it-and-how-can-child>.

logistics, and frequent power outages regularly affected food quality and safety²¹.

As evidence shows that Aboriginal people and their families experience high incidences of malnutrition and bear a significant chronic disease burden, sustained action and leadership is required to ensure the food security of Aboriginal people in Western Australia²². Food security initiatives for enhancing the health of Aboriginal people in remote communities must address high food prices (particularly the affordability of nutritious foods), transport inefficiencies, freight costs, and nutrition awareness-raising activities for Aboriginal communities.

Recommendation 20

Prioritise the development of an action plan, including sufficient and sustained funding, to ensure equitable access to safe, affordable, nutritious and high quality food for Aboriginal communities across Western Australia.

CONCLUSION

AHCWA and its member ACCHS are committed to working with Aboriginal people and their communities across Western Australia to attain optimal health and wellbeing outcomes, within a culturally secure model of care. While the challenges for delivering primary health care with Aboriginal people are many, the opportunities for positive outcomes are also significant. With this submission, AHCWA outlines recommendations on key strategic priority areas for enhancing the health and wellbeing of Aboriginal people; to harness opportunities and to achieve outcomes. AHCWA offers these recommendations in good faith and looks forward to working with the McGowan Government in partnership with Aboriginal people and their communities.

²¹ Pollard, CM, Nyaradi, A, Lester, M. & Sauer, K. 2014. *Understanding food security issues in remote Western Australian Indigenous communities*, retrieved from: <http://www.publish.csiro.au/HE/fulltext/HE14044>.

²² Pollard, C & Begley, A 2013. Food Security for Aboriginal and Torres Strait Islander Peoples Policy, retrieved from <https://www.phaa.net.au/documents/item/245>.

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Provide adequate and sustained investment in the expansion of the scope and number of AHW/AHP roles within the public health system to provide greater placement opportunities for trainees, better value and utilise the unique skills of AHW/AHPs, and to provide more culturally secure services for Aboriginal people.

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Recommendation 7

Increase funding for Aboriginal-led family wellbeing and reunification programs that assist families to build a safe home environment enabling their children to be returned as soon as possible, including ongoing post-reunification support for these children and their families.

Recommendation 8

Invest in sufficient and sustained funding and resources for the implementation of the *Aboriginal Community Controlled Health Service Social and Emotional Wellbeing Service Model* to be delivered solely by ACCHS across WA.

Recommendation 9

Commit to sufficient and sustained funding for the development and implementation of a culturally secure *Western Australian Aboriginal Suicide Prevention Action Plan* with dedicated regional streams.

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Recognise existing cultural and governance structures within Aboriginal communities across Western Australia, and promote their leadership, self-determination and decision making in

the development of suicide prevention programs that will work for their communities.

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Empower emerging Aboriginal leaders and Aboriginal youth to have a voice in developing solutions and decision making in relation to suicide prevention priorities.

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Urgently invest in ACCHS to provide culturally secure suicide prevention, intervention and postvention services for Aboriginal people at a local level while the *Western Australian Aboriginal Suicide Prevention Action Plan* is being developed.

Recommendation 13

Urgently invest in the construction of new housing stock in remote communities to ameliorate overcrowding which leads to poor health. This must include the capacity building of local Aboriginal organisations to empower local people to complete the work.

Recommendation 14

Develop and invest in sustainable housing maintenance programs for remote communities in partnership with Aboriginal Community Controlled Organisations. This must include capacity building to enhance the skills of Aboriginal people, and limit the use of fly-in, fly-out labour.

Recommendation 15

Invest in local training and employment initiatives for a sustainable on-the-ground Aboriginal workforce to develop, lead and deliver preventative environmental health activities.

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Establish an independent review of all current water testing and analysing processes used in Aboriginal communities to establish a consistent standard across the state.

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