



care DIGNITY
respect
change HOPE

Submission to the:
Closing the Gap Refresh

April 2018

www.anglicare.asn.au

About Anglicare Australia

Anglicare Australia is a network of 36 independent local, state, national and international organisations that are linked to the Anglican Church and are joined by values of service, innovation, leadership and the faith that every individual has intrinsic value. Our services are delivered to one in 24 Australians, in partnership with them, the communities in which they live, and other like-minded organisations in those areas. In all, over 18,000 staff and 11,000 volunteers work with over one million vulnerable Australians every year delivering diverse services, in every region of Australia.

Anglicare Australia has as its Mission “to engage with all Australians to create communities of resilience, hope and justice”. Our first strategic goal charges us with reaching this by “influencing social and economic policy across Australia...informed by research and the practical experience of the Anglicare Australia network”.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Contents

Introductory remarks	3
A failed approach.....	4
Real listening and partnership.....	5
Addressing systemic injustice	6
Response to consultation questions	8

Introductory remarks

The Anglicare network has over 150 years of shared experience working with communities across Australia to address disadvantage and improve individual and community wellbeing. We recognise the historical role the Anglican Church and associated agencies played as part of the dispossession of Aboriginal and Torres Strait Islander people, and our responsibility now in making proper redress for these injustices and supporting the self-determination of Aboriginal and Torres Strait Islander people. This submission draws on the experience of Anglicare agencies partnering with Aboriginal and Torres Strait Islander communities and organisations in working for a more just and equal Australia.

In the tenth year into the Closing the Gap strategy, this Refresh process is a crucial moment to reflect honestly as a nation on the continuing deplorable gap in health and wellbeing outcomes between Aboriginal and Torres Strait Islander and non-Indigenous Australians, and to re-commit together to addressing the injustices which give rise to this inequality. While the initial commitment of the Close the Gap Statement of Intent to achieve equality in holistic health outcomes must be upheld as an urgent priority, the strategy and approach for delivering this commitment has clearly been failing.

A new approach is desperately needed, which respects the primacy of the voices of Aboriginal and Torres Strait Islander people. The principles of self-determination, genuine listening, co-design and long-term partnerships must take precedence over bureaucratic systems and power structures. Governments must recognise that current inequalities are shaped by historic injustice, past and continuing policies and ongoing racism. In re-committing to “closing the gap”, governments at all levels must seek to make real redress and reconciliation, directed by Aboriginal and Torres Strait Islander people. The balance must be shifted so that Aboriginal and Torres Strait Islander people have real power and capacity to drive policy making and implementation which directly affects them, in partnership with governments and other organisations.

A failed approach

There is a huge ongoing gulf between the commitments of the Closing the Gap strategy, and the material lived experiences of Aboriginal and Torres Strait Islander people. The gap in life expectancy, a key overall target, has not diminished between 2001 and 2015, as although there have been improvements in the life-expectancy of Indigenous Australians, the life-expectancy of non-Indigenous Australians has increased at a faster rate.¹ As of the most recent Closing the Gap Prime Minister's Report, only three of the seven targets are on-track, with three targets due to expire in 2018 unmet.² While there have been considerable improvements in some areas and successful initiatives driven by many dedicated people and organisations, the national picture remains one of a frustrating and unacceptable lack of progress.

These failures to meet overall health, education and employment targets reflect a deeper failure of governments to engage and partner with Aboriginal and Torres Strait Islander Peoples and their representative bodies, to coordinate effectively across levels of government, and to provide sufficient funding to meet identified needs. From the beginning, the strategies developed to implement the commitments of the Closing the Gap Statement of Intent were made without real engagement with First Peoples representative organisations.³ Further, there have been continual reports and detailed recommendations developed by Aboriginal-controlled organisations, representative bodies, coalitions and other health experts (such as the annual reports developed by the Close the Gap Campaign Steering Committee for Indigenous Health Equality), which have been continually ignored.

