



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED

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Indigenous Evaluation Strategy
Productivity Commission
Locked Bag 2, Collins St East
Melbourne VIC 8003
www.pc.gov.au/Indigenous-Evaluation

Dear Chairperson

Subject: Review into the Indigenous Evaluation Strategy

Thank you for providing this opportunity for the Walgett Aboriginal Medical Service Limited (WAMS) to make this submission.

Introduction

By way of introduction to this submission I refer to the WAMS website "Profile of Services". The following provides the reader with insights into the history of WAMS, its involvement in the community, management and perhaps most importantly the understanding of the Aboriginal Community Controlled Health Model as set out in the National Aboriginal Health Strategy known as the "NAHS".

The National Aboriginal Health Strategy Working Party, (1989), defined health as: *"Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life."*

WAMS is actively involved in community and cultural development, and works where it can with other organisations in Walgett and surrounding areas to improve the cultural and economic situation of the region. All services and programs are linked with each other to consolidate services to individuals, families and communities.

The first AMS was founded in 1971 at Redfern - not from Government handouts, but from donations from non-Aboriginal supporters of Aboriginal rights. Judges, Ministers, Teachers and religious people formed the core of this support. There are now over 100 AMS's nationwide. Monies for AMS's come from a separate "bucket" of funding specifically reserved for Aboriginal health.

WAMS was established in June 1986 after many years of lobbying to provide a service to the Aboriginal community who were being turned away from hospitals, found access to GP's difficult, could not afford to travel long distances to see health specialists, and who had many health needs not being addressed. It is a non-profit community organisation where members vote for the nine directors annually and is audited annually.



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The Board of Directors moved a resolution to treat ALL people. Currently, 40% of our clients are non-Aboriginal.

The Board of Directors is solely responsible for determining the strategic direction of WAMS. This means that the Board of Directors is required to determine the vision, mission and goals of WAMS. The Board is also responsible for monitoring WAMS's compliance with legal requirements and maintaining the financial viability of the company. The Board of Directors is non-operational and is not involved in the day to day operations of WAMS, rather they work with the Chief Executive Officer to implement the strategic direction it has adopted and to achieve the goals it has set.

WAMS believes that by its involvements at all levels of the community it gives them the opportunity for the general public to observe staff outside the workplace. WAMS conducts Open Days to exhibit its services and programs to the community. The local schools and community members are invited to "walk through" the premises or to attend any health promotion functions to receive a sample bag of goodies of WAMS products. Staff participate in events conducted by other local agencies, and arrange health promotion activities which are promoted nationally, eg Heart Health, Cancer Awareness, International Women's Day, Men's Health.

For this submission my intention is to keep my comments brief. WAMS is a service provider situation in a remote location and as such there is only limited comment that I am able to make in the context of the Indigenous Evaluation Strategy (IES) issues paper and in particular the questions posed in the paper.

General

WAMS agrees with and endorses the overriding objective of the IES project including "to improve outcomes for Aboriginal and Torres Strait Islander People" and supports "the need to increase Aboriginal and Torres Strait Islander input into Policy and Processes". WAMS also strongly endorses the proposition "ensuring value for money in providing services". Indeed this is always a core objective for all service providers including Aboriginal Medical Services.

WAMS is committed to improving the quality of its services, accreditation, good governance and to provide an increasing range of services to the communities it services. In this regard, I mention that WAMS also operates an outreach at Brewarrina, known as Brewarrina Aboriginal Medical Service (BAMS) .

Practical Problems experienced by WAMS

Although Aboriginal Community Controlled Health Services (ACCHS) are mainly taxpayer funded through State and Federal Governments there is an increasing reliance on self-generated funds through Medicare and other sources including the NDIS. There is always ongoing tension between the community controlled health model and the increasingly profit based model which is slowly but surely replacing it. As such the evaluation of services is more associated with the profit based model rather than the community controlled model which means that great care must be taken not to introduce another layer of bureaucracy that will further undermine the already scarce resources available to service providers such as WAMS.

Adding to the bureaucracy does nothing to alleviate the general poverty of Aboriginal peoples.

Comments in relation to some consultation questions in the IES issues paper

Before I make any specific comments, I wish to highlight that WAMS is a remote service provider and as such my focus lies with the needs associated with this.

Questions on the objectives of IES

In principle, it is difficult to provide unqualified support for a strategy for evaluating policies and programmes for ATSI people unless the end product justifies it. In other words, evaluation of itself cannot alleviate the problems of poverty or address the social determinants of health. It is after all an activity.

What is crucial to a service provider such as WAMS is whether taxpayer funds allocated for Aboriginal Health are able to produce maximum "bang for the buck" as the well-known saying goes. Put simply WAMS does not support any initiative that increases the administrative costs of Aboriginal Health Programs. At first sight the IES seems to be an additional layer of administrative costs. There are currently already many initiatives in place which appear to achieve the stated objectives of the IES and so my concern here is one of duplication.

Questions on the main components of the IES

Again my concern in relation to these questions is that another administrative process is being introduced. As a service provider one of the longest standing grievances relates to the use of scarce resources to meet the needs of unnecessary reporting.

Questions on the application of IES to mainstream programs

The statement in the issues paper that "4 in every \$5" is already being spent by the Australian Government in mainstream programs for ATSI people heightens my concern that the IES will, if not applied carefully, cause more bureaucracy in Aboriginal Health and further reduce the limited funds directly to ACCHS.

Other questions

As stated at the outset my intention is to keep my comments brief and relevant. Many of the balance of the questions in the issues paper relates specifically to the evaluation process itself and as I stated several times my primary concern lies with creating further administrative layers and cost and so defeating the overriding objectives of the project.

On a more positive note the introduction of any initiatives that will improve independence in decision making and use of Aboriginal knowledge is supported and as such WAMS would prefer the productivity commission over government departments when it comes to applying the principles which are established by the IES. Furthermore the ongoing nature of the IES, best summed up by the words of the issues paper "regular review process", is supported.

It should be noted from the WAMS website that visits to WAMS are encouraged and to this extent I extend a specific invitation to the commission to visit WAMS in its future work. One of the questions goes to the choice between the productivity commission and government department as to the application of the results of the IES processes. In the commission issues paper at page 38 one of the suggested options is that the task of applying the principles for priorities could be undertaken by the productivity commission. In relation to this aspect WAMS preference would be the productivity commission.

Closing comments

In the IES overview document there is the call to “individuals, communities and organisations” to provide input by way of submissions. The document further asks questions about the manner in which Aboriginal and Torres Strait Islander knowledge, priorities and values can be integrated into policy and program evaluation.

Despite the concerns I have raised in this submission my view is that the sentiments above are vital to the success of the project. They are fundamental to the way in which priority areas are established by the IES process. Clearly not all programs can have the same priority but overriding priority must be given to “what works”.

WAMS as a long established service provider with extensive links to the community is able to provide valuable insights into this aspect of the IES and it is hoped that a way will be found for the IES to tap into this valuable resource.

Yours sincerely,

Christine Corby, OAM
Chief Executive Officer