



## **National Close the Gap Campaign**

### **Submission**

**Productivity Commission on the Closing the Gap Review - Review paper 2:  
Proposed Approach and invitation to engage with the Review.**

**December 2022**



## **About the National Close the Gap Campaign**

The Close the Gap campaign (the Campaign) arose in response to [Professor Tom Calma's Social Justice Report \(2005\)](#) which challenged governments to bring about health equality within a generation.

The Campaign is led by a Steering Committee of 54 members. As the preeminent coalition of Australia's peak Indigenous health bodies, mainstream health and advocacy bodies and human rights organisations, we work together to promote and achieve equality in health and life expectancy for First Nations Peoples across Australia.

We are guided by our Aboriginal and Torres Strait Islander leadership including the National Health Leadership Forum (NHLF) and co-chairs, Aboriginal and Torres Strait Islander Social Justice Commissioner, June Oscar (AHRC) and Karl Briscoe, CEO of the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP).

Through a human rights-based and consensus decision-making framework the Campaign provides strategic advice related to raising the health and life expectancy of Aboriginal and Torres Strait Islander people to that of the non-Indigenous population within a generation.

As an Aboriginal and Torres Strait Islander-led social justice campaign, we are an impartial membership group, separate and distinct from the Federal government's *Closing the Gap Strategy*. We are fully committed to remaining non-partisan and independent from government.

The Campaign is underpinned by the Declaration and the principles of the fundamental rights of self-determination, participation in decision-making, respect for and protection of culture, and equality and non-discrimination.

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## Introduction

The Campaign welcomes the opportunity to provide a submission to the Productivity Commission on the *Closing the Gap Review - Review paper 2: Proposed approach and invitation to engage with the review*. This submission fully endorses the submissions of the National Health Leadership Forum, Coalition of Peaks and our other members to this Inquiry.

The newly released Annual Report on Closing the Gap shows limited progress on the key targets for improving life outcomes for First Nations Australians.

The 2022 Australian Reconciliation Barometer shows that Australians in the general community consider that responsibility of closing the gap lies firmly with the Federal Government of the day, while First Nations people see it as a shared responsibility between the government and private sector. This disconnect in views reinforces the need for a strong First Nations Voice to influence policy and directions in closing the gaps, as well as consideration for embedding of cross-sector partnerships guided by First Nations voices.

Since the National Partnership Agreement came into effect, progressing the foundational work for delivering the Closing the Gap Strategy has been the primary focus. Of those targets where data is available, outcomes have declined across four critical targets: school readiness; adult incarceration; suicide; and children in out-of-home care, and we know that a decline across any target area will only make the work to improving all outcomes more difficult.

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.

Racial discrimination and race-based policies have long been the foundation for inequality and disadvantage. Experiences of racial prejudice have continued to increase for Aboriginal and Torres Strait Islander people in 2022. In the past six months, 60% of Aboriginal and Torres Strait Islander people have experienced at least one form of racial prejudice.

We need to see action across the Priority Reforms areas and other key frameworks, such as the National Anti-racism Framework, to ensure there is a robust evaluation framework that holds each jurisdiction to account on making genuine progress on their commitment to transformation.



### Questions relating to the Commission's proposed approach to the review

- *How could the Commission's proposed approach to the review (described in section 2 of this paper) be strengthened? Are there alternative ways of assessing progress?*

The Close the Gap Campaign agrees with the Productivity Commission review focusing on the four (4) Priority Reforms of the National Agreement. The outcomes as reported in the Closing the Gap report do not paint a clear picture of what is happening in reality. As recently noted by Ian Ring, (Canberra Times 12/12/22 'Closing the Gap reporting has wrong focus') this is because they focus on targets "and not on what actually needs to be done to achieve the targets, and in particular, the services required." Hence the need to focus on the reform priorities as the foundational measures.

This requires a focus on the funding and services needed to meet the targets according to needs-based funding calculations based on disease burden. Therefore, "expenditure relative to need should become a key measure for future Closing the Gap reports," (Ring 2022) and accurate and localised data collection, analysis, use and interpretation is necessary to effectively measure impact.

As we discuss in more detail in this submission, the case study approach will likely be too limited to provide an adequate review of the Closing the Gap activities as they relate to the Priority Reforms.

The Productivity Commission should be resourced to complement a case study approach with a more systematic, data-informed review that provides more detailed analysis.

