



**FIRST NATIONS
FORUM WITH EASTERN
MELBOURNE PRIMARY
HEALTH NETWORK.**

Summary Report August 2023

ARTWORK: MARVELLOUS MELBOURNE



Art is more than just colours and shapes; it's a story, a feeling, and an expression of profound thoughts. Aunty Janet Turpie-Johnston, a distinguished Aboriginal artist, scholar and Elder, offers an exploration of human connection to the land in her latest series of paintings at Mullum Mullum Blak Arts Exhibition and allowed us to video her providing EMPHN Community Forum participants an explanation of her works.

With a focus on engagement with the coast, the first set of artworks bring forward a unique perspective on the relationships between humans, the land, and the ocean and we are proud to have her permission to use this painting on the front cover of the community report to the EMPHN's second community member's forum. Aunty Janet's coastal paintings are not just about the beautiful ocean or fascinating landscapes; they are an ongoing study. As she playfully engages with patterns, breaking them apart and weaving them back together, she brings to life the story of playing in the shallows of the Ocean near Portland in Victoria.

The artwork titled "Marvellous Melbourne", provided on the cover of this report with permission, explores human relationships to country, an abstract artform born from Aunty Janet's research. The connection with water, the ocean, and the vulnerability of the landscape reflect a profound consideration of how the land is treated and perceived. The essence of the painting is searching for Bunjil in the landscape. Bunjil was all through the landscape prior to colonisation. However, the devastating influence of a global colonial invasion between 1835 and 1855 and the ripple effect of these two decades through to the current day is the central theme of this painting. Aunty Janet emphasises the incredible fragility of both coast and river. Her work bears witness to the devastation of the landscape, the deadly multi species impact of the toxicity of the industrialisation of the rivers, and the plight of a land decimated by consumptive extractive industries.

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The paintings also explore the concept of boundaries and the impact of human activities on the natural environment. Through her choice of maps and symbolic representations, Aunty Janet addresses the assault on nature and the uncovering of the spirit of the country. Her flipped map of Melbourne, resembling a large bird with a gaping beak, gasping for life, offering a poignant view of what the colonists have done, "killing off" the spirit country. Aunty Janet's art is a sombre reflection on what increasing human population has done to the country. The temporary nature of city development, the ephemeral existence of skyscrapers, and the relentless demands on the country are all captured in her deliberate and intricate artistry and in her unfinished painting.

Aunty Janet's presentation and painting series serve as a profound reminder of the delicate balance between humans and the environment. Through her playful interactions with patterns, careful abstraction, and keen observations of historical and contemporary impacts on the land, she offers a perspective that resonates deeply with anyone who takes the time to truly engage with her art. We are proud to have her work on the cover of this year's report.

These works stand as a testament to the beauty and fragility of our coastline, the significance of our connection with water and land, and the importance of responsible stewardship of these precious resources.

Thank you, Aunty Janet, for sharing your vision and inspiring us all to reflect on our relationship with the natural world. Your paintings are not just beautiful pieces of art; they are conversations, questions, and invitations to explore a deeper understanding of our place in the world.

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Introduction

In the spirit of EMPHN's ongoing mission to bolster community engagement and optimise their funding strategies for priority healthcare services, they invited community leaders to a forum held in August, 2023. This event underscores the EMPHN's unwavering commitment to collaborate with the wider community to achieve their objectives and address pressing health needs more effectively.

Following the success of our inaugural forum in 2022, the EMPHN demonstrated enthusiasm about continuing this tradition, and more importantly, gaining invaluable insights from organisational representatives, and those in the community.

Session 1: Communication and engagement, what works best?

Facilitated by Sara Alden, Karabena Consulting.

Summary Points

- Internal advocacy is powerful within EMPHN, focusing on commissioning for self-determination and establishing trust among team members about the organisation's intentions and actions.
- A significant challenge lies in the current reporting mechanism for mental health and drug and alcohol programs. The current strategy emphasises prevention and early intervention but does not facilitate this in the data collection tools.
- Audits, evaluations, and data analytics at an operational level are necessary. However, these bureaucratic procedures sometimes obstruct efficient and patient-centric care delivery. Funding is often tied to how closely organisations adhere to prescribed guidelines, leading to a compliance-focused rather than patient-focused approach.
- There is a recognized conundrum between achieving community-driven outcomes and meeting organisational targets. The challenge lies in how organisations can facilitate self-determination while simultaneously addressing these sometimes conflicting goals.
- There is a sense of a new era of governmental interactions, marked by an openness to listen to communities. These continuous conversations with the government could contribute to a more community-centred approach in decision-making.
- Proposed strategies for effective community impact include resource optimization, collective impact, place-based decision-making, and cultural resurgence. These aim to maximise the value delivered to communities.
- Different models for financial allocation were discussed, one based on determining priorities and spending accordingly, and another focused on deconstructing and reconstructing cultural performance indicators for reporting. These different approaches raise questions about the most effective strategies for honouring cultural perspectives and delivering quality care.

THEME 1:

Promotion of Internal Advocacy and Fostering Understanding

In our conversations, we talked about how important it is to have strong support and understanding within EMPHN. We need people in our team who can promote and argue for what's important to us – this is what we call 'advocacy'. One of the big things we're pushing for is 'commissioning for self-determination'. This means we want to give everyone a say in the decisions we make and the work we do. When we talk about advocates in EMPHN, we're talking about people who:

- Can help build an environment where everyone feels like they can bring their ideas to the table and make a real difference.
- Are free to think outside the box and come up with new ways to solve problems for the community.
- Can help to build trust within the team.
- Understand that trust is really important for a successful team. It helps create a supportive and united working environment and makes sure everyone is on the same page about what we're trying to achieve.

When people trust each other and know what they're working towards, it's easier to work together, share ideas, and solve problems. So, in simple terms, having strong support and trust within EMPHN helps us to work better together, come up with new ideas, and achieve our goals.

THEME 2:

Current Reporting Mechanisms and Data Collection Procedures

The dialogue also revealed significant hurdles presented by the current reporting mechanisms and data collection procedures in the context of mental health and substance misuse programs. Presently, the system purports to prioritise preventive measures and early interventions - laudable objectives in the realm of public health. However, effective implementation of these principles is significantly compromised due to deficiencies in data collection strategies, thus raising pressing queries about the system's efficacy and overall impact.

