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**Australian Institute of
Health and Welfare**

National frameworks about Aboriginal and Torres Strait Islander people



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*Authoritative information and statistics
to promote better health and wellbeing*

National frameworks about Aboriginal and Torres Strait Islander people

Australian Institute of Health and Welfare
Canberra

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Abbreviations

ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Service
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
ATSIC	Aboriginal and Torres Strait Islander Commission
COAG	Council of Australian Governments
DEEWR	Department of Education, Employment and Workplace Relations
HPF	Aboriginal and Torres Strait Islander Health Performance Framework
IECD	Indigenous Early Childhood Development
MBS	Medicare Benefits Scheme
MCATSIA	Ministerial Council for Aboriginal and Torres Strait Islander Affairs
NACCHO	National Aboriginal Community Controlled Health Organisation
NAGATSIHID	National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
NAHS	National Aboriginal Health Strategy
NATSIHEC	National Aboriginal and Torres Strait Islander Health Equality Council
NATSIHON	National Aboriginal and Torres Strait Islander Health Officials Network (replaced by NATSIHSC)
NATSIHP	National Aboriginal and Torres Strait Islander Health Plan 2013–2023
NATSIHSC	National Aboriginal and Torres Strait Islander Health Standing Committee
NGO	non-governmental organisation
NHLF	National Health Leadership Forum
NHPC	National Health Performance Committee
NIHEC	National Indigenous Health Equality Council (renamed NATSIHEC)
NIRA	National Indigenous Reform Agreement
nKPIs	national Key Performance Indicators
NPA IECD	National Partnership Agreement on Indigenous Early Childhood Development
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013
NSW	New South Wales
OATSIH	Office for Aboriginal and Torres Strait Islander Health

OCHREStreams	Online Community Health Reporting Environment for Government-funded Health Services
OAG	OCHREStreams Advisory Group
OID	Overcoming Indigenous Disadvantage
PBS	Pharmaceutical Benefits Scheme
PC	Productivity Commission
PHMO	Public Health Medical Officers network (within NACCHO affiliates)
PM&C	Department of the Prime Minister and Cabinet
RoGS	Report on Government Services
SCATSIH	Standing Committee for Aboriginal and Torres Strait Islander Health (replaced by NATSIHON and later NATSIHSC)
SCRGSP	Steering Committee for the Review of Government Service Provision
WGIR	Working Group on Indigenous Reform

Summary

This report details the outcomes of a project undertaken by the Australian Institute of Health and Welfare on behalf of the New South Wales Department of Education, Aboriginal Affairs to provide an overview of frameworks that describe Aboriginal and Torres Strait Islander people. It provides information about 10 national frameworks that fell within the agreed scope of the project. These were frameworks that: described Aboriginal and Torres Strait Islander people and/or services provided to them; had a health focus or covered a number of different topics including health; and were either a conceptual framework or a national reporting framework. Some of the frameworks included are currently active while others are no longer in use.

In this report, each framework is described according to a set of 8 topics: the reason for its development; its purpose; underpinning elements; reporting protocols; consultation processes; review processes; structure; and inclusion of Aboriginal and Torres Strait Islander principles.

Three of the frameworks were conceptual frameworks, with 2 of these focused on the topic of wellbeing. The third – which was under development at the time this report was prepared – takes a broad perspective, as it aims to consider statistical priorities and data gaps in relation to all key domains and aspects of Aboriginal and Torres Strait Islander people's world views.

The remaining 7 frameworks were national reporting frameworks with an agreed indicator set for reporting. The reasons for developing these frameworks varied. Though several aimed to report progress on reducing Aboriginal and Torres Strait Islander people's disadvantage compared with other Australians, each has a different and specific purpose, focus and way of considering the individual components within it. The nature and frequency of reporting on the indicator sets varies across each of the 7 reporting frameworks.

This project highlights several examples where the involvement of Aboriginal and Torres Strait Islander people was integral in shaping the frameworks. For example:

- Aboriginal and Torres Strait Islander people were involved in consultations on the development of the indicators for the Aboriginal and Torres Strait Islander Health Performance Framework (HPF) and the subsequent review of the HPF. The HPF was designed to measure the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH). Aboriginal and Torres Strait Islander people were also consulted during the development of the NSFATSIH.
- Aboriginal and Torres Strait Islander people both conducted and participated in consultations to develop the Overcoming Indigenous Disadvantage (OID) reporting framework, and these processes involved Indigenous leaders, organisations and communities across Australia. Reviews of this framework also included consultation with Aboriginal and Torres Strait Islander people and organisations.
- Close partnerships with Aboriginal and Torres Strait Islander people (including the National Health Leadership Forum) were integral to the development of the Implementation Plan goals for the National Aboriginal and Torres Strait Islander Health Plan, with consultation undertaken both in relation to these goals, and to the Plan itself.

1 Introduction

In 2015, New South Wales Aboriginal Affairs, Department of Education ('NSW Aboriginal Affairs') engaged the Australian Institute of Health and Welfare (AIHW) to provide an overview of frameworks that describe Aboriginal and Torres Strait Islander people, including how they compare with non-Indigenous Australians. This report provides information on 10 frameworks: 3 of which are conceptual and 7 are national reporting frameworks. The aim of the report is not to compare the frameworks, as they have different uses and were created for different purposes; indeed, some are no longer in use. Rather, the report aims to collate information in a way that enables readers to consider the range of topics and issues each framework covers and the variety of processes undertaken in their creation.

A core component of this project was describing each of the frameworks according to a set of 8 topics, which covered: the reason for its development; its purpose; underpinning elements; reporting protocols; consultation processes; review processes; its structure; and inclusion of Aboriginal and Torres Strait Islander principles. These descriptions, along with information about the sources of information, are included in Appendix 1.

The rest of the report is structured as follows:

- Chapter 2 details the scope of the project and the methodology used to identify relevant frameworks.
- Chapter 3 summarises each of the frameworks according to each of the 8 topics.
- Chapter 4 provides a discussion of key findings, particularly in relation to consultation and review processes, and provides some information on international frameworks of relevance.

Terminology used in this report

A range of terms were used in documents cited in this report to refer to Aboriginal and Torres Strait Islander people. The New South Wales Government generally uses the term 'Aboriginal' to recognise that Aboriginal people are the original inhabitants of New South Wales (NSW Health 2014). It also recommends using the terms 'Aboriginal and Torres Strait Islander' in preference to 'Indigenous'.

When referring to information from a specified document, this report uses the terminology from that document. Since this report has a national focus, the term 'Aboriginal and Torres Strait Islander' is used elsewhere.

2 Scope and methodology

2.1 Frameworks in scope

The scope for this report was developed in consultation with NSW Aboriginal Affairs. Materials in scope were frameworks that met all of the following criteria:

- described Aboriginal and Torres Strait Islander people and/or services provided to them
- had a health focus, including social and emotional wellbeing, or were general in nature (that is, covered a number of different topics including health)
- were either:
 - a conceptual framework – that is, a descriptive framework without an associated reporting protocol; or
 - a national reporting framework – that is, a set of national indicators presented in a structured way against which change is measured and reported.

The Australian Bureau of Statistics (ABS) defines a framework as ‘an agreed way of thinking about an area of interest’. The primary function of a framework is ‘to map the terrain surrounding an area of interest by providing a structure to define the scope of inquiry, delineate important concepts associated with a topic and organise these into a logical structure’ (ABS 2015a).

2.2 Methodology

Identifying in-scope frameworks

To identify relevant frameworks, the AIHW undertook a desktop review supplemented by its internal expert knowledge. This included:

- conducting a broad-ranging internet search
- reviewing relevant websites, such as those of the:
 - Australian Indigenous HealthInfoNet
 - Australian Indigenous Doctors’ Association
 - Lowitja Institute
 - National Aboriginal Community Controlled Health Organisation
 - National Congress of Australia’s First Peoples
 - Australian Institute of Aboriginal and Torres Strait Islander Studies
 - Australian Institute of Health and Welfare
 - Australian Bureau of Statistics
 - Council on Federal Financial Relations.
- consulting with relevant AIHW staff, including:
 - Dr Fadwa Al-Yaman, Head of the Indigenous and Children's Group: Dr Al-Yaman has 12 years of experience in the area of Indigenous statistics and information and is responsible for AIHW’s data collection, development, reporting activities and

stakeholder relationships about Aboriginal and Torres Strait Islander people and related service provision; she is a member of a number of Indigenous advisory committees – including the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID), the Overcoming Indigenous Disadvantage Working Group, and the National Indigenous Reform Agreement Performance Information Management Group

- Mr Gary Hanson, Head of the Mental Health and Palliative Care Unit: Mr Hanson has headed up the mental health area in AIHW for almost a decade and has a wide breadth of knowledge about mental health and wellbeing data sources and frameworks, both in Australia and overseas
- Ms Tracy Dixon, Head of the Indigenous Analyses and Reporting Unit: Ms Dixon heads up the AIHW unit that manages a number of major projects about Aboriginal and Torres Strait Islander people, including the production of AIHW reports on the Aboriginal and Torres Strait Islander Health Performance Framework
- Dr Indrani Pieris-Caldwell, Head of the Indigenous Community and Health Service Reporting Unit: Dr Pieris-Caldwell heads up the unit that manages a number of major projects about service delivery to Aboriginal and Torres Strait Islander people, including the Indigenous Primary Healthcare National Key Performance Indicators data collection.

As a result of its search process, the AIHW found more than 100 documents which were considered further to determine if they fell within the project scope. Of the documents considered, 10 met the criteria for this project (see Table 2.1). For readability purposes, these frameworks are often referred to in this report by abbreviated titles, as shown in the table.

Table 2.1: In-scope frameworks

No.	Full name	Abbreviated name
Conceptual frameworks		
1	ABS Framework for Measuring Wellbeing: Aboriginal and Torres Strait Islander Peoples	ABS wellbeing framework
2	ABS Aboriginal and Torres Strait Islander statistical framework and information model	ABS statistical framework
3	A Wellbeing Framework for Aboriginal and Torres Strait Islander Peoples Living with Chronic Disease	Chronic disease wellbeing framework
Reporting frameworks		
4	Overcoming Indigenous Disadvantage reporting framework	OID
5	Aboriginal and Torres Strait Islander Health Performance Framework	HPF
6	National Indigenous Reform Agreement	NIRA
7	Report on Government Services reporting framework (Indigenous compendium)	RoGS framework
8	National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care	nKPI
9	Implementation Plan goals for the National Aboriginal and Torres Strait Islander Health Plan	Implementation Plan goals
10	National Partnership Agreement for Indigenous Early Childhood Development reporting framework	IECD framework

The main reasons for documents being out of scope were that they were about a specific topic other than health; related to a specific jurisdiction (rather than being national); were not about Aboriginal and Torres Strait Islander people and/or services provided to them; or were a policy statement or strategy (see Appendix B).

Framework summaries

The AIHW was asked by NSW Aboriginal Affairs to describe each of the frameworks according to a set of 8 topics, as listed in Table 2.2. These descriptions, including a figure or table that illustrates the structure of the framework, are provided in Appendix A.

Table 2.2: Outline of framework summaries

No.	Topic	Type of information provided
1	Why the framework was developed and by whom	The rationale for the framework; the need/problem that it sought to address The agency/organisation that initiated or developed the framework, including details on any key reference group
2	Purpose of the framework	The intent of the framework
3	Principles and theories underpinning the framework	Principles, theories and other elements on which the framework was based
4	Protocols and practicalities associated with reporting against the framework	Details about reporting, including frequency and responsibilities
5	Consultation	Consultation processes used to develop the framework, especially in relation to gaining input from Aboriginal and Torres Strait Islander people Changes made due to the consultation process
6	Review	Reviews or evaluations undertaken and how Aboriginal and Torres Strait Islander people were involved Changes made due to the review
7	Structure	Description of the structure of the framework
8	The extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people are included	Examples of key principles of the Aboriginal and Torres Strait Islander perspective of health and wellbeing within the framework

As part of the information provided about the consultation and review processes, NSW Aboriginal Affairs requested that AIHW focus, in particular, on engagement with Aboriginal and Torres Strait Islander people during such processes and, where possible, on how the feedback influenced the shape of the framework.

In addition, NSW Aboriginal Affairs sought details about the extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people were included in the frameworks. The AIHW notes that this is a complex topic and that a full assessment would require the input of Aboriginal and Torres Strait Islander people and organisations themselves, as well as consideration of the intent and context of the frameworks, not just the framework itself. Given that a full assessment was not achievable within the project parameters, assessment of this topic was limited to identifying examples within the framework that showed the inclusion or consideration of principles articulated in 2 foundation documents—namely the National Aboriginal Health Strategy (NAHS) (NAHSP 1989) and the *Ways forward* report (Swan & Raphael 1995). These documents are

widely recognised as presenting core elements of Aboriginal and Torres Strait Islander views of health and wellbeing:

- The National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) noted that the NAHS was a landmark document in Aboriginal and Torres Strait Islander health policy and that, because it was developed following a comprehensive and inclusive national consultation process, it was widely owned by Aboriginal and Torres Strait Islander people (NATSIHC 2003).
- The National Aboriginal Community Controlled Health Organisation (NACCHO) notes the enduring importance of the NAHS: ‘... the NAHS remains the key document in Aboriginal and Torres Strait Islander health. It is extensively used by health services and service providers and continues to guide policy makers and planners’ (NACCHO 2015).
- The National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) 2012–2023 refers to the NAHS as a ‘foundational’ and ‘landmark’ document (DoH 2013).
- The *Ways forward* report has been described as having significant implications for Aboriginal and Torres Strait Islander health in various documents, including the NSFATSIH (NATSIHC 2003). The *Ways forward* report highlighted the need to recognise historical, social and political factors embedded within Aboriginal social and emotional wellbeing, as well as grief and loss, and ongoing trauma (Delaney et al. 2008).

Principles articulated by the NAHS and the *Ways forward* report include that:

- health is holistic, encompassing all aspects of life, including mental, physical, social, cultural and spiritual health, as well as connections with the physical environment
- self-determination, family and kinship, and land are central
- experiences of trauma and loss, racism, stigma, environmental adversity and social disadvantage are major factors contributing to impairment of health and wellbeing
- the human rights of Aboriginal people must be recognised and respected
- there is no single Aboriginal and Torres Strait Islander culture or group
- culturally valid understanding must shape the provision of services
- Aboriginal and Torres Strait Islander people have great strengths.

Note that the AIHW did not assess the relevance of the inclusion of such principles in each framework given the differing purposes for which the various frameworks were developed.

Sources of information

A range of sources were used to gather information about each framework including webpages, published reports, media releases, and seminar and conference presentations. This information was supplemented by information from staff within the AIHW – including Dr Al-Yaman, Dr Pieris-Caldwell and Ms Dixon – and from staff in other agencies. Feedback on draft summaries of the frameworks was sought from relevant agencies, including the Department of the Prime Minister and Cabinet (PM&C), the Productivity Commission (PC), the Department of Health and the ABS. In addition, since 1 of the frameworks – the ABS statistical framework – was in its development phase, AIHW staff met with ABS staff to gain details about plans and progress on this framework.

3 Findings

This section summarises key findings from the descriptions of the 10 frameworks presented in Appendix A, organised in line with the topics covered in the descriptions. The sources of information about each framework are provided in the descriptions themselves, rather than in this section.

3.1 Why the frameworks were developed and by whom

Why the frameworks were developed and their purposes

Table 3.1 provides a summary of the reasons each of the 10 frameworks was developed, its purpose, and who initiated/developed it.

Of the 3 conceptual frameworks, 2 were developed to provide frameworks about the wellbeing of Aboriginal and Torres Strait Islander people:

- The ABS wellbeing framework, released in 2010, focused on providing an approach to the collection and analysis of data about the wellbeing of Aboriginal and Torres Strait Islander people.
- The Chronic disease wellbeing framework, released in 2015, aimed to assist primary health-care services to improve the quality of life, health care and outcomes for Aboriginal and Torres Strait Islander people.

The third conceptual framework, the ABS statistical framework, was being developed at the time of preparing this report. The aim of this framework is to define statistical priorities, detail available data sources and identify gaps across all key domains and aspects of Aboriginal and Torres Strait Islander people's views and understandings of the world.

A number of the reporting frameworks aim to report on progress on reducing disadvantage among Aboriginal and Torres Strait Islander people, either across a range of areas that included health – such as the National Indigenous Reform Agreement (NIRA) and the Overcoming Indigenous Disadvantage (OID) reporting framework – or with a specific health focus – such as the National Partnership Agreement for Indigenous Early Childhood Development (IECD) reporting framework. In addition, the Implementation Plan goals were developed to measure progress in achieving specific targets outlined in the NATSIHP and the Aboriginal and Torres Strait Islander Health Performance Framework (HPF) also has a key role in monitoring overall progress against the NATSIHP. Many of the frameworks also make reference to, report on and complement the Council of Australian Governments (COAG) Closing the Gap targets.

The Report on Government Services (RoGS) reporting framework – which covers a wide array of topics including health – was not specifically developed to report on Indigenous disadvantage, but the compilation of relevant material about Aboriginal and Torres Strait Islander people provides an additional source of information on specific topics.

Most of the reporting frameworks include indicators about characteristics of Aboriginal and Torres Strait Islander people – with or without indicators about service provision as well.

The 1 exception is the nKPI – all indicators in this framework are about the provision of health-care services.

Table 3.1: Why the framework was developed and by whom

Framework	Who	Why developed/purpose
Conceptual frameworks		
ABS wellbeing framework	ABS	To provide a holistic approach to the collection and analysis of statistics about the wellbeing of Aboriginal and Torres Strait Islander people, taking into account the unique cultural and historical factors affecting their wellbeing
ABS statistical framework	ABS This framework is currently being developed	To develop a conceptual framework that maps key domains and aspects of Aboriginal and Torres Strait Islander people's views and understandings of the world. A related information model will map data needs and gaps
Chronic disease wellbeing framework	A team of researchers that included 16 Aboriginal and Torres Strait Islander people	To develop a wellbeing framework to assist primary health-care services to improve the quality of life and of care, as well as health outcomes, for Aboriginal and Torres Strait Islander people living with chronic disease
Reporting frameworks		
OID	The SCRGSP as commissioned by COAG	To regularly report progress in efforts to reduce Indigenous disadvantage
HPF	Under the auspices of AHMAC	To monitor and assess progress of the health system and broader determinants of health in improving Aboriginal and Torres Strait Islander health
NIRA	Endorsed by COAG	To monitor and assess progress towards the COAG Closing the Gap targets
RoGS framework	RoGS was commissioned by Heads of Government (now COAG)	To improve service delivery, efficiency and performance; and increase accountability to governments and the public. From 2003 to 2015, RoGS data about Aboriginal and Torres Strait Islander people were compiled in a separate compendium, and since 2016 are available via a web reference list
nKPI	Directed by COAG through NIRA; developed by the Australian Government, in partnership with state and territory health departments and in collaboration with the AIHW	a) To improve the delivery of primary health-care services by supporting continuous quality-improvement activity among service providers b) To support policy and planning at the national and jurisdictional level by monitoring progress and highlighting areas for improvement
Implementation Plan goals	Department of Health	a) To support and complement the achievement of COAG Closing the Gap targets b) To measure progress in achieving NATSIHP priorities c) To galvanise community and government efforts and help to promote accountability
IECD framework	Endorsed by COAG	To measure progress towards the overarching goals of the National Partnership Agreement on Indigenous Early Childhood Development (in operation from 2009 to 2014)

Sources: See corresponding summaries in Appendix A for details on the relevant sources of information.

Who developed the frameworks

Of the 3 conceptual frameworks, 1 was developed by the ABS and another is currently being developed by the ABS. The third conceptual framework – the Chronic disease wellbeing framework – was developed by a team of 19 researchers (which included 13 Aboriginal and

Torres Strait Islander health-care professionals and 3 Aboriginal researchers) as part of a project funded by the Australian Primary Health Care Research Institute.

Many of the reporting frameworks were developed and/or endorsed as part of COAG processes; given that national (not jurisdictional) reporting frameworks are being considered in this report, this would be expected. The HPF was developed under the auspices of the Australian Health Ministers' Advisory Council (AHMAC), while development of the Implementation Plan goals was led by the Department of Health.

3.2 Underpinning principles and theories

Determining the principles, theories or other elements underpinning the frameworks was not straightforward, as the language used and extent of detail provided regarding the basis for the development of the frameworks were varied. An overview of the principles and theories identified is shown in Table 3.2.

Some key points about underpinning principles and theories:

- Some of the frameworks – such as the Chronic disease wellbeing framework and the NATSIHP which underlies the Implementation Plan goals – were informed by the *United Nations Declaration on the Rights of Indigenous Peoples*.
- Several frameworks acknowledged the centrality of culture and/or the need to provide culturally appropriate services as underpinning the development of their frameworks; examples include the ABS wellbeing framework, the Chronic disease wellbeing framework, the OID and the Implementation Plan goals.
- A number of the frameworks – such as the NIRA and the OID – noted the need for cross-agency cooperation in order to achieve their goals.
- The nKPI noted the need to be consistent with the National Aboriginal and Torres Strait Islander Health Data Principles to ensure cultural appropriateness and respect.
- Several frameworks stated the criteria used to select the indicators; examples are the OID, the HPF and the Implementation Plan goals.

3.3 Protocols and practicalities associated with reporting

Table 3.3 summarises information on reporting against the 7 national reporting frameworks. The 3 conceptual frameworks are not considered as they were not developed for the purpose of regular reporting.

The nature of reporting varies considerably:

- Reporting against the OID includes 3 components: a main report that provides data and detailed information about outcomes; an overview report; and attachment tables that are available electronically.
- Reporting against the HPF includes 2 national reports – a policy-focused report produced by PM&C and a detailed analytical report produced by the AIHW – as well as selected jurisdictional reports for those jurisdictions requesting such a report.

Table 3.2: Underpinning principles and theories

Framework	Principles and theories
Conceptual frameworks	
ABS wellbeing framework	Based on the interaction of individuals with their social, cultural and economic environments. A sense of identity and social capital are seen as central to the concept of wellbeing
ABS statistical framework	Not applicable—the framework is still being developed
Chronic disease wellbeing framework	Underpinned by the <i>United Nations Declaration on the Rights of Indigenous Peoples</i> ; the <i>Ottawa Charter for Health Promotion</i> ; the <i>Declaration of Alma-Ata</i> ; and NACCHO's vision to deliver holistic and culturally appropriate health and health-related services to the Aboriginal community
Reporting frameworks	
OID	Recognises the need for cross-agency cooperation Strategic change indicators had to meet 1 or more criteria (such as being meaningful to stakeholders and the Indigenous community) and relevant to priority outcomes
HPF	An adaptation of the National Health Performance Committee's Health Performance Framework that takes into account particular health and social issues likely to affect Indigenous Australians differently, and thus includes measures of access to appropriate care, and experiences in receiving care
NIRA	Recognises that overcoming Indigenous disadvantage will require a long-term, generational commitment with major coordinated effort directed across a range of strategic platforms to meet the targets
RoGS framework	Focused on outcome-oriented performance information and outputs, grouped under 'equity', 'effectiveness' and 'efficiency'
nKPI	Acknowledges the need to be consistent with the National Aboriginal and Torres Strait Islander Health Data Principles to ensure cultural appropriateness and respect
Implementation Plan goals	Directly linked to the NATSIHP which is based on the <i>United Nations Declaration on the Rights of Indigenous Peoples</i> ; takes a strengths-based approach; and emphasises the centrality of culture in the health of Aboriginal and Torres Strait Islander people
IECD framework	Based on evidence that policies which strengthen the foundations of health in the prenatal and early childhood periods may have long-lasting positive effects

Sources: See corresponding summaries in Appendix A for details on the relevant sources of information.

- Reporting against the NIRA consists of 2 types of reports: the Performance Information report (which provides collated data tables for the indicators) and the Performance Assessment report (which provides an independent assessment of performance against NIRA commitments). Progress against the Closing the Gap targets is also reported on separately in the Prime Minister's annual report to Parliament.
- The RoGS Indigenous compendium consists of a direct copy of Indigenous-related material from the RoGS; from 2016, the compendium has been replaced by a web-based 'reference list' that points to all data about Aboriginal and Torres Strait Islander people within the RoGS report.
- Reporting against the nKPI includes a national report, as well as individual service-level reports provided to participating health-care organisations.
- To date, only 1 report has been released on the Implementation Plan goals. Progress on achieving the goals will be reported every 2 years, in line with the release of the HPF.
- Three editions of reporting against the IECD framework are to be produced: 2 have been released and the final 1 was being drafted at the time of preparing this report.

