

## Closing the Gap 'Refresh' – WACOSS Submission

WACOSS is a long-term supporter of the community-based Close the Gap campaign, and endorses the recommendations of ***A Ten-Year Review: the Closing the Gap Strategy and Recommendations for Reset*** by the National Close the Gap Steering Committee. We reiterate its core message of the need for a more fundamental and comprehensive response to the underlying causes of disadvantage, based on the original *Close the Gap Statement of Intent* with a core focus on self-determination. We are convinced that it is only by transferring responsibility and control to Aboriginal community-based organizations and resourcing them appropriately that we will see any real change in addressing the underlying causes of health and life disadvantage. Furthermore, this governance needs to be democratic and culturally secure – communities need to be supported and enabled to identify their own representatives, not having them selected and imposed by Ministers, bureaucrats or wealthy philanthropists. WACOSS also contributed to and supports the ACOSS submission.

WACOSS supports the **Family Matters** campaign and endorses the recommendations of the CTG submission by **SNAICC**. We agree that the strategy must take a strengths-based approach, driven by Aboriginal communities with a key focus on the underlying drivers of disadvantage and exclusion. The early years of life, the rights of the child to family, culture and safety are critical – and the over-representation of Aboriginal children and young people in our child protection and juvenile justice systems must be a major priority. Western Australia has recently begun to address these issues, but we are a long way behind best practice initiatives in other states, and do not yet have a clear strategy to deliver meaningful outcomes in a way that is genuinely driven by Aboriginal families and communities.

WACOSS works with the **Noongar Child Protection Council (NCPC)** in southwest WA, welcomes the development and resourcing of representative Aboriginal child safety advocacy organizations in the other regions, and supports the formation of a well-resourced and effective state-wide body as a key step towards the delivery of an effective culturally-secure and trauma-informed child safety system in WA. We contributed to and endorse the recommendations of the NCPC CTG submission, particularly the setting of a child protection targets to address over-representation and the need to develop a ten year strategy to expand the role of ACCOs in child placement, case management and Aboriginal family led decision making. We welcome the language and principles and the high-level commitment to work in partnership with Aboriginal communities promised in the WA Government CTG Refresh discussion paper, but remain concerned that there is significant challenge to put this into practice in a genuine and practical way. We are keen to work with DPC to make this happen, and seek an opportunity to jointly discuss these issues with the WA Government.

WACOSS is also a member of **Social Reinvestment WA**. We contributed to its submission concerning the importance of justice targets, and endorse its recommendations. We support current state efforts to gain a better understanding of the circumstances of children and young people most at risk within our juvenile justice, child protection and education systems. We believe that more needs to be done to provide culturally safe, trauma-informed community-based services to provide opportunities and support to young people currently marginalized or excluded by our schools and communities. Such an approach aligns with WA Labor's values and election commitments and we believe that now is the perfect time to push forward with these reforms. We appreciate the Treasurer's concern with stabilizing the WA budget, but believe this can be accomplished by redirecting resources to where they will have the greatest impact for WA's first peoples and our community, to leave a lasting legacy.

## Recommendations

- Commit to self-determination as the fundamental principle underlying efforts to close the gaps on Aboriginal and Torres Strait Islander disadvantage, in keeping with the *CTG Statement of Intent*.
- Prioritise investment in Aboriginal Community Controlled Organisations to develop and deliver health and community services that are funded proportionate to need.
- Increase investment in primary prevention and early intervention via ACCOs, setting progressive investment targets and developing and tracking evidence-based strategies to reduce the demand for tertiary services and high rates of chronic illness.
- Establish a Commissioner for Aboriginal Children and Young People in each state and territory (particularly WA) and at the national level.
- Develop transparent accountability mechanisms for Federal and State governments, agencies and institutions to report on investment and outcomes against CTG targets, including accountability for and to Aboriginal community governance processes.
- Co-design justice and child protection targets with Aboriginal peak bodies, organisations and communities.
- COAG agree to hold State and Territory Governments to account for delivering on their commitments to national principles and targets, including the ATSI Child Placement Principle.
- Retain existing CTG targets relating to health, education and employment and add targets relating to child protection, justice, family violence, housing and disability.
- Prioritise investment and support for the early years – extending the early childhood education target to encompass wider developmental outcomes from pre-birth to 3 years.
- Support the role of Aboriginal and Torres Strait Islander peak bodies in policy development and analysis, providing a key role in delivery against the close the gap targets.
- Accept the *Uluru Statement from the Heart* and begin a dialog on its implementation, including a voice to Parliament, Treaty processes and national truth-telling.
- Implement the recommendations of:
  - The Royal Commission into Aboriginal Deaths in Custody
  - Bringing the Home: The national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families.
  - Other..

