

**Queensland Aboriginal and Islander Health Forum**  
**Submission to the Select Committee on the Administration of Indigenous Affairs**

**1. The provisions of the Aboriginal and Torres Strait Islander Commission Amendment Bill 2004**

The establishment of an Office for Evaluation and Audit is an important part of the Aboriginal and Torres Strait Islander Commission Amendment Bill 2004. Robust, rigorous, and action-oriented evaluation processes are crucial in measuring and determining the inputs, outputs, and outcomes of Government programs. These processes provide for a two-way accountability mechanism which ensures transparency of Government initiatives in Aboriginal and Torres Strait Islander Affairs. In addition, recognising the responsibilities of State and Territory jurisdictions in the provision of essential services is crucial to ensure transparency and accountability in Aboriginal and Torres Strait Islander Affairs. The development of performance measures or targets within all Australian Government Departments to increase (and retain) the number of Aboriginal and Torres Strait Islander people within their workforce will be important given the provisions under the Amendment Bill 2004.

It is noted that references to the Aboriginal and Torres Strait Islander Commission (ATSIC) will be removed from other Acts. It will be important for a mechanism to then be in place for those agencies operating under such Acts, such as the National Health and Medical Research Council Act 1992, to have formal transparent structures in place which provide for engagement and appropriate representation from Aboriginal and Torres Strait Islander people. QAIHF recognises the important role played by the National Aboriginal Community Controlled Health Organisation (NACCHO) as the source of expert advice on Aboriginal and Torres Strait Islander health at the national level.

**2. The proposed administration of Indigenous programs and services by mainstream departments and agencies**

QAIHF acknowledges that the Council of Australian Government (COAG) Overcoming Indigenous Disadvantage Key Indicators 2003 form the basis for the new arrangements for the administration of Aboriginal and Torres Strait Islander programs and services by mainstream departments and agencies. It is noted that the majority of health indicators are in the Early Child Development and Growth (prenatal to age 3) Strategic Areas for Action – Strategic Change Indicators. There is only a limited number of health Strategic Change Indicators namely:

- Primary school children with dental caries.
- Access to a nearest health professional.
- Employment (full-time / part-time) by sector (public/private), industry and occupation.

Therefore, it will be important for the Strategic Change Indicators to also articulate with other national reporting processes such as the National Aboriginal and Torres Strait Islander Health Performance Indicators (and any future iterations). In addition, data limitations concerning Aboriginal and Torres Strait Islander Affairs continues to be an ongoing issue across all levels of government. History to-date has shown that in reporting against the National Aboriginal and Torres Strait Islander Health Performance

Indicators, these same data limitations have continued to exist with no transparent improvement evidenced over a number of years. Ensuring that government agencies are required to show an improvement in the quality and rigorousness of data is an important monitoring mechanism if improvements are to be realised within an outcomes based approach which demonstrates improved access.

QAIHF acknowledges the importance of the Substance Use and Misuse Strategic Area for Action as addressing substance misuse is an important part of a comprehensive primary health care approach. In Queensland, QAIHF and the Queensland Indigenous Substance Misuse Council (QISMC) have a Memorandum of Understanding (MoU) to work in partnership to address the harms associated with the physical, social, and economic complexities of substance misuse and use. This partnership effectively means that there is a united Community Controlled Sector voice within Queensland to advise Government agencies on these important issues.

It is understood that the Office for Indigenous Policy Coordination (OIPC) is currently establishing a presence in each State and Territory jurisdiction and will be governed by five (5) directives namely collaboration; joint leadership; flexibility; and regional need and accountability. Further, the newly forming ICCs will be the rural and remote network linked to the Metropolitan ICC to oversight State and Territory jurisdictional relationships and:

- design investment strategies by community needs;
- collaborate with communities and State agencies;
- coordinate key services and programs; and
- ensure investment strategy is delivered appropriately.