Table 3.3: Reporting protocols

Framework	Report(s)	Reporting agency	Reporting frequency
OID	Overcoming Indigenous disadvantage: key indicators	PC	Biennial from 2003, with the 7th edition released in 2016
HPF	Aboriginal and Torres Strait Islander HPF	PM&C	Biennial from 2006, with the 5th edition released in 2015
	Aboriginal and Torres Strait Islander HPF: detailed analyses	AIHW	Biennial from 2006 Online data tables were released prior to the detailed report in 2015; in the future, the detailed analyses report will be solely online
	Aboriginal and Torres Strait Islander HPF: jurisdictional reports	AIHW	Biennial from 2008 for selected jurisdictions that request such a report, with the most recent reports released in 2015
NIRA	NIRA Performance Assessment report	PC in 2015; previously by the COAG Reform Council	Annual from 2009; the most recent release was on 2 December 2015
	NIRA Performance Information report	PC	Annual from 2009; the most recent release was on 3 December 2015
	Prime Minister's Closing the Gap report	PM&C	Annual from 2009, with the 8th edition released in February 2016
RoGS framework	Report on Government Services: Indigenous compendium	PC	<i>RoGS</i> : annual from 1995, with the 21st edition released in 2016 <i>Indigenous compendium</i> : annual from 2003 to 2015, but was replaced in 2016 by an online reference list
nKPI	National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care	AIHW	Annual, from 2014, with the 3rd report released in October 2015
	Individual service-level reports to data providers	AIHW	Twice a year, from June 2012
Implementation Plan goals	Implementation Plan goals for the National Aboriginal and Torres Strait Islander Health Plan 2013–2013: technical companion document	AIHW	Biennial, from 2015
IECD framework	National Partnership Agreement on Indigenous Early Childhood Development: annual report on health performance indicators	AIHW	A total of 3 editions to be released—2 have been released (2013 and 2015) and the final 1 is currently being drafted

Note: Reporting protocols for some frameworks have changed over time; this table indicates the reporting protocols at the time of preparing this report.

Sources: See corresponding summaries in Appendix A for details of the relevant sources of information.

Most of the reports are produced on either a biennial basis (such as the OID report and the HPF reports), or an annual basis (including the NIRA reports, the nKPI reports and the RoGS).

The PC is responsible for producing several of the reports – namely, the NIRA reports, the OID report, and the RoGS. The AIHW is the reporting organisation for the HPF detailed analyses and HPF jurisdictional reports, the nKPI reports, the Implementation Plan goals report and the IECD framework reports. PM&C is responsible for producing the HPF and the Prime Minister's Closing the Gap report.

With 1 exception, the range of data sources used for reporting against these frameworks are broad and encompasses data from at least some of the following: ABS surveys; the Census; AIHW data collections; various jurisdictional and Australian Government administrative data sets; registers including notifiable disease registers and surveillance registers; and service-provider collections. The exception is nKPI reports; for these reports, data from a single source – the nKPI data collection – are used.

3.4 Consultation

This section provides information about the consultation processes used to develop the frameworks, including details about engagement with Aboriginal and Torres Strait Islander people in these processes and how such feedback helped shape the framework. A summary of consultative processes is shown in Table 3.4.

Consultation is a broad concept which may be understood differently by different parties. Understandings of the nature, scope or impact of consultation may depend on these different viewpoints. For the purposes of this report, information about consultation is included as written in the source material or as provided by relevant agencies, without further assessment.

The amount of information available about consultations undertaken during the development of the various frameworks varies. Detailed information is available for some frameworks (such as the OID and the Chronic disease wellbeing framework), while limited information was found for others (for example, the IECD framework and the ABS wellbeing framework). Note that a lack of information does not necessarily mean that consultation was limited.

Key points about consultation with Aboriginal and Torres Strait Islander people in the development phase of the frameworks:

- For the ABS wellbeing framework, the ABS consulted and collaborated with Indigenous researchers and other stakeholders in the development of the framework, but few details were available.
- For the Chronic disease wellbeing framework, in addition to semi-structured interviews being held in 7 jurisdictions with a total of 72 participants, the research was guided by a National Reference Group, which included Aboriginal and Torres Strait Islander community members and Elders, and representatives from Aboriginal Community Controlled Health Services (ACCHS).
- The HPF was originally developed to monitor progress of the NSFATSIH. Development of the NSFATSIH involved several consultative processes. Separate consultation processes were also undertaken to develop the HPF measures through a technical advisory group including Aboriginal and Torres Strait Islander experts.
- For the nKPI, stakeholders that provided input included NACCHO and peak Aboriginal health bodies and government advisory groups, such as NAGATSIHID and the National Indigenous Health Equality Council (NIHEC).
- The Implementation Plan outlines the actions that need to be taken to give effect to the NATSIHP; consultation on the NATSIHP involved gaining input from representatives from Aboriginal and Torres Strait Islander communities, health organisations, peak bodies and jurisdictional governments through a range of avenues, including community consultations, an online submission process, forums, and roundtables. In

addition, the indicators and goals for the Implementation Plan were agreed through a consultation process that included the National Health Leadership Forum (NHLF) – a national partnership of Aboriginal and Torres Strait Islander health organisations committed to achieving health equality (see Appendix E for further information about the NHLF).

In addition to being consulted, Aboriginal and Torres Strait Islander people were involved in carrying out consultations in several instances:

- The consultation phase of the Chronic disease wellbeing framework was facilitated by 13 Aboriginal and Torres Strait Islander health-care professionals from across Australia.
- Members of the Aboriginal and Torres Strait Islander Commission (ATSIC) conducted a number of the consultations for the initial development of the OID. The National Congress of Australia's First Peoples is currently part of the working group overseeing the OID report.
- Development of the measure of HPF community functioning in 2008 and 2010 was led by Aboriginal and Torres Strait Islander people.
- Forums and roundtables on the NATSIHP were hosted by the National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC) and the National Congress of Australia's First Peoples; the Implementation Plan goals were developed to inform progress on the NATSIHP.

In general, limited information was available on the impact of the feedback received during the consultation process. The impact of feedback was clearest for the HPF, the Chronic disease wellbeing framework and the OID. For example:

- in the development of and enhancement of the HPF measure of community functioning, Aboriginal and Torres Strait Islander people participated in workshops that led to the identification of themes that have since been used to analyse and present available data about community functioning
- consultations for the Chronic disease wellbeing framework led to the addition of a core values section, the combining of elements and the addition of a number of principles
- changes stemming from consultation for the OID included:
 - changing the proposed headline indicator of 'incidence of child sexual abuse' to 'substantiated child protection'
 - moving indicators about culture from the headline indicator tier to the strategic areas for action tier
 - adding specific indicators on culture about access to traditional lands and Indigenous cultural studies in school curriculums
 - adding additional indicators on leadership, governance and culture.

Table 3.4: Consultation processes

Framework	Who was consulted and how	Impact of feedback
Conceptual frameworks		
ABS wellbeing framework	Indigenous researchers and other stakeholders were consulted through internal workshops, external workshops, presentations and discussions.	Limited information was found.
ABS statistical framework	The development of the framework was endorsed by the ABS Round Table on Aboriginal and Torres Strait Islander Statistics. An e-survey of organisations working with the Aboriginal and Torres Strait Islander community was undertaken. Future case studies and further consultation are planned.	Not applicable as the framework is still being developed.
Chronic disease wellbeing framework	Semi-structured interviews were held with community members and health-care practitioners who provide care to Aboriginal and Torres Strait Islander people in 7 jurisdictions. The consultation phase was facilitated by health-care staff in ACCHS.	A core values section was added and a number of other changes to the framework were made.
Reporting frameworks		
OID	A coordinated and iterative consultation process informed the initial framework and changes in subsequent editions and included many Indigenous leaders, organisations and communities across Australia. Feedback was received through discussions and written submissions.	Changes included deleting various aspects of the framework, changing or enhancing proposed indicators, adding new indicators and aligning with other frameworks, particularly the NIRA.
HPF	The HPF is the monitoring framework for the NSFATSIH; Aboriginal and Torres Strait Islander people had input into the NSFATSIH via written submissions and face-to-face meetings. The Standing Committee for Aboriginal and Torres Strait Islander Health (SCATSIH) managed a consultation process on the HPF measures, using input from a range of stakeholders, including an advisory group that included representatives from SCATSIH and NAGATSIHID. National workshops to develop measures of community functioning were led by Aboriginal and Torres Strait Islander people in 2008 and 2010. Reporting against the social and emotional wellbeing measure is based on a module developed during 2 workshops in 2003 and 2006; NACCHO, SCATSIH, the Office for Aboriginal and Torres Strait Islander Health (OATSIH), NAGATSIHID and Aboriginal and Torres Strait Islander service providers were involved in 1 or both workshops.	The 6 themes identified by Aboriginal and Torres Strait Islander participants in the workshops about community functioning measures were used to analyse and present available data in the 2014 report. The social and emotional wellbeing measures that were developed in the workshops are used for data collection and reporting purposes.
NIRA	Development was informed by the work of the Close the Gap Campaign, and work previously undertaken with Aboriginal and Torres Strait Islander people in developing the OID and HPF performance measures.	No information was found.
RoGS framework	Service-specific working groups are involved in the continuing development, with these groups receiving assistance from a range of sources. The RoGS covers services for the entire population and the extent of involvement of Aboriginal and Torres Strait Islander people was not stated.	No details were found. The production of the Indigenous compendium as a separate report was a result of feedback from consultations on the OID framework.
nKPI	Consultation occurred with a range of stakeholders, including jurisdictional representatives, NACCHO, and peak Aboriginal health bodies and government advisory groups.	Input helped refine the indicator set and related specifications so they aligned with information that was, or could be, collected by the health-care organisations.
Implementation Plan goals	Consultation on the NATSIHP involved 17 nation-wide community consultations, an online submission process, 3 forums with relevant experts and 5 thematic roundtables hosted by the National Congress of Australia's First Peoples. Consultation on the indicators and goals occurred with the National Health Leadership Forum (NHLF), the Department of Health, PM&C and the AIHW.	The National Congress of Australia's First Peoples and the NHLF supported the vision and priorities of the NATSIHP. Input helped refine the indicator set, as well as the related specifications and goals.

(continued)

Table 3.4 (continued): Consultation processes

Framework	Who was consulted and how	Impact of feedback
Reporting frameworks		
IECD framework	Consultation around implementation plans occurred across all key partners and stakeholders, including Indigenous communities, NGOs delivering the services and industry peak bodies.	No information was found.

Sources: See corresponding summaries in Appendix A for details on the relevant sources of information.

3.5 Review

Details on reviews of the frameworks are summarised in Table 3.5.

In regard to the conceptual frameworks, no review of the ABS wellbeing framework has been undertaken, the ABS statistical framework is still being developed and the Chronic disease wellbeing framework has only recently been released, and thus a review would not be expected.

Of the 7 reporting frameworks:

- 2 have not been reviewed since they were either only recently released (the Implementation Plan goals, expected to be reviewed in 2018) or not yet fully implemented (the nKPI)
- the IECD framework itself has not been reviewed but the relevant National Partnership Agreement has been reviewed twice
- 4 have been reviewed: of these, the OID and the HPF reviews noted the involvement of Aboriginal and Torres Strait Islander people but reviews of the NIRA and RoGS framework did not.

With regard to the 4 frameworks that were reviewed:

- the OID has been reviewed 3 times. Based on available information, 2 of these reviews involved Aboriginal and Torres Strait Islander people and organisations while the third review was focused on aligning the framework with the Closing the Gap targets
- the HPF was reviewed in 2011 in consultation with the (then) National Aboriginal and Torres Strait Islander Health Officials Network (NATSIHON) and NAGATSIHID. As a result, several changes were made, including an overall reduction in the number of measures from 71 to 68
- the NIRA, which was reviewed in 2011, found that performance reporting was constrained because many of the indicators had significant data limitations; as a result, the number of indicators was reduced from 27 to 15
- the RoGS framework was reviewed in 2009 and 2010; this led to several changes to the framework including removing some indicators and merging others.

Table 3.5: Reviews

Framework	Details about review	Outcome
Conceptual frameworks		
ABS wellbeing framework	Nil found; the ABS statistical framework that is currently being developed will build upon and encompass this framework.	Not applicable
ABS statistical framework	Not applicable—this framework is currently being developed.	Not applicable
Chronic disease wellbeing framework	Not applicable—this framework was released in 2015.	Not applicable
Reporting frameworks		
OID	Reviews were undertaken in 2006, 2008 and 2012. The 2006 and 2012 reviews included consultation with Aboriginal and Torres Strait Islander people and organisations.	2006 review: new indicators about mental health and engagement with service delivery added. 2008 review: framework aligned with Closing the Gap commitments. 2012 review: changed focus to improving wellbeing, and added new culture-related indicators.
HPF	Reviewed in 2011 in consultation with 2 national Aboriginal and Torres Strait Islander advisory groups.	Framework changed to align with policy environment at the time; changes included adding 4 measures, deleting 5 and combining 2, with an overall reduction in the number of measures from 71 to 68.
NIRA	Reviewed in 2011; no information was provided on whether Aboriginal and Torres Strait Islander people were involved. The review found that performance reporting was constrained because many of the indicators had significant data limitations.	Number of indicators reduced from 27 to 15 that were considered to be conceptually adequate, have acceptable data, and to be helpful in improving public reporting and accountability.
RoGS framework	Reviewed in 2009. No information was provided on whether Aboriginal and Torres Strait Islander people were involved.	Improvements were identified and implemented from 2012 onwards, including removing some indicators and merging others.
nKPI	The framework has not yet been reviewed. A review is likely once it has been fully implemented. A review of data quality was undertaken in 2014. A range of Aboriginal and Torres Strait Islander and other stakeholders were consulted.	One response to the recommendations from the 2014 review of data quality was the establishment of an OCHREStreams Advisory Group—a group that includes representatives from NACCHO, NACCHO affiliates, PHMOs, and state and territory service representatives.
Implementation Plan goals	Not applicable—this framework was released in 2015.	Not applicable
IECD framework	The framework has not been reviewed, although 2 reviews of NPA IECD were undertaken.	Not known

Sources: See corresponding summaries in Appendix A for details on the relevant sources of information.

3.6 Structure

Comparing structures across frameworks is complicated by the range of terms used in describing components. Terminology includes domains, core values, elements, principles, priority outcomes, headline indicators, tiers, sectors and strategic areas for action. While some terms appear in more than 1 framework, the meanings attached to them are not necessarily the same. A summary of the framework structures is provided in Table 3.6.

A simple way of grouping the frameworks is according to the number of layers used. There were 4 frameworks with a 2-tiered structure:

- The NIRA comprises 2 layers of performance indicators – the Closing the Gap targets and 15 indicators (each indicator falling under a single target).
- The IECD framework had 3 elements and 10 indicators (4 indicators which pertained to the first element, and the other 6 to the second and third elements combined).
- The nKPI have 3 domains and 24 indicators (some indicators informing more than 1 domain).
- The Implementation Plan goals have 7 domains and 20 indicators (some indicators informing more than 1 domain).

Five of the frameworks had 3 or more layers:

- The ABS wellbeing framework has 9 domains, 9 individual-level elements, and 9 social, cultural and economic environmental level elements.
- The Chronic disease wellbeing framework has 2 core values, 4 broad elements, and 16 principles (with 4 principles under each of the elements).
- The OID has 3 priority outcomes, the COAG Closing the Gap targets and headline indicators, and 7 strategic areas for action with related indicators.
- The HPF has 3 tiers, 18 domains, and 68 performance measures. The structure of the HPF is designed to address key policy questions in monitoring the health system and broader determinants of health.
- The RoGS framework has 6 sectors, 16 service areas, and a range of supporting indicators.

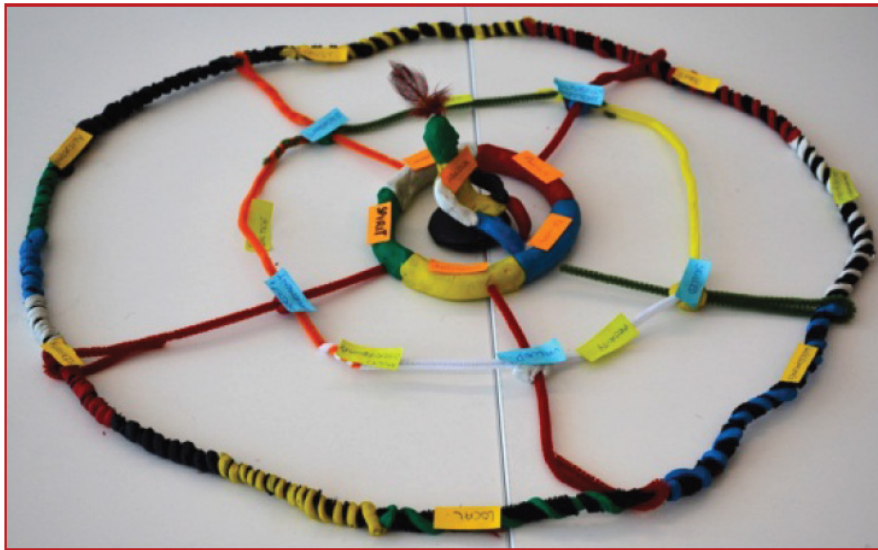
Diagrams were used to illustrate structures for some of the frameworks. For example:

- the structure of the ABS wellbeing framework was illustrated using a circle, with 3 rings showing the 3 tiers, and ‘pie-shaped’ slices showing the elements of the rings
- a diagram of the OID shows its 3 layers, with the top layer consisting of overlapping rings to indicate that the priority outcomes are closely linked
- numerous diagrams are included in the RoGS report to describe the relationship of the various levels of indicators for each of the sectors and service areas
- the Chronic disease wellbeing framework was unique among the frameworks in that the framework was illustrated in various ways – including the ‘standard’ approach as shown in Figure A2, as well as in a more visual ‘traditional’ way as shown in Figure 3.1. This latter figure shows the 3-dimensional model designed by the research team to discuss the framework with Aboriginal and Torres Strait Islander health-care providers. Another such model was made to illustrate the framework for community members using both English words and traditional illustration techniques (see O’Brien & Stewart 2015a:8).

Table 3.6: Structures

Framework	Structure
Conceptual frameworks	
ABS wellbeing framework	3 layers: <ul style="list-style-type: none"> • an outer ring with 9 wellbeing domains • a middle ring illustrating individuals' immediate networks and environments • an inner ring focused on the characteristics of a person with respect to a wide range of areas—for example, roles and responsibilities, health status, and educational participation.
ABS statistical framework	Not applicable—this framework is currently being developed
Chronic disease wellbeing framework	3 layers: <ul style="list-style-type: none"> • an overarching layer of 2 core values considered to be fundamental to the provision of care for Aboriginal and Torres Strait Islander people • a 2nd layer comprising 4 broad elements that can assist primary health-care services to support the wellbeing of Aboriginal and Torres Strait Islander people living with chronic disease • a 3rd layer of 16 principles, including a number of practical and measurable applications that suggest ways in which the principle could be applied.
Reporting frameworks	
OID	3 layers: <ul style="list-style-type: none"> • 3 priority outcomes which reflect COAG's vision for Aboriginal and Torres Strait Islander people to have the same life opportunities as other Australians • COAG Closing the Gap targets and headline indicators • 7 strategic areas for action, with each including a number of strategic change indicators.
HPF	3 layers: <ul style="list-style-type: none"> • 3 tiers: <i>Health status and outcomes</i>, <i>Determinants of health</i>, and <i>Health system performance</i> • 18 domains, such as <i>Health conditions</i>, <i>Community capacity</i> and <i>Responsive health system</i> • 68 performance measures.
NIRA	2 layers of performance indicators: <ul style="list-style-type: none"> • the Closing the Gap targets • 15 indicators.
RoGS framework	Separate performance indicator frameworks for 6 sectors across 16 service areas. There are 3 layers in each sector: sector objectives, sector-wide indicators, and service-specific indicators.
nKPI	2 layers: <ul style="list-style-type: none"> • 3 domains: <i>Maternal and child health</i>, <i>Preventative health</i>, and <i>Chronic disease risk factors</i> • 24 indicators that fall into 1 or more of the domains.
Implementation Plan goals	2 layers: <ul style="list-style-type: none"> • 7 domains—for example, <i>Health systems</i>, <i>Maternal health and parenting</i>, <i>Childhood health and development</i>, <i>Adolescent and youth health</i>, and <i>Healthy adults</i> • 20 indicators that fall into 1 or more of the domains.
IECD framework	2 layers: <ul style="list-style-type: none"> • 3 elements—for example, <i>Integration of early childhood services through Children and Family Centres</i>, and <i>Increased access to antenatal, postnatal, child and maternal health services for Indigenous families</i>. • 10 indicators.

Sources: See corresponding summaries in Appendix A for details on the relevant sources of information.



Source: O'Brien & Stewart 2015a:8.

Figure 3.1: 3-dimensional model designed to discuss Chronic disease wellbeing framework with health-care providers

The frameworks may also be differentiated by the way the structures are used in reporting and analysis. Some, like the IECD framework, are most often used for simple indicator-based performance reporting, focusing on each component of the framework as a separate entity to be monitored. Others, such as the HPF and OID, look across and within the structure to examine how the web of inputs, processes, outputs and outcomes interact, considering the components as 'measures' describing complex concepts, each made up of a range of indicators contributing to an overall picture. These differences highlight the varied purposes for which each framework was developed.

3.7 Inclusion of Aboriginal and Torres Strait Islander perspectives

NSW Aboriginal Affairs was interested in determining the extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people were included in the frameworks. As noted in Section 2.2, a full assessment of this topic was not possible. For the purposes of this report, the AIHW reviewed each of the frameworks for indications that key principles had been considered, with the principles drawn from 2 foundation documents – the National Aboriginal Health Strategy (NAHSWP 1989) and the *Ways forward* report (Swan & Raphael 1995). Only the framework itself was reviewed, not any additional documentation about the framework in relation to context, purpose and the like. Further, no assessment was made by the AIHW about the relevance of the inclusion of such principles in each framework, given the differing purposes for which the various frameworks were developed.

A summary of this aspect of the frameworks is provided in Table 3.7. As shown, 4 of the 10 frameworks were identified as including Aboriginal and Torres Strait Islander

perspectives – namely, the ABS wellbeing framework, the Chronic disease wellbeing framework, the OID and the HPF. In addition:

- while the 20 goals of the Implementation Plan did not include examples of such principles, examples were found in the Implementation Plan itself and in the NATSIHP
- although not yet developed, the ABS has indicated that the ABS statistical framework will take a holistic approach and give consideration to key domains and aspects of Aboriginal and Torres Strait Islander people’s views.

Table 3.7: Inclusion of Aboriginal and Torres Strait Islander perspectives

Framework	Examples
Conceptual frameworks	
ABS wellbeing framework	Several examples of Aboriginal and Torres Strait Islander perspectives were found. Overall, the framework is based on a holistic view of wellbeing. At the individual level, consideration is given to connection and values, inheritance and maintenance of culture. At the social, cultural and economic environments level, examples include community control and ownership of culture; continuity and sharing of knowledge; discrimination and racism; and customs and cultural responsibilities.
ABS statistical framework	Not applicable, as the framework is still being developed; the ABS has noted that the framework will take a holistic approach and will consider key domains and aspects of Aboriginal and Torres Strait Islander people’s views.
Chronic disease wellbeing framework	Several examples of Aboriginal and Torres Strait Islander perspectives were found. It was developed to take a holistic approach to the provision of care that reflected Aboriginal and Torres Strait Islander people’s needs, values and priorities and is underpinned by values and beliefs that reflect Aboriginal and Torres Strait Islander views of health. Its core values demonstrate the centrality of cultural and family to the framework, with these concepts integrated throughout the framework.
Reporting frameworks	
OID	Several examples of Aboriginal and Torres Strait Islander perspectives were found in both the priority outcomes and the specific indicators. The priority outcomes level includes the outcome of <i>Safe, healthy and supportive family environments with strong communities and cultural identity</i> . Indicators reflecting Aboriginal and Torres Strait Islander perspectives include: <ul style="list-style-type: none"> • <i>Valuing Indigenous Australians and their cultures</i>, and <i>Indigenous language revitalisation and maintenance</i> (added in 2012 after Aboriginal and Torres Strait Islander input) • <i>Indigenous cultural studies</i>, <i>Access to traditional lands and waters</i>, <i>Indigenous owned or controlled land and business</i>, and <i>Community functioning</i> (based on the HPF).
HPF	Several examples of Aboriginal and Torres Strait Islander perspectives were found: <ul style="list-style-type: none"> • Tier 1 includes the measures <i>Community functioning</i> and <i>Social and emotional wellbeing</i> • Tier 2 includes the measure <i>Indigenous people with access to their traditional lands</i> • Tier 3 includes the measure <i>Cultural competency</i>.
NIRA	This framework is focused on measuring progress on closing the gap in Indigenous disadvantage relative to other Australians.
RoGS framework	The RoGS and its Indigenous data use the same reporting framework.
nKPI	This framework is focused on measures of clinical outcomes and service delivery.
Implementation Plan goals	While not included in the Implementation Plan goals, examples of Aboriginal and Torres Strait Islander perspectives were reflected in the Implementation Plan and the NATSIHP.
IECD framework	The NPA IECD was designed to ensure Indigenous children are born and remain healthy, with children seen as central to Aboriginal society.