A key concern is the potential incongruity between the data-driven approach of these programs and the ethos of holistic care. Holistic care underscores the intricate nature of individual health trajectories and acknowledges the multitude of factors influencing well-being. The prevailing system, despite its ostensible emphasis on prevention and early intervention, may inadvertently promote service fragmentation due to a narrow focus on specific, pigeon-holed services. This carries the risk of overshadowing the holistic approach to healthcare, thereby compromising comprehensive care.

The dilemma is exacerbated by the fact that funding allocations are contingent upon adherence to specific guidelines. This could inadvertently foster a culture of compliance rather than one that prioritises patient-centred care. Moreover, the necessity to maintain client records, draft case notes, and perform extensive data analytics adds another layer of operational complexity to an already convoluted system.

This theme thus highlights a salient conundrum: how can organisations balance the demands of bureaucratic compliance against their commitment to facilitating self-determination and providing holistic, individualised care? In essence, our discussions underscore the necessity for a balanced approach, one that harmonises bureaucratic requirements with the principles of self-determination and holistic care. Ultimately, an effective system would leverage data as a tool to augment, rather than detract from, the provision of patient-centred and comprehensive health services.

THEME 3:

The Impact of Operational and Bureaucratic Constraints on Care Delivery

Within the context of the Australian healthcare system, our discussions spotlighted the notable tension between operational necessities and the delivery of patient-centred care. There is a clear acknowledgment of the essential role of audits, evaluations, and data analytics in shaping and directing operational decisions. However, it has been argued that the bureaucratic procedures that mandate these actions can sometimes serve as a barrier to the efficient delivery of care that is genuinely patient-centric.

Inextricably linked to these processes is the allocation of funding. It is often tied to the extent of adherence to specific, pre-set guidelines, which, while aimed at maintaining standardisation and quality control, may inadvertently shift the focus of healthcare delivery. Instead of promoting an approach that centres on the patient's unique needs, the current system may foster an environment primarily concerned with compliance. The resultant focus on ticking boxes can detract from the core purpose of healthcare - providing individualised, holistic care.

This challenge is particularly potent in the Australian context, given the diverse communities and unique health needs of the population. Bureaucratic procedures, when rigidly enforced, may neglect the varied health and wellbeing needs across different communities, thus underscoring the need for flexibility and adaptability in our healthcare approach.

Thus, the central tenet of this theme is the conundrum faced by healthcare organisations: navigating the delicate balance between fulfilling bureaucratic obligations and championing patient-centric care. This highlights the necessity for an operational model that integrates the rigorous standards set by bureaucratic procedures while also ensuring that the focus on patient care remains undiminished. Striking this balance is fundamental for the delivery of effective, holistic, and truly patient-centred care within the unique landscape of Australian healthcare.

THEME 4:

Tension Between Community Aspirations and Organisational Objectives

In the Australian context, there exists a notable tension between the need to meet the specific, measurable goals set by organisations and the broader, more qualitative outcomes desired by communities. This conflict is not merely a theoretical consideration but is a practical challenge that has significant implications for healthcare delivery.

The crux of the issue lies in the dichotomy between facilitating self-determination – which involves empowering communities to have control over their healthcare journey – and meeting the more concrete organisational targets, which are often quantitatively defined and tied to funding or other regulatory requirements. These organisational targets, while critical for maintaining standards of care and monitoring organisational performance, may not fully align with the broader aspirations of the communities that healthcare providers serve.

Navigating this tension involves wrestling with complex questions about the purpose and priorities of healthcare. On one hand, we have the need for accountability and the assurance of quality, which is often guaranteed through rigorous adherence to predetermined targets. On the other hand, we have the need for healthcare to be responsive, adaptable, and centred on the unique needs and aspirations of each community.

This theme underscores the imperative for healthcare providers to engage in ongoing dialogue and collaboration with the communities they serve. In doing so, they can gain a deeper understanding of community needs, aspirations, and values, and can work towards aligning organisational targets with these community-driven outcomes. The challenge lies in successfully integrating these seemingly disparate objectives, ultimately fostering a healthcare system that is both accountable and truly responsive to the needs of the Australian community.

THEME 5:

The Evolution of Government Engagement and Interaction

In the Australian milieu, participants have alluded to a transformative shift in the government's approach to dialogue and relationship building with communities. They expressed optimism for an emerging era characterised by more receptive governmental interactions, indicative of an increased willingness to listen and engage with communities.

This shift represents a departure from more traditional, top-down models of governance, instead fostering a more collaborative, participatory, and community-oriented approach. The emergence of such an approach signifies the potential for enhanced dialogue between the government and communities, opening avenues for more effective, tailored, and context-specific policies and strategies.

Notably, these conversations with the government are not episodic or sporadic but continue over time. This persistence indicates a sustained commitment from the government to build and maintain strong relationships with communities. Such ongoing dialogue not only facilitates understanding and mutual respect between the government and communities but also paves the way for more inclusive, community-driven decision-making processes.

While optimism pervades the discussion, participants recognise that this evolution is contingent on continued engagement and communication. Governments come and go, and with them, so do policies and approaches. Therefore, the onus lies on both the government and communities to keep these conversations alive, ensuring that the dialogue continues to evolve and adapt to changing circumstances and needs.

In conclusion, this theme highlights the nascent changes in government-community engagement in Australia. It underscores the potential for more responsive and community-centric governance, reliant on sustained and constructive dialogue. It further posits the importance of maintaining these relationships and conversations, even amidst changing political landscapes, to ensure the consistent advancement of community interests.

THEME 6:

Formulating Strategies for Optimal Community Impact

Within the discourse, several tactical approaches have been advocated to enhance the efficacy of community engagement and ensure tangible community impact. These strategic imperatives encompass resource optimisation, collective impact, place-based decision-making, and cultural resurgence.

Firstly, resource optimisation necessitates judicious and strategic allocation and utilisation of resources to ensure maximum value delivered to communities. This involves an intricate balance of achieving community objectives whilst maintaining financial sustainability and operational efficiency.

Secondly, the notion of collective impact underscores the potential power of collaborative efforts among different community stakeholders. By unifying towards shared goals, organisations can generate a significant multiplier effect that exceeds the sum of their individual endeavours. This requires a well-coordinated network of diverse entities, dedicated to pursuing common community objectives.

