NATSIHWA
National Aboriginal and Torres Strait Islander Health Worker Association

April 2018

Submission to the Australian Government's 'Closing the Gap refresh'

The National Aboriginal and Torres Strait Islander Health Workers Association is a professional workforce organisation established to support and represent Aboriginal and/or Torres Strait Islander Health Workers and Health Professionals. We are governed by a 9-member board of Senior Health Workers from each state and territory (including 1 representative from Torres Strait Islands).

Introduction

The National Aboriginal and Torres Strait Islander Health Workers Association welcomes the opportunity to provide input into the Australian Government's Closing the Gap Refresh. NATSIHWA is a member of the Close the Gap Campaign Steering Committee and the National Health Leadership Forum and remains committed to addressing systemic inequalities in outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. We contributed to the development of the Close the Gap report[1], which has already been submitted to the Refresh consultation process on behalf of the Close the Gap Campaign Steering Committee. NATSIHWA supports and endorses the six key recommendations of that report.

In addition to the CTG Committee's report, below we highlight additional recommendations that would improve the policy approach to Closing the Gap and which are supported by our membership base.

Reset the relationship to improve engagement

NATSIHWA remains concerned that the relationship needed, between Aboriginal and Torres Strait leaders and government, to progress outcomes for Aboriginal and Torres Strait Islander population is not a priority of governments. In particularly, we remain deeply concerned that the Australian Government has failed to respond to the opportunity presented by the *Uluru Statement from the Heart.* We need policies and programs that contribute to greater empowerment, self-determination and cultural control to meaningful enable change for Aboriginal and Torres Strait Islander peoples.

The rejection of the *Uluru Statement* has caused considerable aghast, which has impacted on the ongoing relationships between the two parties, including through the Refresh consultations. NATSIHWA attended two Refresh consultations in Canberra, including the Canberra stakeholders meeting (26 March 2018) and the peak organisations (5 April 2018). Whilst, the facilitators and key officials did their best to make sure these sessions were inclusive and allowed contribution from community members and stakeholders, NATSIHWA remains concerned that the consultations pay lip service to already planned policy and program destiny. We noted that at the Canberra consultation a senior Ngunnawal elder voiced her concerns early asking facilitators "We aren't going to do another session on butchers paper, are we?". This

question was equivocally ignored by the facilitators who subsequently distributed pens and paper for small group work. The underlining issue raised by this simple question is symbolic of the exhaustion of being over consulted on policies and programs that are largely predetermined and outside of Aboriginal and Torres Strait Islander peoples' control.

We believe that listening and reflection shows respects and it is critical that government meaningfully responds to the Refresh consultation feedback. As such, we provide a list of some of the key messages that need to be addressed from the consultations moving forward. This includes the Australian Government:

1. Answering the question on "what has gone wrong in the last 10 years?". This should not be blamed on to ambitious targets or problems with data. Policy and programs evaluations continue to highlight the lack of involvement in Aboriginal and Torres Strait Islander people and organisations, such evidence can no longer be ignored by governments.

2. Reframing of the proposed CTG framework, in particularly the removal of term "prosperous". Suggestions for rewording from Aboriginal and Torres Strait Islander communities and peoples include: wellbeing, thriving families or livelihoods.

3. Committing to resourcing of "culture and cultural expression", if it is to be included at the centre of policies and programs for our peoples. It is not appropriate to add culture to a model, and then endorse policies that disable teaching of culture and passing of knowledges.

4. Not allowing the watering down of targets. The existing targets should be improved through annual measures/indicators (see section below).

5. Re-establishing relationships between governments and Aboriginal and Torres Strait Islander peoples that devolves decision making power concerning policy and funding.

6. Increasing investment in Aboriginal Community Controlled Services. Further, better extrapolation on reporting of expenditure is needed, as the figure of $33 billion does not adequately report on investments contributing to closing the gap or how much of the investment is going to community controlled services.

7. Financially investing in policy and program directed to improving the social and cultural determinants of health. Including the concern that the Department of Health work to include action on this in the Implementation Plan have been delayed yet again.