Note: See Section 2.2 for information on the approach used to determine if a framework included perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people.

Sources: See corresponding summaries in Appendix A for details on the relevant sources of information.

The 4 frameworks that included Aboriginal and Torres Strait Islander perspectives tended to incorporate them at multiple levels. For example, the OID includes a priority outcome of *Safe, healthy and supportive family environments with strong communities and cultural identity*, as well as specific indicators such as:

- *Valuing Indigenous Australians and their cultures*
- *Indigenous language revitalisation and maintenance*
- *Access to traditional lands and waters.*

The ABS wellbeing framework also reflected a holistic view of wellbeing, as it moves beyond physical and individual health, and recognises the contribution of socio-cultural factors.

4 Discussion

This report describes 10 frameworks about Aboriginal and Torres Strait Islander people and services provided to them. The frameworks were described according to 8 topics, with a focus on the involvement of Aboriginal and Torres Strait Islander people in shaping the frameworks.

4.1 Consultation

Although the amount of information varied, the development of the frameworks included consultation processes that involved Aboriginal and Torres Strait Islander people and/or peak bodies in the majority of cases. Consultative processes included face-to-face forums, workshops, written or online submission processes, and an electronic survey. For a number of the frameworks – including the Chronic disease wellbeing framework and the HPF – an advisory group was formed which included Aboriginal and Torres Strait Islander people.

For 2 of the frameworks – namely the HPF and the Implementation Plan goals – coordinated consultation processes with Aboriginal and Torres Strait Islander people had been undertaken on the related policies, with those processes helping to shape the format of the frameworks. Separate consultation processes were also conducted on the frameworks themselves, with these also including Aboriginal and Torres Strait Islander stakeholders.

In addition to being consulted, Aboriginal and Torres Strait Islander people were involved in leading the consultations in the development of a number of the frameworks, with examples being the NATSIHP (the Implementation Plan goals were developed to inform progress on this plan) and the Chronic disease wellbeing framework.

In general, for those frameworks for which information was available on the consultation process, little explicit information was provided on how the feedback shaped the final framework. Exceptions to this are the HPF, the Chronic disease wellbeing framework and the OID; for those frameworks, documentation indicated that feedback influenced the final framework in a number of ways, including the number and nature of the indicators.

One framework of particular interest in relation to consultation is the Chronic disease wellbeing framework. To develop this framework, a project was undertaken for which the goal was to develop ‘a framework for delivering care in a way that reflects Aboriginal and Torres Strait Islander people’s needs, values and priorities’ (O’Brien & Stewart 2015a:1). To fulfil this goal, Aboriginal and Torres Strait Islander people were involved in a number of different ways:

- The research team consisted of 16 Aboriginal and Torres Strait Islander people and 3 non-Indigenous researchers, with the project based on a ‘both-way’ (or ‘two-way’) learning approach that recognised the ‘mutual learning opportunities’ between the Aboriginal and Torres Strait Islander researchers and the non-Indigenous researchers, as well as between individual members of the team (O’Brien & Stewart 2015a:1).
- Of the research team, 13 members were Aboriginal and Torres Strait Islander health-care professionals; these team members facilitated consultations with other health-care providers and patients of participating ACCHSs, and they were actively involved in the interpretation of the feedback and in the finalisation of the framework.

- The study was guided by a reference group which included Aboriginal and Torres Strait Islander community members and Elders, as well as representatives from a number of ACCHSs.

The study team concluded that their framework ‘was developed by and for Aboriginal and Torres Strait Islander people, ensuring its relevance and appropriateness for diverse groups and communities’ (O’Brien & Stewart 2015a:2).

4.2 Review

As part of this project, the AIHW sought information on reviews of the reporting framework and input of Aboriginal and Torres Strait Islander people into those reviews. Of the 4 frameworks for which information about reviews were found, 2 (the OID and the HPF) provided details about the involvement of Aboriginal and Torres Strait Islander stakeholders. In both cases, the reviews led to changes to the frameworks, including, in the case of the OID review in 2012, the addition of new indicators that focused on outcomes that Aboriginal and Torres Strait Islander people had said were important to them.

Further review of some of the frameworks covered in this report was suggested in the *NIRA performance assessment 2013–14* report (PC 2015c). That report noted that the SCRGSP had announced its intention to reduce the frequency of the OID report (and the Indigenous Expenditure Report) to 2–3 yearly, to review these reports, and to cease production of the RoGS Indigenous compendium. The report also suggested that the remit of the OID report could be expanded to cover some of the NIRA reporting requirements (PC 2015c:165). At the time of writing, it was not yet clear what changes, if any, would be made to these frameworks or their reporting protocols, and what involvement Aboriginal and Torres Strait Islander people would have in these decisions.

4.3 Inclusion of Aboriginal and Torres Strait Islander perspectives

For the purposes of this report, indicators of the inclusion of Aboriginal and Torres Strait Islander perspectives were based on whether principles articulated in 2 foundation documents – the National Aboriginal Health Strategy (NAHSWP 1989) and the *Ways forward* report (Swan & Raphael 1995) – were reflected in the frameworks. Overall, 4 of the 10 frameworks were identified as including examples of Aboriginal and Torres Strait Islander principles within the framework. In addition, the Implementation Plan and NATSIHP include such principles (the Implementation Plan goals were developed to inform progress on these plans), and the intent to include Aboriginal and Torres Strait Islander principles was noted by the ABS with respect to the statistical framework they are currently developing. However, the AIHW did not assess the relevance of the inclusion of such principles in each framework and that input of Aboriginal and Torres Strait Islander people and organisations themselves would allow for a more complete assessment of the inclusion of the perspectives of Aboriginal and Torres Strait Islander people.

4.4 Insights from overseas

The early and continued engagement of Aboriginal and Torres Strait Islander people has been recognised as a key attribute of effective program development and delivery (Closing the Gap Clearinghouse 2013). Such engagement is also recognised internationally as an important feature of indicator development for Indigenous people. A report of a United Nations meeting on ‘Indigenous people and indicators of wellbeing’ noted that Indigenous people should be involved in ‘extensive dialogue’ in the development process, and that this process should be located within the context of describing wellbeing from an Indigenous perspective (UN 2006:8). More recently, a meeting of the International Group of Indigenous Health Measurement emphasised that ‘In creating and applying wellness indicators, it will be critically important to have a detailed understanding of how health, quality of life and wellness are viewed from various Indigenous perspectives’ (IGIHM 2014).

The work done by Canada and New Zealand on collaborative approaches to develop frameworks with their Indigenous peoples has long been recognised internationally (UN 2006). In 2005, the Health Council of Canada recommended that the 3 Indigenous peoples of Canada – First Nations, Inuit and Métis – be enabled, expected and respected as full partners with government bodies in developing and implementing health reporting frameworks (Health Council of Canada 2005). For many years, First Nations in Canada have argued for self-determination in the realm of data and frameworks, as in many other areas. They developed the principles of ownership, control, access and possession as integral to this process, where First Nations achieve:

- collective ownership of group information
- control over research and information
- management of access to their data
- physical possession of the (Schnarch 2004).

More recently, the First Nations Mental Wellness Continuum Framework was developed through collaboration between First Nations partners and Health Canada (see Appendix C) (Health Canada 2015a, 2015b). Health Canada noted that the framework development process was based on connections with a wide range of regional and national First Nations health and wellness networks. These networks guided the process, shaped the framework’s vision, and supported engagement with First Nations communities. The framework articulates a shared vision of wellness based on 5 themes:

- culture as foundation
- community development, ownership and capacity building
- quality care system and competent service delivery
- collaboration with partners
- enhanced flexible funding.

In a similar way, the Māori Statistics Unit of New Zealand has worked with Māori people to identify their data needs, and articulate a Māori Statistics Framework that is aimed at achieving wellbeing that meets those needs (see Appendix D) (Statistics New Zealand 2002; UN 2006). The need for such a framework was prompted by Statistics New Zealand’s concern about the lack of an agreed framework that aligned the collection and reporting of official statistics with Māori issues and concerns (Statistics New Zealand 2002).

As part of its ongoing development of the Māori Statistics Framework, Statistics New Zealand has released a tool to help Māori and other users determine their own information needs, think about meaningful questions and develop ways of measuring progress. The tool guides the user through the process of identifying measurement needs and locating or developing appropriate indicators. Statistics New Zealand (2014:12) noted that this tool emphasises that comparisons between Māori and non-Māori New Zealanders, while useful in some cases, 'do not measure what being Māori means, nor are they as pertinent to decision making in relation to Māori development to meet Māori aspirations as determined by Māori'.

In addition, such approaches have been reflected in the New Zealand health policy environment, where the concept of *whānau ora* (healthy families) has been recognised as a culturally informed approach. This concept, which emerged from traditional Māori ways of viewing wellbeing, reflects the:

balance between the overall wellbeing of *whānau* (extended family) members and their connection to each other, their wider communities, ancestors and the land; and the physical, emotional, spiritual and social health of the individual who has specific health and illness issues (Kara et al. 2011).

Efforts are being made in New Zealand to map the full implications of *whānau ora*-based government policy, including developing, implementing and monitoring health services. In addition, greater attention is also being given to Māori models of health and wellbeing which incorporate fundamental components of wellbeing, including *wairua* (spirituality), *te reo* Māori (language), *whenua* (ancestral land), *marae* (community) and *moana* (oceans).

4.5 Conclusion

NSW Aboriginal Affairs identified 'the extent to which Aboriginal and Torres Strait Islander people influenced framework development and implementation' as an important factor to consider in this project. Such considerations can help to ensure that frameworks articulate, organise and measure things in ways which are meaningful to Aboriginal and Torres Strait Islander people. The ABS definition of 'frameworks', noted in Section 2.1, includes the criterion that they articulate an 'agreed way of thinking about an area of interest' (ABS 2015a). In the context of frameworks about Aboriginal and Torres Strait Islander people, consideration of this definition raises the question of *agreement between whom?* and *how should such agreement be reached?*

Answering such questions is not straightforward but clearly, the involvement and engagement of Aboriginal and Torres Strait Islander people is fundamental. For example, who determines what is counted and how it should be communicated can have significant impact on perceptions of and discussions relating to Aboriginal and Torres Strait Islander people, and the policies and programs which should be based on such data.

This report is a step in better understanding the health and wellbeing of Aboriginal and Torres Strait Islander people – particularly those aspects of it that are described or measured by the frameworks considered in this piece of work.

Appendix A: Framework summaries

1 ABS Framework for Measuring Wellbeing: Aboriginal and Torres Strait Islander Peoples

Why the framework was developed and by whom

In 2010, the ABS released a framework for measuring the wellbeing of Aboriginal and Torres Strait Islander people, noting that 'the framework attempts to provide a holistic approach to the mapping of statistics about the wellbeing of Indigenous Australians' (ABS 2010).

Purpose of the framework

The ABS recognised that, while its general framework for measuring wellbeing (ABS 2001) was useful for measuring the overall wellbeing of all Australians, it did not take into account the unique cultural and historical factors affecting the individual and community wellbeing of Aboriginal and Torres Strait Islander people. Thus, a framework specific to the wellbeing of Aboriginal and Torres Strait Islander people was developed that could 'be seen as representative of the way in which Indigenous wellbeing might be broadly approached' (ABS 2010).

The ABS indicated that the framework would be used by the ABS to guide the collection and analysis of statistics on Aboriginal and Torres Strait Islander people, and inform the development of statistical measures by:

- identifying gaps in data for possible inclusion in future surveys
- providing an organisational structure for reporting information from the Census, surveys and administrative data (ABS 2010).

The ABS also encouraged use of the framework by other organisations, as a concept map for the measurement of wellbeing of Aboriginal and Torres Strait Islander people (ABS 2010).

Principles and theories underpinning the framework

According to the ABS (2010), a broad range of both Australian and international work was considered during the initial development of the framework, including:

- the Overcoming Indigenous Disadvantage (OID) framework
- COAG Closing the Gap targets
- the Canadian Index of Wellbeing (CIWN 2009)
- the Māori Statistics Framework (Statistics New Zealand 2002).

The framework is based on the interaction of individuals with their social, cultural and economic environments (ABS 2010). A sense of identity (defined by the individual's roles, responsibilities and experiences) and social capital (a person's links to the broader community through their social and formal networks) are central to the framework.

Protocols and practicalities associated with reporting against the framework

The framework was developed to assist the ABS in providing enhanced information about Aboriginal and Torres Strait Islander people; it was not designed for reporting in a specific publication. Nonetheless, the ABS provides details about data sources that can be used to inform the 9 domains of the framework (ABS 2010).

Consultation

The ABS consulted and collaborated with Indigenous researchers and other stakeholders in 2009, and used the feedback to help shape the draft framework. It stated that while no single representation of a framework is likely to satisfy the needs of all stakeholders, 'the interpretation presented here is generally representative of feedback received to date. It is expected that, over time, this framework will evolve to more comprehensively reflect an agreed structure for Indigenous wellbeing' (ABS 2010).

The ABS noted that some elements of the framework (for example, the importance placed on speaking an Indigenous language) may be of little relevance to some Aboriginal and Torres Strait Islander people, depending on their own life circumstances. To balance this, the ABS included elements in the framework 'which could be interpreted in different ways and may need to be used selectively as circumstances warrant' (ABS 2010).

Limited information on the consultation process and related outcomes was published. Additional details provided by the ABS indicate that the framework development process involved an extensive literature research, internal and external workshops, presentations and discussions. It was an iterative process, with the framework going through many changes throughout (ABS 2015, pers. comm., 14 December).

Review

No information about a review of the framework was found. However, ABS engagement with potential users of the framework found that there was some confusion over how the framework could and should be used, and a lack of interconnectedness between domains (ABS 2015b).

The ABS has advised that it is currently developing a new framework that will build upon, and largely encompass, this framework (see 'Appendix A: 2 ABS Aboriginal and Torres Strait Islander statistical framework and information model'). The main difference will be that the new framework will be built from the community level up and will involve a more comprehensive consultation and engagement process. In addition, the new framework will be coupled with an information model, containing easy-to-use functionality to help users to determine or access their information needs, in line with the new framework (ABS 2015, pers. comm., 14 December).

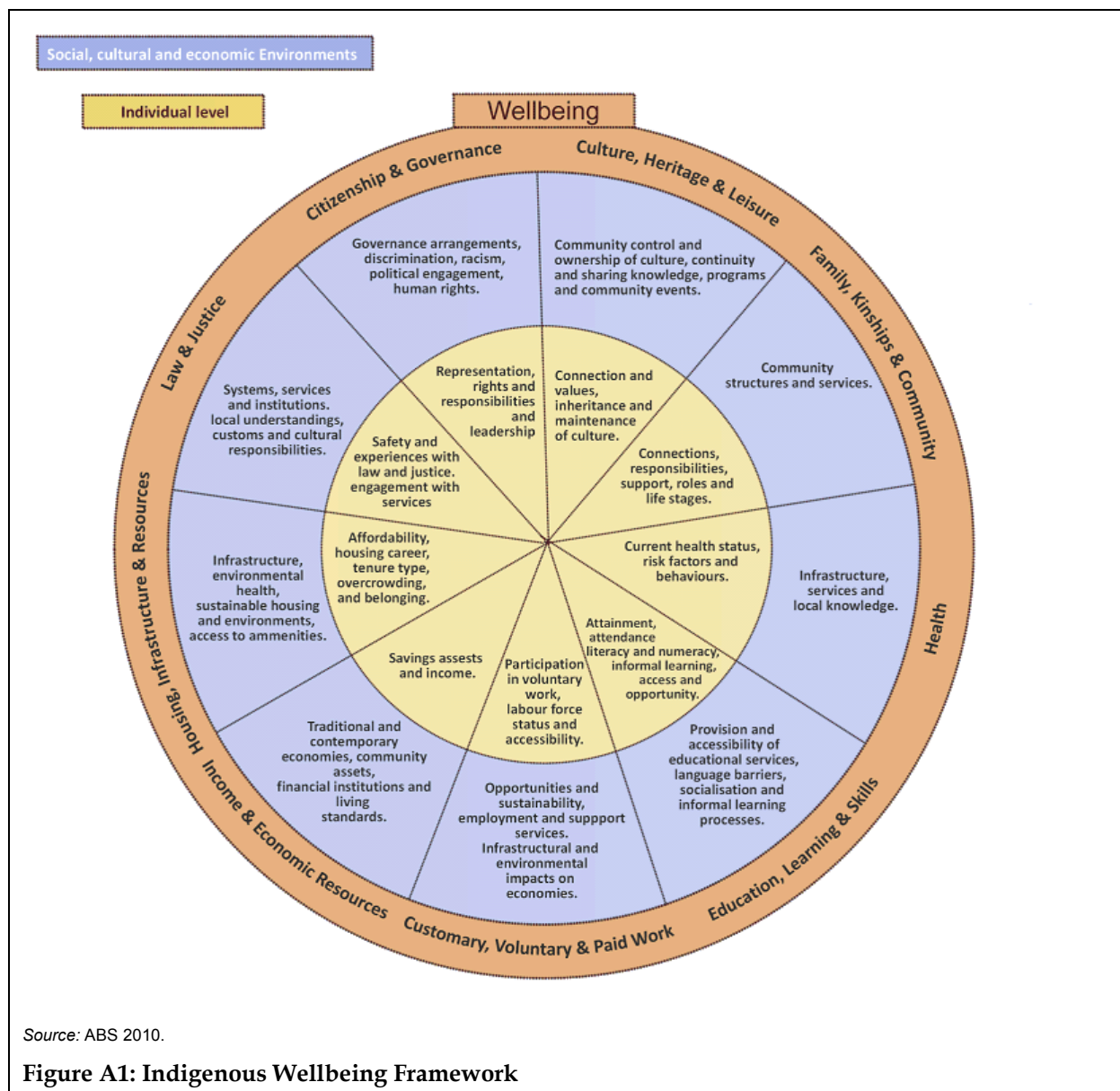
Structure

The framework had 3 layers comprising 9 domains, 9 individual-level elements, and 9 social, cultural and economic environmental level elements (Figure A1).

The outer orange ring of the framework shows the 9 domains of the framework:

- *Culture, heritage and leisure*

- Family, kinships and community
- Health
- Education, learning and skills
- Customary, voluntary and paid work
- Income and economic resources
- Housing, infrastructure and resources
- Law and justice
- Citizenship and governance.



The ABS noted that the framework attempts to identify the transactions between individuals and their environments by grouping similar elements into 9 broad domains, which together contribute to the notion of wellbeing. However, the domains should not be considered as

mutually exclusive, since the concepts and elements of 1 domain may interact with elements of other domains (ABS 2010).

Each domain has key phrases that broadly represent the topics covered within the remaining 2 levels:

- The individual level (shown in the inner circle in yellow) focuses on characteristics of a person across a wide range of areas, including roles and responsibilities, health status, beliefs and history, educational participation and participation in governance arrangements.
- The social, cultural and economic environments level (shown in the intermediate ring in blue) illustrates individuals' immediate networks and environments.

The ABS (2010) notes that while many of the variables traditionally collected about Aboriginal and Torres Strait Islander people are included in the framework, so too are a range of concepts and ideas that are outside the traditional areas included in statistical collections. This includes concepts and issues such as identity, customs and spirituality.

The extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people are included

The framework is based on a holistic view of wellbeing, which moves beyond physical health and recognises the contribution of socio-cultural factors. The framework contains many examples of the inclusion of the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people:

- At the individual level, examples include connection and values, inheritance and maintenance of culture (in the *Culture, heritage and leisure* domain).
- At the social, cultural and economic environments level, examples include:
 - community control and ownership of culture, continuity and knowledge sharing (in the *Culture, heritage and leisure* domain)
 - discrimination and racism (in the *Citizenship and governance* domain)
 - customs and cultural responsibilities (in the *Law and justice* domain)
 - traditional economies (in the *Income and economic resources* domain).

2 ABS Aboriginal and Torres Strait Islander statistical framework and information model

The ABS is developing an Aboriginal and Torres Strait Islander statistical framework and an accompanying information model. At the time of preparing this report, there was no published information about these. Information contained in this summary was provided by the ABS.

Why the framework was developed and by whom

The statistical framework and information model will aim to support the growing demand for statistics for, rather than just about, Aboriginal and Torres Strait Islander people. The framework will take a holistic approach to defining statistical priorities from Aboriginal and Torres Strait Islander perspectives, while acknowledging existing frameworks and information sources. Together, the statistical framework and information model will map those sources, and identify any data gaps. While no release date has been set, the ABS expects to release the framework in 2017.

The development of this framework has been endorsed by the ABS Round Table on Aboriginal and Torres Strait Islander Statistics (see Appendix E for information about the ABS Round Table). This forum stressed the importance of developing the framework from the ground up, in partnership with Aboriginal and Torres Strait Islander people.

Purpose of the framework

The statistical framework will be a conceptual one, which maps key domains and aspects of Aboriginal and Torres Strait Islander people's views and understandings of the world. The information model will be a tool for Aboriginal and Torres Strait Islander people to better understand, access and prioritise their information needs. It will serve as a directory of Aboriginal and Torres Strait Islander data needs and resources, bringing available data together by mapping those requirements to a repository of current ABS and non-ABS data sources, as well as identifying data gaps for informing future research.

This project takes a different approach to the 2010 ABS wellbeing framework (described above), in that it will provide a data directory that is more in the form of the ABS publication *Frameworks for Australian social statistics* (ABS 2015a). The new framework will build upon, and largely encompass, the wellbeing framework.

Principles and theories underpinning the framework

Not applicable, as the framework is still being developed.

Protocols and practicalities associated with reporting against the framework

Not applicable as the framework is still being developed.

Consultation

As part of their work on developing the statistical framework and information model, the ABS invited organisations working with Aboriginal and Torres Strait Islander communities

to participate in an electronic survey (e-survey). The purpose of the survey was to identify the types of information required for evaluating progress on outcomes recognised as important from the perspective of Aboriginal and Torres Strait Islander people and of organisations providing services to them.

The ABS indicated that they will build on responses from the e-survey by conducting a series of case studies across a range of locations (including urban, rural and remote areas). At the time of preparing this report, plans for these case studies were still being developed.

Once developed, the draft statistical framework and information model will be circulated to the broader community for consultation, with details on the process yet to be determined.

Review

Not applicable, as the framework is still being developed.

Structure

Not applicable, as the framework is still being developed.

The extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people are included

Not applicable, as the framework is still being developed. However, as indicated above, the ABS has noted that it aims to develop a statistical framework that takes a holistic approach to defining statistical priorities from Aboriginal and Torres Strait Islander perspectives, and aims to map key domains and aspects of Aboriginal and Torres Strait Islander people's views and understandings of the world.

3 A Wellbeing Framework for Aboriginal and Torres Strait Islander Peoples Living with Chronic Disease

Why the framework was developed and by whom

This framework was developed to address the lack of attention paid to culture and family in maintaining a person's wellbeing when providing chronic disease care in primary health-care settings in Australia (KVC 2015).

It was developed by a team of researchers as a project of the Australian Primary Health Care Research Institute – an Institute that is supported by a grant from the Department of Health. As stated by the research team, a critical component of the project was that the framework was 'developed by and for Aboriginal and Torres Strait Islander people, ensuring its relevance and appropriateness for diverse groups and communities' (O'Brien & Stewart 2015a:2). The project was undertaken in 2013 and 2014, with the framework released in 2015.

The initial research team consisted of 3 Aboriginal and 3 non-Indigenous researchers. By the end of the project, the team included 19 people – 13 of whom were Aboriginal and Torres Strait Islander health-care professionals from across Australia, with 1 or more from South Australia, Western Australia, Northern Territory, Queensland, New South Wales and the Australian Capital Territory. In addition to other roles, these health-care professionals served as facilitators during the consultation phase (KVC 2015; O'Brien & Stewart 2015a). The members of the research team are listed on page 1 of *A Wellbeing framework* (O'Brien and Stewart 2015a).

This project was guided by a National Reference Group made up of Aboriginal and Torres Strait Islander community members and Elders, as well as representatives from Australian and jurisdictional governments, non-government organisations (NGOs), ACCHSs, peak bodies, and a number of health-care services (O'Brien & Stewart 2015a:2). The members of the National Reference Group are listed in the Acknowledgements section of *A Wellbeing Framework for Aboriginal and Torres Strait Islander Peoples Living with Chronic Disease* (KVC 2015).