Thirdly, place-based decision-making recognises the importance of context in policy formulation and implementation. Given the unique characteristics, challenges, and strengths of different geographical areas, adopting strategies tailored to the local context can significantly enhance policy effectiveness and community resonance.

Finally, cultural resurgence encapsulates efforts to recognise, respect, and revitalise indigenous cultures and traditions. By promoting a deeper understanding and appreciation of cultural heritage, organisations can contribute to a stronger sense of community identity and cohesion, whilst simultaneously acknowledging and honouring the rich cultural tapestry within Australian communities.

Each of these strategies, although distinct in their approaches, share a common objective: to maximise the value and impact delivered to communities. By adopting such a multi-pronged approach, organisations can effectively engage with communities, delivering outcomes that align with community aspirations and contextual needs. This requires an ongoing commitment to learning, adapting, and evolving practices to best serve the ever-changing dynamics of community landscapes.

THEME 7:

Financial Allocation and the Imperative of Cultural Performance Indicators

In the discourse around effective community services, two distinctive approaches to financial allocation are deliberated upon, both of which exhibit distinct attributes and implications.

The first approach centres around a proactive model of budget distribution, wherein funding is primarily allocated based on a comprehensive identification and prioritisation of communal needs. This strategy relies on a clear understanding of community requirements and aims to assign financial resources in a way that optimally supports and addresses these identified priorities.

Contrastingly, the second approach adopts a more reflective orientation, focusing on the deconstruction and subsequent reconstruction of cultural performance indicators. This method takes into consideration the cultural contexts within which services are provided and integrates these perspectives into the reporting framework. It recognises the importance of honouring and respecting cultural nuances and incorporates these considerations into the processes of financial allocation and service evaluation.

Whilst these two methods provide different lenses through which to view financial allocation, they both underscore the need for nuanced and culturally sensitive strategies that facilitate quality care delivery. The model based on priority determination allows for tailored spending that addresses specific community needs, whereas the model based on cultural performance indicators ensures that services are evaluated in a manner that respects and acknowledges the cultural intricacies of the communities served.

These discussions raise pertinent questions about the optimal strategies for financial allocation and performance assessment within the context of Australian community services. The deliberations underline the need for a multifaceted approach that can reconcile financial management with cultural considerations, ensuring that the provision of services is not only efficient and effective but also culturally respectful and appropriate. This in turn reinforces the broader dialogue around the need for cultural competence and sensitivity in the delivery and assessment of community services.

Workshop 2: Self Determination and Health Services Planning

A Path to Inclusive and Culturally Considerate Care

In a period marked by the COVID-19 pandemic and significant socio-economic shifts, health services globally have been profoundly called upon to reassess and adapt their structures, practices, and strategies. Amid this transformative landscape, Eastern Melbourne Primary Health Network (EMPHN) recognises the vital importance of anchoring self-determination and culturally responsive care within health service planning, particularly concerning Aboriginal and Torres Strait Islander communities.

This report dives into the exploration and consolidation of these principles, guided by vibrant yarns, experiences, and reflections shared within our community yarns. We bring forth key themes that encapsulate a shared vision to dismantle systemic barriers, foster culturally safe health spaces, and uphold self-determination for Aboriginal and Torres Strait Islander peoples.

Amongst the myriad of challenges surfaced in these yarns, systemic and institutional racism emerges as a deep-seated issue that demands urgent address. The harmful stereotypes and power imbalances perpetuated by such biases critically hamper the potential for meaningful yarns and collaboration. This report advocates for the incorporation of trauma-informed care practices and continued professional development to effectively combat such systemic racism.

The themes addressed in this report also spotlight the value of partnership grants and equitable resource allocation in supporting self-determination. By obviating the constant need for marginalised communities to vie for resources, we facilitate an environment that nurtures their voices and autonomy.

Simultaneously, the report underscores the importance of holistic cultural determinants of health, interweaving Aboriginal and Torres Strait Islander perspectives into healthcare provision. By acknowledging and integrating these perspectives, we can cultivate culturally considerate health services that cater effectively to the needs of these communities.

As we navigate this complex landscape, we also recognise the potential of fostering generational change and the role of ongoing engagement and yarns. Therefore, this report encourages active participation, promoting open conversations around systemic injustices, racism, and the experiences of marginalised communities. We believe that such candid exchanges serve as potent catalysts for fostering empathy, understanding, and change in our health service delivery models.

We hope this report serves as a stepping stone to infusing the principles of self-determination and culturally considerate care into our health service planning. We look forward to working collaboratively with all stakeholders towards a future where healthcare is equitable, accessible, and culturally safe for all.

- **Health Services and COVID-19:** Health services have been deeply impacted during the COVID-19 pandemic, leading to a significant shift in operations and focus, especially within primary health space.
- **Investment and Impact on Health:** There is potential for foreign investment to significantly transform health and wellbeing outcomes, potentially achieving progress in five years that would otherwise take five generations.
- **Education and Health:** Reallocating funds typically used for university scholarships to support younger children could have significant benefits for their future education and health outcomes.
- **Workplace Culture and Indigenous Health:** The integration of Aboriginal and Torres Strait Islander perspectives into healthcare provision can help create culturally appropriate and effective health services.
- **Holistic Cultural Determinants of Health:** Incorporating a holistic approach to health and wellbeing can empower individuals to advocate for their own health, rather than relying on others to do so.
- **Confidence in Health Seeking:** Building the confidence of individuals in seeking health services is crucial for the effectiveness of service delivery.
- **Role of Research in Health Outcomes:** Access to research is recognised as a determinant of health, emphasising the need for robust evidence led by Aboriginal people in order to improve health outcomes.
- **Sustainable Operations and Funding:** There is a need for funding that supports not just service delivery, but also operational costs, governance, and other overheads that are crucial for the functioning of Aboriginal organisations.
- **Health Services Procurement:** In addition to direct health services, the procurement of ancillary services that support overall health operations is a key aspect of ensuring robust, effective service delivery.

A Path to Inclusive and Culturally Considerate Care

In an era where systemic challenges are growing exponentially, necessitating innovative strategies and approaches, this report brings into sharp focus the importance of self-determination in resource allocation and health service planning. The themes outlined within, drawn from insightful dialogues within our community and professional circles, call for a significant shift in our funding paradigms and organisational operations to effectively deliver health services, particularly to Aboriginal and Torres Strait Islander communities.