At the Canberra consultation meeting, much time in the morning session focussed on a discussion on the child mortality measures, as example of problems with data and measurement. At the session, a Prime Minister and Cabinet staffer publicly critiqued the measure saying it was problematic due to the inclusion of infant deaths from car accidents. This critique was ill informed, lacked evidence and poorly conveyed the data complexity.

Importantly, the small number of deaths in children makes this statistic volatile and difficult measure on annual basis, however, inclusion of road accidents is not the main issue with this measuring this target. Any death in an infant/child is a tragedy and should be counted. The issue with this measure is that the health outcomes or causes of death are very different for infants (0-1 years) compared to young child (<1-5 years). AIHW (2018) and Thurber et al. (2018) have given practical advice on how to improve this measure, which should better help to work out

where policy and programs need to direct effort and attention.[23] However, the rather distracting conversation at the Canberra consultations left many participants feeling confused and angry, particularly due to the lack of regard for young children's lives.

The Closing the Gap Refresh consultations with the national peaks resulted in a very clear mandate for Self-Determination to be at the centre of the framework and not prosperity. Accordingly, "Thriving families" was highlighted as means to determine how the Closing the Gap framework could be measured.

RECOMMENDATION 1. Australian governments (through COAG) commit to recognising the role of Aboriginal and Torres Strait Islander leaders at national level, including establishment of *Makarrata Commission* and their involvement in COAG processes.

RECOMMENDATION 2. Department of Prime Minister and Cabinet and COAG responds adequately to the concerns raised and advice provided in the CTG Refresh consultations, including by making significant changes to the policy and program processes.

Close the Gap targets and measures

Much has been written in Australia criticising the relevance of the scientific approach to gathering information on effectiveness.[4,5,6] The approach involves government departments using statistics and remediation programs to try to achieve equality. Criticism describes the burden this places on Aboriginal and Torres Strait Islander peoples to meet others' expectations, loss of control over the agenda, the absence of consideration of culture and the divergence from a strength-based approach to a collection of deficit-based individual measures. This approach struggles to show improvements against hypothetical targets as seen in the Prime Minister's annual Closing the Gap reports.

The Council of Australian Government Closing the Gap targets have been used since 2008 for national accountability of Australian governments' investments in Aboriginal and Torres Strait Islander health and other social programs. After ten years of this approach, the refresh is timely. So far this target system has produced very poor report cards, due to a number of reasons, in particular:

- the effort and investment of governments is deficient;
- insufficient time to allow for improvements;
- the data collection and analysis is not adequate (for example, child mortality data); and,
- long term impacts such as Close the Gap targets may need to be measured with consideration to more immediate outcomes that show change annual (for example, declines in smoking prevalence reduces disease burden (cardiovascular disease, diabetes) that can support life expectancies outcomes).

Further, in regards to measuring progress through data, it is worthwhile considering *changes within a population*, rather than simply focussing on comparisons to non-Indigenous Australians.[7]

Under the statistical equality approach, there is a risk that the progress against targets, designed to close the gap compared to non-Indigenous statistics, can be at the expense of maintenance of culture.[8,9] The effort should not be about Aboriginal and Torres Strait Islanders taking on the culture of other Australians. Further, focussing on disadvantage can fail to incorporate cultural understanding in programs and services, which are considered vital in achieving progress. Placing 'culture' at the centre of framework for the Closing the Gap Refresh and the Health Implementation Plan is not good enough, particularly where there is such little investment and where a number of government policies continue to undermine our cultures. Our cultures are not a token to be added to models/frameworks that government seeks to endorse. We need real and substantial investment, including (through IAS Culture and Capability stream):

- National language revitalisation programs (including primary school children taught in first language)
- Community-based funding for practicing cultural expression
- Development of culturally-based interventions (for example, those to address youth suicide and/or youth engagement); and
- Support for community self-determination through our locally determined governance structures.

RECOMMENDATION 3. Closing the Gap targets are maintained, and strengthened by inclusion to measure progress on intermediate outcomes and analysis of change in outcomes within the Aboriginal and Torres Strait Islander population.

RECOMMENDATION 4. Significant funds from the Indigenous Advancement Strategy be allocated to 'Culture and Capability stream' and Australian government devolve decision making of this funding to Aboriginal and Torres Strait Islander representative group.