As much of the work being undertaken by Federal, State and Territory governments may be new or not yet have consistent streams of data to draw from, the Productivity Commission Review should be taking steps to build the necessary reporting and working with the jurisdictions for consistent approaches. As this review will be the first of many, an iterative, building block approach is needed where the review is actively establishing the foundations for reporting that will grow with the work of the Closing the Gap Strategy. The Campaign appreciates that the first Review won't be as comprehensive but can undertake the groundwork for more useful reporting and analysis in time.

- *How can the Commission's review be done in a way that will complement the Aboriginal and Torres Strait Islander-led review?*

There has not been any publicly available information on the Aboriginal and Torres Strait Islander-led review which makes it hard to comment. The Close the Gap Campaign would advocate for a complementary approach between reviews.



It is important that the Aboriginal and Torres Strait Islander-led review is adequately resourced, and it would be the logical road test for the progress of Priority Reform Four (4) *'Improve and share access to data and information to enable Aboriginal and Torres Strait Islander communities make informed decisions.'*

We suggest that the Productivity Commission's Indigenous Evaluation Strategy should be a guiding resource and that the First Nations-led review be able to engage with and be supported by the Office of Indigenous Policy Evaluation (or OIPE) and the Indigenous Evaluation Council. While the OIPE is primarily intended to guide bureaucracies in their evaluation responsibilities, this support should be consistent and available for the Coalition of Peaks or any other First Nations body undertaking or participating in the review process.

- *The Commission published an engagement approach in July 2022. It included the principles of engagement being fair and inclusive, open and transparent, ongoing and reciprocal. Do you have any feedback on the engagement approach or how we can put those principles into practice throughout the review?*

The Campaign was unable to engage with the Commission's consultation process in July 2022 but we, on face value, support the principles of engagement proposed. We also refer to the Commission's work on the Indigenous Evaluation Strategy and the overarching principles in the strategy, namely that evaluation is:

- First Nations centred
- Credible
- Useful; and
- Transparent.

And while the principle of 'accountability' wasn't included in the final Indigenous Evaluation Strategy, the Campaign thinks this should be explicit in guiding the engagement approach of the review.

Our Campaign member feedback to the Productivity Commission in its 2020 Indigenous Evaluation Strategy consultations included ANTAR's submission to the Commission; they said:

*While accountability is a key aim of any effective evaluation process, the IES could more directly push for specific accountabilities, connected with the Ministers and senior bureaucrats responsible for the programs and services being assessed. A system of evaluation should not be*



*a 'tick the box' exercise but rather a meaningful mechanism to glean lessons for improvement and where those responsible are answerable to those responsibilities.*

Finally, the review is an opportunity to align with the significant national priority and agenda for Truth Telling as per the *Uluru Statement from the Heart*. This review should be seen as a major contribution to the Truth Telling process that is needed and with a particular focus on the Closing the Gap priority.

### **Questions relating to the selection of case studies**

- *The Commission would like to include case studies that cover the range of actions that governments are taking to implement the Priority Reforms (summarised in table 2). The case studies would focus on what's working, and why, and what isn't working, and why.*
- *Can you provide examples of specific government policies or programs that are making a strong contribution (or are posing a barrier) to progressing the Priority Reforms or socioeconomic outcomes that the Commission should focus on as case studies? Please also provide any existing evaluations, data or other research that could support the Commission's analysis.*
- *What criteria should the Commission use to select case studies? Are the Commission's suggested criteria in section 2 appropriate? Are there other criteria the Commission should use?*

We note that, given the very significant number of actions in the Closing the Gap Partnership, members' implementation plans and the insufficiency of available data to measure these, the Productivity Commission is suggesting a case-study approach.

In respect of our views on the proposed case study approach as laid out below, we draw the Commission's attention to its own Indigenous Evaluation Strategy and, in particular, to the identified principle: 'credible' under which the Strategy states that methods should be 'rigorous and fit-for-purpose', 'answer the questions that policy makers and Aboriginal and Torres Strait Islander people want answered', and 'suit the context in which the policy or program is operating, the size and importance of the policy or program, and the timeframe and resources available for evaluation'.

Also noted is that 'using a combination of evaluation types, approaches and methods — including both qualitative and quantitative, and Western and Indigenous methods — can maximise the strengths and compensate for limitations of any single evaluation type, approach or method'.