Further, the report underscores the importance of fostering robust relationships with stakeholders, essential in elucidating the valuable work and impact of these organisations. A critical aspect of this process involves reframing power dynamics to infuse cultural considerations more integrally into health service planning and delivery. This ensures a more balanced and equitable interaction between service providers and the communities they serve.

Inter-organisational collaboration emerges as a key theme in the process of achieving shared health objectives. Additionally, we delve into potential strategies for maximising government funding use, a facet of self-determination that involves assertive engagement with the government and avoiding funds' return to the Treasury.

As we conclude, we reaffirm the necessity of investing in self-determination, exploring the possibilities of partnerships with service providers to boost the financial backbone supporting this principle. In an age where accountability and relationship-building are critical, this report champions the allocation of resources to foster these interactions and seize unique opportunities for organisational growth, development, and, ultimately, the health and wellbeing of Aboriginal and Torres Strait Islander communities.

- **Research Funding Challenges:** Despite the presence of numerous research grants, the time and resources required to apply can be prohibitive, especially for organisations already stretched thin on resources.
- **Organisational Functionality and Sustainability:** Discussion around changing the funding paradigm to focus more on supporting the basic functionality and operational costs of organisations, thus enabling them to fulfil their service provision and other responsibilities more effectively.
- **Self-Determination and Access to Resources:** Self-determination is intricately linked with access to resources. When organisations have their operational costs covered, they can focus more on service delivery and strategic objectives.
- **Relationship Building:** A significant part of the work involves building relationships with stakeholders and helping them understand the organisation, its work, and the value it provides.
- **Power Dynamics and Cultural Embedment:** The need to transform systems, disrupt power relationships, and embed cultural considerations in health service planning and delivery.
- **Collaboration Across Organisations:** The importance of inter-organizational collaboration in achieving shared health objectives.
- **Government Engagement and Funding Utilisation:** Discussion on effective use of potential government funding, including strategies to avoid funds being returned to Treasury.

- **Investment in Self-Determination:** Recognizing the importance of financial investment in self-determination, potentially in the form of partnerships with service providers.
- **Accountability and Relationship Development:** Allocating resources to ensure organisations can effectively engage in relationship-building and accountability processes.
- **Seizing Opportunities:** The importance of leveraging unique opportunities for organisational growth and development, supported by adequate funding and resources.

Empowering Communities: Valuing Effort, Encouraging Participation and Building Capacity in Health Service Planning

This report delineates a progressive and equitable roadmap for health service planning that values community contributions, optimises resources, and centralises self-determination. The intention is to foster a healthcare landscape that empowers Aboriginal and Torres Strait Islander communities, advocates for their health and wellbeing, and reveres their cultural principles.

It starts with acknowledging the invaluable time and effort expended by community members involved in service planning and implementation. The need to compensate community members fairly for their contribution to these critical processes is emphasised, as this is a foundational element in encouraging broader participation and engagement in health service planning.

On resource optimisation, the report identifies that robust resourcing is vital to facilitate partnerships, develop submissions, compose proposals, and deliberate over key issues. This essential part of the work should not be relegated to personal time but rather, recognised and incorporated into the organisational framework.

Moreover, the essence of partnership extends beyond transactional interactions; it calls for a symbiotic relationship that acknowledges community organisations as critical service providers. Central to these negotiations should be the principle of self-determination, enabling community members to have an integral role in decision-making processes.

This report further underscores the need to shift from the current reactive model of health care to a more proactive one. This model calls for anticipatory measures and investments in individual wellbeing to prevent health issues before they arise. It highlights the need for incorporating Aboriginal cultural determinants of health—culture, country connection, current knowledge, intergenerational trauma—into health service planning. This is coupled with the necessity to build community capacity and empower especially the younger generations, all while creating safe and inclusive environments for community members.

Finally, the report advocates for a more holistic approach to health that does not merely focus on physical wellbeing but also addresses mental and spiritual health. The aim is to provide a comprehensive, all-encompassing approach to healthcare that truly benefits the communities we serve.

- **Valuing Time and Effort:** Recognising the immense time and effort that community members put into service planning and implementation. Fair compensation for community members who participate in these processes is crucial, thus enabling them to engage more fully in health service planning.
- **Resource Optimisation:** Adequate resourcing is needed to partner, develop submissions, write proposals, and conduct deep thinking on key issues. This should not be squeezed into personal time but should be considered an essential part of the work.
- **Mutual Benefits in Partnership:** Strive for a mutually beneficial relationship in partnerships, not just a transactional one. Community organisations should not just be "bought for their services" but should be recognised as critical service providers to their communities.
- **Centralising Self-Determination:** Self-determination should be at the heart of negotiations, where community members are involved in decision-making processes.
- **Reactive and Proactive Approaches:** Health care tends to be reactive, but a more proactive model is needed. This could involve investments in individual well-being, and anticipatory measures to prevent health issues from arising.
- **Cultural Determinants of Health:** Incorporating the Aboriginal cultural determinants of health - culture, country connection, current knowledge, intergenerational trauma - into health service planning.
- **Capacity Building and Empowerment:** Providing the necessary support and resources to build capacity in the community and ensure empowerment, especially for younger generations.
- **Creating Safe Spaces:** It's essential to create safe and inclusive environments for community members, where they can feel comfortable seeking help and participating in health service planning.
- **Holistic Health Approach:** Health services should not only focus on physical health, but also on mental and spiritual health, providing a well-rounded, holistic approach to care.

Confronting the Elephant in the Room: Systemic Racism and the Need for Cultural Understanding in Australia's Health Systems

This report brings to light an urgent and often overlooked issue in Australia's health systems: the deep-rooted systemic racism and a widespread lack of historical understanding about Aboriginal and Torres Strait Islander peoples. In focusing on the numerous manifestations of systemic racism — be it within societal attitudes, health institutions, or power imbalances in healthcare — the report aims to raise awareness and incite action towards equitable healthcare for all Australians.

The failure to recognise systemic racism and its repercussions on Aboriginal and Torres Strait Islander peoples has resulted in marginalisation and power imbalances. These are most conspicuous in our health institutions, which often neglect to consider the unique historical and current circumstances of these communities. This report argues for a more robust education surrounding these contexts, believing that a more informed understanding of the past can significantly improve health service delivery in the present and future.