Purpose of the framework

The aim of the project was to develop a wellbeing framework to assist primary health-care services to improve quality of life and quality of care, as well as health outcomes, for Aboriginal and Torres Strait Islander people living with chronic disease. The authors note that, unlike most other chronic care models, they aimed to develop a model that considered a holistic approach to care and reflected Aboriginal and Torres Strait Islander people's needs, values and priorities – including the important roles of family, community, culture, spirituality and connections to Country.

In addition, the project aimed to develop a framework that would be adapted by health-care services for their own use, in consultation with their communities, to address specific needs in their local area (KVC 2015; O'Brien & Stewart 2015a).

Principles and theories underpinning the framework

The 4 values and beliefs upon which the wellbeing framework was based are (KVC 2015):

- the *United Nations Declaration on the Rights of Indigenous Peoples* (UN 2008)
- the Ottawa Charter for Health Promotion (WHO 1986)
- the *Declaration of Alma-Ata*, which recognises health as a state of physical, mental and social wellbeing (not just the absence of disease), and the right of people to participate in the planning and implementation of their health-care services (WHO 1978)
- the vision of NACCHO, which seeks to deliver holistic and culturally appropriate health and health-related services to the Aboriginal community (NACCHO 2009).

Protocols and practicalities associated with reporting against the framework

The framework was not developed for the purpose of reporting.

Consultation

The consultation involved face-to-face semi-structured interviews (either one-on-one or in small groups) with 72 people who were either:

- health-care practitioners who provided care to Aboriginal and Torres Strait Islander people (43 people)
- community members who were patients of the health-care services (29 people).

Interviews were held in both urban and regional areas across Australia (Table A1). The aim of the consultation was to build consensus on the framework and its principles.

Table A1: Description of consultation participants

State/territory ^(a)	Geographical area ^(a)	Number of community participants/patients	Number of health-care provider participants	Total
New South Wales	Urban	5	4	9
New South Wales	Regional	6	4	10
Queensland	Regional	5	5	10
Western Australia	Regional	0	12	12
South Australia	Urban	9	5	14
Australian Capital Territory	Urban	3	5	8
Northern Territory	Urban	1	8	9
Total	..	29	43	72

.. not applicable.

(a) Refers to the location in which the health-care service was based.

Source: Adapted from O'Brien & Stewart 2015b.

The draft framework used during the consultations is shown in O'Brien and Stewart 2015b. Changes to the framework after the consultation process included the addition of the core values, the combining of 2 elements into 1, and the addition of a number of principles (Davy & Kite 2015; O'Brien & Stewart 2015b). In addition, the consultation phase led to the

reshaping of the literature review undertaken in the initial stages of the project (O'Brien & Stewart 2015a).

The consultation phase was facilitated by frontline health-care staff within ACCHSs who had direct experience providing care to Aboriginal and Torres Strait Islander people with chronic diseases; these frontline staff, who were brought onto the study as research fellows, were supported in their facilitation role by core research staff.

Review

Given this framework was released in 2015, no review has been undertaken.

Structure

This framework has 3 layers comprising 2 core values, 4 broad elements and 16 principles (Figure A2). These layers incorporate physical, as well as social, emotional, cultural and spiritual aspects of health and wellbeing (KVC 2015).

Core values: There are 2 core values considered to be fundamental to the provision of care for Aboriginal and Torres Strait Islander people. These are that wellbeing is supported by:

- upholding people's identities in connection to culture, spirituality, families, communities and Country
- culturally safe primary health-care services.

Elements: There are 4 essential elements in the framework that can assist primary health-care services to support the wellbeing of Aboriginal and Torres Strait Islander people living with chronic disease. These are that wellbeing is supported by:

- locally defined, culturally safe primary health-care services
- an appropriately skilled and culturally competent health-care team
- holistic care throughout the lifespan
- best practice care that addresses the particular needs of a community.

Principles: Each element is supported by 4 principles. Underpinning each principle are a number of practical and measurable applications that suggest ways in which the principle could be applied. For example, 1 of the principles under element 2 is *Ensuring that all staff are culturally competent*, with 2 of the associated applications being:

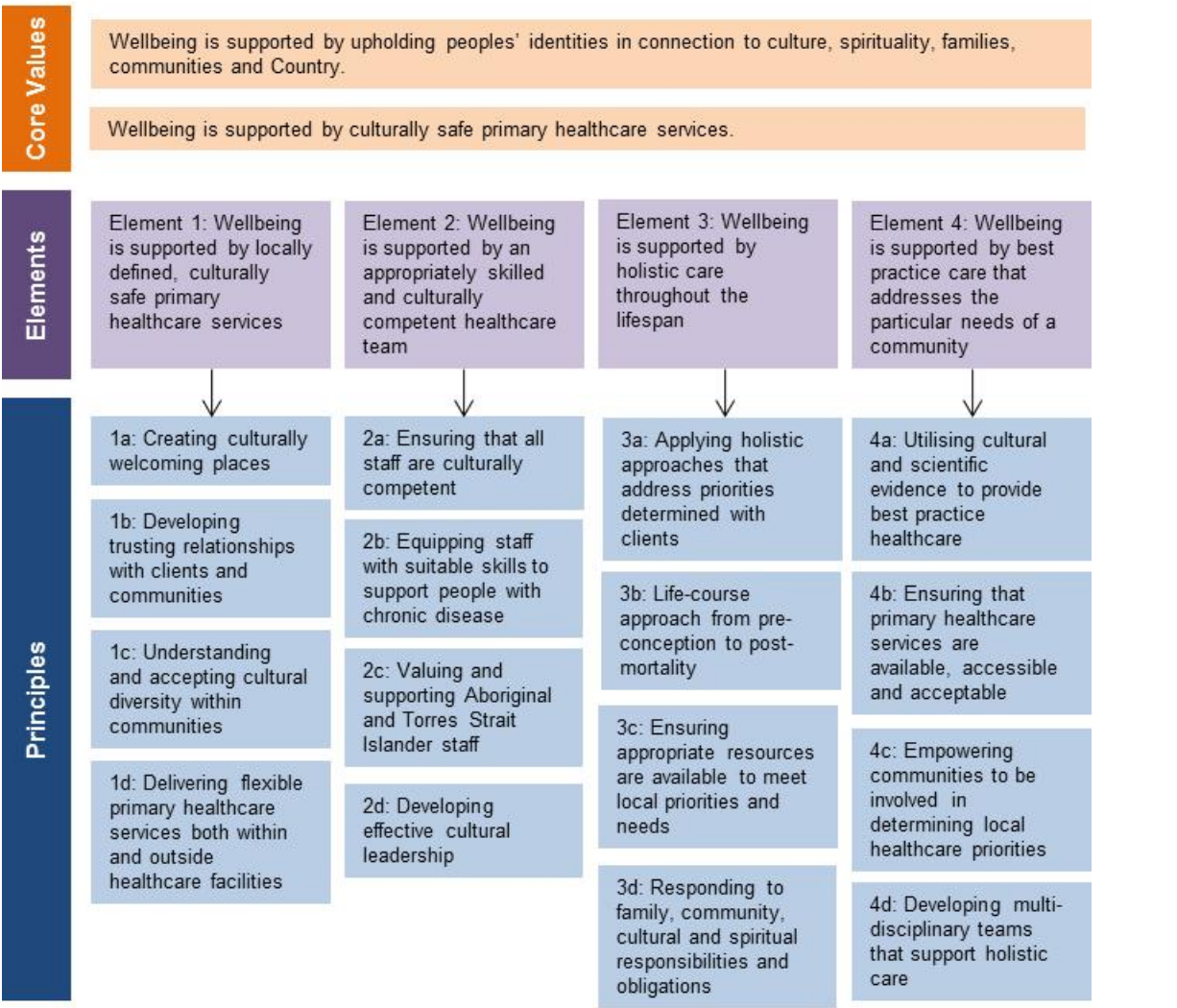
- providing regular cultural safety training to all staff
- involving Elders and other members of local Aboriginal and Torres Strait Islander communities in the development and delivery of such training.

The extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people are included

Many aspects of the framework reflect the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people. As noted previously, the framework was developed to address the lack of attention paid to culture and family in maintaining a person's wellbeing when providing chronic disease care, and to provide an alternative model that considered a holistic approach to care. As well, the framework is underpinned by

values and beliefs that reflect Aboriginal and Torres Strait Islander views of health (for example, the *Declaration of Alma-Ata* and the vision of NACCHO).

The 2 core values demonstrate the centrality of culture and family to the framework, with these concepts also flowing through to the other layers of the framework (see Figure A2). For example, 1 element relates to cultural competency, the principles of which include ensuring that all staff of primary health-care services are culturally competent. Another element recognises the importance of addressing the particular needs of a community, with principles such as empowering communities to be involved in determining local health-care priorities.



Source: Adapted from KVC 2015.

Figure A2: Kanyini Vascular Collaboration Wellbeing Framework for Aboriginal and Torres Strait Islander Peoples Living with Chronic Disease

4 Overcoming Indigenous Disadvantage reporting framework

Why the framework was developed and by whom

The Overcoming Indigenous Disadvantage reporting framework originated from the Council for Aboriginal Reconciliation's final report, which called on governments to develop and report against measurable performance indicators when monitoring the effectiveness of programs aimed at overcoming Indigenous disadvantage (CAR 2000; SCRGSP 2014c).

In December 2000, the Prime Minister requested the Ministerial Council for Aboriginal and Torres Strait Islander Affairs (MCATSIA) to undertake work on the development of performance reporting strategies and benchmarks. In 2002, COAG commissioned the Steering Committee for the Review of Government Service Provision (SCRGSP) to develop a framework against which it would be possible to regularly report progress in efforts to reduce Indigenous disadvantage. The MCATSIA work formed the basis of the consultations for the development of the framework (SCRCSSP 2003b).

Purpose of the framework

The OID report, which details progress against the OID reporting framework, is seen as a 'public report card on progress in overcoming Indigenous disadvantage' across a range of key indicators (SCRGSP 2014c:iii).

COAG nominated 2 core objectives of the OID report (SCRGSP 2014c:1.2):

- to inform Australian governments about whether policies and programs are achieving improved outcomes for Indigenous people
- to be meaningful to Indigenous people themselves.

The information in the report provides a high level view of the wellbeing of Aboriginal and Torres Strait Islander Australians. It identifies where progress is being made and draws attention to where more change is needed. The report's framework of indicators focuses on some of the factors that cause disadvantage and those that contribute to wellbeing.

Principles and theories underpinning the framework

Underpinnings of the framework include the recognition that improving wellbeing in a particular area will require the involvement of more than 1 government agency, and that improvements will need preventive policy actions on a whole-of-government basis (SCRGSP 2005).

Initially, 7 criteria were used to select the strategic change indicators in the framework:

- relevance to priority outcomes
- actions in the 'strategic areas for action' result in positive outcomes over time in the headline indicators
- meaningful to stakeholders and principally to the Indigenous community
- sensitive to policy interventions and changes in policy settings
- supported by strong logic or empirical evidence

- unambiguous and clear in meaning and interpretation
- the existence of, or ease of developing, supporting data sets (SCRGSP 2003:2.9).

From 2014, the following changes to the criteria were made:

- The wording of the 2nd and 3rd criteria were changed to:
 - ‘improvements in the strategic change indicator result in improvements over time in the COAG targets and headline indicators’
 - ‘meaningful to stakeholders and principally to Aboriginal and Torres Strait Islander Australians’.
- Two additional criteria were added:
 - required by alignment with NIRA indicators
 - measures an outcome (rather than an input or output) or a close proxy for an outcome (SCRGSP 2014c:2.8).

Although most indicators met all of the criteria, the OID report noted that some indicators were regarded as so important that they were included despite not meeting some of the criteria (SCRGSP 2014c:2.7).

Protocols and practicalities associated with reporting against the framework

OID reports are released biennially, with 7 reports released to date – 2003, 2005, 2007, 2009, 2011, 2014 and 2016 (PC 2016).

The Steering Committee is advised on production of the report by a working group comprising representatives from the Australian Government and state and territory governments, as well as observers from the National Congress of Australia’s First Peoples, the ABS and the AIHW. For the 2014 report, Indigenous subject matter experts were engaged (following Secretariat development of a set of formal criteria to guide selection) and asked to review the report by subject matter area. This provided improvements to report content, and engagement of a wider audience of Indigenous experts as report ‘champions’ (SCRGSP 2014c).

The OID reports have 3 components:

- an overview report that summarises key messages (SCRGSP 2014b)
- a main report which provides data about the report’s framework and more detailed information on outcomes (SCRGSP 2014c)
- attachment tables (available electronically) which expand on the data detailed in the report (SCRGSP 2014d).

Consultation

Aboriginal and Torres Strait Islander Australians were actively involved with the OID report in its inception. When the framework was established, a coordinated consultation process was undertaken, with consultations based on a draft reporting framework developed by the Steering Committee for the Review, assisted by a special working group. This draft was posted on the PC website for comment, as well as circulated during the consultations.

The Australian Government and jurisdictional governments conducted consultations in their respective jurisdictions; in addition, ATSIC, the Standing Committee for Aboriginal and Torres Strait Islander Affairs, and the Chairman and/or Head of the Secretariat of the Steering Committee also conducted consultations. Further details about the consultation process, including who was consulted and the feedback received, are available in the *Report on draft framework consultations* (SCRCSSP 2003b). Those consulted included many Indigenous leaders, organisations and communities across Australia, as well as governments and academic organisations.

Based on the feedback received during the consultations, a number of changes were made to the final framework, including (SCRGSP 2003):

- deleting various aspects of the draft framework – for example, excluding consideration of underemployment within the headline indicators
- changing or enhancing proposed indicators – for example:
 - broadening the proposed headline indicator of *Incidence of child sexual abuse to Substantiated child protection*
 - moving indicators about culture, and *Access to clean water and functional sewerage*, from the COAG targets and headline indicator layer to the Strategic areas for action layer
- adding new indicators – for example, adding specific culture-related indicators about access to traditional lands and Indigenous cultural studies in school curriculum.

Review

There have been a number of reviews of this framework since it was established in 2003.

The first review, which took place in 2006, sought feedback on the indicator framework and report. As part of this review, a consultation paper and related questionnaire were developed. As well as being used during consultations, these materials were made available online in order to seek feedback from the general public (SCRGSP 2006a, 2006b, 2007).

Consultations were held with:

- senior government officials from agency groups in each state and territory and, in all jurisdictions, a separate meeting was held with senior management with responsibility for Indigenous policy, and when possible, the Minister responsible for Indigenous affairs (SCRGSP 2007:5)
- Indigenous Australians in a number of different communities, with meetings held across the country, from very remote locations (for example, Bamaga at the top of Cape York, and Warburton in Western Australia's Great Western Desert) to regional centres (such as Murdi Paaki in New South Wales) and metropolitan areas (SCRGSP 2007:5).

The review concluded that there was widespread support for the existing framework and for a continued focus on a limited number of key indicators (SCRGSP 2007). Suggestions for improvements included:

- greater disaggregation of data between urban, regional and remote areas
- specific information on Torres Strait Islanders, if possible
- more linkages in the report to illustrate the connections between key outcomes
- identifying the 'success factors' behind the 'things that work'.

The Steering Committee agreed to some enhancements to the reports, including greater linkages, a further drawing out of the success factors behind the 'things that work', and enhanced treatment of governance issues and cultural context. The changes to the framework involved clarification, renaming or rearrangement of some existing indicators, and the addition of new strategic change indicators – including mental health and engagement with service delivery under the strategic area of *Functional and resilient families and communities*.

Another review followed the announcement of the Closing the Gap commitments in 2008. The Chair of the COAG Working Group on Indigenous Reform (WGIR) requested that the OID framework be aligned with the government's Closing the Gap targets, in the interests of having an integrated whole-of-government approach (SCRGSP 2009a:2.9). Following consultation between the WGIR and the Secretariat for the Review, the WGIR endorsed an aligned framework in October 2008 and COAG agreed to the new framework in November 2008. The updated framework stemming from the 2008 review was included in the 2009 OID report. Alignment of the Closing the Gap commitments and the 2009 OID framework involved:

- retaining the priority outcomes as the government and Indigenous endorsed 'vision'
- highlighting the COAG targets as government priorities within the headline indicators
- renaming the strategic areas for action to reflect more closely the WGIR building blocks for reform
- retaining all previous OID indicators, and adding additional indicators and measures from the WGIR building blocks (SCRGSP 2009a:2.9).

The reporting framework for the OID has also been further amended over time to reflect subsequent changes to the NIRA (SCRGSP 2014c:1.13).

A further review of the reporting framework and OID report was undertaken in 2012; it involved consultation with Aboriginal and Torres Strait Islander people and organisations, governments and academics (ACER 2012). The outcomes of that review included the addition of several new indicators that focused on outcomes that Aboriginal and Torres Strait Islander people said were important to them; these additions were endorsed by the COAG Senior Officials (SCRGSP 2014c). Specifically, feedback suggested the need to broaden the focus from overcoming disadvantage to improving wellbeing – that is, that the reporting move away from a negative, or deficit, approach to a strengths-based report. From 2014, an increased focus on strengths-based reporting was introduced, which included giving more emphasis to (and adding additional) strengths-based indicators (SCRGSP 2014c:2.12). In addition, feedback about culture-related indicators led to the *Governance, leadership and culture* strategic area being relocated to be the first area in the framework, to emphasise the importance of culture and how it permeates all other aspects of the framework (SCRGSP 2014a, 2014c:2.14).

Additionally, 3 new culture-related indicators were added:

- *Valuing Indigenous Australians and their cultures*: 1 of the principles of the Closing the Gap strategy is emphasising mutual respect between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians.
- *Participation in decision making*: this is a key element in the *UN Declaration on the Rights of Indigenous Peoples*, and has been cited as an important factor in self-determination and improving outcomes for Indigenous people.

- *Indigenous language revitalisation and maintenance*: for many Aboriginal and Torres Strait Islander Australians, language is an important aspect of culture and wellbeing (SCRGSP 2014c:2.15).

The 2012 review also suggested that, while Aboriginal and Torres Strait Islander people have been actively involved with the OID since its beginning, there was a need for more visible engagement with Aboriginal and Torres Strait Islander people. As a result:

- the National Congress of Australia's First Peoples (which was established in 2010) was invited to join, as observers, the working group that advises the Steering Committee on the OID report
- as noted, since 2014, a number of different Aboriginal and Torres Strait Islander organisations or Indigenous subject matter experts are now asked to review relevant sections of the report, rather than a single Indigenous academic as in the past.

Structure

This framework had 3 layers comprising: 3 priority outcomes; the COAG Closing the Gap targets and headline indicators; and 7 strategic areas for action (Figure A3).

The 3 priority outcomes at the top of the framework are closely linked and reflect COAG's vision for Aboriginal and Torres Strait Islander Australians to have the same life opportunities as other Australians. The Steering Committee stated that 'Aboriginal and Torres Strait Islander Australians and their organisations have also expressed support for these outcomes, in extensive consultations over several years' (SCRGSP 2014c:2.2).

In recognition of the fact that it is difficult to measure progress against broadly stated outcomes, the framework includes 2 layers of measurable indicators:

- The first layer comprises the overarching Closing the Gap COAG targets, as well as headline indicators developed by the Steering Committee.
- The second layer comprises 7 strategic areas for action that are potentially responsive to government policies and programs in the shorter term (SCRGSP 2014c:11). Each strategic area for action has a number of 'strategic change indicators' that measure short-term progress.

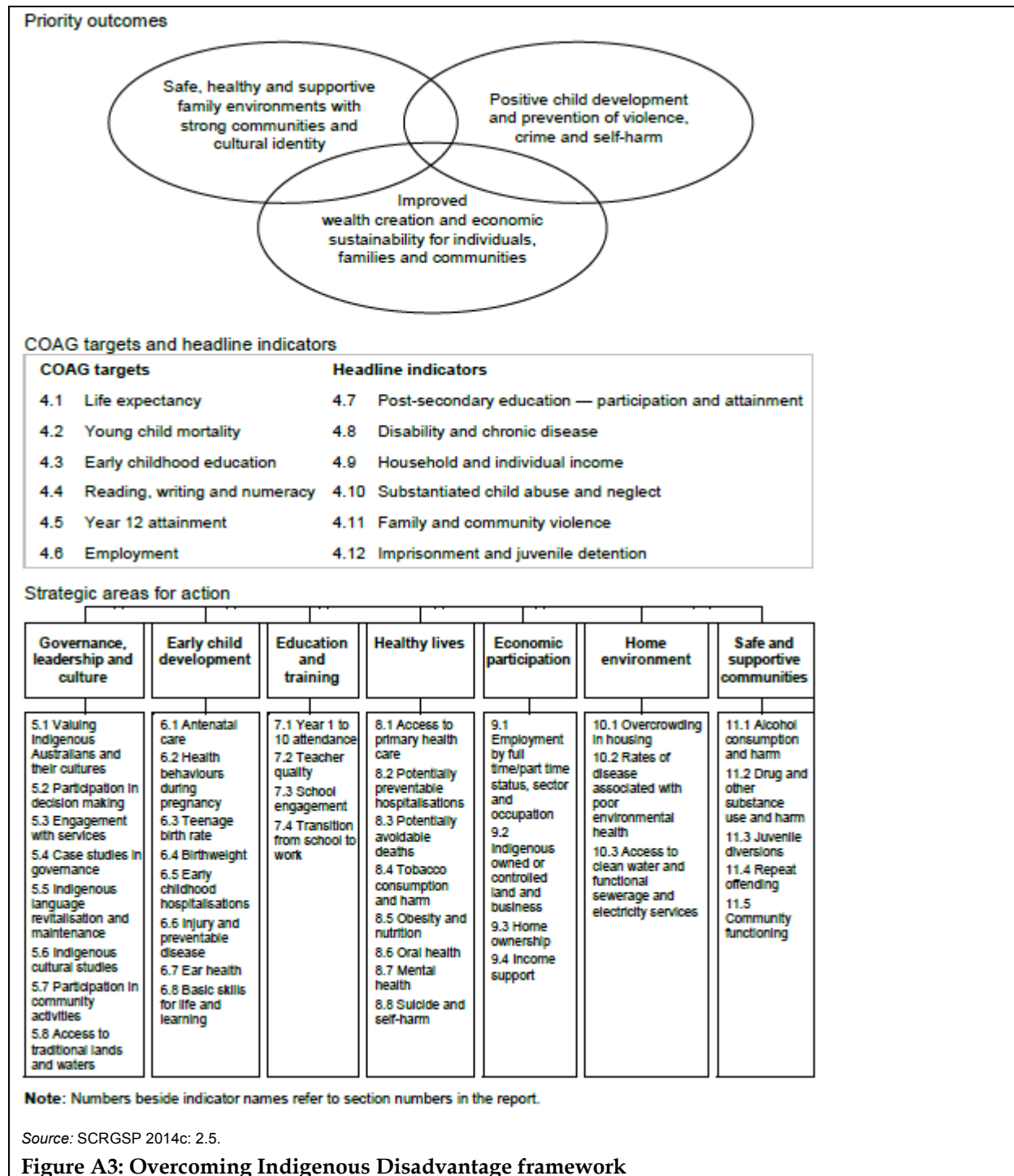
The Steering Committee notes that the logic behind the framework is that, over time, improvements in the strategic change indicators will lead to changes in the COAG targets and headline indicators (SCRGSP 2014c).

The extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people are included

Evidence of the inclusion of perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people is seen in both the priority outcomes and the specific indicators included in the framework. For example, the priority outcomes layer included the goal of achieving *Safe, healthy and supportive family environments with strong communities and cultural identity*.

In addition, the strategic change indicators layer included:

- in the *Governance, leadership and culture* area: *Valuing Indigenous Australians and their cultures; Indigenous language revitalisation and maintenance; Indigenous cultural studies and Access to traditional lands and waters*
- in the *Economic participation* area: *Indigenous owned or controlled land and business*
- in the *Safe and supportive communities* area: *Community functioning*.



5 Aboriginal and Torres Strait Islander Health Performance Framework

Why the framework was developed and by whom

The Aboriginal and Torres Strait Islander Health Performance Framework (HPF) was developed to support a comprehensive and coordinated effort across and beyond the health sector to address the complex and interrelated factors that contribute to health outcomes experienced by Aboriginal and Torres Strait Islander Australians (DoH 2015a). The structure of the HPF is designed to address key policy questions in monitoring the health system and broader determinants of health. The HPF was developed under the auspices of AHMAC.

Purpose of the framework

The primary purpose of the HPF is to monitor progress of the health system, and of broader determinants of health, in improving Aboriginal and Torres Strait Islander health (AHMAC 2006a:7).