The Campaign appreciates that there are strengths and limitations to such an approach. Key strengths are that case studies can provide a richness of context, detailed insights into causality, and for new areas of focus to emerge. However, while very useful for developing and/or showcasing practice, without clear evaluation criteria and supporting data on impacts, the case studies approach does not lend itself well to assessing performance.

In the context of assessing the Closing the Gap Priority Reforms, this poor fit is further pronounced. Under the current proposal, case studies would be used to approximate the general state of play on the transformation of governments' ways of work across the board. Unless case studies are selected using a random sample technique and are assessed using consistent evaluation criteria, selection bias will play a major role in the ultimate narrative that is put forward.

The Campaign is of the view that if this approach is to proceed it must be as a starting point only. That is to say, the approach has value but only insofar as the evaluation framework must evolve as areas for focus emerge and data becomes more available. The Commission will need to be adequately resourced by governments to develop a robust framework that is subject to constant improvement. Coupled with this, the onus is clearly on jurisdictions to resource and create data sets which will allow meaningful evaluation of the actions in their implementation plans.

With respect to developments of similar frameworks internationally, we would like to draw the Commission's attention to the British Columbian model used to evaluate implementation of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which has as a key aim to:

*Co-develop economic metrics to help evaluate progress as reconciliation is advanced. The baseline data will begin to address the persistent gap in Indigenous-specific economic metrics and through this co-designed effort, build a comprehensive set of data to measure Indigenous economic well-being and track progress over time. (Ministry of Jobs, Economic Recovery and Innovation, Ministry of Indigenous Relations and Reconciliation)*

In addition, if the approach is to go ahead, there is a clear need to review the selection criteria. Currently these are as follows:

- 1) The extent to which Aboriginal and Torres Strait Islander people's knowledge and perspectives can inform the case study;



2) How strongly the relevant government actions link to the Priority Reforms or relevant socioeconomic outcomes;

3) Prioritising actions relating to the five policy areas identified in the Agreement (justice, social and emotional wellbeing, housing, early childhood care and development, Aboriginal and Torres Strait Islander languages) or the sectors targeted for strengthening (early childhood care and development, housing and health and disability);

4) The potential learning benefits of the policy, where policies or actions that are being implemented in individual communities or jurisdictions could be scaled up;

5) The resources allocated to the policy action (if more money is allocated to something it is in general more important to understand whether it is achieving positive outcomes);

We have no issue with criteria #3. The sectors names are, together, fairly holistic of government services. It makes sense to 'cut' this in the same way as is done in the Partnership Agreement. We will make the point however that within this, while there is a need to include reforms in frontline services such as police, healthcare, welfare, and education, the reality is that transformation will only be genuine and lasting if it is the whole system that changes, not just the parts of it that are most visible.

In our view, the remainder of the criteria need more work and, potentially, reconsideration altogether.

Our concerns are as follows:

- There is need for greater clarity as to what is meant by each of the criteria and whether case study selections would be made based on one, some, or all criteria;
- It would make sense to develop and articulate a uniform criterion for case-study assessment (even if it is just at the principal level);
- With respect to #1, First Nations people's knowledge and perspectives can inform all case studies. Picking only those examples where First Nations people have been provided with the opportunity to participate in design, implementation, monitoring and evaluation would risk creating a bias towards good practice and taking the spotlight away from the area's most in need of change. It may make better sense to provide a focus on cases where First Nations peoples are most impacted;
- In regard to #2, focusing on case studies where governments are taking action aligned with priority reforms creates a clear bias towards showcasing what governments are doing right and taking the spotlight away from areas that are either inert or retrograde. Unless there are an





equal number of examples demonstrating the impact of government inaction or action at variance with Priority Reforms, this criterion should be scrapped;

- Criterion #4 suffers from the same key problem as does #2. Those case studies with potential learning benefits which could be scaled up are clearly going to be examples of good practice. It is not to say that identifying such cases does not have value, however, for an evaluation process to do its work, it must also be calibrated to scrutinise poorer practice. Perhaps if there were also case studies here of practice so harmful, consideration should be given to its abolition, this criterion would be more balanced;

- Criterion #5 would seem to favour attention on new big-ticket interventions such as justice reinvestment. Attention on these is not problematic in itself. However, there is also need to shed light on business-as-usual. Where failing service systems are broken into a large number of budget lines, they may not register as worthy of attention according to this criterion. There is also the potential for this criterion to obscure small-scale but highly innovative practice—for example, practice developed and carried out in remote communities.