Furthermore, the report underlines the importance of acknowledging Australia as a dual culture country, with Aboriginal and Torres Strait Islander peoples on one side and non-Aboriginal and Torres Strait Islander peoples on the other. Such acknowledgment, although often met with surprise, is vital in recognising the distinctiveness of each group and the need for separate healthcare planning.

The ongoing power imbalances in healthcare are exemplified by the disparate priorities, resources, and demands between Aboriginal health services and mainstream health institutions. This report brings to light these disparities and calls for an end to the oversimplified and stereotypical approach taken in engaging with Aboriginal health services.

Finally, the report advocates for truth-telling and culturally appropriate engagement in health service planning, an approach that not only respects but also values the experiences of Aboriginal and Torres Strait Islander peoples. Training and awareness initiatives are considered crucial in this fight against systemic and institutional racism. Also, the report highlights the significant challenges in resourcing these essential initiatives, emphasising the need for more focused funding and resource allocation.

- **Systemic Racism and Lack of Historical Understanding:** There is a widespread lack of understanding about the systemic racism embedded in our society, particularly within the health system. This manifests in attitudes of denial or neglect of the unique historical and current circumstances of Aboriginal and Torres Strait Islander peoples. There is a need for more robust education around these historical contexts and their implications for health.
- **Institutional Racism:** This systemic racism is not only found in societal attitudes but is also embedded within the structures of our health institutions. There is a widespread lack of recognition of this issue, and it continues to maintain power imbalances and marginalisation.

- **Dual Culture of Australia:** There's a need to recognize Australia as a dual culture country, consisting of Aboriginal and Torres Strait Islander peoples and non-Aboriginal and Torres Strait Islander peoples. This understanding is often met with shock but is vital to acknowledge the uniqueness of each group and the need for separate health care planning.
- **Power Imbalance in Health Care:** There are ongoing power imbalances in healthcare, seen in the differing priorities, resources, and demands of Aboriginal health services and mainstream health institutions. This is evident in the perceived difficulty in engaging with Aboriginal health services and a lack of cultural understanding and respect.
- **Need for Truth-Telling:** There's a need for truth-telling in the process of health service planning. The health system needs to confront its history of systemic and institutional racism and listen to and respect the experiences of Aboriginal and Torres Strait Islander peoples.
- **Need for Culturally Appropriate Engagement:** There is often a simplistic and stereotypical approach taken to engaging with Aboriginal health services, such as focusing only on aesthetics. Genuine engagement involves understanding the needs and priorities of these services and providing adequate support and resources.
- **Need for Training and Awareness:** There's a significant need for training and awareness around systemic and institutional racism. Not only to educate health service providers but to begin the process of dismantling these systems.
- **Challenges in Resourcing:** There is a challenge in resourcing the time and effort needed for effective advocacy and the ongoing fight against systemic and institutional racism. This includes the need for funding and resource allocation to support these initiatives.

Evolving Beyond Imbalance: Redefining Health Services Through Trauma-Informed Care, Cultural Integration and Power Redistribution

This report delves into the longstanding issue of power imbalances within Australia's health service sector, the influence of harmful stereotypes, and the urgent need for a transition to a trauma-informed model of care. The prejudices embedded in the system not only undermine communication and understanding but also stymie collaborative efforts aimed at improving health outcomes, particularly for our Aboriginal and Torres Strait Islander communities.

Underpinning this report is the understanding that systemic changes are needed to address the persisting disparities and biases. For starters, a broader adoption of trauma-informed care practices in health service planning is crucial. By recognising the historical and ongoing traumas experienced by Aboriginal and Torres Strait Islander communities, health providers can better respond to their unique needs and circumstances.

Continued professional development serves as a cornerstone in this journey towards equitable healthcare, fostering a deeper understanding of trauma-informed care, the cultural determinants of health, and strategies to combat systemic racism. In addition, the report underscores the need for adequately resourced partnerships to uphold self-determination and reduce the constant scramble for funding that Indigenous health services currently face.

This report also champions generational change, providing opportunities for younger generations to become part of the solution, nurturing growth and contributing to a progressive transformation in health service delivery. A part of this transformation involves acknowledging and confronting systemic injustices, potentially through formal processes like commissions or inquiries.

Central to the discussion is the value of ongoing engagement, dialogue, and the exchange of ideas. This includes carving out space for difficult conversations around racism, power imbalances, and the experiences of marginalised groups. It's a call to arms to not only incorporate Indigenous culture into health spaces aesthetically, but also in a meaningful and respectful manner that recognises cultural value systems and Indigenous perspectives on health and wellness.

- **Power Imbalances and Stereotypes:** Discussions about power imbalances within the health service sector and the influence of harmful stereotypes on perceptions and interactions. These prejudices can inhibit communication, understanding, and collaborative efforts to improve health outcomes.
- **Trauma-informed Care and Practice:** The need for more widespread use of trauma-informed care practices in health service planning. This refers to understanding and responding to the effects of trauma in healthcare settings, especially considering the historical and ongoing traumas faced by Aboriginal and Torres Strait Islander communities.
- **Professional Development:** The importance of continued professional development to better understand and implement trauma-informed care, cultural determinants of health, and strategies to combat systemic racism.
- **Partnership Grants and Resource Allocation:** Highlighting the importance of properly resourced partnerships that can contribute towards self-determination, removing the constant need for indigenous health services to "hustle" for funding.
- **Promotion of Generational Change:** The emphasis on creating opportunities for the younger generations to become part of the solution, fostering growth, and contributing to a generational change.
- **Calling out Systemic Injustice:** The value of acknowledging and confronting systemic injustices, perhaps through formal processes like commissions or inquiries.
- **Engagement and Dialogue:** The importance of ongoing engagement, dialogue, and exchange of ideas, including holding space for difficult conversations around racism, power imbalances, and the experiences of marginalised groups.
- **Incorporating Indigenous Culture in Health Spaces:** Highlighting the significance of incorporating Indigenous culture into health spaces, not just aesthetically but also in a meaningful, respectful manner that promotes healing and well-being. This involves acknowledging the cultural value systems and respecting the indigenous perspectives on health and wellness.

Workshop 3: Community representation on EMPHN advisory groups and panels

The Eastern Melbourne Primary Health Network (EMPHN) is continually working towards enhancing the community representation in its governance and advisory panels. The primary goal is to ensure that funds are allocated and contracts are agreed upon in a manner that genuinely reflects the needs and priorities of the diverse communities we serve.