Equality in health outcomes requires equity in investment. However as emphasised by the National Aboriginal Community Controlled Health Organisation (NACCHO), the level of funding to address Aboriginal and Torres Strait Islander health priorities has been far from proportionate to need, particularly when it comes to Commonwealth funding.⁴ The comprehensive National Aboriginal and Torres Strait Islander Health Implementation Plan remains unfunded and so ineffective. As outlined by the Close the Gap Campaign Steering Committee in their 10 year review, governments so far have failed to implement a systematic approach to addressing underlying causes of health inequality, with funding heavily skewed

¹ Australian Institute of Health and Welfare 2017. Trends in Indigenous mortality and life expectancy, 2001–2015: evidence from the Enhanced Mortality Database. pp. 45-46

² Commonwealth of Australia, Department of the Prime Minister and Cabinet, Closing the Gap Prime Minister's Report 2018.

³ Holland, Chris, *A ten-year review: the Closing the Gap Strategy and Recommendations for Reset* Close the Gap Campaign Steering Committee for Indigenous Health Equality, 2018., p17 Available at: https://nationalcongress.com.au/wp-content/uploads/2018/02/CTG-2018_FINAL_WEB-8th-Feb-2018.pdf

⁴ National Aboriginal Community Controlled Health Organisation, *Increased support to Aboriginal Community Controlled Health Organisations needed to Close the Gap in life expectancy gap*, press release 8 Feb 2018, available at: <http://www.naccho.org.au/increased-support-to-aboriginal-community-controlled-health-organisations-needed/>

towards reactive rather than preventative measures, and a lack of commitment to addressing social determinants of health.⁵

Despite these failed strategies and lack of investment, the initial goals and principles of the Close the Gap Statement of Intent have the strong backing of both Aboriginal and Torres Strait Islander and non-Indigenous communities and organisations.⁶ The fundamental commitment to “work together to achieve equality in health status and life expectancy”⁷ remains an urgent priority. The rights-based approach to health embodied in the Statement of Intent, consistent with the United Nations Declaration on the Rights of Indigenous Peoples (the Declaration), remains a strong and relevant framework. The fundamental commitments and principles of the Statement of Intent do not need “refreshing”, though a vastly new approach is clearly needed to achieve them. The new way must centre on the self-determination of Aboriginal and Torres Strait Islander people (as emphasised in the Declaration), and real partnership between governments, Aboriginal and Torres Strait Islander peoples and other agencies.

Real listening and partnership

In re-committing to achieving equality in health outcomes between Aboriginal and Torres Strait Islander and non-Indigenous Australians, governments must come back to the original Close the Gap campaign principles of co-design and long-term relationship building, and not repeat the mistakes of the past by not engaging deeply with Aboriginal and Torres Strait Islander people and organisations. While the Close the Gap Refresh campaign includes strong language from the Federal Government about “genuine partnership” and recognising the need to work with Aboriginal and Torres Strait Islander people in a “new way”, the real test of this commitment is in practice. Disappointingly, there have already been concerns regarding the consultation and engagement process for the Close the Gap Refresh.⁸ Anglicare Australia strongly advises that Aboriginal and Torres Strait Islander representative bodies be given priority of place in further consultations.

As continually emphasised by Indigenous peoples and peak bodies, the focus of the Closing the Gap Refresh must be genuine listening to the voices of Aboriginal and Torres Strait Islander peoples, and real partnerships which support local solutions and community-led change.