The HPF was originally designed to measure the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health (AHMAC 2006a). More recently, it is being used to monitor progress of the NATSIHP (DoH 2015a).

When it was first developed, another important objective of the HPF was to streamline existing reporting requirements and to ensure that reporting had a direct link to policy priorities (AHMAC 2006a:39).

Principles and theories underpinning the framework

The HPF was modelled on the National Health Performance Committee's (NHPC) Health Performance Framework, as it was a nationally endorsed framework and was consistent with the intersectoral approach outlined in the NSFATSIH. It was noted that an important benefit of the NHPC HPF was that it acknowledged not just the performance of the health system, but also the wide range of factors that influence health status and outcomes, including social determinants of health (AHMAC 2006b).

The HPF tracks changes in key indicators both inside and outside the health sector (for example, education and employment), in recognition that sustainable health gains require both an efficient, effective and equitable health system, as well as timely contributions from other sectors (AHMAC 2012:10). The HPF includes measures not only on the level of access to appropriate care, but also on the experiences of Aboriginal and Torres Strait Islander Australians in receiving care – based on the view that a framework for measuring health performance in relation to Indigenous Australians must take account of the particular health and social issues that are likely to affect them to a greater or different degree than other Australians (AHMAC 2006a:7).

The criteria used to select the indicators were developed by SCATSIH (see Appendix E) and based on the NHPC criteria. They were:

- policy relevance, based on the policy questions identified by SCATSIH for each domain
- technical merit and feasibility

- consideration of the measures as a whole, to ensure there were no gaps and that there was an appropriate balance across HPF (AHMAC 2006a; Anderson et al. 2006).

Protocols and practicalities associated with reporting against the framework

Five national-level HPF reports have been produced biennially since 2006, with the most recent released in 2015. There are 2 types of national reports:

- a policy report, prepared by PM&C, which includes an executive summary, chapters on the social determinants of health and racism, and approximately 2 pages for each measure, summarising relevant research, findings and policy implications including the current policy context (AHMAC 2015)
- a detailed analyses report prepared by the AIHW, which provides the data that support the policy report, including detailed breakdowns (by age, sex, jurisdiction and remoteness area) (for example, AIHW 2013a; AIHW 2015k). In 2015, for the first time, online data tables (AIHW 2015a) were released prior to the detailed report. For the 2017 report onwards, it is planned that the detailed analyses report will be based solely on online reporting, with the form of these online reports yet to be finalised.

In addition to the national reports, selected jurisdiction-specific HPF reports have also been produced by the AIHW biennially since 2008 when requested by state and territory health departments (for example, AIHW 2015b, 2015c).

To report against the HPF, the AIHW provides the most recent data available, as well as undertaking extensive analyses, drawn from over 60 separate data sources, to investigate short- and long-term trends. Preparation of reports is informed by a Steering Committee, national and international literature, and key policy documents. The final report is progressed through relevant Indigenous policy and data sub-committees of AHMAC for endorsement by AHMAC before public release.

Consultation

As noted, the HPF was originally designed to measure the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013. The NSFATSIH, which was signed in 2003, was produced through several consultation mechanisms, with the consultations based on a draft strategy produced by the National Aboriginal and Torres Strait Islander Health Council in 2001 (NATSIHC 2003). The draft strategy was based on the 1989 National Aboriginal Health Strategy and the outcomes of its 1994 evaluation. As noted in the NSFATSIH consultation draft, the NAHS, despite not being fully implemented, is a key document in Aboriginal and Torres Strait Islander health. It was ‘developed following a comprehensive and inclusive national consultation process and is therefore widely owned by Aboriginal and Torres Strait Islander peoples’ (NATSIHC 2003:i). The NSFATSIH noted that it complemented, rather than replaced, the NAHS.

During the consultation phase on the NSFATSIH, input was received via:

- written submissions from a range of stakeholders including 13 Indigenous medical services and organisations, 20 non-government health organisations, 15 government agencies (including 3 state-based offices of ATSIIC), and 4 educational institutions

- 10 face-to-face meetings with state and territory forums with ATSIC advisory committees and regional councils, health forum partners (including NACCHO affiliates) and Aboriginal health service providers
- submissions from the following Framework Agreement partners: ATSIC and the Torres Strait Regional Authority (1 submission); the ACCHS sector (3 submissions); state and territory governments (9 submissions); and Australian Government agencies (12 submissions) (NATSIHC 2003).

This process contributed to shaping the 2 parts of the NSFATSIH:

- the context report, which detailed the development of the framework, and reflected significant policy changes and the creation of partnerships (consistent with the NAHS recommendations). It included a description of factors affecting the health of Indigenous Australians. Building on the NAHS and its evaluation, the framework took into account other key policy documents, for example the Royal Commission into Aboriginal Deaths in Custody; the *Bringing them home* report; and submissions made to the House of Representatives Inquiry into Indigenous Health and its final report, *Health is life*
- the framework for action, which described the aim of guiding government action through a coordinated, collaborative and multi-sectoral approach, supported by Aboriginal and Torres Strait Islander health stakeholder organisations.

In addition to the consultation about the NSFATSIH, the measures selected for reporting in the HPF were developed through 'an extensive consultative process' managed originally by SCATSIH (AHMAC 2006b:16). Draft material was presented to workshops held in Alice Springs, Melbourne and Canberra during August 2006, involving a broad range of stakeholders. In addition, a Technical Advisory Group was established to select the indicators for the framework (Anderson et al. 2006). Members of this advisory group included representatives of SCATSIH and NAGATSIHID (see Appendix E), and experts in Indigenous health policy and statistics (AHMAC 2006a).

Reporting against the social and emotional wellbeing measures in the HPF is based on collaborative work undertaken by the AIHW, the ABS and NACCHO since 2003 (AIHW 2009). In 2003, the AIHW organised a workshop, where the interim social and emotional wellbeing module was developed for inclusion in the 2004–05 National Aboriginal and Torres Strait Islander Health Survey. Stakeholders involved in this workshop included representatives from NACCHO, the SCATSIH, the Office for Aboriginal and Torres Strait Islander Health (OATSIH), Aboriginal and Torres Strait Islander Services, Australian Government and state and territory health agencies, the ABS, and experts with experience in related surveys. The interim module, which consisted of 8 domains, represented the first step in developing appropriate measures of social and emotional wellbeing. A second workshop was held in 2006 to review the interim social and emotional wellbeing module, with the workshop attended by representatives from NAGATSIHID, OATSIH, the AIHW, the ABS and NACCHO, as well as state and territory government officials, academics and researchers. The workshop participants supported the retention of all of the 8 domains, but made a number of recommendations to improve the module. They also noted the importance of ensuring that measurement instruments not only capture information that is of particular relevance to Aboriginal and Torres Strait Islander people, but also retain comparability with the non-Indigenous population where appropriate. Further details about the workshops and related outcomes are provided in the report *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples* (AIHW 2009).

In 2008 and 2010, Aboriginal and Torres Strait Islander people participated in workshops across the country and led the work associated with the development and enhancement of the HPF measure of community functioning (AHMAC 2015:46). Participants at the workshops helped develop a picture of family and community functioning by describing the various elements of family and community life essential for high levels of functioning. Through the workshops, 6 themes were identified by Aboriginal and Torres Strait Islander participants and these have since been used to analyse and present available data. AHMAC noted that 'the themes they identified appear[ed] to reflect widely held views among Aboriginal and Torres Strait Islander peoples' (AHMAC 2015:46). Independently of these workshops, a review of relevant research supported the association between the elements identified by the workshops and the achievement of health and wellbeing.

Review

In 2011, a review of the HPF was undertaken in consultation with the NATSIHON (see Appendix E) and NAGATSIHID in order to align the framework with the current policy environment (AHMAC 2012:171). The review resulted in 4 new measures being added, 5 being deleted and 2 being combined as follows:

- the measures that were added related to cancer, eye health, cultural competency and access to alcohol and drug services
- the deleted measures related to median age at death, maternal mortality, dependency ratio, single parent families and unsafe sexual practices
- the combined measures related to infant and child mortality (infant mortality and sudden infant death syndrome) and housing (overcrowding in housing and housing tenure type).

As a result of the review, the number of key measures in the HPF was reduced from 71 to 68. The revised framework was endorsed by AHMAC in December 2011 (AHMAC 2012:171).

Structure

The HPF covers Indigenous-specific services and programmes, as well as mainstream services. It includes performance measures across the full continuum, from inputs, processes, outputs and intermediate outcomes to final outcomes (AHMAC 2015:20).

The current HPF comprises 3 tiers subdivided into 18 domains with 68 performance measures (Figure A4):

- Tier 1: Health status and outcomes—consisting of 4 domains: *Health conditions*, *Human function*; *Life expectancy and wellbeing*; and *Deaths*. It includes measures such as *Low birthweight*; *Top reasons for hospitalisation*; *Community functioning*; *Social and emotional wellbeing*; and *Leading causes of mortality*.
- Tier 2: Determinants of health—consisting of 5 domains: *Environmental factors*; *Socio-economic factors*; *Community capacity*; *Health behaviours*; and *Person-related factors*. Measures in Tier 2 underpin health outcomes and shape how patients interact with the health system, and include *Housing*; *Employment*; *Community safety*; and *Tobacco use*.



- Tier 3: Health system performance – consisting of 6 domains: *Effective/appropriate/efficient; Responsive; Accessible; Continuous; Capable; and Sustainable*. Tier 3 includes measures such as *Immunisation; Cultural competency; Access to mental health services; Care planning for chronic diseases; and Expenditure on Aboriginal and Torres Strait Islander health compared to need*.

All of the tiers in the HPF are interrelated – for example, measure ‘3.01 Antenatal care’ provides mothers with information and support which can reduce health risk behaviours during pregnancy (measure 2.21) which, in turn, is related to low birthweight (measure 1.01) (AHMAC 2012:120).

The extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people are included

The framework included measures that reflect perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people, and, in particular, a holistic view of health. As noted earlier, the HPF was developed to help address the complex and interrelated factors that contribute to health outcomes experienced by Aboriginal and Torres Strait Islander Australians.

A number of measures across each of the 3 tiers reflect aspects of an Aboriginal and Torres Strait Islander view of health, for example:

- Tier 1 (Health status and outcomes) includes the measures *Community functioning and Social and emotional wellbeing*
- Tier 2 (Determinants of health) includes the measure *Indigenous people with access to traditional lands*
- Tier 3 (Health system performance) includes the measure *Cultural competency*.

A specific example of the inclusion of Aboriginal and Torres Strait Islander perspectives is the development of the measure related to community functioning. For this measure, data are reported against 6 themes identified by Aboriginal and Torres Strait Islander people as reflecting community functioning from an Indigenous perspective.

6 National Indigenous Reform Agreement reporting framework

Why the framework was developed and by whom

In 2008, COAG endorsed a new Intergovernmental Agreement on Financial Relations which included 6 new national agreements, 1 of which was the National Indigenous Reform Agreement (COAG 2012; SCRGSP 2009b). These national agreements were developed to define the objectives, outcomes, outputs and performance indicators, and clarify the roles and responsibilities, that guide the Australian Government, and states and territories in the delivery of services across a particular sector.

The NIRA:

- commits all jurisdictions to achieving the Closing the Gap targets
- defines responsibilities and promotes accountability among governments
- provides a roadmap for future action
- notes the significant funding provided through Indigenous-specific national partnerships to assist in meeting the targets
- links to other national agreements and national partnerships which include elements that will address the targets (COAG 2012:A-16).

Purpose of the framework

The NIRA indicators were designed to monitor and assess progress towards the Closing the Gap targets. The difference between Indigenous and non-Indigenous outcomes in each of the indicators is used to assess progress towards Closing the Gap (COAG 2012:9).

COAG committed to 6 Closing the Gap targets in 2007 and 2008:

- closing the life expectancy gap within a generation (by 2031)
- halving the gap in mortality rates for Indigenous children under 5 within a decade (by 2018)
- ensuring all Indigenous children aged 4 in remote communities have access to early childhood education within 5 years (by 2013)
- halving the gap for Indigenous students in reading, writing and numeracy within a decade (by 2018)
- halving the gap for Indigenous people aged 20–24 in Year 12 attainment or equivalent attainment rates by 2020
- halving the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018) (COAG 2012).

An additional target on school attendance was agreed by COAG in May 2014 (SCRGSP 2014c) and, in December 2015, COAG agreed to a new early childhood education Closing the Gap target of 95 per cent enrolment for all Indigenous children aged 4 in remote communities by 2025, extending beyond the expired 2013 target (COAG 2015).

Principles and theories underpinning the framework

COAG recognised that overcoming disadvantage among Aboriginal and Torres Strait Islander people would require a long-term, generational commitment with major coordinated effort directed across a range of strategic platforms to meet the specific targets (COAG 2012:4).

Protocols and practicalities associated with reporting against the framework

On behalf of COAG, the Standing Council for Federal Relations has general oversight of the operations of the Intergovernmental Agreement on Federal Financial Relations (which includes the NIRA) (SCRGSP 2013). Reporting against the NIRA framework occurs annually, with the first report released in 2009. Information is published in 2 separate reports:

- the NIRA Performance Information report, which provides collated data tables for the performance indicators. COAG has requested that the SCRGSP prepare these reports, which are available on the PC website (PC 2015a)
- the NIRA Performance Assessment report, which presents an independent assessment of the performance of governments against NIRA commitments, based on data from the Performance Information report. The assessment report includes an analysis of whether changes are statistically significant (thus indicating 'genuine' improvement). By making comparisons with trajectories between the baseline and the target, it also includes an assessment of whether the pace of change (if maintained) is likely to be sufficient to meet the targets. The most recent report is available on the PC website (PC 2015c), while past assessment reports are available via the Australian Government Web Archive (NLA 2015).

Until recently, the Steering Committee provided the collated performance information to the COAG Reform Council. The COAG Reform Council was then responsible for preparing the Performance Assessment report. When the Council ceased operating in June 2014, the ongoing monitoring of performance under the national agreements was transferred to PM&C (PC 2015b). In May 2015, PM&C informed the PC that all parties to the NIRA had agreed that the Commission would be responsible for independently assessing progress against the Closing the Gap targets in 2015.

The most recent set of NIRA reports were released in early December 2015 (PC 2015a, 2015c).

In addition to the dedicated NIRA reporting described above, progress against the overarching Closing the Gap targets is reported in the Prime Minister's annual Closing the Gap report, with the first such report released in 2009 and the eight in February 2016 (PM&C 2016). The purpose of the Prime Minister's report is to inform Parliament on progress against the overarching Closing the Gap targets and developments in Australian Government Indigenous policies and programs. This report is currently produced by PM&C, while previously it was produced by the Department of Family and Housing, Community Services and Indigenous Affairs, on behalf of the Australian Government (SCRGSP 2014b:1.3).

Consultation

Reporting under the Intergovernmental Agreement on Financial Relations is in respect of:

- the comparative performance of government achievement against objectives, outcomes, outputs and performance benchmarks in areas covered by national agreements
- the achievement by governments of objectives, outcomes, outputs and performance benchmarks in national partnership agreements.

The Australian Government and state and territory governments are therefore consulted in the development of reports against the national agreements.

In addition, the development of the COAG Closing the Gap targets was informed by the work of the Close the Gap Campaign (PM&C 2015, pers. comm., 15 December). Through this campaign, Australia's peak Indigenous and non-Indigenous health bodies, NGOs and human rights organisations have worked together to achieve health and life expectancy equality for Australia's Aboriginal and Torres Strait Islander people since 2006. The goal of the campaign is to close the health and life expectancy gap within a generation (AHRC 2015a).

The development of the performance indicators under the Closing the Gap targets harnessed the work previously undertaken with Aboriginal and Torres Strait Islander Australians in developing the OID and HPF performance measures (as outlined in the previous sections of this report) (PM&C 2015, pers. comm., 15 December).

Review

In 2011, COAG agreed to review all 6 national agreements, including the NIRA, under the Intergovernmental Agreement on Federal Financial Reform. A NIRA Review Working Group undertook the review, with membership consisting of senior officers from First Ministers', Treasuries and other relevant portfolio agencies of the Australian Government and jurisdictions (NIRA RWG 2011). No information was provided on whether the review involved consultation with Aboriginal and Torres Strait Islander stakeholders.

The initial NIRA framework included 27 indicators, each of which was reviewed against the Heads of Treasuries *Conceptual Framework for Performance Reporting*. This review assessed the strength of each indicator (from both a conceptual and data perspective) and the role that each played in measuring the NIRA targets. The review found that performance reporting was constrained, as many of the indicators had significant data limitations, including data quality issues or infrequent availability of data. However, the review also noted that all jurisdictions were committed to improving data quality through the NIRA and a number of improvements had already been made.

The review recommended a revised framework that only included those indicators that were considered to be conceptually adequate, to have acceptable data, and to be helpful in improving public reporting and accountability. In July 2012, COAG endorsed a revised NIRA indicator framework, with the number of performance indicators reduced to 15 (SCRGSP 2013).

Structure

This NIRA has 2 layers of performance indicators, comprising the Closing the Gap targets and 15 indicators. Each of the indicators maps to 1 of the COAG targets (Figure A5).

The NIRA is considered to be a living document that can be changed over time to reflect changes to existing and new national agreements and national partnerships, as well as any additional Closing the Gap targets as agreed by COAG (NIRA RWG 2011).

The extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people are included

The NIRA indicators were designed to monitor and assess progress towards the Closing the Gap targets. The difference between Indigenous and non-Indigenous outcomes in each of the indicators is used to assess progress towards Closing the Gap. The development of these targets was informed by the work of the Close the Gap Campaign, and work previously undertaken with Aboriginal and Torres Strait Islander people in developing the OID and HPF performance measures.

TARGETS	Close the gap in life expectancy	Halve the gap in mortality rates for Indigenous children under 5	Ensure access to all early childhood education for all Indigenous 4 year olds in remote communities	Halve the gap in reading, writing and numeracy achievements for Indigenous children	Halve the gap in Year 12 or equivalent attainment rates for Indigenous young people	Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians	Close the gap in school attendance between Indigenous children and non-Indigenous children
INDICATORS	Estimated Life expectancy at birth	Child under 5 mortality rate by leading cause	Proportion of Indigenous children aged 4 and 5 years, who are enrolled in, and attending, a preschool program in the year before full-time schooling	Percentage of students at or above the national minimum standard in reading, writing and numeracy for Years 3, 5, 7 and 9	Attainment of Year 12 or equivalent	Level of workforce participation	Attendance rates Year 1 to Year 10
Mortality rate by leading causes	Proportion of babies with low birthweight	Proportion of Indigenous 20 to 64 year olds with or working towards post-school qualification in AQF Certificate III or above					
Rates of current daily smokers	Tobacco smoking during pregnancy						
Levels of risky alcohol consumption	Antenatal care						
Prevalence of overweight and obesity							

Sources: Adapted from the NIRA RWG 2011:31 and AIHW 2015j.

Figure A5: NIRA targets and performance indicators

7 Report on Government Services reporting framework

Why the framework was developed and by whom

The Report on Government Services was commissioned in 1993 by Heads of Government (now COAG) (PC 2015e). The 2 roles of the report, as stated in the 2010 terms of reference, are to:

- improve service delivery, efficiency and performance
- increase accountability to governments and the public (SCRGSP 2015a:iii).

The RoGS report is produced by the PC for the SCRGSP. This Steering Committee consists of senior representatives from the central agencies of each of the Australian and jurisdictional governments, and is chaired by the chairman of the PC (SCRGSP 2015a). The RoGS report is 1 of a number of reports produced for the SCRGSP that enable performance comparisons and benchmarking between jurisdictions and within a jurisdiction over time. A list of such outputs and links to relevant reports are provided on the PC website (PC 2015d).

Background to production of the Indigenous compendium

In 1997, the Prime Minister asked the Steering Committee to give particular attention to the performance of mainstream services in meeting the needs of Indigenous Australians. In April 2002, COAG commissioned the Steering Committee to prepare a regular report on key indicators of Indigenous disadvantage as part of the COAG reconciliation commitment. This was to be a new report, separate from the RoGS (and which later became the OID framework). Consultations for this new reporting framework suggested it would be useful to compile the data about Aboriginal and Torres Strait Islander people already reported in the RoGS in a single publication. In response, the RoGS Indigenous compendium was produced from 2003 to 2015, with both the RoGS and the Indigenous compendium using the same reporting framework (SCRCSSP 2003a). In other words, there was no separate reporting framework for the Indigenous compendium and it did not include any new material – instead, it consisted of a direct copy of Indigenous-related blocks of material from the RoGS. From 2015, the Indigenous compendium was replaced by an online reference list of Indigenous data contained within the RoGS.

Purpose of the framework

The primary aim of the RoGS is to provide objective performance information on government-funded services, in order to facilitate informed policy decisions (SCRGSP 2015a). Across the RoGS, the Steering Committee seeks to report on the performance of agencies providing services for all Australians, including 3 identified special-needs groups: Aboriginal and Torres Strait Islander Australians; people living in communities outside the capital cities; and people from a non-English speaking background.

Data collected are used for program and policy development; strategic budget and policy planning; policy evaluation; and to demonstrate government accountability (SCRGSP 2015c).

Data in the report can provide an incentive to improve the performance of government services by:

- enhancing measurement approaches and techniques, such as activity-based costing
- helping jurisdictions identify where there is scope for improvement
- promoting greater transparency and informed debate about comparative performance (SCRGSP 2015c).

Principles and theories underpinning the framework

When the framework was initially developed, it was considered essential that it included measures of both effectiveness and efficiency, in order to provide a meaningful assessment of performance (SCRCSSP 1995).

In 2002, the Steering Committee developed a new general framework for performance indicators (SCRGSP 2004). The new framework reflected governments' adoption of accrual accounting and demands for outcome-oriented performance information. As well, the new framework emphasised the importance of equity (in addition to efficiency and effectiveness) (SCRGSP 2004). This revised general framework has been in use since that time.

The RoGS indicators are designed to be consistent with the principles set out in the Intergovernmental Agreement on Federal Financial Relations. In developing the initial set of indicators, the Steering Committee sought to design indicators that met the following criteria: clearly defined; developed for the tasks performed by the organisation; relevant to the needs of clients; not susceptible to individual manipulation; cost-effective to produce; and comprehensive (SCRCSSP 1995). The last criterion was considered particularly critical – that is, that the indicator should cover all key aspects of the operations in order to include all activities (including those that weren't measurable), rather than just on activities that were measurable.

The guiding principles of the RoGS have changed to some degree over time; the full list of guiding principles that were applicable for the 2016 report are listed in Box 1.4 in SCRGSP 2015c.

Protocols and practicalities associated with reporting against the framework

The RoGS is compiled and released on an annual basis. The first report was published in 1995, with the 21st edition released in 2016.

Cross-jurisdictional working groups have been established for the RoGS to provide expert advice on the development improvement and reporting of performance indicators and related contextual material; to facilitate communication between the Steering Committee and service areas; and to improve the comparability of data. Working groups may consult with data agencies (such as the ABS and AIHW) or other expert bodies, as appropriate, on technical issues. Working Group members also provide key links with related working parties/related reporting exercises, providing the opportunity to draw from, and align with, closely related data development, collation and reporting activities. Working groups may seek the advice of related groups, particularly where such groups are responsible for the data collections drawn on for reports (PC 2015, pers. comm., 9 December).

As noted earlier, the Indigenous compendium – which was a compilation of data about Aboriginal and Torres Strait Islander people already reported in the RoGS – was released annually from 2003 to 2015.

In August 2015, the SCRGSP agreed to replace the existing Indigenous compendium with a web-based reference list for each chapter, that points to all data about Aboriginal and Torres Strait Islander people in that chapter. This has been implemented from the 2016 RoGS, and thus the 2015 Indigenous compendium was the final release. (This change will not alter the information reported, just the way it is reported.) The list was released at the same time as the RoGS report.

Consultation

In developing the performance indicators, the Steering Committee was supported by working groups that were established for each area of service provision (SCRCSSP 1995). Each jurisdiction was given the opportunity to nominate a representative on each of the working groups. The working groups received assistance from the ABS, AIHW and other research groups and specialist agencies. Links were also established with parallel exercises by COAG Councils. Information on the extent to which Aboriginal and Torres Strait Islander people were involved in the consultation processes was not found.

Review

In 2009, COAG endorsed a review of the RoGS by a Senior Officials and Heads of Treasuries Working Group (SCRGSP 2015c). The PC advised that, although the review did not specifically focus on Indigenous-specific stakeholders, these views were captured under broad review involvement (PC 2015, pers. comm., 9 December).

The review noted the central role of the RoGS in reporting comparative information on government performance and that its original role as a tool for government had been complemented by a public accountability function.