## Conclusion

Thank you again for the opportunity to provide a submission on this highly important enquiry.

Effective collaboration with Aboriginal and Torres Strait Islander communities must support a more holistic concept of health that acknowledges the close connection between physical, mental, cultural, environmental, and spiritual health of Aboriginal and Torres Strait Islander peoples and communities.

To ensure respectful, culturally informed policy and practice that reflects community priorities, Aboriginal and Torres Strait Islander leadership and decision-making must be embedded into all aspects of data collection, analysis, use and interpretation.

The Commission should work to maximise community benefit from research and data by developing and expanding partnerships across existing Aboriginal and Torres Strait Islander organisations, networks and fora, including the National Health Leadership Forum, the University of Melbourne's Indigenous Data Network, the NHMRC National Network for Aboriginal and Torres Strait Islander Health Researchers, community controlled research organisations such as the Lowitja Institute, and the Aboriginal Community Controlled Health Organisations sector.

While it is well-established that high quality health data is required to implement effective place-based health interventions, the collection and use of Aboriginal and Torres Strait Islander data should respect



and operationalise the principles of Indigenous Data Sovereignty and ensure alignment with the principles outlined in the National Agreement on Closing The Gap, the Maiam nayri Wingara Indigenous Data Governance protocols and principles, and Mayi Kuwayu, the National Study of Aboriginal and Torres Strait Islander Wellbeing.

Aboriginal and Torres Strait Islander communities must retain ownership, access, and control over their data, with a focus on building local capacity and facilitating self-determination to empower and support communities to utilise data to effectively address community priorities and make informed decisions on programs and policies that address local needs.

The Campaign would welcome the opportunity to meet with the Senate Select Committee to discuss any points raised in our submission.

Sincerely

National Close the Gap Alliance Group

December 2022



**National Close the Gap Campaign – Alliance Group Members**

1. Aboriginal Health and Medical Research Council of New South Wales
2. Aboriginal Health Council of South Australia (AHCSA)
3. ANTaR
4. Australian College of Emergency Medicine
5. Australian College of Midwives
6. Australian College of Nursing
7. Australian College of Rural and Remote Medicine
8. Australian Council of Social Service
9. Australian Healthcare and Hospitals Association
10. Australian Human Rights Commission (Secretariat)
11. Australian Indigenous Doctors' Association
12. Australian Indigenous Psychologists' Association
13. Australian Medical Association
14. Australian Physiotherapy Association
15. Australian Student and Novice Nurse Association
16. Beyond Blue
17. Black Dog Institute
18. Cancer Council of Australia
19. Community Mental Health Australia
20. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
21. CRANaplus
22. Expert Adviser – Alcohol and other drugs, Professor Pat Dudgeon
23. Expert Adviser – Epidemiology and public health, Professor Ian Ring
24. First Peoples Disability Network
25. Heart Foundation Australia
26. Indigenous Allied Health Australia
27. Indigenous Dentists' Association of Australia
28. Indigenous Eye Health Unit, University of Melbourne
29. Kidney Health Australia
30. Lowitja Institute
31. Menzies School of Health Research
32. National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
33. National Aboriginal Community Controlled Health Organisation (NACCHO)
34. National Association of Aboriginal and Torres Strait Islander Physiotherapists
35. National Congress of Australia's First Peoples



36. National Coordinator – Tackling Indigenous Smoking, Professor Tom Calma AO – Campaign founder and former Aboriginal and Torres Strait Islander Social Justice Commissioner
38. National Family Violence Prevention Legal Services
39. National Heart Foundation
40. National Rural Health Alliance
41. NSW Aboriginal Land Council
42. Oxfam Australia
43. Palliative Care Australia
44. Public Health Association of Australia
45. Reconciliation Australia
46. Royal Australasian College of Physicians
47. Royal Australian College of General Practitioners
48. SBS, the home of National Indigenous Television (NITV)
49. The Fred Hollows Foundation
50. The Healing Foundation
51. The Pharmacy Guild of Australia
52. Torres Strait Regional Authority
53. Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
54. Winnunga Nimmityjah Aboriginal Health Service