⁵ Holland, Chris, *ibid.* pp20-30

⁶ See *The Redfern Statement*, June 2016, Available at: <https://nationalcongress.com.au/wp-content/uploads/2017/02/The-Redfern-Statement-9-June-Final.pdf>

⁷ *Close the Gap: Indigenous Health Equality Summit – Statement of Intent*, March 2008. Available at: <https://www.humanrights.gov.au/publications/close-gap-indigenous-health-equality-summit-statement-intent>

⁸ Holland, Chris. *Ibid.* p9

As articulated in the powerful collective Redfern Statement from Aboriginal and Torres Strait Islander peak organisations;

“For the last quarter century, then, we’ve seen seminal reports which have repeatedly emphasised that our people need to have a genuine say in our own lives and decisions that affect our peoples and communities. This, known as self-determination, is the key to closing the gap in outcomes for the First Peoples of these lands and waters.”⁹

Anglicare Australia believes we will continue to fail to close the gap if this central right to self-determination for Aboriginal and Torres Strait Islander peoples is denied. Closing the gap requires local solutions, led by communities properly supported and resourced to pursue them. This means governments must explicitly commit dedicated resources to build the capacity of Aboriginal and Torres Strait Islander controlled organisations to undertake this critical work. The power of partnerships and local solutions has been shown again and again in the experience of Anglicare agencies partnering with Aboriginal-led organisations and communities, for example in providing culturally appropriate foster care, developing youth leadership initiatives and reducing re-offending by perpetrators of family violence.¹⁰

It is only through respecting and supporting the self-determination of Aboriginal and Torres Strait Islander communities, and working in partnership with accountability, that change will be achieved.

Addressing systemic injustice

Through the Closing the Gap Refresh, the Government is seeking feedback on specific target areas to adopt. Fundamentally, Anglicare Australia wants to emphasise that historic and continuing systemic injustice and racism must be acknowledged and addressed, if the gap in wellbeing outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians is to be closed. Persistent inequalities in health and wellbeing outcomes are a symptom of these injustices and power imbalances. As expressed by the lead editors of a work commissioned by the Cooperative Research Centre for Aboriginal Health:

“It is not possible, in our view, to understand the persistent poor health status of the original custodians of Australia since the time of European arrival and invasion, without situating this understanding within the history of dispossession, colonisation, failed attempts at assimilation, racism, and denial of citizenship rights.”¹¹

⁹ *The Redfern Statement*, June 2016, Available at: <https://nationalcongress.com.au/wp-content/uploads/2017/02/The-Redfern-Statement-9-June-Final.pdf>

¹⁰ See Anglicare Australia: The Review 2018, available at: <http://www.anglicare.asn.au/docs/default-source/default-document-library/the-review---web-version.pdf?sfvrsn=2>

¹¹ I. Anderson, F. Baum & M. Bentley (eds), *Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health*. Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004, Cooperative Research Centre for Aboriginal Health, Darwin.

Focusing only on addressing the symptoms of disadvantage – such as unequal health and employment outcomes, will not close the gap. Governments must also be willing to address the underlying causes of disadvantage. This involves partnering with Aboriginal and Torres Strait Islander leaders and communities in acknowledging and addressing the wrongs of the past, reforming current unjust systems and eliminating racism. The Redfern Statement offers clear and robust recommendations to Governments from Aboriginal and Torres Strait Islander peoples on how to begin addressing these systemic issues, including committing to addressing the unfinished business of reconciliation with an agreement making framework and Constitutional reform.¹²

The Close the Gap targets do not sit in isolation, but in a context of ongoing punitive and paternalistic government policies. The Federal Government cannot effectively lead the Refresh of the Close the Gap commitment to reducing health inequality, while simultaneously imposing harsh welfare policies which perpetrate harm in Indigenous communities. For example, despite severe condemnation from community leaders and other experts, the Community Development Programme continues to impose extreme requirements and harsh penalties on already vulnerable Aboriginal and Torres Strait Islander people seeking income support in remote communities. The Government must act immediately on the recommendations of the extensive Parliamentary Inquiry advising overhaul of this disastrous and punitive program.¹³ Similarly, despite mounting evidence against compulsory income management, Cashless Debit Card “trials” have been extended and expanded in areas where the majority of the population identify as Aboriginal or Torres Strait Islander.¹⁴ There is an urgent need for such paternalistic policies to be stopped if the gap in health and wellbeing is to be addressed.