As a result of the review, the Steering Committee was asked to review the operation of the RoGS and report to COAG every 3 years, commencing at the end of 2011–12 (SCRGSP 2012:2.2). The Steering Committee also developed a set of formal criteria to determine whether particular service sectors should be included in the RoGS reporting regime. Some of the improvements made in response to the review and implemented in the 2012 edition, include:

- introduction of sector summaries for all 6 broad reporting areas
- inclusion of mini-case studies in police services and emergency management
- introduction of data quality information for additional indicators and updating of previously reported data quality information
- further extension of time series reporting in some service areas (SCRGSP 2012).

The review also recommended an additional, separate appraisal be undertaken by an Independent Reference Group. This process was to reassess the general performance indicator framework and individual indicators in time for the 2012 RoGS. This would determine the framework's consistency with the characteristics of performance indicators as defined in the Intergovernmental Agreement on Federal Financial Relations (COAG 2009b). The Steering Committee endorsed the Independent Reference Group's report in September 2010 (SCRGSP 2015c). The appraisal included an extensive literature review and case studies

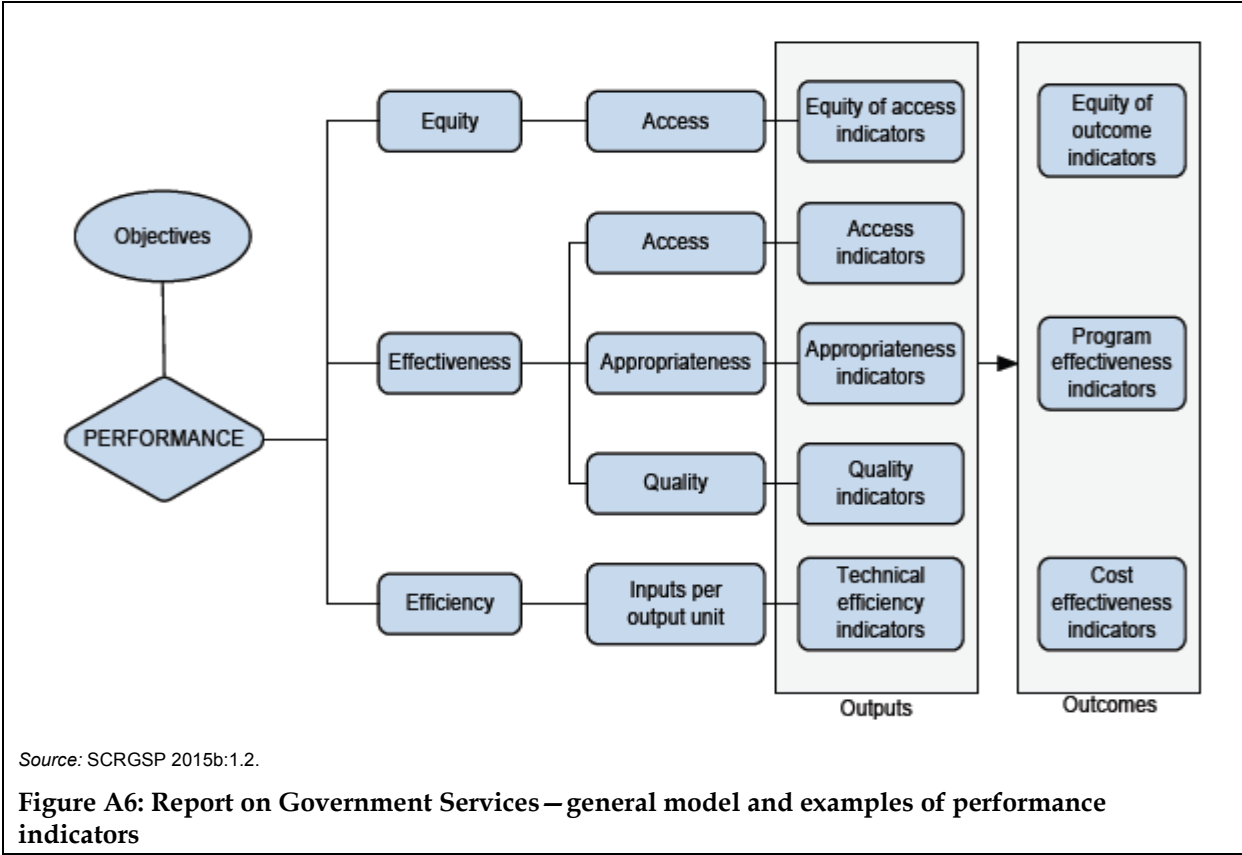
of other performance reporting exercises, which confirmed that the RoGS possessed a robust performance indicator framework (SCRGSP 2012). However, it also identified some potential improvements in the framework, which were implemented in the 2012 and 2013 RoGS (SCRGSP 2012). For example, in the 2012 RoGS, as a result of the Independent Reference Group’s recommendations, there were changes in scope of reporting:

- Indicators related to 2 service areas were removed – namely those for breast cancer detection and management (with 14 performance indicators) and Commonwealth Rent Assistance (10 performance indicators).
- Indicators related to 3 service areas – namely, public housing and state owned and managed Indigenous housing; community housing; and Indigenous community housing – were streamlined into 11 indicators related to a broader social housing service area (SCRGSP 2012).

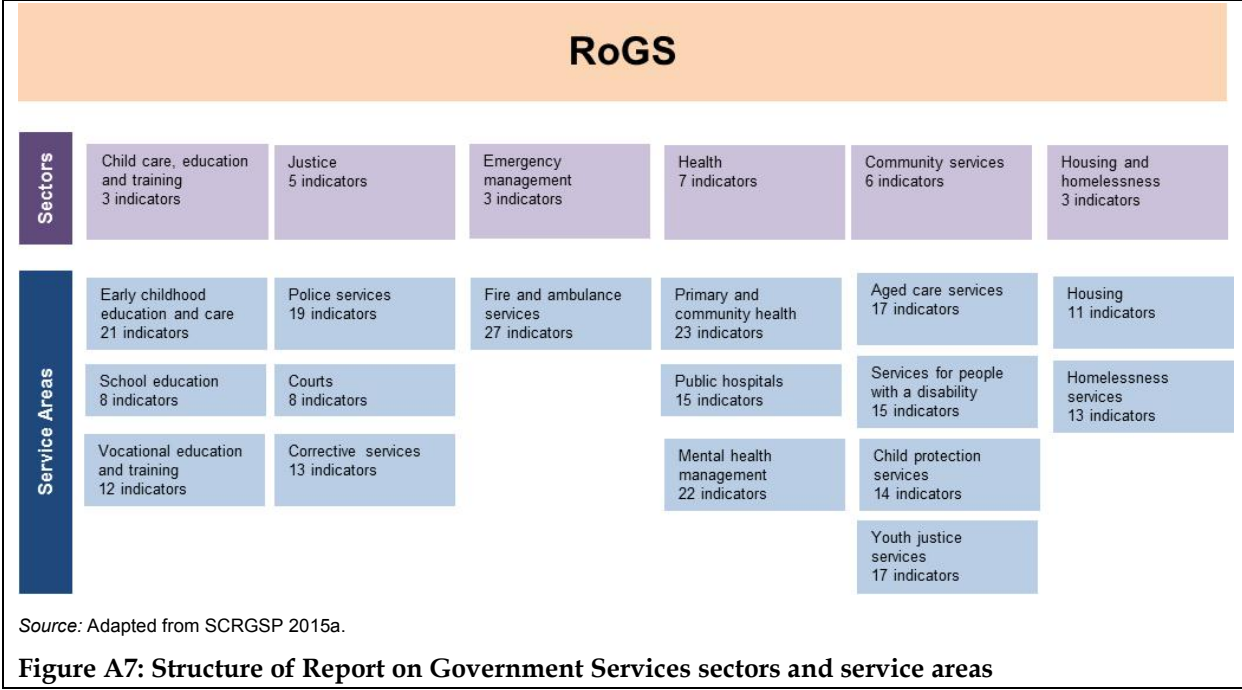
In addition, the RoGS framework is changed in an iterative manner over the years, with new indicators added, and enhancements made to other indicators to improve meaningfulness and/or clarity. When applicable, such changes are summarised in the relevant chapter of the report (SCRGSP 2010, 2012).

Structure

The general model for the RoGS depicts a focus on outcomes, consistent with demand by governments for outcome-oriented performance information (Figure A6) (SCRGSP 2015a). This outcome information is supplemented by information on outputs – grouped into *Equity*, *Effectiveness* and *Efficiency* categories.



This general model is applied across the 6 sectors and 16 service areas included in the RoGS. Each of these sectors and service areas has its own indicators based on the indicator framework in the general model. The 6 sectors and corresponding service areas (and the number of indicators within these areas) are shown in Figure A7.



For example, the health sector framework includes:

- sector objectives, such as *Australians are born and remain healthy*
- sector-wide indicators, such as *Babies born of low birthweight*
- service-specific indicators for 3 areas: *Primary and community health, Public hospitals and Mental health management* (Table A2 and Figure A8).

Note that only those indicators for which data are available for Aboriginal and Torres Strait Islander Australians are included in the Indigenous reference list.

The extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people are included

Although not directly reflecting the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people, there were some sector-specific indicators in the framework that were specific to the needs of Aboriginal and Torres Strait Islander people. For example, the health sector framework includes the indicator *Early detection and early treatment for Aboriginal and Torres Strait Islander Australians*.

Table A2: Report on Government Services: health sector indicators

Health sector-wide indicators	
Babies born of low birthweight	Mortality and life expectancy
Prevalence of risk factors to the health of Australians	Employed health practitioners
Selected potentially preventable diseases	Access to services compared to need
Potentially avoidable deaths	
Primary and community health indicators	
Availability of PBS medicines	Chronic disease management
Equity of access to GPs	Use of pathology tests and diagnostic imaging
Availability of public dentists	Electronic health information systems
Early detection and early treatment for Aboriginal and Torres Strait Islander Australians	Patient satisfaction
Developmental health checks	Cost to government of general practice per person
Effectiveness of access to GPs	Child immunisation coverage
Financial barriers to PBS medicines	Notifications of selected childhood diseases
Public dentistry waiting times	Participation for women in breast cancer screening
GPs with vocational registration	Participation for women in cervical screening
General practices with accreditation	Influenza vaccination coverage for older people
Management of upper respiratory tract infection	Selected potentially preventable hospitalisations
Public hospitals	
Equity of access by special-needs groups	Workforce sustainability
Emergency department waiting times	Cost per casemix-adjusted separation
Waiting times for admitted patient services	Relative stay index
Separation rates for selected procedures	Recurrent cost per non-admitted occasion of service
Selected unplanned hospital readmission rates	Patient satisfaction
Accreditation	Sentinel events
Adverse events in public hospitals	Mortality in hospitals
Continuity of care	
Mental health management	
New client index	Community follow-up after psychiatric admission/hospitalisation
Mental health service use by selected community groups	Readmission to hospital within 28 days of discharge
Mental health service use by total population	Cost of inpatient care
Primary mental health care for children and young people	Cost of community-based residential care
Services reviewed against the National Standards	Cost of ambulatory care
Services provided in the appropriate setting	Rates of licit and illicit drug use
Collection of information on consumers' outcomes	Prevalence of mental illness
Rate of seclusion—acute inpatient units	Mortality due to suicide
Consumer and carer experiences of services	Physical health outcomes of people with mental illness
Consumer and carer involvement in decision making	Social and economic inclusion of people with mental illness
Specialised public mental health consumers with nominated GP	Mental health outcomes of consumers of specialised public mental health services

Source: SCRGSP 2015a.

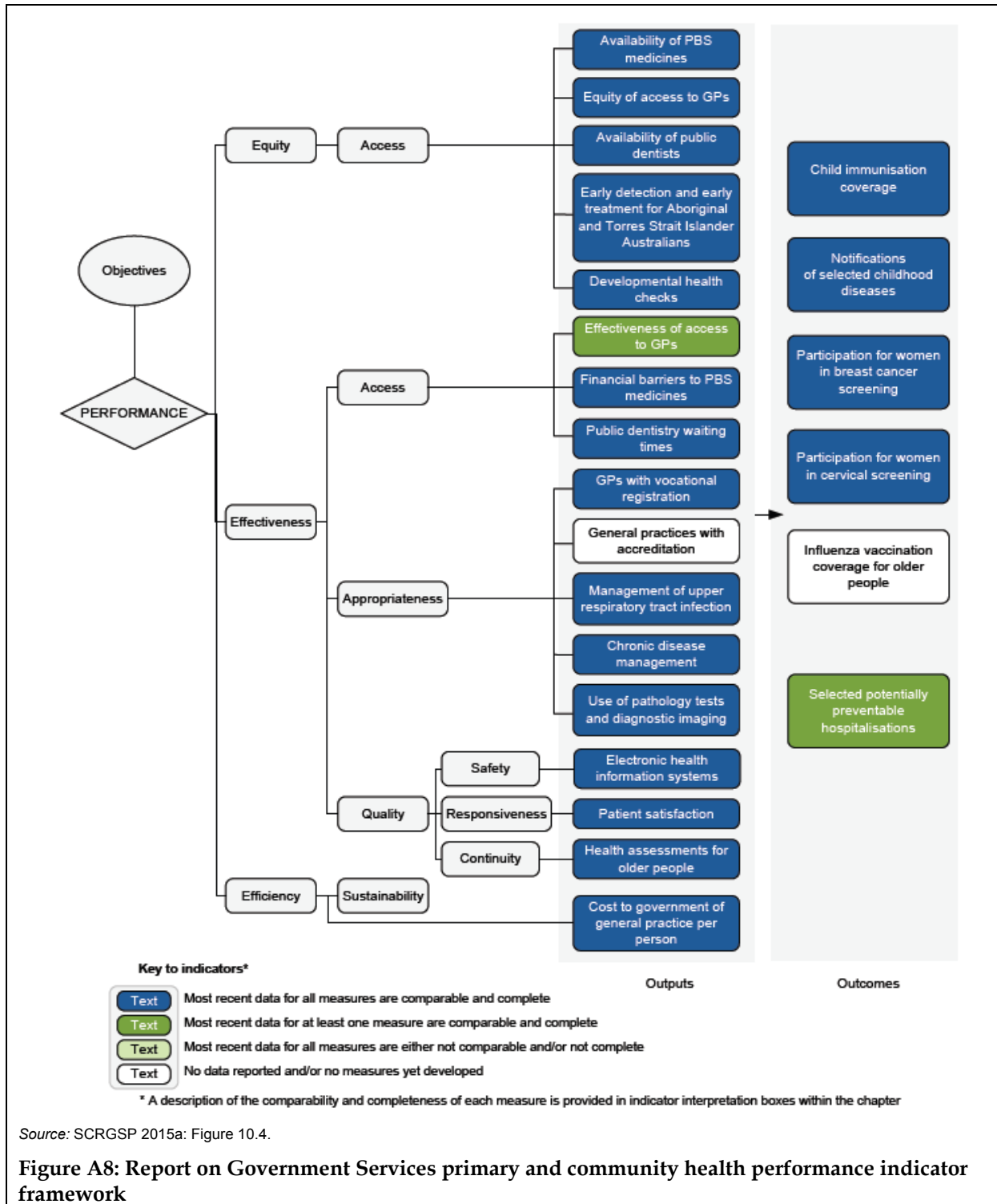


Figure A8: Report on Government Services primary and community health performance indicator framework

8 National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care

Why the framework was developed and by whom

COAG directed the development of this framework in 2008 through Schedule F 'Agreed data quality improvements' of the NIRA. This included the requirement that the Australian Government, in partnership with jurisdictional health departments and in collaboration with the AIHW, develop a set of national key performance indicators (nKPIs) for Indigenous-specific primary health-care services (COAG 2012:F-74).

Purpose of the framework

The purpose of the nKPI framework is to:

- improve the delivery of primary health-care services by supporting continuous quality-improvement activity among service providers
- support policy and planning at the national and jurisdictional level by monitoring progress and highlighting areas for improvement (AIHW 2014:viii).

Principles and theories underpinning the framework

The explanatory material for the nKPI framework indicated that the nKPI collection should be consistent with the National Aboriginal and Torres Strait Islander Health Data Principles to ensure cultural appropriateness and respect (DoH 2015b:17). In particular, it noted that processes should accord with Principle 8, which states that 'systematic and ethical processes for sharing information should be encouraged to assist in policy, planning, management and delivery of health services to Aboriginal and Torres Strait Islander people'.

Protocols and practicalities associated with reporting against the framework

The nKPI data are collected and provided to the AIHW 6-monthly by primary health-care organisations who receive funding from the Department of Health to provide services to Aboriginal and Torres Strait Islander people. This includes ACCHSs, jurisdictional-managed organisations, Medicare Locals/Primary Health Networks and other NGOs that receive funding from the Australian Government. The number of organisations reporting to the collection has increased substantially over time, from 90 in June 2012 to 241 in June 2016.

Where possible, reporting organisations are required to submit nKPI data to the AIHW through the Online Community Health Reporting Environment for Government-funded Health Services (referred to as OCHREStreams), which is a web portal that enables electronic transfer of data from each health service's Patient Information Recording System. OCHREStreams is managed by the Improvement Foundation, a private firm contracted by the Department of Health for this purpose. The portal was designed to reduce the reporting burden on primary health-care organisations and to minimise data errors associated with manual data submissions (AIHW 2015i).

The compiled data are reported by the AIHW in 2 ways:

- via individual and tailored service-level reports which are provided back to the primary health-care organisations who submitted data – these reports support quality-improvement activities, including improvement of service-delivery practices and enhancing continuous quality-improvement models. For example, time-trend data allows organisations to track their results over time and national, jurisdictional and regional results allow the service providers to make comparisons with other primary health organisations nationally and in their jurisdictions and regions (AIHW 2015e)
- in national reports – the 3rd such report was released in 2015 and presents information on indicators collected over 6 reporting periods between June 2012 and December 2014. Results are presented at the national and jurisdictional level, and by remoteness (AIHW 2015f).

Some nKPI data are also made available in other reports, including the Aboriginal and Torres Strait Islander Health Performance Framework (AHMAC 2015) and *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples* (AIHW 2015h).

Consultation

A number of different stakeholders provided input into the nKPI framework during its development, with input generally provided as part of discussions around specific papers at committee meetings. Input was received from:

- state and territory government representatives
- NACCHO
- a range of peak Aboriginal health bodies and government advisory bodies with jurisdictional representation, including the Public Health Medical Officers Network, NAGATSIHID, NATSIHON and the NIHEC (DoH 2015b:3–4).

Input received during the consultations helped refine the indicators and the related specifications so that they aligned with information that was (or could be) collected by the health-care organisations (AIHW 2015, pers. comm., 20 November).

The draft set of indicators was supported by NAGATSIHID, and received the necessary approval and/or endorsement from the National Health Information Standards and Statistics Committee (NHISSC), the National Health Information and Performance Principal Committee (NHIPPC) and AHMAC for reporting (AIHW 2015f).

A Technical Working Group, chaired by the Department of Health, provided expert advice on developing the data specifications for 22 of the 24 nKPIs between 2011 and 2012, and their subsequent implementation. The Group included representatives of NACCHO and its state and territory affiliates, state and territory governments, the AIHW and other technical experts.

Specifications for the final 2 indicators were developed in consultation with the OCHREStreams Advisory Group (OAG) – a group that replaced the Technical Working Group. The OAG was established by the Department of Health to provide advice on the continuing development of the OCHREStreams web portal and its associated data collections. This group meets 3 times per year and is co-chaired by the Department of Health and NACCHO, and its membership includes representatives of the Department of Health; PM&C, NACCHO and affiliates; jurisdictional governments; the Improvement Foundation;

and the AIHW and other technical experts, with the majority of members from NACCHO and affiliates (AIHW 2015f; DoH 2015b).

Review

No review of the indicator set has been undertaken to date; discussions about the timing of such a review are likely to occur after the implementation of the full indicator set (which is expected to occur in June 2017) (DoH 2015b:8-9).

A review of the data quality of the nKPI data collection was undertaken in 2014. As part of the review, the consultants interviewed a range of stakeholders including NACCHO, selected members of the Public Health Medical Officers network (PHMO) and affiliates, and selected health services (SMS 2014:15).

The review found no evidence of system-wide technical problems and, while improvements were possible, saw data collection to date as a solid beginning. However, it noted low levels of engagement in some parts of the Aboriginal health sector, and that challenges remained in moving the nKPI collection from a reporting compliance activity to an embedded continuous quality-improvement activity (SMS 2014). Among other things, it recommended that the Department of Health establish and maintain mechanisms to increase and sustain service engagement, and to consider how NACCHO and affiliates could become more active partners in nKPI data submission, reporting and associated quality-improvement initiatives. Specifically, it recommended an OCHREStreams Advisory Group be established (as noted earlier, this Group has now been established).

The group has discussed the review recommendations and identified responsible parties to progress them. It is working to improve service engagement by communicating with service CEOs, and providing opportunities for affiliate PHMOs to be involved in providing feedback on data analyses. More generally, the group advises the Department of Health on the continuing development of OCHREStreams and its associated data collections so that it can support policy development, planning, monitoring and evaluation of the Australian Government's investment in Aboriginal and Torres Strait Islander health care; and the delivery of high quality primary health care for Aboriginal and Torres Strait Islander people by funded organisations (DoH 2015b).

Structure

There are 24 nKPIs that pertain to 1 or more of 3 domains: *Maternal and child health*; *Preventative health*; and *Chronic disease management* (Table A3). These indicators are considered to be some of the key focus areas in achieving the objectives of closing the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians, and of halving the gap in child mortality by 2018 (AIHW 2015f).

Reporting against the indicators has been implemented progressively: 11 indicators have been reported since the initial collection in June 2012, with a further 8 introduced from the June 2013 collection and 2 from the December 2014 collection. In total, data have been reported on 21 of the 24 indicators. Data have been collected for an additional indicator (*Necessary risk factors assessed to enable cardiovascular risk assessment*) from December 2015, while the remaining 2 indicators (*Alcohol consumption result* and *Absolute cardiovascular risk assessment result*) are expected to be collected from June 2017 (AIHW 2015f).

The extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people are included

This framework is focused on measures of clinical outcomes and service delivery.

Table A3: Indigenous primary health care national key performance indicators

nKPI	Indicator	Maternal and child health	Preventive health	Chronic disease management
PI01	Birthweight recorded	✓		
PI02	Birthweight result	✓		
PI03	Health assessment MBS item 715	✓	✓	
PI04	Child immunisation	✓		
PI05	HbA1c recorded – clients with type 2 diabetes			✓
PI06	HbA1c result – clients with type 2 diabetes			✓
PI07	GP Management Plan MBS item 721			✓
PI08	Team Care Arrangement MBS item 723			✓
PI09	Smoking status recorded	✓	✓	
PI10	Smoking status result	✓	✓	
PI11	Smoking during pregnancy	✓		
PI12	Body Mass Index		✓	
PI13	First antenatal care visit	✓		
PI14	Immunised against influenza - clients aged 50 and over		✓	
PI15	Immunised against influenza -clients with type 2 diabetes or COPD			✓
PI16	Alcohol consumption recorded		✓	
PI17*	Alcohol consumption result			
PI18	Kidney function test recorded			✓
PI19	eGFR result			✓
PI20*	Necessary risk factors assessed to enable cardiovascular risk assessment			
PI21*	Absolute cardiovascular risk assessment result			
PI22	Cervical screening		✓	
PI23	Type 2 diabetes clients who had a blood pressure test recorded			✓
PI24	Type 2 diabetes clients whose blood pressure measurement result was less than or equal to 130/80 mmHg			✓

* Indicators for which data have not yet been collected—data will be collected for PI20 from December 2015, and for PI17 and PI21 from June 2016 (AIHW 2015f).

Sources: Adapted from AIHW 2015e, 2015f.

9 Implementation Plan goals for the National Aboriginal and Torres Strait Islander Health Plan

Why the framework was developed and by whom

In 2013, the Australian Government released the National Aboriginal and Torres Strait Islander Health Plan 2012–2023 – a 10-year plan that set the direction of Indigenous health policy as part of the overarching COAG approach to Closing the Gap in Indigenous disadvantage, which was set out in NIRA (DoH 2013).

The NATSIHP required the development of an Implementation Plan which would outline actions to be taken to give effect to the vision, principles, priorities and strategies of the NATSIHP (DoH 2015a). To complement the existing COAG Closing the Gap targets, 20 new Implementation Plan indicators and related goals were developed; these indicators and goals were detailed in the Implementation Plan and its technical companion document, both of which were released in 2015 (AIHW 2015d; DoH 2015a).

The goal rate (that is, the extent of change being aimed for) was based on work undertaken by the AIHW to develop realistic goals, based on historical trends and on evidence about what was achievable within the timeframe. As well, a number of ‘stretch goals’ that focus on maternal and child health, and chronic disease in the mid-adult ages (where the highest disparities exist) were included; it is noted that these will require greater efforts and be more difficult to achieve (AIHW 2015d; DoH 2015a).