Over the years, EMPHN has moved from a traditional model of funding distribution, where the community plays a passive role, towards a more inclusive model that encourages community involvement in deciding where the funds are best allocated. This shift has transformed the way we plan and deliver services, putting us in a proactive stance.

To ensure financial sustainability of our initiatives, we must factor in administrative costs and conduct frequent evaluations of our funding allocations. It's vital to keep revisiting these funding decisions, gaining a deeper understanding to inform future negotiations and contracts.

This document also outlines our commitment to promoting the identity of individuals within our communities, the concept of self-determination, and various aspects of safety. Additionally, we recognise the importance of providing resources, which can serve as reparations for those who have experienced institutional violence, and as invaluable sources of information for families.

EMPHN also seeks to instil hope within the community and fosters a connection to culture, giving individuals a sense of belonging and cultural pride. We strive to work through models that incorporate historical context, allowing us to take control of our destiny.

Lastly, discussions around Indigenous health highlight disparities experienced by the Aboriginal community. We acknowledge that allocating a mere 2-3% of the overall budget, mirroring the percentage of Aboriginal people in the population, is not sufficient. As such, the conversation is now geared towards increasing investments to better cater to the Aboriginal community's needs, including social innovation, cultural connections, and a broader definition of health that goes beyond just the biomedical aspect.

Key Action Items for EMPHN

1. Continue evaluating the funding decisions and the distribution process to ensure fair allocation that meets the community's needs and priorities.
2. Integrate the concept of identity, self-determination, and safety aspects into the framework of our services.
3. Facilitate resource access and provision of timely information to the community, while ensuring respect and community confidence.
4. Develop models incorporating cultural safety, self-determination, and historical context, led by the community.
5. Establish transparency in reporting back to the community about the effectiveness of funding, addressing gaps, and other relevant issues.
6. Enhance community representation within EMPHN governance, ensuring decisions are made by the community, for the community.
7. Develop a strategic plan grounded in self-determination principles and fostering genuine partnerships.
8. Focus on building relationships and empowering communities, instead of controlling resources.
9. Increase investments towards addressing the disparities experienced by the Aboriginal community.
10. Ensure an inclusive approach in funding, making it accessible to most service providers.
11. Apply a cultural lens in evaluating the effectiveness of EMPHN initiatives, recognising the multi-dimensional aspects of health.
12. Showcase cultural artefacts to maintain the connection to country and inspire transformation of programs to be more culturally sensitive.
13. Keep engaging with the Aboriginal community to ensure their voices continue to be heard in the ongoing conversation about their health and well-being.

Reflections: Major Themes Emerging from the Conversations

Diversity of Lived Experiences

The narratives shared today provided a unique, multi-faceted glimpse into diverse life experiences. These accounts stem from a wide spectrum of individuals familiar with the systems at hand, either through their own experiences or those of others known to them. They shed light on the treatment received, which is not always fair or equitable.

From my perspective, as someone primarily engaged at the access and support worker level, today's discussions have been a profound learning experience. I find myself surprised, even somewhat taken aback, by the intensity of issues shared, making me feel angry.

While I am not particularly fond of the term 'hope', I believe that it's exactly where we find courage. I recently shared with someone that I feel as if I'm constantly on my knees – metaphorically, of course – pleading for financial support and consideration. This is the reality of dealing with entities that hold power, whether we agree with it or not. These relationships, fundamentally transactional, are underscored by power dynamics.

Profound Learning and Realisation: In the role of an access and support worker, the depth and breadth of the discussions have opened up a wealth of knowledge. The sheer intensity of the issues addressed has stirred feelings of indignation, hinting at the scale of challenges faced in this field.

Inequitable Experiences: The diverse narratives shared, coming from a variety of backgrounds and life experiences, paint a vivid picture of the inequities present in the system. These personal stories highlight the unfortunate reality that treatment is not always just or fair.

Hope and Courage: The term 'hope' may have its critics, but it encapsulates the very essence of courage. The frequent metaphorical 'kneeling' for support, financial or otherwise, speaks to the strenuous negotiations with power-wielding entities.

Power Dynamics in Transactional Relationships: These negotiations underscore the fundamentally transactional nature of relationships in this context, with power dynamics playing a pivotal role. This is the reality of engagement with entities possessing the resources, whether we like it or not.

Systems Transformations

The historical systems implemented in Australia, borne from colonial rule, were unarguably abusive and violent. This unspeakable invasion inflicted significant harm.

Over the years, I've been actively engaged with PHN initiatives, and a crucial component of our curriculum is centred around Primary Health Care retention.

Today's forum has been enlightening, and I extend my gratitude for the opportunity to listen and learn. I can clearly discern the frustrations echoing through the stories shared, some of which are hard to digest, yet there is an undercurrent of optimism too. Hopefully, the insights gathered today will significantly contribute to our strategic planning, designing, and funding approaches.

This experience has compelled me to reassess my role, to be more observant of my positioning, the way I communicate, and most importantly, how I perceive these crucial matters.

At times, I feel quite overwhelmed due to the vast amounts of knowledge yet to be absorbed. Nevertheless, I must express that I found today to be an enriching and heartwarming experience. The practice of yarning, such an intrinsic part of the community's tradition, is truly comforting and enlightening to me.

In my role as a CEO, drawing from the root 'executive' which signifies 'to do', I have a natural inclination to act and execute tasks. However, this is precisely where my discomfort lies. I am more at ease with clear-cut actions, but I understand that the essence of what we're discussing isn't always about immediate action. Rather, it often revolves around building relationships, establishing trust, fostering collaboration, and learning together to enable us to take suitable actions. Admittedly, my personal bias is towards wanting to depart with actionable insights, but the actual necessity might be a focus on learning and listening.

I would like to express my gratitude for your active participation, but I also acknowledge that most of my time has been spent listening and perpetually learning, not just on a personal level, but also for our organisation that is continually evolving. I am profoundly thankful for your patience, your generosity with your ideas, and for your bravery in sharing your thoughts.

The term 'optimism' has been a central theme of the day. I must admit that I am optimistic and hopeful. The word 'hope' is often casually used, but I do believe there is much we can accomplish if we maintain this dialogue and continue the tradition of yarning. Small steps and consistent action can eventually bring about significant change.