## **General comments on the *National Closing the Gap Refresh* discussion paper**

### *A refresh is not enough*

Revisiting the original *Closing the Gap Statement of Intent* to reassess the adequacy of the *CTG Strategy* and the effectiveness of implementation efforts is both timely and critical to producing better outcomes. However simply ‘refreshing’ the strategy by rebranding it and tweaking its targets and priorities is insufficient, and a more fundamental approach to addressing the underlying causes of health and life disadvantage for Aboriginal and Torres Strait Islander peoples is needed.

Framing this process as the ‘next phase’ is unhelpful and misleading, as it implies there has been some progress that is being built on, whereas on the main indicators of disadvantage and the critical drivers of disadvantage little or no progress has been made at a national or State (WA) level.

It is no surprise to anyone that little progress has been made against the core *CTG Targets*, as the strategy to date has manifestly failed to address the fundamental structural causes and social determinants of health and life inequality. There has been little or no effort to address these underlying factors – the social determinants of health, institutionalized racism and its impacts in our justice and child protection systems, the legacy of dispossession, child removal and attempted cultural genocide, as well as the ongoing inadequacy of public housing, employment and community development programs for Aboriginal people, and the lack of access to community-based primary health and community services.

Ultimately at the heart of the remaining and growing gaps in outcomes is the failure to do anything to meaningfully support and enhance the control Aboriginal people can exert over the fundamental aspects of their lives – the failure to advance self-determination, to support community-controlled services and businesses, and the systemic undermining of efforts at community governance and political representation. The most effective way to close the gaps is to institutionalize the direct involvement of Aboriginal peoples and their representative organizations in all aspects of policy, service design, delivery and evaluation. We need more effective, culturally-appropriate democratic mechanisms to better capture the views and priorities of Aboriginal communities in the key decisions that govern their lives.

Australia stands out as an international pariah for our failure to make any meaningful progress on self-determination and governance. During a period where we have seen great strides made by other nations with similar histories and circumstances on righting the wrongs and empowering and resourcing disadvantaged and dispossessed indigenous communities to take their future into their own hands (Canada, New Zealand, and the United States, to name a few), Australia has gone backwards. Our approach has been increasingly ad-hoc and paternalistic – typified by the chaos of the Indigenous Advancement Strategy that saw a net reduction in the funding of Aboriginal community services and organisations, and the roll-out of income management measures and discriminatory work for the dole programs (CDP) in Aboriginal communities in spite of the strong weight of evidence against their appropriateness and effectiveness.

The *CTG Statement of Intent* was initially intended as a compact with Australia’s First Nations that linked to and delivered against our international commitments under the United Nations Declaration on the Rights of Indigenous Peoples – empowering Indigenous Australians to exercise their rights to self-

determination in improving their health. However there has not been any meaningful partnership let alone control in health planning, service design and program management.

To date the CTG Strategy has only partially implemented the CTG Statement of Intent. The strategy has lacked coherence and there has been a fundamental gap in relation to self-determination and in addressing the underlying structural causes of health inequality.

There remains a need for a comprehensive health equality plan to be resourced by COAG – *The National Aboriginal and Torres Strait Islander Health Implementation Plan (2015)* provides a starting point, but it needs to be properly resourced. The complementary mental health and social and emotional well-being strategy needs an implementation plan and adequate resourcing, and there is a need for linked strategies and plans addressing housing, health and community infrastructure.

A fundamental shift is needed in the provision of effective prevention and early intervention services through Aboriginal Community Controlled Organisations (ACCOs) – to increase access to primary prevention and care and reduce the impact of high levels of chronic disease and growing reliance on tertiary services.

There needs to be national structures and agreements to deliver against the *CTG Statement of Intent*. The *Close the Gap 10 Year Review (2018)* highlights the manner in which the original ‘architecture’ to support the CTG Strategy fell apart by 2014-15, and how subsequent efforts have been reduced to short-term political targets rather than fundamental approaches to achieving meaningful and lasting change. There has been a lack of national leadership and a lack of mechanisms for collaboration, evaluation and the sharing of learnings and best practice - resulting in fragmented jurisdictional efforts.

There needs to be a focus on achieving equality of opportunity as well as equality of outcomes – so that we are ensuring all Australian citizens have an equal right to access health infrastructure and a capable and culturally safe workforce, clean water, good food and housing.

Health resources should be provided on the basis of need. There is a need for more spending on Aboriginal health, given their unequal access to primary care and burden of disease (on average 2.3 times the non-Indigenous population). The increasing focus on and investment of public monies into private health insurance has disadvantaged Aboriginal Australians, as there is significant ‘market failure’ for them under the current health funding model.

Increasing gaps should be met with commensurate investment. There is clearly a systemic failure when Australian Governments have agreed shared targets on reducing mortality and life expectancy, and yet outcomes in these areas continue to go backwards without investment being increased or strategies re-evaluated.

Closing the gaps on health outcomes is unlikely to be achievable in isolation from the gaps in life outcomes and the opportunities afforded to participate in our economy and community. An effective closing the gap strategy needs to include Justice, child protection, poverty and economic participation targets.