

Submission

Productivity Commission Review of the National Agreement on Closing the Gap

Review Paper 2: Proposed approach and invitation to engage with the review

December 2022

About the NHLF

The National Health Leadership Forum (NHLF) established in 2011, is a collective partnership of twelve national organisations who represent a united voice on Aboriginal and Torres Strait Islander health and wellbeing with expertise in health policy (healing and mental health, and social and emotional wellbeing), program development and delivery, professional practice, workforce, research.

The NHLF was instrumental in the formation of the Close the Gap Campaign and continues to lead the Campaign as the senior collective of Aboriginal and Torres Strait Islander health leadership. Committed to achieving health equality, we draw strength from cultural integrity, the evidence base and community.

The NHLF provides advice and direction to governments on the development and implementation of informed policy and program objectives that contribute to improved and equitable health and life outcomes, and the cultural well-being of Aboriginal and Torres Strait Islander people. Our vision is for the Australian health system to be free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable.

NHLF Membership:

- Australian Indigenous Doctors' Association
- Australian Indigenous Psychologists' Association
- The Aboriginal and Torres Strait Islander Healing Foundation
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Gayaa Dhuwi (Proud Spirit) Australia
- Indigenous Allied Health Australia
- Indigenous Dentists' Association of Australia
- The Lowitja Institute
- National Association Aboriginal and Torres Strait Islander Health Workers and Practitioners
- National Aboriginal and Torres Strait Islander Leadership in Mental Health
- National Association of Aboriginal and Torres Strait Islander Physiotherapists
- Torres Strait Regional Authority

[Any enquiries about this submission should be directed to](#)

National Health Leadership Forum

Introduction

1. The Commission released paper 2 to help people contribute to the review of the National Agreement on Closing the Gap ('the review'), which outlined:
 - what the review is about.
 - a proposed approach for the review.
 - information the Commission is seeking.
 - how people can engage with the review.
2. The NHLF welcomes the opportunity to supply a submission to the Productivity Commission's second review paper. Our underlying position is that until Australia's politicians/governments and the community embraces the Uluru Statement from the Heart and our governments adhere to the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the National Agreement on Closing the Gap (National Agreement) is our primary tool to improve the wellbeing of Aboriginal and Torres Strait Islander peoples. The National Agreement fulfills the absences of institutional respect and articulates the required reforms in our institutional architecture.
3. Our response to the second review paper centres on the questions relating to the engagement approach and the selection of case studies. The Australian Government's 2022 Annual Report on Closing the Gap has influenced our submission as the report continues to show limited progress on the key targets for improving life outcomes for First Nations Australians.
4. The National Agreement's Priority Reforms are about changing the current ways that government agencies do business that pertain to or impact First Nations People. These reforms are seeking new ways to do this business, new ways to make and enact policies. Respect for First Nations People's culture, knowledge, ideas, and capabilities by government agencies is essential for all four Priority Reforms to succeed. Likewise, what the non-government sector and the private sector do and how they do it, is integral to achieve the Priority Reform outcomes as their work reflects governments' priorities, policies, and programs. Reconciliation Australia's Barometer for 2022 continues to show that the general Australian community consider that it is the responsibility of the Federal Government of the day for closing the gap in health outcomes. Whereas the NHLF and many First Nations people see closing the gap as a shared responsibility between governments, community, and private sectors.

Response to Proposed Approach

5. As a single, coherent body of national Aboriginal and Torres Strait Islander peak health organisations for engagement, the NHLF strives for change in the wider public health system and settings. The National Aboriginal and Torres Strait Islander Health Plan 2021-2031 (Health Plan) and National Aboriginal and Torres Strait Islander Health Workforce and Implementation Plan 2012-2031 (Workforce Plan) underpin the health domain in the National Agreement. These plans are about reforming the policies, processes, and practices within the broader health system, they are not about placing full responsibility for improving health outcomes or closing the gap onto the community-controlled health sector.
6. The Priority Reforms under the National Agreement are about governments and their agencies taking a step back to allow communities to identify the problems, the solutions, and to collaborate with communities to implement the necessary work. As the Close the Gap Campaign states in their submission to this consultation the new “Priority Reform Areas are central to Closing the Gap, as they set the pre-conditions to achieve socio-economic targets, and provide the potential to drive generational change for First Nations people across Australia.”
7. The Australian Government’s 2022 Closing the Gap Report noted the failure to meet targets but lacked clear detailed explanation or analysis for why the failures continue. These failures highlight the need for implementation of the four Priority Reforms Areas. Priority Reform Four is about addressing the gaps in the collection and analysis of data and how we measure success. Priority Reform Three is about transforming mainstream government organisations. The lack of understanding or acknowledgement in current reporting of services or programs highlights the flaws and failures in the data collection and analysis, which underlies gaps in the service delivery system that underpins the failure to meet the targets. Without full implementation of Priority Reform Three and Four, Priority Reforms One and Two will not succeed. Genuine partnerships and shared decision-making require the bureaucracy stepping back from their way of knowing, being and doing, and hand over to community to develop a shared approach that includes communities’ own ways to deliver services.
8. The discordant views highlighted in the 2022 Reconciliation Barometer and the way the bureaucracy crafts the Australian Government’s Closing the Gap Report, reinforces the need for First Nations People Voice to Parliament/s to influence policy and directions in closing the gaps, as well as entrenching cross-sector partnerships and shared-decision making.