Local involvement to measures of progress

Indigenous peoples worldwide have regarded data as important for advancement of Indigenous self-determination and development, but have also identified concerns about the ability of statistical frameworks to incorporate Indigenous world views. Indigenous peoples need to be involved in the data collection process and governance in order to determine the agenda, to influence and make decisions for their people.[*10]

[*] The UN Permanent Forum on Indigenous Issues (UNPFII) has held a number of gatherings to discuss data collection and disaggregation (UNPFII 2004), indicators of wellbeing (UNPFII 2006) and development that encompasses culture and identity (UNPFII 2010).

NATSIHWA acknowledges the importance of surveys and datasets, but only if they retain the voices of Aboriginal and Torres Strait Islanders on what needs to be measured, how the data are collected and how they are reported.[†] Our members, Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, are well placed to take significant roles in these activities.

Local questions and problems need local data – locally determined and collected. Professor Ian Anderson referred to data requirements in a speech in 2017:

> *Local relationships are the only way to understand local strengths and challenges, and the only way to create trust and buy-in that allows space to innovate, experiment and adapt. High quality, granular data is key for local and regional decision making. It is very difficult to build accountability without it – how can you hold someone accountable if you don't know what is happening?*[11]

The kind of data collected locally depends on the purpose for the data. Much data collection at Aboriginal Community-Controlled Health Services is for meeting funder requirements to report against the national Key Performance Indicators. Health services also participate in internal processes for Continuous Quality Improvement requiring monitoring, adjustment and additional monitoring. External program evaluators and researchers also often seek health services as participants, for which data collection is required. We agree with Professor Anderson, governments need to consider ways that enable use of local data for decision making. This has a lot to do with data sovereignty and with support of Indigenous governance at both national and local/regional levels.

RECOMMENDATION 5. Consider the role of Aboriginal and Torres Strait Islander peoples in data collection, management and use with particular regards to data sovereignty principles.

RECOMMENDATION 6. Work with community, health services and other services to build capacity and develop data systems that enable local decision-making.

Building an Indigenous health workforce

Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are critical to the achievement of better health outcomes for our people. Aboriginal and Torres Strait Islander people need access to culturally safe preventive health and treatment services to experience health equity.

The findings of the Aboriginal and Torres Strait Islander Health Worker Project, Growing our Future (2011)[12], highlighted the importance of this workforce, including:

[†] Further work on data sovereignty can be followed such as through https://press.anu.edu.au/publications/series/centre-aboriginal-economic-policy-research-caepr/indigenous-data-sovereignty, http://mspgh.unimelb.edu.au/research-groups/centre-for-health-equity/indigenous-studies/indigenous-data-sovereignty-symposium

- The Aboriginal and Torres Strait Islander Health Worker workforce is a major workforce delivering culturally safe, comprehensive primary health care to Aboriginal and Torres Strait Islander Australians.

- Their holistic approach to health care is aligned to Aboriginal and Torres Strait Islander culture and philosophy.

- A growing body of evidence links the Aboriginal and Torres Strait islander Health Worker workforce to improved outcomes in diabetes care, mental health care, maternal and child care and palliative care.

- The workforce is becoming increasingly qualified, with Aboriginal and Torres Strait Islander Health Workers attaining higher level primary health care and other health qualifications.

Research continues to find that cultural safety and strong relationships between primary health care and Aboriginal and Torres Strait Islander peoples are essential.[13,14,15,16] Our members facilitate strategies to enable effective comprehensive primary care for Aboriginal and Torres Strait islander peoples. NATSIHWA remains concerned about the lack of action to support a National Strategy for Indigenous Health Workforce. Our recent data analysis on Aboriginal and Torres Strait Islander Health Workers and Health Practitioners revealed that the workforce is aging, declining in particular states/territories and continues to lack sufficient representation of males in the roles. Work needs to be undertaken to ensure increased pathways to education and employment in Health Worker and Health Practitioner professions, with a focus on increasing young peoples and men entry into the courses.

RECOMMENDATION 7. Australian Government commit to establishing a national Strategy for Indigenous Health workforce, including options to address critical issues in training, retaining and recruitment of Aboriginal and/or Torres Strait Islander Health Workers and Health Professionals.

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