Purpose of the framework

The indicators and related goals identified in the Implementation Plan focus on prevention and early intervention across the life course. According to the Department of Health, they:

- support and complement the achievement of the COAG Closing the Gap targets
- are aimed at measuring progress in achieving the Health Plan’s priorities
- will be used to galvanise community and government efforts and help to promote accountability (DoH 2015a).

Principles and theories underpinning the framework

The Implementation Plan and its goals are directly linked to the NATSIHP, which:

- builds on the *United Nations Declaration on the Rights of Indigenous Peoples*
- takes a strengths-based approach
- emphasises the centrality of culture in the health of Aboriginal and Torres Strait Islander people (DoH 2013).

The goals in the Implementation Plan were selected based on the following broad criteria:

- They were based on indicators that could currently be measured.
- They were unambiguous in their interpretation.
- They reflected an area of potential action, not the end of a process.
- They captured factors with a big impact on health.

- Emphasis was given to goals related to early intervention in the life cycle since these have the potential for greater impact.
- They included a mix of measures that reflect disease pathways and opportunities for intervention (AIHW 2015d).

Protocols and practicalities associated with reporting against the framework

A baseline report on the Implementation Plan goals was released in 2015; in addition to providing historical data and related projections, it included information about the selection of the goals and technical details about each goal (AIHW 2015d).

Progress on achieving the Implementation Plan goals will be reported every 2 years in line with the release of the HPF. The findings will also inform the Department of Health's Annual Report and the Prime Minister's annual Closing the Gap report (DoH 2015a).

Consultation

The Implementation Plan goals are aimed on monitoring progress on the NATSIHP. The consultation process for the NATSIHP was overseen by the NATSIHEC, in partnership with the NHLF (see Appendix E for more details on these groups). Consultation processes for the NATSIHP involved gaining input from representatives from Aboriginal and Torres Strait Islander communities, health organisations, peak bodies and jurisdictional governments as follows:

- 770 people were consulted through 17 nation-wide open community consultations.
- Submissions were received through an online submission process.
- Three forums were held with experts from around Australia in Aboriginal and Torres Strait Islander health, mainstream health and social determinants of health.
- Five thematic roundtables were hosted by the National Congress of Australia's First Peoples (DoH 2013:47).

The Department of Health noted that these processes 'provided an opportunity for key stakeholders to play an active role in ensuring the Health Plan identified the key health issues and necessary priorities to further close the gap in health outcomes for Aboriginal and Torres Strait Islander people' (DoH 2013:47). The Department also stated that the key themes which emerged from the community consultations included access to health services; the importance of education; workforce issues, especially in regional and remote areas; the need to improve service integration and coordination; food and nutrition; and the impact of mental health, grief and loss issues on overall health and wellbeing (DoH 2013:47).

The National Congress of Australia's First Peoples and the NHLF supported the vision and priorities of the Health Plan. Jody Broun, Co-Chair of the National Congress and the NHLF, said that 'placing culture and community at the heart of the [Health] plan puts Aboriginal and Torres Strait Islander peoples in control of health and well-being' (National Congress of Australia's First Peoples 2013). She also noted that:

The recognition of culture as central to the health of Aboriginal and Torres Strait Islander peoples and communities shows a deep understanding of the role culture plays in our health and wellbeing.

In addition to the consultation about the NATSIHP, the Implementation Plan and the indicators and goals were agreed through a consultation process with the NHLF, the Department of Health, PM&C and the AIHW (AIHW 2015d; DoH 2015a). Through these consultations, agreement was reached on which indicators should be included, as well as on their related specifications and goals. The NHLF chair stated:

The Government has worked with us in a genuine partnership to develop an effective plan for achieving better health outcomes for our people, and this consultative approach provides us with an effective model for future collaboration (AHRC 2015b).

Review

As it has only recently been released, this framework has not been reviewed. The Department of Health has indicated that many of the goals will be reviewed in 2018, when more data will be available to enable robust assessment of expected trajectories, and thus inform the appropriateness of the goal rates (DoH 2015a:6). As well, as stated in the Implementation Plan, a number of indicator areas for which measures were not available (for example, mental health, cultural safety and workforce) were not included in the existing indicator set. The Department of Health plans to develop and implement a data development plan to establish new measures during the lifetime of the Implementation Plan (DoH 2015a).

Structure

The Implementation Plan framework comprises 7 domains: *Health systems; Maternal health and parenting; Childhood health and development; Adolescent and youth health; Healthy adults; Healthy ageing; and Social and cultural determinants of health* (Figure A9). It currently includes 20 goals that inform 1 or more of 6 of the domains (Table A4). However, there are currently no goals that pertain to the *Social and cultural determinants of health*, with this domain to be discussed in more detail in a future revision of the plan (DoH 2015a:2).

The extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people are included

The Implementation Plan and the overarching Health Plan include concepts that reflect Aboriginal and Torres Strait Islander perspectives. For example, as noted previously, the principles of the Health Plan include health equality and a human rights-based approach, and Aboriginal and Torres Strait Islander community control and engagement. The Health Plan also emphasises the centrality of culture in the health of Aboriginal and Torres Strait Islander people (DoH 2013). Related to this, the Implementation Plan framework includes the domain *Social and cultural determinants of health*, although no goals have yet been identified for this domain.

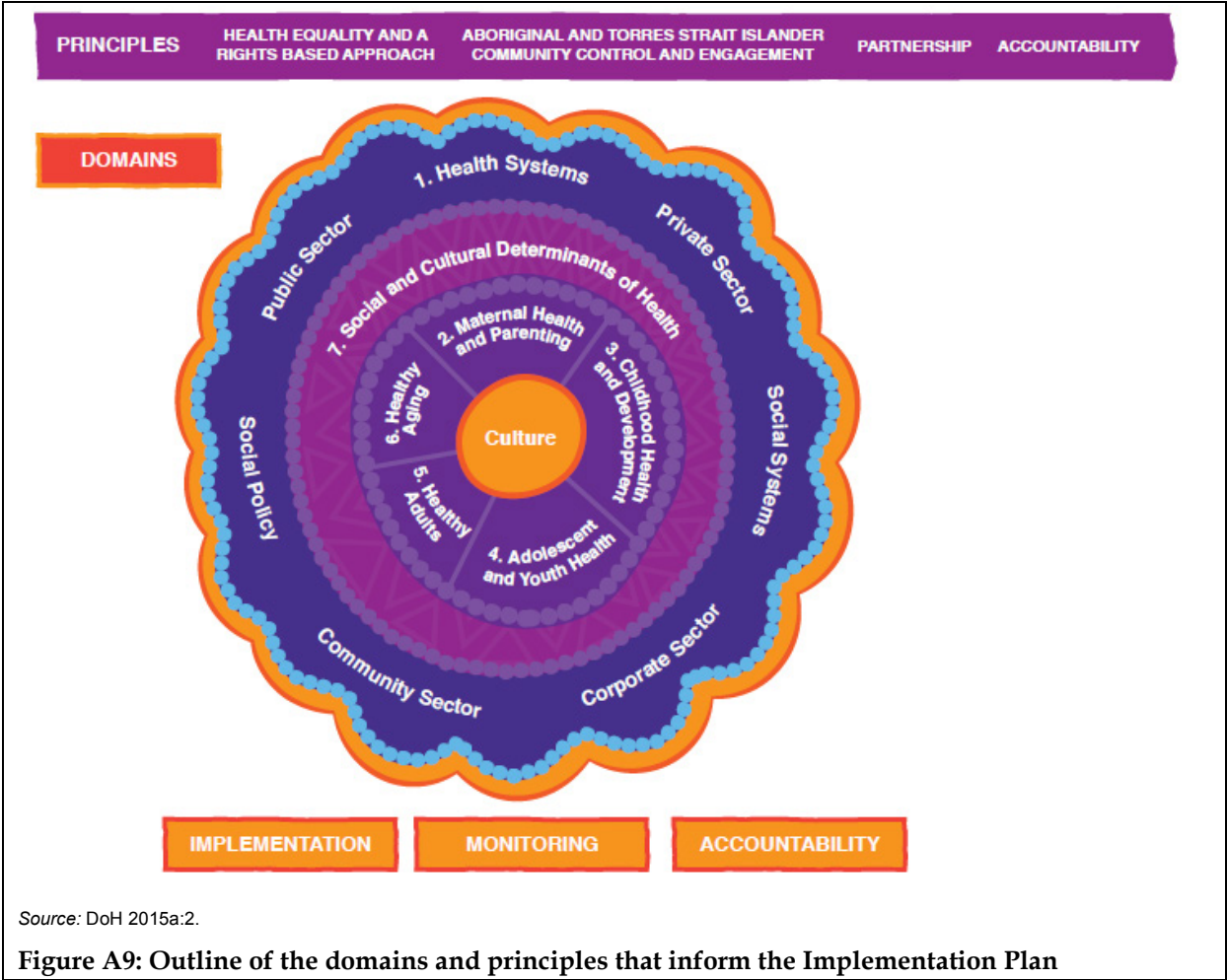


Table A4: Implementation Plan goals and related domains

Goal	Indicator	Health systems effectiveness	Maternal health & parenting	Childhood health & development	Adolescent & youth health	Healthy adults	Healthy ageing
1	Antenatal visits—first trimester	✓	✓				
2	Antenatal visits—at least 5 visits during pregnancy	✓	✓				
3	Smoking during pregnancy	✓	✓				
4	Health checks—children aged 0–4	✓		✓			
5	Fully immunised—children aged 1	✓		✓			
6	Fully immunised—children aged 2	✓		✓			
7	Fully immunised—children aged 5	✓		✓			
8	Health checks—children aged 5–14	✓		✓			
9	Current smoking—people aged 15–17	✓			✓		
10	Never smoked—people aged 15–17	✓			✓		
11	Never smoked—people aged 18–24	✓			✓		
12	Current smoking—people aged 18 and over	✓				✓	
13	Health checks—people aged 15–24	✓			✓		
14	Health checks—people aged 25–54	✓				✓	
15	Health checks—people aged 55 and over	✓					✓
16	HbA1c checks—people with type 2 diabetes	✓					
17	Blood pressure tests—people with type 2 diabetes	✓					
18	Renal function tests—people with type 2 diabetes	✓					
19	Immunisation for influenza—people aged 50 and over	✓					✓
20	Immunisation for pneumonia—people aged 50 and over	✓					✓

Sources: Adapted from DoH 2015a:2 and AIHW 2015d.

10 National Partnership Agreement for Indigenous Early Childhood Development reporting framework

Why the framework was developed and by whom

The Indigenous Early Childhood Development reporting framework was developed to measure progress towards the overarching goals of COAG's National Partnership Agreement on Indigenous Early Childhood Development (NPA IECD). These goals are that:

- Indigenous children are born and remain healthy
- they have the same health outcomes as non-Indigenous children
- they acquire the basic skills for life and learning
- Indigenous families are able to access suitable and culturally inclusive early childhood and family support services (COAG 2009a:5).

The NPA IECD consists of 3 elements to support its overarching goals:

- Element 1 – the integration of early childhood services through Children and Family Centres
- Element 2 – increased access to antenatal care, pre-pregnancy and teenage sexual and reproductive health services for Indigenous Australians
- Element 3 – increased access to antenatal, postnatal, child and maternal health services for Indigenous families.

The NPA IECD was established by the Australian Government to improve outcomes for Indigenous children in their early years and to contribute to COAG's Closing the Gap targets for Indigenous Australians (COAG 2009a:5). The Agreement was established in October 2008 (and revised and signed in July 2009), and expired in July 2014 (AIHW 2015g:1). The NPA IECD was managed through 2 Australian Government agencies: PM&C and the Department of Health.

Purpose of the framework

The 10 key performance indicators within the framework were designed to measure progress towards the achievement of each of the 3 elements of the NPA IECD. The performance indicators are shown in Table A5.

Principles and theories underpinning the framework

The 3 elements of the NPA IECD were designed to establish structures to ensure that Indigenous babies and children were given an equitable start in life (AIHW 2015g:1), as evidence suggests that policies which strengthen the foundations of health in the prenatal and early childhood periods may have long-lasting positive effects. Children who have the best possible start in life are more likely to become healthy, resilient and productive adults who, in turn, contribute to the whole of society through increased human capital, social cohesion and economic productivity (AIHW 2015g:1).

Table A5: Reporting framework structure

No.	Indicators
Element 1 indicators	
1	Increased proportion of Indigenous children attending the Children and Family Centres who have had all age-appropriate health checks and vaccinations.
2	Increased proportion of Indigenous 3 and 4 year olds participating in quality early childhood education and development and child care services.
3	Increased proportion of Indigenous children attending the Children and Family Centres who go on to attend school regularly.
4	Increased proportion of Indigenous children and families accessing a range of services offered at, or through, Children and Family Centres, including (but not limited to) childcare; early learning; child and maternal health; and parent and family support services.
Elements 2 and 3 (health-related) indicators	
5	Increased proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy each year.
6	Increased proportion of Indigenous teenagers accessing sexual and reproductive health programs and services.
7	Reduced proportion of Indigenous babies born with low birthweight each year.
8	Reduced mortality of Indigenous infants each year.
9	Reduced proportion of Indigenous women who use substances (tobacco, alcohol, illicit drugs) during pregnancy each year.
10	Child under 5 hospitalisation rates by principal diagnosis.

Source: Urbis 2014.

Protocols and practicalities associated with reporting against the framework

The information in this section relates only to the reporting of the 6 health-related indicators, which comprise elements 2 and 3 of the framework. There are no publicly released results for the indicators included in Element 1 of the framework.

The first and second national data reports on the health-related components of the framework (performance indicators 5–10) were funded by the Department of Health and published by the AIHW in 2013 and 2015 respectively (AIHW 2013b, 2015g). The third and final report was being drafted at the time of preparing this report.

Consultation

As part of the partnership agreement, states and territories agreed to a set of key performance indicators to measure progress towards achievement of the elements. Over 2011 and 2013, the AIHW conducted development work to support standardised national reporting of the 10 performance indicators, with this work done in consultation with state and territory governments (AIHW 2015g).

The National Partnership Agreement states that consultations surrounding the delivery of the agreement are fundamental to its success and the achievement of its objectives (COAG 2009a). Consultation across all key partners and stakeholders – including Indigenous communities, NGOs delivering the services and industry peak bodies – was incorporated into state and territory government implementation plans and documented in the annual reports to COAG.

Review

Although the reporting framework has not been directly reviewed, 2 reviews of the NPA IECD have been undertaken – the first in 2013 by the Australian National Audit Office (ANAO) and the second in 2014 by the consulting firm Urbis.

The ANAO review aimed to assess the effectiveness of the role of the (then) Department of Education, Employment and Workplace Relations (DEEWR) in the delivery of the Children and Family Centre component of the NPA IECD (ANAO 2013:16). In relation to the reporting framework, the review noted that agreeing to a data collection mechanism for Children and Family Centres overall had been delayed, and there was little performance data available on whether these centres had contributed to an improvement in Indigenous early childhood development outcomes or whether adequate progress had been made to improve access to integrated early childhood and family services.

The purpose of the second review was to undertake a comprehensive evaluation of the NPA IECD (Urbis 2014). The evaluation noted that some measures lacked adequate data at the national level (for example, indicators 1, 2 and 4), some were investigated using proxy or process indicators (indicator 6), while others were not able to be quantified (such as the extent to which the NPA had helped improve service capacity for sexual and reproductive health services to Aboriginal and Torres Strait Islander young people).

It also noted that the issue of identification of Aboriginal and Torres Strait Islander people in data collections could be related to 'the difficulty of collecting information that may not be conceptually and culturally relevant to Aboriginal and Torres Strait Islanders' (Urbis 2014:18).

Structure

As shown in Table A.5, the NPA IECD reporting framework comprised 10 indicators divided across 2 sections:

- Indicators 1–4 pertain to Element 1; these were designed to measure progress towards improving service provision via Children and Family Centres, including but not limited to childcare, early learning, child and maternal health, and parent and family support services.
- Indicators 5–10 pertain to elements 2 and 3; these were designed to measure service provision via both Children and Family Centres and other health providers, as well as the health impacts of such service delivery.

The extent to which the perspectives, knowledge systems and aspirations of Aboriginal and Torres Strait Islander people are included

The National Partnership Agreement on Indigenous Early Childhood Development was designed to ensure Indigenous children are born, and remain, healthy. Children have always been regarded as precious and central to Aboriginal society. They represent the continuing link with Aboriginal ancestry and spirituality and carry with them the hopes for the future (Zubrick et al. 2004).

Appendix B: Material out of scope

The following list provides examples of the types of materials that were out of scope for this project. The main reasons for documents being out of scope were that they: were not Indigenous-specific; were about a specific topic other than health; pertained to a specific jurisdiction (rather than being national); or were policy statements or strategies. Active links are provided for most of the following documents; the exceptions are some documents which have been superseded since the time of preparing this report and are no longer available online.

2030: a vision for Aboriginal and Torres Strait Islander health (Lowitja Institute)

4th National Aboriginal and Torres Strait Islander Blood Borne Virus and Sexually Transmissible Infections Strategy 2014–17

Aboriginal Male Healthy Futures Blueprint 2013–2030 (NACCHO)

Agreement on Northern Territory Aboriginal Health and Wellbeing 2015–2020

Better Cardiac Care measures for Aboriginal and Torres Strait Islander people

Bringing them home: a Report on the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (1997)

COAG Indigenous Chronic Disease Package

Cultural competency in the delivery of health services for Indigenous people

Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004–2009 (now superseded, link no longer available)

Little children are sacred report 2007

Healthy for Life: Aboriginal Community Controlled Health Services report card

The roadmap to close the gap for vision (Indigenous Eye Health Unit, University of Melbourne)

Indigenous Advancement Strategy

Indigenous Health Curriculum Framework (Committee of Deans of Australian Medical Schools)

Koolin balit: Victorian Government strategic directions for Aboriginal health 2012–2022

Making tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 – policy and accountability framework

NACCHO AIHW *Healthy Futures Report Card 2015*

NACCHO *Healthy Futures 10 point plan 2013–2030*

National Aboriginal and Torres Strait Islander Cancer Framework 2015

National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011–2015

National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–19

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013

National Aboriginal and Torres Strait Islander Women's Strategy 2010

National Aboriginal Health Strategy working party report (1989; link no longer available)

National Continuous Quality Improvement Framework of Aboriginal and Torres Strait Islander Primary Health Care

National Framework for Action on Dementia 2015–2019

National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss (2014)

National Framework for Protecting Australia’s Children 2009–2020

National Framework of Health Services for Aboriginal and Torres Strait Islander Children and Families (draft for consultation September 2014)

National guide to a preventative health assessment for Aboriginal and Torres Strait Islander people

National Healthcare Agreement

National Integrated Strategy for Closing the Gap in Indigenous Disadvantage

National Strategic Framework for Aboriginal and Torres Strait Islander Health: context

NHMRC Road Map: A strategic framework for improving Aboriginal and Torres Strait Islander health through research

National Partnership Agreement: closing the gap in Indigenous health outcomes (finished in 2013)

National Partnership Agreement: remote Indigenous housing (2010)

NSW Aboriginal Cultural Inclusion Framework 2011–2015

NSW Aboriginal Health Plan 2013–2023

NT Aboriginal cultural security – an outline of the policy and its implementation

NT Aboriginal Health Forum: Core Primary Health Care Services Framework

NT Aboriginal Health Plan 2015–18

Pathways to community control: an agenda to further promote Aboriginal community control in the provision of primary health care services

Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033

SA Health Aboriginal Health Care Plan 2010–2016

Social & emotional wellbeing of Indigenous youth: reviewing & extending the evidence & examining implications for policy and practice

Victorian Government Aboriginal inclusion framework

Victorian Aboriginal Affairs Framework

Victorian Department of Health *Aboriginal health promotion and chronic care partnership initiative: guidelines & strategic directions 2011–14*

WA Aboriginal health and wellbeing framework 2015–2030

Ways forward: national Aboriginal and Torres Strait Islander mental health policy national consultancy report

Wirralung Ganai–Aboriginal Inclusion Plan 2015–17 (Victoria)


Legend (from centre to outer ring)	
	Four Directions (outcomes) — <i>Hope; Belonging; Meaning; and Purpose.</i>
	Community — <i>Kinship, Clan, Elders; and Community.</i>
	Populations — <i>Infants and Children; Youth; Adults; Gender—Men, Fathers and Grandfathers; Gender—Women, Mothers and Grandmothers; Health Care Providers; Community Workers; Seniors; Two-Spirit People and LGBTQ; Families and Communities; Remote and Isolated Communities; Northern Communities; and Individuals in Transition and Away from Reserve.</i>
	Specific Population Needs — <i>Intergenerational Impacts of Colonization and Assimilation; People Involved with Care Systems and Institutional Systems; Individuals with Process Addictions; Individuals with Communicable and Chronic Diseases; Individuals with Co-occurring Mental Health and Addictions Issues; Individuals with Acute Mental Health Concerns; Crisis; and People with Unique Needs.</i>
	Continuum of Essential Services — <i>Health Promotion, Prevention, Community Development and Education, Early Identification and Intervention, Crisis Response, Coordination of Care and Care Planning, Detox, Trauma-informed Treatment, and Support and Aftercare.</i>
	Supporting Elements — <i>Performance Measurement; Governance; Research; Education; Workforce Development; Change Management and Risk Management; and Self-determination.</i>
	Partners in Implementation — <i>Non-governmental Organizations; Provincial and Territorial Government; Federal Government; Regional Entities; Nations; Communities; and Private Industry.</i>
	Indigenous Social Determinants of Health — <i>Environmental Stewardship; Social Services; Justice; Education and Lifelong Learning; Language, Heritage and Culture; Urban and Rural; Land and Resources; Economic Development; Employment; Health Care; and Housing.</i>
	Key Themes for Mental Wellness — <i>Community Development, Ownership and Capacity Building; Quality Care System and Competent Service Delivery; Collaboration with Partners; and Enhanced Flexible Funding.</i>
	Culture as Foundation — <i>Elders; Cultural Practitioners; Kinship Relationships; Language; Practices; Ceremonies; Knowledge; Land; and Values.</i>

Figure C1 (continued): First Nations Mental Wellness Continuum Model

Appendix D: Māori Statistics Framework

Table D1: Conceptual framework for Māori statistics

Definitions of well-being and development	Dimensions of Māori well-being	Dimensions of Māori development	Areas of concern
<p><u>Well-being</u> is a function of the ability of people to make the choices that enable them to realise the kind of life they wish to live.</p>	A secure cultural identity and freedom of cultural expression.	Revitalisation of Māori language, knowledge, traditions, expressive arts, institutions.	Cultural vitality
	Strong connections and ties in the Māori community.	Strengthening of Māori communities, social organisations, networks.	Social cohesion (internal)
	Respect and goodwill of mainstream society.	Strengthening of linkages with mainstream NGOs.	Social cohesion (external)
<p><u>Development</u> is a process of expanding opportunities for people to realise the kind of life they wish to live.</p>	Having the opportunity to live a long and healthy life.	Increasing access to and command over the provision of health services.	Human capital
	Having the knowledge, skills and competencies to achieve the kind of life one chooses to live.	Increasing access to and command over the provision of education and training services.	Human capital
	Having a level of income that enables one to achieve the kind of life one chooses to live.	Increasing access to, and command over, the provision of, employment. Fostering the development of Māori enterprise.	Standard of living/Living conditions
	Being able to enjoy a clean and healthy natural environment.	Protection of Māori food and medicine reserves. Protection of sacred landmarks.	Natural capital

Source: Statistics New Zealand 2002.

Appendix E: Committees and groups referred to in this report

ABS Round table

The ABS Round Table on Aboriginal and Torres Strait Islander Statistics was established in 2013, with the aim of improving 'the quality of data from ABS's surveys and censuses, its engagement strategies and efforts to improve statistical literacy for Aboriginal and Torres Strait Islander people' (ABS 2013). The Round Table, which is chaired by Debra Reid, consists of about 10 to 15 Aboriginal and Torres Strait Islander people who were nominated for their 'grassroots experience' in working with their community (ABS 2015b).

National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data

The NAGATSIHID was established by AHMAC in 2000 to create a partnership between the Australian Government, jurisdictions and Aboriginal and Torres Strait Islander people to improve health information about Indigenous Australians in national and jurisdictional data collections. The committee has a majority Aboriginal and Torres Strait Islander membership, with representatives from a wide range of key stakeholders in Aboriginal and Torres Strait Islander health such as the community controlled sector, universities and government (AIHW 2011).