9. The Indigenous Evaluation Strategy is a guide for Federal agencies in the best way to undertake evaluations on policies and programs that affect Aboriginal and Torres Strait Islander Peoples. Yet who is reviewing the internal machinations of agencies to assess their work to meet the National Agreement's Priority Reforms?
10. Therefore, whilst the NHLF supports the Commission's Review focus to be on the National Agreement's Priority Reforms, the attention of the Review should be on government agencies internal practices rather than on the actions nominated in the implementation plans. For example, are Government agencies changing their own business model or practices towards policy and program development? Are they incorporating a needs-based approach into policy and program development? Are grant allocations framed around needs-based funding, is the work measurable? Do agencies provide clear trajectory timelines that show clear expectations and when. Does commissioned work include clear understanding of the needed services to meet targets? Do agencies' funding processes require the non-government sector to change the way they are doing business and interact with communities?
11. In regard to the question about the Aboriginal and Torres Strait Islander-led review? As with the Close the Gap Campaign submission, we are not yet able to make a comment as information on the Aboriginal and Torres Strait Islander-led review is not widely available. Nevertheless, we seek complementarity between both reviews, and sufficient resourcing to ensure that we get a clear and definitive understanding of what actually is being resourced and delivered to close the gap. Likewise, we need the broader Australian community to have a better, clearer understanding – more transparency – around the holes within the service system that is hindering good health outcomes and compounding the health gap.
12. The NHLF want to see agencies more accountable towards the National Agreement and whether they are "taking on a new approach to address systemic, daily racism, and promote cultural safety and transfer power and resources to communities." This is a key tenant under the National Agreement's *new approach* towards closing the gap. Undertaking an internal cultural safety assessment and response is a form of change management, which is essential under the four Priority Reform Areas.
13. Using the case study approach, we suggest the Review examine the Commonwealth Department of Health and Aged Care (DHAC) and what changes they have implemented in regard to the four Priority Reforms. For example, does the process for allocating grant funding that impacts Aboriginal and Torres Strait Islander peoples prioritise First Nations organisations over non-Indigenous organisations when a First Nations organisation could do the work? Does the DHAC have a consistent approach to stakeholder engagement, relationship management and grant allocations, or is it reliant on individual officials' good will (e.g., what is the practice between First Nations Health Division, Health Workforce Division, Population Health and Aged

Care)? Has the Department rolled out cultural safety training across the Department as a normal professional development process? Does the Department take complaints of racism seriously as they would complaints of harassment? Are communities' part of the decision-making process that identifies the problem and the solution/s which underpin grant funded programs?

14. The Primary Health Networks are another source for examination. Primary health care is central to addressing chronic disease which underpins life expectancy, therefore, what they do and how they do it, is important to closing the health gap. For example, do PHNs have a tie in with their funding arrangements to the National Agreement or, are their commissioning processes culturally safe, are the issues or problems identified for commissioning projects identified and developed within a culturally safe framework? How are PHNs facilitating the primary health care sector to work towards closing the gap, are their activities underpinned by the Priority Reforms?
15. Another area for the Review to explore is the relationship between agencies with shared responsibilities, to establish how well they work together to achieve the objectives of the National Agreement. For example, the DHAC and the National Indigenous Agency (NIAA) have health responsibilities, yet the relationship between these two agencies could be better particularly in regard to health-related grant programs and the connection to the Health Plan. Whilst we acknowledge NIAA is carrying a hangover from the previous government's approach to business and it takes time to embrace change, this means we are relying on the goodwill of individuals within NIAA rather than embedded structural change and improve inter agency responsiveness.
16. Our view is that there are areas within Departments such as DHAC and NIAA that have not embraced change to meet the Priority Reform outcomes. Instead change relies on the goodwill or leadership of individuals for change to occur. Conversely poorwill or poor leadership by officials is hindering relationships, partnerships and shared decision-making processes. Reform means we no longer rely on individuals but the embedded good practices and procedures within institutions.
17. Furthermore, we would like to see all government agencies incorporated somehow into the review, to ascertain if all agencies accept that the National Agreement is applicable to them. For example, do agencies that do not have the words "Aboriginal" "Torres Strait Islander," "Indigenous" or "First Nations" within their name, policies or programs etc. understand and accept that the National Agreement has relevance to them. It would also be good for an audit to be undertaken across agencies to assess their cultural safety practices and the level of cooperation and coordination between agencies to achieve the outcomes under the National Agreement.

18. Relying on the case study approach to review the National Agreement provides a snapshot on progress (good or bad) on specific activities but does not necessarily provide an overall assessment of performance particularly of agencies. As with the Close the Gap Campaign submission, we would like “a more systematic, data informed review that provides more detailed analysis” of what is actually happening within government. This will require investment and consistency in the approach and must be across all jurisdictions.

Concluding Comments

19. Aboriginal and Torres Strait Islander people have expressed repeatedly the need to eliminate the discriminatory obstacles to equal access to health, economic opportunities, education and all other resources associated with self-determination and healthy sustainable outcomes. Institutional racism and the multi-generational experiences of trauma and dislocation, continues to have real impacts on the lives of Aboriginal and Torres Strait Islander people. This inhibits widespread improvements in health and wellbeing and is not reflected within the analysis of the Australian Government’s 2022 Close the Gap Report.

20. Centred around a human rights-based framework, the work of the NHLF is concerned with improving life expectancy and health outcomes of Aboriginal and Torres Strait Islander peoples. The Health Plan and Workforce Plan are key to improving life expectancy. These Plans are the first to name racism, be underpinned by a human-rights based approach and holistic health framework. They reflect a needs-based approach to action.

21. Aboriginal and Torres Strait Islander disadvantage is a systemic issue and to address it, requires a clear, coordinated and systemic response. The need for structural change for Aboriginal and Torres Strait Islander peoples to have a greater say in the legislation and policy that impact us is long overdue. The review of the National Agreement must focus on governments and their agencies and what and how they are meeting the obligations to the Priority Reform outcomes.

Thank you again for the opportunity for the National Health Leadership Forum to provide this submission to your Review Paper 2: Proposed approach and invitation to engage with the review.