Similarly, state and territory governments cannot partner effectively in closing the gap without explicit policy changes to address the systemic over-representation of Aboriginal and Torres Strait Islander people in the justice system. Aboriginal and Torres Strait Islander peoples have the highest rate of incarceration in the world;¹⁵ and Indigenous youth are

¹² *The Redfern Statement*, June 2016, Available at: https://nationalcongress.com.au/wp-content/uploads/2017/02/The-Redfern-Statement-9-June_Final.pdf

¹³ Finance and Public Administration References Committee, Appropriateness and effectiveness of the objectives, design, implementation and evaluation of the Community Development Program (CDP), December 2017, available at: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/CDP/Report

¹⁴ See Hunt, J., *The Cashless Debit Card evaluation: does it really prove success?* Centre for Aboriginal Economic Policy Research, Topical Issue No 2/2017

¹⁵ Anthony, Thalia. 6 June 2017. *FactCheck Q&A: are Indigenous Australians the most incarcerated people on Earth?* Available at: <https://theconversation.com/factcheck-qanda-are-indigenous-australians-the-most-incarcerated-people-on-earth-78528>

twenty-four times more likely to be in detention than their non-Indigenous counterparts.¹⁶ These appalling statistics have continued to worsen, despite significant bodies of evidence, inquiries and recommendations advising how this systemic issue can be addressed. Governments must demonstrate serious commitment to reforming the justice system, including implementing the recommendations of the Redfern Statement and recent report from the Australian Law Reform Commission,¹⁷ if the goals of the refreshed Closing the Gap commitment are to be achieved.

The focus of the Close the Gap targets must be broadened to address underlying causes of inequality, taking into account social and cultural determinants of health and wellbeing which are extensively recognised.¹⁸ For example, in the area of employment, a program evaluation in South Australia found that a holistic approach to supporting people into employment, which included support across health, community, housing, education and family areas, produced better employment outcomes than traditional interventions which focused solely on moving someone into work.¹⁹ The experience of Anglicare organisations supports the necessity of a holistic approach in addressing disadvantage, which acknowledges the interconnectedness of social and cultural factors with health and wellbeing outcomes.

Response to consultation questions

1) How can governments, Aboriginal and Torres Strait Islander Peoples, and businesses work more effectively together? What is needed to change the relationship between government and community?

A changing relationship between government and Aboriginal and Torres Strait Islander communities will only be built through demonstrated, ongoing commitment to genuine listening and partnership. Closing the gap on health and wellbeing will require genuine partnerships across the board between local Aboriginal and Torres Strait Islander organisations, governments, and mainstream organisations, recognising the expertise and strengths of local agencies and empowering them to meet the needs of their communities.

¹⁶ Australian Institute of Health and Welfare, Youth Detention Population in Australia 2017, 5 Dec 2017, available at: <https://www.aihw.gov.au/reports/youth-justice/youth-detention-population-in-australia-2017/contents/summary>

¹⁷ Australian Law Reform Commission, Pathways to Justice–Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples, 28 March 2018, available at <https://www.alrc.gov.au/publications/indigenous-incarceration-report133>

¹⁸ See for example: I. Anderson, F. Baum & M. Bentley (eds), Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health. Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004, Cooperative Research Centre for Aboriginal Health, Darwin.

¹⁹ Brown, L., Osborne, K., Walker, R., Moskos, M., Isherwood, L., Patel, K., . . . King, D. (2017). The benefits of a life-first employment program for Indigenous Australian families: Implications for 'Closing the Gap'. *Journal of Social Inclusion*, 8(1), 78-95.

