18 February 2015

Dear [Name],

Feedback concerning the draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide feedback on the draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (the Framework).

The RACP acknowledges the importance of the Framework and fully supports its aims to further meet the needs of Aboriginal and Torres Strait Islander Children and Families. The RACP note that while there has been a significant gain in reducing child mortality rates, the death rate for Aboriginal and Torres Strait Islander children is still double that of non-Indigenous children. This highlights the need for a sustained effort to reduce the gap in child mortality, to which this Framework can contribute.

The RACP agrees that any Framework that looks to lay out an effective health system for Aboriginal and Torres Strait Islander people should recognise and be informed by the ‘inherent strengths of Aboriginal and Torres Strait Islander peoples and cultures.’

The RACP has consulted with key Fellows, drawn from its Aboriginal and Torres Strait Islander Health Committee and the Division of Paediatrics and Child Health. Our submission offers five key comments for consideration regarding the draft Framework:

1) Importance of early intervention

Disadvantage and quality of care received during early childhood has been shown to contribute significantly to the gap between the health of Indigenous and non-Indigenous Australians. Early childhood experiences of adversity can become entrenched, affecting the person’s physiology and determining future vulnerability and resilience.¹

There needs to be greater emphasis on comprehensive implementation of early childhood health and development programs that are proven to be effective in
improving outcomes for Aboriginal and Torres Strait Islander children. We urge that consideration is given to the Australian Medical Association 2012/13 Report Card on The Healthy Early Years recommendations on programs and services for nurse home visiting, support for families at risk, and keeping children at school.

2) **Improved access to specialist medical care**
The health gap for Aboriginal and Torres Strait Islander children is well recognised and documented. Although we have seen improvements in child mortality rates, the death rate for Aboriginal and Torres Strait Islander children is still double that of non-Indigenous children.

Despite this clear need for health services, data shows that Aboriginal and Torres Strait Islander people access Medicare-rebated specialist services at a lower rate than non-Indigenous people. This is not an issue solely impacting rural and remote areas, as this is also the picture for urban centres. Although there are places across Australia where access to care is well organised and effectively delivered, there are many areas where this is not the case. The current approach does not proactively address the many inconsistencies and gaps.

Better access to specialist care however must be considered and planned with the recognition that primary health care plays a central role in health service delivery. Investment in enhancing primary care, with especial recognition of the value of the Aboriginal Community Controlled Health sector, is vital to ensure models of care are implemented that best meet the needs of the community, children and their families.

The RACP urges the Department of Health to work with the RACP and its Indigenous Health partners to develop a national framework to guide and underpin a networked and coordinated system to deliver improved access to specialist services across the country. We are advocating that this framework be included in the NATSIHP Implementation Plan, to ensure its benefits are realised.

We have attached for your information (see Attachment A), the RACP Specialist Access Roundtable Consensus Statement which articulates the principles and elements to effective specialist medical care service delivery for Aboriginal and Torres Strait Islander people, that provide the foundation for this framework.

3) **Adoption of evidence-based programs**
The Framework only briefly addresses the importance of evidence-based health programs in Australia. It is essential that programs designed for the Aboriginal and Torres Strait Islander children be based on the best available evidence as well as led and informed by community and Aboriginal health leaders. Programs should be evaluated against clearly defined outcomes in order to continue to develop the evidence base.

4) **Targeting specific health conditions**
There are a number of health conditions that disproportionately affect Aboriginal and Torres Strait Islander people, such as ear disease poor eye health, skin infections and chronic gastrointestinal (GI) parasites. These are exacerbating socio-economic disadvantage and hampering efforts to improve their health outcomes.

Cost-effective health interventions can be introduced, such as gastrointestinal parasite screening programs. Such programs should be included in the Framework, and be widely adopted across Australia to improve early detection.
5) **Action on the social determinants of health**

In order to address the deep and persistent disadvantage of the Aboriginal and Torres Strait Islander people in Australia, the Government needs ongoing emphasis on a long-term strategy to address the social determinants of health such as employment, housing and education. For example, without improvements in the quality of housing, health issues such as scabies will continue to affect Indigenous people disproportionately.

While our comments focus specifically on key elements for the Framework, fundamental to effective healthcare provision for Aboriginal and Torres Strait Islander children and families is the need for health services to be appropriate, timely and culturally safe. Efforts from all health stakeholders are required to drive this.

Moreover, it is vital that the Government back up the Framework with an effective implementation plan – with funding and evaluation mechanisms built in – to ensure we realise the benefits it would bring to Aboriginal and Torres Strait Islander children and families.

It should also be articulated how this framework fits with the Implementation Plan for the *National Aboriginal and Torres Strait Islander Health Plan* (NATSISHP) that is currently being developed.

The RACP would welcome the opportunity to provide further consultation on the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families. We support this process and look forward to the Framework informing an equitable and effective health system that supports improved health outcomes for Aboriginal and Torres Strait Islander people across Australia.

Should you require any further information regarding this response, please contact Alex Lynch on +61 2 9256 9632 or at Alex.Lynch@racp.edu.au.

Yours sincerely

Dr Nicki Murdock
President, Paediatrics & Child Health Division

Professor Nicholas J Talley
President, RACP

**Enc:** RACP Specialist Access Roundtable Consensus Statement

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1. October 2011 Supplement to Proceedings of the National Academy of Sciences of USA: [www.pnas.org/content/109/suppl_2](http://www.pnas.org/content/109/suppl_2)
2. Coalition for Evidence-Based Policy. *Social Programs That Work - Prenatal / Early Childhood*. Link: [evidencebasedprograms.org/about/early-childhood](http://evidencebasedprograms.org/about/early-childhood)