I have been tenacious in my engagement with EMPHN, and I believe this persistence has resulted in a new level of candor in our interactions. Teleworking, a vital aspect of our current work setup, enables us to openly discuss what's happening within our domains, our needs, desires, and the individuals we believe should join us on this journey. Everyone should have the opportunity to contribute, and I believe this inclusive approach has been one of our major achievements since the last movement.

Yarning: A Pathway to Connection and Understanding: Embracing 'yarning', an integral aspect of the community's traditions, has proven to be a source of both comfort and enlightenment. The dialogue enriches understanding and offers a heartwarming sense of belonging.

From Action to Connection: Shifting Leadership Perspectives: As a CEO, with a natural inclination towards action and execution, there's a realisation that meaningful change isn't always about clear-cut actions. The focus often needs to be on building relationships, fostering collaboration, establishing trust, and mutual learning, laying the groundwork for appropriate action. This shift from immediacy to the value of listening and learning underscores a personal and organisational evolution.

Gratitude for Participation and Patience: There's deep gratitude for the active participation of all involved, paired with the acknowledgment that this is a journey of continuous learning. The generosity of ideas, patience, and bravery in sharing thoughts greatly contributes to personal growth and organisational evolution.

Optimism and Hope as Catalysts for Change: Optimism and hope emerged as central themes, suggesting that maintaining this dialogue and the tradition of yarning can lead to impactful changes. The belief that small, consistent steps can significantly alter the landscape of the future fuels optimism.

Inclusivity and Candour: Successes of Remote Engagement: Tenacity in engagement and the transition to remote working has unlocked a new level of candour in interactions. This shift has allowed for open discussions about the happenings within various domains, desires, needs, and potential collaborators, promoting an inclusive approach and highlighting it as a key achievement of recent times.

From Reactive to Responsive

My reflections on Health Care point towards two essential concepts: reactive and proactive. My aspiration is to shift our approach from being reactive to being responsive. In my view, being responsive signifies attentiveness to the needs of our community, whereas being reactive often leads to chaos, which is not our aim. As we strive for a safe and open space, reactivity has no place. A particularly relevant issue I found was the lack of reaction to our referendum discussions. These are crucial conversations, and although they may divert our attention from our objectives towards self-determination, it's crucial that we engage in them.

In terms of interaction and dialogue, I found our session incredibly fruitful. The importance of recognising and compensating for cultural knowledge resonated with me, as did the difficulties surrounding cultural event preparations. I'm excited about the potential growth from these discussions, and I appreciate everyone's willingness to share their stories and perspectives. The ability to retell stories is a powerful tool for communication and community building, and for that, I am grateful.

Another point that struck me is the willingness of some bureaucrats to navigate the complex system on behalf of the community. It's my hope that we can alter this dynamic so that community interests are at the forefront. Connecting with all organisations at the roundtable is crucial, and nurturing our relationship with EMPHN is a part of this process.

It's vital that we preserve our identities and respect the space we create together. The term 'responsive' resonated with me strongly – it encapsulates our desired approach perfectly.

The concept of the 'self-determining family' has been on my mind. These families hold wisdom and a holistic understanding of what works best for them. In my professional role, it is my duty to listen to these families because they know what will work best for them. Similarly, when considering the concept of a self-determining community, I, as someone working in an Aboriginal community, need to listen to Aboriginal organisations. Gaining insight from the wisdom and knowledge they offer is a privilege, and the chance to hear from various Aboriginal voices today has been invaluable. Thank you.

Valuable Lessons from Community-Oriented Health Approach:

Despite disheartening revelations of systemic racism, there's an inspiring lesson in the community's supportive approach to young people's wellbeing. This communal model presents mainstream health with a wealth of learning opportunities and a need to value the generous sharing of personal experiences.

Importance of Relationships and Open Dialogue: An initial apprehension turned into gratitude for the comfortable openness in discussions, emphasizing the importance of relationships for health and wellbeing. This centrality of relationships, which transcends personal and professional domains, underscores the crucial need for meaningful interactions rather than transactional exchanges.

Promise of Collaborative Potential and Relationship-Building: The PHN, while a part of the broader system, is composed of individuals with genuine concern for community health. The positive intent shown raises hope for collaboration, with an emphasis on ongoing relationship-building over transactional engagements.

The Legacy of Ancestors: Strength, Resilience, and Pride: The ancestral legacy left is not just one of wounds, but of strength, resilience, and pride. This deeply moving clarity of intent, seen in everyone's work, reflects a language of love that spans across country, culture, community, and personal connections.

Language of Love: Power of Comprehension and Communication: If everyone could understand and speak this language of love observed in discussions, interactions could hold incredible power. At the same time, it's necessary to protect our hearts against adversities that often work against us. The gratitude for such opportunities to partake in these enlightening dialogues resonates throughout.

EMPHN Needs Community Support, Engagement and Direction

I would like to extend my heartfelt thanks to everyone for your presence today. It's been an enlightening day, despite the saddening revelations of persistent systemic racism and its detrimental effects. I firmly believe that mainstream health can glean invaluable insights from the community-oriented approach. Witnessing the community's support and its positive impacts on the wellbeing of young people has been inspiring. In mainstream health, there is much to learn from these experiences. The willingness to share, even about personal aspects like your paintings, is a generosity we should not overlook.

In the lead-up to today, I must admit to feeling apprehensive. Being relatively new to EMPHN, I had heard stories and was unsure about whether anyone would attend, and if they did, whether they would feel comfortable sharing again. I am incredibly grateful for your participation and openness. I hold relationships in high esteem, both in my personal life and in my work. The significance of relationships for health and wellbeing prompted me to leave the corporate world to join the PHN. Today's overwhelming emphasis on this element reassures me of its importance.

While the PHN is part of the system, it consists of individuals who genuinely care about the health and wellbeing of the community. Given the positive intent in the room today, I am hopeful about our collaborative potential. It's essential that our interactions aren't merely transactional, such as needing sign-off on our wrap. For more meaningful connections, ongoing relationship-building is crucial, and today has been an excellent beginning. Thank you.