In Queensland, as with every Australian State and Territory, there are Aboriginal and Torres Strait Islander Health Framework Agreements<sup>1</sup>. In Queensland there are two Framework Agreements in place for the Torres Strait and the Queensland mainland. The signatories are the Australian Government through the Department of Health and Ageing, the Queensland Government through Queensland Health, the Queensland Aboriginal and Islander Health Forum (QAIHF), and the (former) Aboriginal and Torres Strait Islander Commission (ATSIC).

In Queensland, the Aboriginal and Torres Strait Islander Health Partnership (the Partnership) is the forum where the joint commitments under the Queensland Framework Agreement are implemented. Each State/Territory Partnership annually reports to the Australian Health Ministers Conference (AHMC). The Queensland Partnership is guided by an Annual Workplan 2004-05 and the three (3) year Strategic Plan. Of note within the Annual Workplan is the Partnership linkage with the Queensland and the Australian Governments Whole of Government responses to improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

With the establishment of the OIPC and ICCs there will be a need for clarify the articulation between the new arrangements and the existing partnership arrangements. An option for consideration may be the inclusion of the Office for Indigenous Policy

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<sup>1</sup> Queensland Agreement on Aboriginal and Torres Strait Islander Health (June 2002) and the Torres Strait Framework Agreement (1999)

Coordination to become a signatory to the Framework Agreements at the jurisdictional level.

QAIHF understands that the intention is for the ICCs to establish regional community engagement networks including elected and representative Aboriginal and Torres Strait Islander organisations. Key importance needs to be placed on engaging with Aboriginal and Torres Strait Islander community representative organisations to ensure that there is transparency in terms of approach and that Aboriginal and Torres Strait Islander people are a part of the change process. In addition, working within a community development and capacity building framework, it is important to recognise who is best placed to facilitate these enabling processes.

Clause 3.6(e) of the Queensland Framework Agreement requires the establishment of Regional Health Forums, underpinned by Regional Working Agreements designed to improve the coordination and delivery of health services to Aboriginal and Torres Strait Islander people. These Regional Health Forums are also the key mechanism for Aboriginal and Torres Strait Islander people's engagement with the health system. QAIHF strongly suggests that the Regional Health Forum structure is recognised by the ICCs as the key representative forum to engage with in relation to health at the regional level.

Queensland Health is the largest provider of health care services. In Queensland there are also many discrete Aboriginal and Torres Strait Islander communities whereby opportunities can be realised in enabling these communities to move toward community controlled arrangements. Therefore, opportunities to enable the transition to Aboriginal and Torres Strait Islander delivered and controlled services in meaningful ways, QAIHF recognises the important role that shared responsibility agreements can have in this regard.

In moving towards regional arrangements under the ICC structure, it is unclear what the implications are for the administration of Department of Health and Ageing Aboriginal and Torres Strait Islander health programs given the current centralised nature for funding and/or purchasing services. It is noted that there is an intention to negotiate bilateral agreements that provide for one level of government having primary responsibility or where there is overlap, services are delivered in an agreed coherent approach. It will be important that in working through this process, key priority areas such as substance misuse and use do not fall through the cracks in terms of jurisdictional responsibility. For example, issues concerning funding agency responsibility for Aboriginal and Torres Strait Islander drug and alcohol treatment services continues to be considered in this regard.

In establishing a National Indigenous Council to advise the Australian Government on Aboriginal and Torres Strait Islander Affairs it will be important for formal linkages between national, statewide, regional, and local level activities.

### **3. Related matters**

As with many government programs and initiatives emphasis is often placed on the need to conduct regional and local community planning. In Queensland, there are numerous planning frameworks currently underway such as ATSIIC planning, Queensland Whole of

Government community planning, Australian Government Whole of Health planning (in Cape York), PHCAP planning and regional health planning. There is also the need for appropriate consultation processes with Aboriginal and Torres Strait Islander communities to ensure that there is ownership and commitment to the development of a plan. One of the key challenges in planning processes is to ensure that there are service development outcomes from such activity. The Queensland Aboriginal and Torres Strait Islander Health Partnership is currently working to development a consistent statewide approach to regional health planning. The ICCs may be well placed to further streamline the approach to planning and reduce the bureaucratic burden placed on Aboriginal and Torres Strait Islander communities under government planning frameworks.