National Aboriginal and Torres Strait Islander Health Officials Network (replaced by NATSIHSC)

The NATSIHON was previously known as the SCATSIH, and renamed as the National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC) in 2012.

National Aboriginal and Torres Strait Islander Health Equality Council

The NATSIHEC, which was co-chaired by the Department of Health and the National Congress of Australia's First Peoples, was established by the Prime Minister in March 2008 to provide national leadership in responding to the Australian Government's commitment to *Closing the Gap* on a range of health-related areas where Indigenous Australians experience disadvantage. The council was decommissioned in July 2014 (HealthInfoNet 2015).

National Health Leadership Forum

The NHLF is a national partnership of Aboriginal and Torres Strait Islander health organisations committed to achieving health equality (AHRC 2015b). Member organisations in alphabetical order (as at December 2015) are: the Aboriginal and Torres Strait Islander Healing Foundation; the Australian Indigenous Doctors' Association; the Australian

Indigenous Psychologists' Association; the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives; Indigenous Allied Health Australia Inc.; the Indigenous Dentists' Association of Australia; the Lowitja Institute; the National Aboriginal and Torres Strait Islander Health Workers' Association; the National Aboriginal Community Controlled Health Organisation; the National Association of Aboriginal and Torres Strait Islander Physiotherapists; and the Torres Strait Regional Authority. Expert advisors are: the National Indigenous Drug and Alcohol Committee; and the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NHLF secretariat 2015, pers. comm., 17 December).

References

ABS (Australian Bureau of Statistics) 2001. Measuring wellbeing: frameworks for Australian social statistics, 2001. ABS cat. no. 4160.0. Canberra: ABS. Viewed 24 November 2015, <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4160.0>>.

ABS 2010. Framework for measuring wellbeing: Aboriginal and Torres Strait Islander peoples. ABS cat. No. 4703.0. Canberra: ABS. Viewed 21 October 2015, <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4703.0>>.

ABS 2013. ABS establishes round table on Aboriginal and Torres Strait Islander statistics. Media release by the ABS. 15 May 2013. Canberra. Viewed 17 November 2015, <<http://www.abs.gov.au/ausstats/abs@.nsf/products/ACBECE9AD3F3BFD0CA257B6B00236761?OpenDocument>>.

ABS 2015a. Frameworks for Australian social statistics, June 2015. ABS cat. no. 4160.0.55.001. Canberra: ABS.

ABS 2015b. What's new in the ABS' Aboriginal and Torres Strait Islander Statistical Program? Seminar presented at the Australian Institute of Aboriginal and Torres Strait Islander Studies, Canberra, August. Viewed 16 November 2015, <<http://aiatsis.gov.au/gallery/video/whats-new-abs-aboriginal-and-torres-strait-islander-statistical-program>>.

ACER (Australian Council for Educational Research) 2012. Review of the Overcoming Indigenous Disadvantage: Key Indicators report. Canberra: Productivity Commission. Viewed 30 November 2015, <<http://www.pc.gov.au/research/recurring/overcoming-indigenous-disadvantage/oid-review-2012/oid-review-2012.pdf>>.

AHMAC (Australian Health Ministers' Advisory Council) 2006a. Aboriginal and Torres Strait Islander Health Performance Framework 2005 (Background and context report). Canberra: AHMAC.

AHMAC 2006b. Aboriginal and Torres Strait Islander Health Performance Framework 2006 report. Canberra: AHMAC. Viewed 26 November 2015, <<http://webarchive.nla.gov.au/gov/20070901182633/http://health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-framereport>>.

AHMAC 2012. Aboriginal and Torres Strait Islander Health Performance Framework 2012 report. Canberra: AHMAC.

AHMAC 2015. Aboriginal and Torres Strait Islander Health Performance Framework 2014 report. Canberra: AHMAC.

AHRC (Australian Human Rights Commission) 2015a. Close the gap: Indigenous health campaign. Sydney: AHRC. Viewed 15 December 2015, <<https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/projects/close-gap-indigenous-health>>.

AHRC 2015b. Crucial step forward on health equality for Aboriginal and Torres Strait Islander peoples. Sydney: AHRC. Viewed 10 December 2015, <<http://newsboost.com/newsroom/australian-human-rights-commission-ahrc/crucial-step-forward-on-health-equality-for-aboriginal-and-torres-strait-islander-peoples>>.

AIHW (Australian Institute of Health and Welfare) 2009. Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. Cat. no. IHW 24. Canberra: AIHW.

AIHW 2011. National Advisory Group on Aboriginal and Torres Strait Islander Health Information Strategic Plan 2011–2015. Cat. no. IHW 57. Canberra: AIHW. Viewed 11 November 2015, <<http://www.aihw.gov.au/publication-detail/?id=10737420139>>.

AIHW 2013a. Aboriginal and Torres Strait Islander Health Performance Framework 2012: detailed analyses. Cat. no. IHW 94. Canberra: AIHW.

AIHW 2013b. Indigenous Early Childhood Development National Partnership Agreement: first annual report on health performance indicators. Cat. no. IHW 101. Canberra: AIHW.

AIHW 2014. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: first national results June 2012 to June 2013. National key performance indicators for Aboriginal and Torres Strait Islander primary health care series no. 1. Cat. no. IHW 123. Canberra: AIHW.

AIHW 2015a. Aboriginal and Torres Strait Islander Health Performance Framework 2014: data tables. Canberra: AIHW. Viewed 25 November 2015, <<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

AIHW 2015b. Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: Queensland. Cat. no. IHW 166. Canberra: AIHW.

AIHW 2015c. Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: Western Australia. Cat. no. IHW 165. Canberra: AIHW.

AIHW 2015d. Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023: technical companion document. Cat. no. IHW 158. Canberra: AIHW.

AIHW 2015e. Indigenous primary health care national key performance indicators nKPI. Canberra: AIHW. Viewed 6 November 2015, <<http://www.aihw.gov.au/indigenous-primary-health-care-nkpi/>>.

AIHW 2015f. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2014. National key performance indicators for Aboriginal and Torres Strait Islander primary health care series no. 3. Cat. no. IHW 161. Canberra: AIHW.

AIHW 2015g. National Partnership Agreement on Indigenous Early Childhood Development: second annual report on health performance indicators. Cat. no. IHW 151. Canberra: AIHW.

AIHW 2015h. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015. Cat. no. IHW 147. Canberra: AIHW.

AIHW 2015i. The nKPI data collection: data quality issues working paper 2012–2014. Cat. no. IHW 153. Canberra: AIHW. Viewed 19 November 2015, <<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129551072>>.

AIHW 2015j. METeOR (Metadata Online Registry). National Indigenous Reform Agreement (2016). Indicator Set. Canberra: AIHW. Viewed 14 December 2015, <<http://meteor.aihw.gov.au/content/index.phtml/itemId/611122>>.

AIHW 2015k. Aboriginal and Torres Strait Islander Health Performance Framework 2014: detailed analyses. Cat. no. IHW 167. Canberra: AIHW.

Anderson M, Anderson I, Smylie J, Crengle S & Ratima M 2006. Measuring the health of Aboriginal and Torres Strait Islander peoples. A background paper for the project 'Action-oriented indicators of health and health systems development for Indigenous peoples in Australia, Canada and New Zealand'. Melbourne: Onemda VicHealth Koori Health Unit, University of Melbourne. Viewed 26 November, <<http://onemda.unimelb.edu.au/sites/default/files/docs/dP16.pdf>>.

ANAO (Australian National Audit Office) 2013. Indigenous Early Childhood Development: Children and Family Centres. Canberra: ANAO. Viewed 25 November 2015, <<http://www.anao.gov.au/Publications/Audit-Reports/2012-2013/Indigenous-Early-Childhood-Development-Children-and-Family-Centres>>.

CAR (Council for Aboriginal Reconciliation) 2000. Final report of the Council for Aboriginal Reconciliation to the Prime Minister and the Commonwealth Parliament. Canberra: Commonwealth of Australia. Viewed 16 November 2015, <<http://www.austlii.edu.au/au/orgs/car/finalreport/>>.

CIWN (Canadian Index of Wellbeing Network) 2009. How are Canadians really doing? A closer look at select groups. Waterloo, Ontario: University of Waterloo. Viewed 26 November 2015, <https://uwaterloo.ca/canadian-index-wellbeing/sites/ca.canadian-index-wellbeing/files/uploads/files/ACloserLookAtSelectGroups_FullReport.sflb_.pdf>.

Closing the Gap Clearinghouse (AIHW, AIFS) 2013. What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence 2011–12. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare, and Melbourne: Australian Institute of Family Studies.

COAG (Council of Australian Governments) 2009a. Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development. Canberra: COAG. Viewed 11 November 2015, <<https://www.coag.gov.au/node/143>>.

COAG 2009b. Report on Government Services: review recommendations. Canberra: COAG. Viewed 18 November 2015, <<https://www.coag.gov.au/node/69>>.

COAG 2012. National Indigenous Reform Agreement. Canberra: COAG. Viewed 16 November 2015, <http://www.federalfinancialrelations.gov.au/content/npa/health/_archive/indigenous-reform/national-agreement_sept_12.pdf>.

COAG 2015. COAG meeting, 11 December 2015: Communique – Indigenous economic development. Canberra: COAG. Viewed 16 December 2015, <<https://www.coag.gov.au/node/529>>.

Davy C & Kite E 2015. The Wellbeing Framework – assisting primary healthcare services to support the quality of life of Aboriginal and Torres Strait Islander peoples living with chronic disease. Paper presented at the Primary Health Care Research Conference, Adelaide, 29–31 July 2015. Viewed 25 November 2015, <<http://www.phcris.org.au/resources/item.php?id=8303&spindex=3>>.

Delaney P, Raphael B, & Wooding S 2008. Suicide and self-harm. In: Couzos S and Murray R (eds). Aboriginal primary healthcare: an evidence-based approach. 3rd edn. Melbourne: Oxford University Press, 788–805.

DoH (Department of Health) 2013. National Aboriginal and Torres Strait Islander Health Plan 2013–2023. Canberra: DoH. Viewed 17 November 2015, <<http://www.health.gov.au/natsihp>>.

DoH 2015a. Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. Canberra: DoH. Viewed 17 November 2015, <<http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-implementation-plan>>.

DoH 2015b. Online services report and national key performance indicators for Aboriginal and Torres Strait Islander primary health care data framework. Canberra: DoH. Viewed 1 November 2015, <[http://www.health.gov.au/internet/main/publishing.nsf/Content/543206C982A73717CA257EEC00166EA7/\\$File/OSR_and_nKPI-data-framework.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/543206C982A73717CA257EEC00166EA7/$File/OSR_and_nKPI-data-framework.pdf)>.

Health Canada 2015a. First Nations Mental Wellness Continuum Framework. Ottawa: Health Canada. Viewed 25 November 2015, <http://publications.gc.ca/collections/collection_2015/sc-hc/H34-278-1-2014-eng.pdf>.

Health Canada 2015b. First Nations Mental Wellness Continuum Framework: summary report. Ottawa: Health Canada. Viewed 25 November 2015, <http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/pdf/pubs/promotion/mental/2014-sum-rpt-continuum/2014-sum-rpt-continuum-eng.pdf>.

Health Council of Canada 2005. The health status of Canada's First Nations, Métis and Inuit peoples. A background paper to accompany Health Care Renewal in Canada: Accelerating Change. Toronto: Health Council of Canada. Viewed 25 November 2015, <<http://www.healthcouncilcanada.ca/tree/2.03-BkgrdHealthyCdnsENG.pdf>>.

HealthInfoNet 2015. National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC). Perth: Australian Indigenous HealthInfoNet. Viewed 21 November 2015, <<http://www.healthinfonet.ecu.edu.au/key-resources/organisations?oid=515>>.

IGIHM (International Group of Indigenous Health Measurement) 2014 (unpublished). A synthesis: Indigenous wellness indicators day. Executive summary from 'Wellness indicators day' at IGIHM meeting, Vancouver, 3 October.

Kara E, Gibbons V, Kidd J, Blundell R, Turner, K & Johnstone W 2011. Developing a Kaupapa Māori Framework for Whānau Ora. *AlterNative: An International Journal for Indigenous Peoples* 7(2):100–110.

KVC (Kanyini Vascular Collaboration) 2015. Centre for Research Excellence: Intervention research in chronic disease: Kanyini Vascular Collaboration – A Wellbeing Framework for Aboriginal and Torres Strait Islander Peoples Living with Chronic Disease. Sydney: KVC. Viewed 11 November 2015, <<http://www.kvc.org.au/projects-and-studies/towards-wellbeing-model-aboriginal-torres-strait-islander-peoples-living-chronic-disease/>>.

NACCHO (National Aboriginal Community Controlled Health Organisation) 2009. Towards a National Primary Health Care Strategy: fulfilling Aboriginal peoples' aspirations to close the gap. Canberra: NACCHO.

NACCHO 2015. Relationship to the National Aboriginal Health Strategy. Canberra: NACCHO. Viewed 9 December 2015, <<http://www.naccho.org.au/aboriginal-health/national-strategic-framework/>>.

NAHSWP (National Aboriginal Health Strategy Working Party) 1989. National Aboriginal Health Strategy: report of the National Aboriginal Health Strategy Working Party. Canberra: Australian Government.

National Congress of Australia's First Peoples 2013. National Aboriginal and Torres Strait Islander Plan released. Strawberry Hills, NSW: National Congress of Australia's First Peoples. Viewed 17 November 2015, <<http://nationalcongress.com.au/health/>>.

NATSIHC (National Aboriginal and Torres Strait Islander Health Council) 2003. National Strategic Framework for Aboriginal and Torres Strait Islander Health: context. Canberra: Department of Health. Viewed 1 December 2015, <[http://www.health.gov.au/internet/main/publishing.nsf/Content/12B50420F5E0006DC A257BF000199D6C/\\$File/nsfatsihcont.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/12B50420F5E0006DC A257BF000199D6C/$File/nsfatsihcont.pdf)>.

NIRA RWG (National Indigenous Reform Agenda Review Working Group) 2011. Review of the National Indigenous Reform Agreement Performance Framework: final report. November 2011. Canberra: COAG. Viewed 16 November 2015, <<https://www.coag.gov.au/node/447>>.

NLA (National Library of Australia) 2015. Australian Government Web Archive. COAG Reform Council website (1 August 2014 snapshot) – Indigenous reform reports. Canberra: NLA. Viewed 16 December 2015, <<http://webarchive.nla.gov.au/gov/20140801102206/http://www.coagreformcouncil.gov.au/reports/indigenous/archive>>.

NSW Health 2014. Communicating positively: a guide to appropriate Aboriginal terminology. Sydney: NSW Department of Health. Viewed 25 November 2015, <<http://www.health.nsw.gov.au/aboriginal/Publications/pub-terminology.pdf>>.

O'Brien M & Stewart M 2015a. A 'wellbeing framework' for Aboriginal and Torres Strait Islander peoples living with chronic disease. Paper presented at the 13th National Rural Health Conference, Darwin, 24–27 May. Canberra: National Rural Health Alliance. Viewed 30 November 2015, <http://www.ruralhealth.org.au/13nrhc/images/paper_Stewart%2C%20Maida_O%27Brien%2C%20Margaret_0.pdf>.

O'Brien M & Stewart M 2015b. A 'Wellbeing Framework' for Aboriginal and Torres Strait Islander peoples living with chronic disease – multimedia presentation. Paper presented at the 13th National Rural Health Conference, Darwin, 24–27 May. Canberra: National Rural Health Alliance. Viewed 30 November 2015, <http://www.ruralhealth.org.au/13nrhc/images/A6_Stewart_O'Brien.pdf>.

PM&C (Department of the Prime Minister and Cabinet) 2016. Closing the Gap: Prime Minister's report. Canberra: PM&C. Viewed 11 November 2015, <<https://www.dpmc.gov.au/resource-centre/indigenous-affairs/closing-gap-prime-ministers-report-2016>>.

PC (Productivity Commission) 2015a. National Indigenous Reform Agreement. Canberra: PC. Viewed 16 November 2015, <<http://www.pc.gov.au/research/supporting/national-agreements/indigenous-reform>>.

PC 2015b. National Indigenous Reform Agreement: performance assessment. Canberra: PC. Viewed 16 November 2015, <<http://www.pc.gov.au/indigenous-reform-assessment>>.

PC 2015c. National Indigenous Reform Agreement: performance assessment 2013–14. Canberra: PC. Viewed 3 December 2015, <<http://www.pc.gov.au/research/supporting/indigenous-reform-assessment>>.

PC 2015d. Performance monitoring and benchmarking and other services to government bodies. Canberra: PC. Viewed 5 December 2015, <<http://www.pc.gov.au/about/core-functions/performance-monitoring>>.

PC 2015e. Report on Government Services 2015. Canberra: PC. Viewed 17 November 2015, <<http://www.pc.gov.au/news-media/pc-news/pc-news-may-2015/report-on-government-services-2015>>.

PC 2016. Overcoming Indigenous Disadvantage. Canberra: PC. Viewed 22 November 2016, <<http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage>>.

Schnarch B 2004. Ownership, control, access, and possession (OCAP) or self-determination applied to research: a critical analysis of contemporary First Nations research and some options for First Nations communities. *Journal of Aboriginal Health*: 1(1):80–95. Viewed 25 November 2015, <<http://www.naho.ca/journal/2004/01/09/ownership-control-access-and-possession-ocap-or-self-determination-applied-to-research-a-critical-analysis-of-contemporary-first-nations-research-and-some-options-for-first-nations-communities/>>.

SCRCSSP (Steering Committee for the Review of Commonwealth/State Service Provision) 1995. Report on Government Services 1995. Canberra: PC. Viewed 25 November 2015, <<http://www.pc.gov.au/research/ongoing/report-on-government-services/1995/1995>>.

SCRCSSP 2003a. Report on Government Services 2003. Indigenous compendium. Canberra: PC. Viewed 25 November 2015, <<http://www.pc.gov.au/research/ongoing/report-on-government-services/indigenous-compendium-2003>>.

SCRCSSP 2003b. Report on draft framework consultations. Canberra: PC. Viewed 11 November 2015, <<http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/consultations2003>>.

SCRGSP (Steering Committee for the Review of Government Service Provision) 2003. Overcoming Indigenous disadvantage: key indicators 2003 report. Canberra: PC. Viewed 25 November 2015, <<http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/keyindicators2003/keyindicators2003.pdf>>.

SCRGSP 2004. Report on Government Services 2004. Canberra: PC. Viewed 25 November 2015, <<http://www.pc.gov.au/research/ongoing/report-on-government-services/2004/2004>>.

SCRGSP 2005. Overcoming Indigenous disadvantage: key indicators 2005. Canberra: PC. Viewed 15 November 2015, <<http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/keyindicators2005/keyindicators2005.pdf>>.

SCRGSP 2006a. Overcoming Indigenous disadvantage: key indicators: request for comment March 2006. Canberra: PC. Viewed 15 November 2015, <<http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/consultations2006/consultationpaper.pdf>>.

SCRGSP 2006b. Overcoming Indigenous disadvantage: key indicators – questionnaire. Canberra: PC. Viewed 15 November 2015, <<http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/consultations2006/consultationquestionnaire.pdf>>.

SCRGSP 2007. Framework for reporting on Indigenous disadvantage: report on consultations 2006. Canberra: SCRGSP. Viewed 27 November 2015, <<http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/consultations2006/report/consultations2006.pdf>>.

SCRGSP 2009a. Overcoming Indigenous disadvantage: key indicators 2009 report. Canberra: PC. Viewed 21 November 2015, <<http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/keyindicators2009>>.

SCRGSP 2009b. National Agreement performance information 2008–09. National Indigenous Reform Agreement. Canberra: SCRGSP. Viewed 16 November 2015, <<http://www.pc.gov.au/research/completed/national-agreements/indigenous-reform/indigenous-reform-agreement.pdf>>.

SCRGSP 2010. Report on Government Services 2010. Canberra: PC. Viewed 25 November 2015, <<http://www.pc.gov.au/research/ongoing/report-on-government-services/2010/2010>>.

SCRGSP 2012. Report on Government Services 2012. Canberra: PC. Viewed 25 November 2015, <<http://www.pc.gov.au/research/ongoing/report-on-government-services/2012/2012>>.

SCRGSP 2013. National Agreement performance information 2012–13: National Indigenous Reform Agreement. Canberra: PC. Viewed 25 November 2015, <<http://www.pc.gov.au/research/completed/national-agreements/indigenous-reform/indigenous-reform-agreement-2012-13.pdf>>.

SCRGSP 2014a. Final responses to the recommendations of the review of the Overcoming Indigenous Disadvantage report 2013. Canberra: PC. Viewed 1 December 2015, <<http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/oid-review-2012/oid-2014-committee-responses.pdf>>.

SCRGSP 2014b. Overcoming Indigenous disadvantage: key indicators 2014: overview. Canberra: PC. Viewed 20 November 2015, <<http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/key-indicators-2014/key-indicators-2014-overviewbooklet.pdf>>.

SCRGSP 2014c. Overcoming Indigenous disadvantage: key indicators 2014: report. Canberra: PC. Viewed 20 November 2015, <<http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/key-indicators-2014/key-indicators-2014-report.pdf>>.

SCRGSP 2014d. Overcoming Indigenous disadvantage: key indicators 2014: report. Attachment tables. Canberra: PC. Viewed 20 November 2015, <<http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/key-indicators-2014>>.

SCRGSP 2015a. Report on Government Services 2015. Canberra: PC. Viewed 25 November 2015, <<http://www.pc.gov.au/research/ongoing/report-on-government-services/2015>>.

SCRGSP 2015b. Report on Government Services 2015, Indigenous compendium. Canberra: PC. Viewed 17 November 2015, <<http://www.pc.gov.au/research/ongoing/report-on-government-services/indigenous-compendium-2015>>.

SCRGSP 2015c. Report on Government Services 2015. Volume A: Approach to performance reporting. Canberra: PC. Viewed 17 November 2015, <<http://www.pc.gov.au/research/ongoing/report-on-government-services/2015/approach-to-performance-reporting>>.

SMS (SMS Management & Technology) 2014. Final report: National Key Performance Indicators data quality review 19 May 2014. Melbourne: SMS. Viewed 30 October 2015, <<http://www.health.gov.au/internet/main/publishing.nsf/content/irhd-nkpquality>>.

Statistics New Zealand 2002. Towards a Māori statistics framework: a discussion document. Viewed 25 November 2015, <http://www.stats.govt.nz/browse_for_stats/people_and_communities/maori/towards-a-maori-stats-framework.aspx>.

Statistics New Zealand 2014. Guide to using He Arotahi Tatauranga. Wellington: Statistics New Zealand. Viewed 30 November 2015, <http://www.stats.govt.nz/browse_for_stats/people_and_communities/maori/how-to-think-maori-info-needs/he-arotahi-tatauranga.aspx>.

Swan P & Raphael B 1995. Ways forward: national Aboriginal and Torres Strait Islander mental health policy national consultancy report. Canberra: Department of Health and Ageing.

UN (United Nations) 2006. Report of the meeting on Indigenous peoples and indicators of well-being. Permanent forum on Indigenous issues. 5th session. New York: UN. Viewed 25 November 2015, <<http://www.fao.org/docrep/009/ag253e/ag253e00.htm>>.

UN 2008. United Nations Declaration on the Rights of Indigenous Peoples. UN General Assembly: New York. Viewed 11 November 2015, <<http://undesadspd.org/indigenouspeoples/declarationontherightsofindigenouspeoples.aspx>>.

Urbis 2014. Evaluation of the National Partnership Agreement on Indigenous Early Childhood Development: final report. Sydney: Urbis. Viewed 25 November 2015, <<http://www.coag.gov.au/sites/default/files/Report%20-%20Evaluation%20of%20the%20National%20Partnership%20Agreement%20on%20Indigenous%20Early%20Childhood%20Development.pdf>>.

WHO (World Health Organization) 1978. Declaration of Alma-Ata. International Conference on Primary Health Care 6–12 September 1978, Alma-Ata, USSR. Geneva: World Health Organization. Viewed 4 December 2015, <http://www.who.int/publications/almaata_declaration_en.pdf>.

WHO 1986. The Ottawa Charter for Health Promotion. Ottawa: World Health Organization.

Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes T et al. 2004. The Western Australian Aboriginal Child Health Survey: the health of Aboriginal children and young people. Perth: Telethon Institute for Child Health Research.

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This report provides an overview of 10 national frameworks, both current and historical, that describe Aboriginal and Torres Strait Islander people and/or services provided to them. Each framework is described according to a set of 8 topics: the reason for its development; its purpose; underpinning elements; reporting protocols; consultation processes; review processes; structure; and inclusion of Aboriginal and Torres Strait Islander principles. The project was undertaken to inform the development of health frameworks by providing a summary of the topics and issues considered by existing frameworks and the processes involved in creating them.