In the social services sector, significant Budget cuts (particularly in the extreme 2014 Budget), continual policy changes and the introduction of competitive tendering processes has exacerbated distrust and disconnection between the Federal Government and service providers. Long-term funding arrangements are required to support stable and trusted services, and the development of expertise and local relationships which are necessary to achieve lasting change. This was recognised by the Productivity Commission in their recent review, which recommended that the default contract length for human services in remote Indigenous communities should be 10 years.²⁰ Commitment to long-term funding arrangements in both urban and remote areas would grow trust between Government, service providers and Aboriginal and Torres Strait Islander communities.

A framework is needed which keeps all jurisdictions and governments accountable to a consistent approach to addressing the Close the Gap priorities. Funding commitments should be made outside of political cycles, with bi-partisan support and successive governments held accountable, to promote a stable policy environment in which the real work of community development and capacity building can be achieved.

Rural and remote areas are particularly vulnerable to the turbulence of policy shifts and inadequate and changeable funding arrangements. The broad brush approach since 2014 of inviting tenders and program proposals has seen a loss of local community capacity as funding moves from small local agencies to fly-in-fly-out services. Anglicare agencies have previously described the disastrous consequences of outsourcing human services to providers with little knowledge of local situations. They argue that the long-term, relational work required in human services is best undertaken by those embedded in the local community.²¹ Rural and remote areas are also vulnerable to inadequate access to services in the transition to individualised funding models in disability and aged care.²² Alternate service models and investment in building the capacity of local Aboriginal-controlled organisations are necessary to ensure accessibility of essential support services in these areas.

Part of the solution must also be moving towards a holistic, non-siloed approach, recognising the complexity of disadvantage, and that addressing health inequality involves all aspects of the community – not just health organisations. There needs to be greater support for partnerships and local collaborations between Aboriginal-controlled and mainstream

²⁰ Productivity Commission 2017, *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*, Report No. 85, Canberra, Recommendation 9.1, p282.

²¹ *Beyond the Individual: Exploring the Context of Improved Outcomes in Human Services*, Anglicare Australia submission to: Productivity Commission's Preliminary Findings Report on Introducing Competition and Informed User Choice into Human Services, 9 November 2016

²² *Beyond the Individual: Exploring the Context of Improved Outcomes in Human Services* Anglicare Australia submission to: Productivity Commission's Preliminary Findings Report on Introducing Competition and Informed User Choice into Human Services, 9 November 2016, pp11-14, available at <http://www.anglicare.asn.au/docs/default-source/events-documents/response-to-productivity-commission-preliminary-findings.pdf?sfvrsn=4>

organisations to build capacity and availability of culturally safe services. Anglicare organisations have been involved already in such initiatives. For example, in the Riverina area Anglicare NSW South, NSW West and ACT has partnered with the Rivmed Riverina Koori Medical and Dental Corporation to develop an Aboriginal-led Out-of-Home Care Service.²³ Such partnerships, working towards the independence of local Aboriginal-controlled organisations, provide essential culturally safe services and increase local community capacity.

Changing the relationship between government and the community will also require greater accountability. There must be mechanisms through which governments are accountable to Aboriginal and Torres Strait Islander people for progressing the refreshed Closing the Gap strategies and priorities. As suggested by the Special Gathering of Indigenous Leaders in February 2018, this could be through a Senate-Estimates style monitoring process led by Aboriginal and Torres Strait Islander representatives, which holds governments accountable to the difference being made in peoples' lives at the local level.

2) How could the Closing the Gap targets better measure what is working and what is not?

Anglicare Australia urges governments to consult with Aboriginal and Torres Strait Islander peoples and representative bodies regarding measurement of the Close the Gap targets.

3) What indicators should governments focus on to best support the needs and aspirations of Aboriginal and Torres Strait Islander Peoples? Should governments focus on indicators such as prosperity, wellbeing or other areas?

The priorities and indicators to be pursued by governments must be set by Aboriginal and Torres Strait Islander people. Anglicare Australia supports a focus on a holistic framework which recognises social determinants of health, and that current disadvantage is a symptom of historical government policies, ongoing power imbalances, systemic injustice and racism which must be addressed.

