

This document was prepared for another purpose but it may be relevant in informing the Productivity Commission's Closing the Gap Review.

INDIGENOUS VOICE - SO YOU WANT SOME PRACTICAL MEASURES?

Opponents of the Indigenous Voice, sceptical of the value of a new institutional structure, frequently ask the question – “What practical outcomes can the Voice deliver?” Well, if the Indigenous Voice had been in existence in 2016, when I resigned from the Dept of Human Services (now Services Australia) in frustration and disgust, I would have referred the following three matters.

These matters represent Government and bureaucratic failures that, despite my continuous lobbying both while employed and since I resigned, continue to exist today. They exist primarily because insufficient focus and priority has been given to them and this is precisely what the Indigenous Voice could provide – a mechanism to ensure that Government and the bureaucracy can give proper attention to important matters facing indigenous Australians.

1. ABSTUDY is the nation's flagship program supporting indigenous students. For the past decade, however, this program has been placed in neither the education nor the indigenous affairs portfolio. Instead policy responsibility has rested with the Department of Social Services. Unsurprisingly there has been no substantive policy development nor program evaluation over the past decade. Had a proper program evaluation occurred it may have revealed the problem described below.

2. ABSTUDY provides a range of benefits for students, including a small allowance to assist low income families with school age secondary students under the age of 16. Over the past 20 years, however, the proportion of qualified students accessing this allowance has gradually declined. In 2015 I led a project that used Family Tax Benefit data to undertake a spatial analysis of the take-up rate of ABSTUDY for students turning 14 and 15 (ie under school leaving age). The project found that less than 50% of students from qualified families were accessing ABSTUDY and that take-up rates were poorest in the most disadvantaged remote areas. Further, the results had shown that the Call Campaign deployed to publicise the program had been effective in urban areas, partially effective in regional areas, but ineffective in remote areas.

The results of the project were presented to a panel of Departmental executives in late 2015. By the time of my resignation in early 2016, the results had been swept under the carpet and the means by which further spatial analyses could be produced had been mothballed.

My vision had been for those families not accessing ABSTUDY to be visited by Centrelink field staff who would have a conversation about the benefits available to support attendance at school. I was informed that there was support among the field staff for this type of work. Unfortunately, this was not a vision shared by the executives.

Now just take a moment to consider this in the context of the current problems in Alice Springs. The spatial analysis had enabled reporting for the Alice Springs town camps and the outlying community clusters. The ABSTUDY take-up for these areas was among the lowest in the nation. For those of us who believe that education is the circuit breaker for the endemic problems faced by these communities, the take-up results and the agency response are both disappointing and alarming.

3. Medicare is the nation's primary health information asset. Locational information is important for enabling the analysis of local health conditions and targeting of health initiatives. It is a sad fact that locational Medicare information is poorest for the most disadvantaged sector of Australian society – our remote indigenous communities. In 2015 I had developed a way in which Medicare data could be improved so that records could be linked to, and thereby reported for, the Indigenous Health Centre at which services were provided. Unfortunately the paperwork to progress this proposal sat in an Executive in-tray for over 6 months – and that is where it was when I resigned. In 2021 when Covid was sweeping through the Northern Territory, Services Australia was not able to report vaccination rates for remote indigenous communities, which could have helped alert health authorities to which communities were most vulnerable.

Not only could my proposal improve locational information for indigenous health but extending the linking could have provided visibility of the corporate influence on Medicare outlays. Such a development is essential for identifying fraud, overservicing and inappropriate practices in claiming, referral and prescribing behaviour – just the type of initiative recommended in the recent *Strengthening Medicare* report, which identified the increasing corporatisation of health delivery as a particular vulnerability.

I've thought about these matters for many years now. Did I push my proposals too hard? Or not hard enough? Could have I better educated my Executive? I don't know. The validity of my proposals were never challenged, just not engaged with. What became clear was that the initiatives I was promoting took senior executives out of their comfort zone. They lacked the confidence to move forward with proposals that did not come from a policy Department or from the Minister's Office. When things had become tense my work was labelled "unauthorised". The importance of the Indigenous Voice is that it could provide the institutional authority necessary to encourage timid bureaucrats to progress those measures judged to improve indigenous outcomes. It is my experience that the executive arm of the Commonwealth has been diminished so much by the retirement of baby boomers and the outsourcing of key functions, that it **needs** the Indigenous Voice.