



Response to the Close the Gap Refresh Consultation

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) welcomes the opportunity to provide comment on the Close the Gap Refresh.

WANADA supports the shift to a strengths-based approach, and the embodiment of Aboriginal perceptions of wellness and prosperity into the Close the Gap Refresh.

Within this approach, there is significant opportunity to holistically address health concerns for which Aboriginal people in Western Australia remain over represented, such as harms associated with alcohol and other drugs.

About WANADA

The WANADA is the peak body for the alcohol and other drug education, prevention, treatment and support sector in Western Australia.

WANADA is driven by the passion and hard work of its member agencies, which include community alcohol and other drug counselling; therapeutic communities; residential rehabilitation; intoxication management and harm reduction services; peer based; prevention; and community development services.

Alcohol and other drugs are a health and social issue that impacts the whole community. The alcohol and other drug sector provides specialist services to meet the diverse needs of people in Western Australia. WANADA aspires to drive across sector solutions that focus on a whole of community approach to addressing health and wellbeing issues associated with the use of alcohol and other drugs. WANADA is uniquely place to coordinate sector and non-government service user engagement.

WANADA is a member of Social Reinvestment Western Australia, and supports its submission to this consultation.

What do you see as the current critical issues facing Aboriginal people in Western Australia?

Aboriginal people continue to be over represented in alcohol and other drug statistics, demonstrating the criticality of the issue:

- It is estimated that Aboriginal and Torres Strait Islander people had rates of attributable burden due to alcohol use at 3.1 times and illicit drug use at 4.2 times the rate of non-Aboriginal people in 2011¹

Alcohol and other drug service access by Aboriginal and Torres Strait Islander peoples is positive, however service demand overall is higher than service availability, and undoubtedly impacts on access and outcomes.

¹ AIHW, 2016. *Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011*. Australian Burden of Disease Study series no. 6. Cat. no. BOD 7.

- Nationally, despite only comprising 2.7% of the Australian population aged 10 and over, 15% of alcohol and other drug treatment service clients were Aboriginal and Torres Strait Islander people.²
- Nationally Aboriginal and Torres Strait Islander people were almost 7 times as likely to receive treatment services³

Despite its severity, there has been limited progress in addressing alcohol and other drug issues specifically for Aboriginal and Torres Strait Islander peoples. This has been exacerbated by:

- policy and program decisions made in isolation from affected communities
- insufficient or selective consultation within communities
- consultation that is not followed by government action, reducing community trust and willingness to engage
- events within communities that inflame existing tensions and polarise opinion
- a lack of coordination between all levels of government and communities

Alcohol and other drug issues contribute to broader concerns regarding social, emotional, cultural, health and community wellbeing. Any revised actions to close the gap must fully recognise how alcohol and other drug issues impact multiple policy domains. A systemic response is required in partnership with communities, to build individual and collective health and resilience.

WANADA recommends that the Close the Gap Refresh recognise and respond to the need for systemic responses to alcohol and other drug issues.

In your view, what are the key priorities on which Government should focus to close the gap?

Alcohol and other drug issues are the product of complex interactions across health, population, cultural, social, economic and environmental factors. While broader population-level statistics demonstrate concerning trends, the complicated interplay of these factors produces differing levels harms at a community level. It is important, therefore, that the Close the Gap Refresh:

- respond to the significant impact of alcohol and other drug issues in Aboriginal communities
- supports a flexible, strength-based approach that supports communities to identify and address their specific needs
- supports co-design with Aboriginal communities and translates this into action, so as to build trust and support of government policy
- provides for aligned policy domain responses across multiple portfolios, to provide holistic support and reduce duplicative or siloed initiatives

WANADA recommends that harms associated with alcohol and other drugs is identified as a key priority within the Close the Gap Refresh.

² Australian Institute of Health and Welfare, 2018. *Alcohol and other drug treatment services in Australia 2016–17: key findings web report*, April 2018. p.4

³ Ibid.

Where do you think we can achieve positive change in the next 10 years?

Service delivery to Aboriginal communities, particularly in regional, rural and remote settings, requires flexible service models. To be effective, such services are required to:

- be planned and developed through a co-design process
- be culturally secure
- be adaptive to changing community circumstances (such as population transience)
- address the logistical challenges of providing outreach in remote areas
- build relationships and trust with local Aboriginal communities to support service engagement.

Service models such as these often face pressures within existing procurement processes, due to the cost of service provision. This is further impacted by contract arrangements that do not provide certainty long term, reducing community trust. There is significant potential to achieve positive change within Aboriginal communities by providing long term contracts, sufficient funding to address the unique factors influencing remote service delivery, and support for community engagement and relationship building.

Achieving positive change in the next ten years will require better approaches to cross-sector and cross-portfolio policy. Unfortunately, state and federal government agencies still do not collaborate across portfolios and account for the system-wide impact of specific policy reforms. Addressing complex and entrenched disadvantage and harm requires systemic and evidence-informed approaches across justice, corrections, health, community and economic development.

WANADA recommends the following initiatives can deliver positive change in the near- to mid-term:

- **flexible, place-based models of service that are adaptable and support outreach and relationship building**
- **cross-portfolio policy development and implementation to address systemic barriers**

What developments on the horizon could affect future opportunities to improve outcomes for Aboriginal people?