The indicators chosen in the refreshed Closing the Gap agenda must be shaped by the goals of Aboriginal and Torres Strait Islander people. Building on a strengths-based approach, the targets could include positive indicators, working towards a picture of wellbeing as identified by Aboriginal and Torres Strait Islander people. There is strong evidence of the significant positive association between culture, land, language and wellbeing, which should be celebrated and supported in the refreshed Closing the Gap agenda.²⁴

²³ See Anglicare Australia: The Review 2018, p20, available at: <http://www.anglicare.asn.au/docs/default-source/default-document-library/the-review---web-version.pdf?sfvrsn=2>

²⁴ For example; Dockery, A. M. (2010). Culture and Wellbeing: The Case of Indigenous Australians. *Social Indicators Research*, 99(2), 315-332. doi:10.1007/s11205-010-9582-y and Biddle, N., & Swee, H. (2012). The Relationship between Wellbeing and Indigenous Land, Language and Culture in Australia. *Australian Geographer*, 43(3), 215-232. doi:10.1080/00049182.2012.706201

4) Should Aboriginal and Torres Strait Islander culture be incorporated in the Closing the Gap framework? How?

Anglicare Australia regards this primarily as a question for Aboriginal and Torres Strait Islander peoples. In the experience of Anglicare agencies, working with communities to embed local culture in service frameworks and delivery leads to the best outcomes.

5) What do you think are the key targets or commitments that should be measured in a refreshed closing the Gap agenda?

The primary commitment of a refreshed Closing the Gap agenda should be to respect and support the self-determination of Aboriginal and Torres Strait Islander peoples over their own health and wellbeing outcomes.

Anglicare Australia supports the recommendation of the Special Gathering of Indigenous leaders prior to the February meeting of the Council of Australian Governments, that existing Close the Gap targets be retained and reviewed, and further targets be developed in the priority areas of:

- Families, children and youth
- Housing
- Justice, including youth justice
- Health
- Economic development
- Culture and language
- Education
- Healing
- Eliminating racism and systemic discrimination

In particular, Anglicare Australia supports the development of a target to eliminate the over-representation of Aboriginal and Torres Strait Islander children in Out of Home Care (OOHC), and to explicitly support family reunification. The Anglicare network has significant experience in the provision of OOHC services, emphasising family preservation and reunification, and is extremely concerned at the increasing rates of removal of Indigenous children. Aboriginal and Torres Strait Islander children make up over one third of all children living in OOHC, and are almost ten times more likely to be in OOHC than other children, with disproportionate representation continuing to grow.²⁵

²⁵ Family Matters (2017) *The Family Matters Report 2017*. SNAICC. p5. Available at: <http://www.familymatters.org.au/wp-content/uploads/2017/11/Family-Matters-Report-2017.pdf>

Anglicare Australia is a signatory and strong supporter of the Family Matters campaign, which aims to eliminate the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 2040. We echo the campaign's calls to strengthen and support families to reverse the trend of removals, and to work with Aboriginal and Torres Strait Islander communities to ensure children and young people grow up safe and cared for in family, community and culture.

Anglicare Australia supports the adoption of a target for re-unification of children and families and to eliminate the gap in rates of removal of children. Anglicare Australia calls for commitment to the major actions identified by the Family Matters coalition:

- develop a national Aboriginal and Torres Strait Islander Children's Strategy which includes generational targets to eliminate over-representation and address the causes of child removal to improve safety and wellbeing;
- increase efforts to connect Aboriginal and Torres Strait Islander children in OOHC to family and culture, through cultural support planning, family finding, return to country, and kinship care support programs; and
- prioritise investment in service delivery by community-controlled organisations in line with self-determination, including through investment targets aligned to need and adopting co-design principles with Aboriginal and Torres Strait Islander communities.