I am constantly awed by the strength, resilience, and pride bestowed upon us by our ancestors, whose legacy is much more than the wounds we bear. It's deeply touching to witness the clarity of intent behind everyone's work. The truth and love expressed in these meetings fill my heart. To me, your discussions reflect a language of love - love of country, culture, community, people, and connection. If only everyone could comprehend and communicate in this love language, our interactions could be incredibly powerful. We also need to safeguard our hearts against adversities, as outlined on the board, which often work against us rather than with us. I am endlessly grateful for these opportunities to be in such rooms. Thank you all for your invaluable contributions and the compassionate community you foster. Thank you.

Recognition and Compensation of Cultural Knowledge: Our dialogues underscore the importance of acknowledging and compensating for cultural knowledge. The difficulties in preparing cultural events and the potential growth from these discussions highlight the power of shared narratives in communication and community-building.

Altering Bureaucratic Dynamics: There's an observation of bureaucrats' willingness to navigate complex systems for the community. The hope is to change this dynamic to prioritise community interests, with an emphasis on forging connections with all organisations, including EMPHN.

Preserving Identity and Shared Space: The importance of maintaining our identities and respecting the shared space resonates deeply. The term 'responsive' encapsulates the desired approach in preserving these elements.

Valuing the Wisdom of Self-Determining Families and Communities: The concept of 'self-determining families' emphasises the wisdom and holistic understanding these families hold for their welfare. Similarly, in the context of a self-determining community, it's crucial to listen to Aboriginal organisations and value their offered wisdom and knowledge. The opportunity to hear from diverse Aboriginal voices has been an invaluable experience.

Resource Optimisation

Firstly, I'd like to express my gratitude for the invitation. Today has been a very productive day indeed. I've noticed that there are certain pivotal individuals within some organisations who are willing to disrupt the status quo and say, "We need to listen, and we need to change our approach in response to what's happening externally." I've jotted down a few key terms: collaboration, strengthening, and value-addition. It's about how you can work in tandem with us, reinforce our efforts, and bring added value to what we do. While there's a certain amount of funding available, we're not all vying for the same pot. Each of us has a unique area of expertise and influence, and I hope we can collaborate in a mutually beneficial way.

How can we bring value to each other's work? We have strengths in areas such as medical and clinical capacities, community engagement, among others. We're not looking to usurp or compete with each other. Instead, we should aim to support and advocate for one another. At the Western Health Aboriginal Advisory Committee a few years ago, it was disheartening to hear organisations wondering about their survival due to funding uncertainty. It's outrageous to expect continuity in service and employment without a secure financial plan extending beyond a 12-month window. After an impassioned outburst during the discussion, I suggested that we collectively write to the department to address this issue. To my surprise, this was well-received and led to Western Health writing to the department on behalf of the committee, which resulted in a commitment to guaranteed funding for the service. This is crucial in planning for a future where the population in this space will undoubtedly grow and change. In this context, the PHN can play a critical role. If we centre our interactions on collaboration, strengthening, and value-adding, we can achieve significant progress for our organisations and their staff. I eagerly anticipate the future developments in this regard.

That brings us to the end of an intense and productive day. For all those action-oriented individuals who had to stay put, I'm sure plenty of ideas were sparking away. Thank you all.

Disruptive Change Agents Within Organisations: The presence of individuals within organisations who are willing to disrupt the status quo and listen to external cues signifies a shift towards more receptive approaches.

Collaboration, Strengthening, and Value-Addition: Key elements such as collaboration, strengthening, and value-addition emerge as central to cooperative relationships among organisations. Each entity brings unique expertise and influence, with the potential for mutually beneficial collaboration.

Inter-Organisational Support and Advocacy: The focus is not on competition, but on supporting and advocating for one another. This perspective counters concerns about survival due to funding uncertainty, emphasising the need for secure financial planning.

Collective Action and Successful Advocacy: An example of collective action led to successful advocacy for secure funding, indicating the power of collective voices when addressing systemic issues.

The Role of PHN in Facilitating Collaboration: The PHN has a critical role in centering interactions around collaboration, strengthening, and value-adding, contributing to significant progress for organisations and staff.

Anticipation for Future Developments: The productive discussions evoke anticipation for future developments and the potential for transformative changes within the sector.

Conclusion

In conclusion, the Eastern Melbourne Primary Health Network (EMPHN) has made significant strides towards bolstering community representation within its governance and advisory panels. It has successfully transitioned from a conventional, passive model of funding distribution to a more proactive and inclusive one. This strategic shift has led to a more comprehensive and community-led approach to planning and service delivery, effectively addressing the diverse needs and priorities of the communities we serve.

The Leadership group remain committed to fostering the identity, self-determination, and safety of individuals within our communities. The strategies have expanded to include more comprehensive resource provisions, respectful engagement, and enhancing community confidence. Efforts to cultivate cultural safety and self-determination are persistent, with a keen focus on embedding these elements in funded services.

EMPHN recognise the historical context within which our communities operate and are intent on constructing models that encompass this history, allowing the community to reclaim their narrative. EMPHN will need to continue to strive to instil hope and cultural pride in the community and work towards empowering them.

As part of EMPHN's ongoing commitment to transparency, there should be an investment to continually report back to the community about the effectiveness of funding, addressing any identified gaps, and discussing relevant issues. Community representation within EMPHN governance remains a priority, ensuring decisions are genuinely community-led and reflect the best interests of those we serve. People involved in these processes need to be remunerated for their value, knowledge, time and contribution.

The conversations around the health of the Aboriginal community have reinforced the need for greater investment and consideration of their specific needs. Acknowledging that the existing 2-3% allocation does not suffice, our aim is to increase investments to better cater to their needs, encapsulating social innovation, cultural connections, and a broader definition of health.

Community continue to stress the importance of inclusivity in funding and the necessity of applying a cultural lens to our work, capturing the multi-dimensional aspects of health and well-being. Through continued engagement with Aboriginal communities, we aim to inspire transformation and foster culturally sensitive programs.

To summarise, our forward strategy entails developing a strategic plan that is grounded in the principles of self-determination. We aim to shift from transactions to genuine partnerships, placing emphasis on building and nurturing relationships. The essence of our role is to serve as allies to the community, working alongside them to bridge gaps, address vulnerabilities, and deliver in the most effective and impactful ways.

Our ultimate objective remains to ensure that the community is the driving force of its destiny, regardless of the resources at hand. It's not just about funding but about embedding this ethos in every fibre of our community. In this spirit, we will continue to hear, reflect, and act on the needs of our communities, serving as a constant ally in their journey towards growth, resilience, and wellbeing.