Historically, the majority of the evidence base informing service delivery has been derived from research studies of non-Aboriginal people. There is an ongoing need to build the evidence base so that it is more culturally secure. In particular, this would involve further assessment of the therapeutic benefits of maintaining connection to land, culture and traditions. There is an opportunity to achieve positive change for Aboriginal people experiencing harms associated with alcohol and other drugs if:

- communities and services are supported to contribute towards a culturally secure evidence base
- research translation is supported to shorten the delay in practice implementation

From an alcohol and other drug services perspective, the funding environment remains unstable and uncertain as a result of current State Government procurement practices, in particular:

- contract lengths
- tender processes and timeframes
- competitive tendering

These issues negatively impact the relationships services have both with the community and with other service providers, and risk a purchasing focus on lowest cost rather than needs-based service delivery. Systemically addressing these issues would support the specialist alcohol and other drug services in contributing to positive outcomes for Aboriginal people.

State Government activity regarding community services procurement and Machinery of Government arrangements holds promise. These developments may contribute to improved tender processes and an increased policy focus on shared care, however progress to date is negligible and its potential yet to be realised.

The specialist alcohol and other drug service sector is concerned that employment changes as part of the Machinery of Government arrangements have not addressed Aboriginal leadership within the State Public Service. The absence of Aboriginal representation amongst senior executive roles impacts both the external perception of the Public Service, and presents a barrier to effective and meaningful engagement with Aboriginal people as part of policy and program co-design.

Within specialist alcohol and other drug services, a range of initiatives continue to be developed and implemented to improve service co-design, community engagement and Aboriginal participation in service delivery. These include employment and training opportunities, Reconciliation Action Plans, consultation groups and Elders in Residence. Supporting the growth of such initiatives will contribute to meaningful community engagement and improve service design to meet the needs of Aboriginal people.

WANADA recommends that culturally secure research and research translation is supported to improve the health and wellbeing outcomes of Aboriginal people accessing services.

WANADA recommends that State Government procurement and Machinery of Government changes are progressed in a manner that positively compliment the Close the Gap Refresh.

WANADA recommends that service-driven initiatives to improve outcomes through meaningful engagement, inclusion and co-design are actively encouraged and supported.

Can you suggest any innovative targets and/or indicators that could best measure improved outcomes for Aboriginal people in Western Australia?

WANADA notes the difficulties in meeting the current indicators within Closing the Gap. When developing new indicators, these should be:

- assessed by an appropriate body, such as the Australian Institute of Health and Welfare, to ensure there is sufficient and reliable data to inform such metrics
- designed such that service providers are stretched to achieve the intended outcome, but are realistic and achievable.

There are a range of indicators for alcohol and other drug issues that are well established, such as those utilised within the National Drug Strategy Household Survey.

There remain methodological issues, however, that lessen the integrity of some indicators. For example, in the National Drug Strategy Household Survey 2016, Aboriginal and Torres Strait Islander people constituted only 2.4 per cent of the (unweighted) sample.⁴ As such the statistics must be used with caution. Concerns regarding the integrity of some indicators impacts upon their potential use to inform policy and funding decisions, or measure impact.

Within the Western Australian context, the current data collection and analysis system for alcohol and other drug services, warehoused through the Service Information Management System, fails to support current government, service provider or community requirements.

Data and outcomes is an integral component in supporting sector sustainability and delivering the State Government's agenda. It is central to:

- maintaining community confidence in service provision and government initiatives
- underpinning transparent procurement processes and decisions
- informing policy and planning
- measuring the outcomes of government initiatives
- informing service organisation continuous quality improvements
- building on evidence based practice
- informing targeted service design reflective of changing community needs
- giving consumers better information upon which to make choices.

To support the development and monitoring of indicators and outcome measures for Aboriginal people in Western Australia, it is imperative that communities, services and government have access to meaningful and robust data.

To complement existing data sets, a strengths-based approach provides an opportunity to develop more holistic and meaningful measures of change. As identified in similar initiatives internationally, developing appropriate and relevant indicators for Aboriginal people will require a shift away from Western models of wellbeing and the restrictiveness of existing data sets.⁵ There is an opportunity for the Department of Premier and Cabinet to learn from the development of models such as the Māori Statistics Framework, and have it inform the co-design of indicators with Aboriginal communities.

In developing meaningful indicators, data sovereignty must also be considered within the co-design process. Clarity is required regarding:

- Aboriginal people's rights and interests in relation to data
- safeguards
- data integrity
- the governance of repositories
- the development of data infrastructure
- supporting sustainable businesses and innovation.⁶

Similar negotiations are required for service data also, noting that in Western Australia, alcohol and other drug services' data is hosted by the Mental Health Commission.

WANADA recommends that indicators to measure the impact of the Close the Gap Refresh include:

- **existing data sets (improved to ensure data integrity and meaningfulness); and**

⁴ AIHW, 2017. *National Drug Strategy Household Survey 2016: Detailed Findings*. p.105.

⁵ Kukutai, T., Taylor, J. (eds.), 2016. *Indigenous Data Sovereignty, Towards an Agenda*. ANU Press, 2016. p.13.

⁶ *Indigenous Data Sovereignty*, p.15.

- **strength-based indicators developed through co-design with Aboriginal communities.**

WANADA recommends that data sovereignty and ownership are both addressed within the development of all metrics.

Any other comments?

WANADA recognises the complexity of addressing disadvantage and intergenerational trauma. We support the models proposed within the Department of Premier and Cabinet's Technical Submission.

WANADA considers that addressing alcohol and other drug issues strongly aligns with the approaches outlined within the Technical Submission, and will contribute to improved social, emotional health and spiritual wellbeing.