Queensland Nurses & Midwives' Union

Submission to

Productivity Commission

Response to Draft Report on Closing the Gap

October 2023

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submission

Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Productivity Commission for the opportunity to comment on the Draft Report on Closing the Gap (the Draft Report).

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives, nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our 71,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU. As the Queensland state branch of the Australian Nursing and Midwifery Federation, the QNMU is the peak professional body for nurses and midwives in Queensland.

Through our submissions and other initiatives, the QNMU expresses our commitment to working in partnership with Aboriginal and Torres Strait Islander peoples to achieve health equity and ensure the voices of Aboriginal and Torres Strait Islander nurses and midwives are heard. The QNMU supports the Uluru Statement from the Heart and the call for a First Nations Voice enshrined in our Constitution. The QNMU acknowledges the lands on which we work and meet always was, and always will be, Aboriginal and Torres Strait Islander land.

Recommendations

The QNMU

- Supports the strong approach taken by the Productivity Commission in drawing attention to the very poor achievements reporting against Closing the Gap Targets.
- Supports the concept of Indigenous data sovereignty with regard to the management of health data. Given the strongly holistic approach taken to health through the ACCHOs, their input into the design of data collection targets is critical to effective data supporting health decision making.
- Notes further evidence is provided regarding elements of institutional racism within the health system.

The Draft Report provides a detailed assessment of current progress on Closing the Gap against the four pillars identified as essential to bring change:

1 Formal Partnerships and Shared Decision Making

2 Building the Community Controlled Sector (Aboriginal Community Controlled Organisations (ACCO)

3 Transforming Government Organisations

4 Shared Access to Data and Information at a Regional Level

In particular, the Draft Report identified limited progress against the first three pillars and a need for greater clarification in direction on the 4th Pillar "Shared Access to Data and Information at a Regional Level" due to the need to address the important perspective of Indigenous data sovereignty.

In our initial submission to this review, the QNMU raised strong concerns about the level of commitment and achievement of change against the key pillars of the Closing the Gap Strategy, and are supportive of the findings and approach adopted in the Draft Report. As identified in the report, the key areas where additional information is being sought particularly relate to case studies and examples from lived experience against any of the areas covered.

Given our already extensive comments in our initial submission, and our agreement and support with the approach and findings of the Draft Report, this submission makes only limited additional comments – commenting on Indigenous data Sovereignty and issues around institutional racism in the health system.

It is, however, noted that within the QNMU there is the capacity to provide more detailed evidence of lived experience of issues relating to the areas in which further detail is sought. If requested, further discussions regarding such detail could be negotiated.

Indigenous data sovereignty

A key area where further views were sought in the Draft Report related to data access and in particular Indigenous data sovereignty.

Information request 4
Indigenous data sovereignty and Priority Reform 4

What are the substantive differences between the way Priority Reform 4 is currently described in the National Agreement on Closing the Gap and an explicit reference to Indigenous data sovereignty as the objective of Priority Reform 4?

If the Agreement had Indigenous data sovereignty as the explicit objective of Priority Reform 4, what would governments have to do differently compared to what they have already committed to?

Indigenous data sovereignty is being progressed internationally, for example, there are a range of international groups progressing this issue. The Global Investigative Journalistic Network (GIJN) for example notes the overall issue as:

> *For Indigenous peoples worldwide, the lack of good data about their communities and their limited control over the collection and use of the data have serious consequences. The lack of reliable and consistent data results in a paucity of evidence-based Indigenous policy-making.*
>
> *This GIJN/NAJA guide explores what investigative opportunities exist for journalists regarding the bundle of issues known as "Indigenous data sovereignty." (Indigenous Data Sovereignty (gijn.org))*
>
> *Within Australia Indigenous led organisations have formal positions on their definition and approach to Indigenous Data Sovereignty.*

In Australia, organisations such as the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) are actively progressing this issue, with the following synthesis on this from a recent publication (Bodkin-Andrews et. al., 2019):

> *Indigenous Data Sovereignty is the right of Indigenous peoples to govern the collection, ownership and application of data about Indigenous communities, peoples, lands, and resources. Its enactment mechanism Indigenous data governance is built around two central premises: the rights of Indigenous nations over data about them, regardless of where it is held and by whom; and the right to the data Indigenous peoples require to support nation rebuilding. Indigenous Data Sovereignty is now a global movement, with activities expanding from raising awareness within Indigenous nations and nation state data entities to the instituting of Indigenous data governance principles and protocols.*

The Lowitja Institute also has provided a detailed information sheet on the issues around Indigenous data sovereignty, including the following definition (Lowitja Institute, 2021).

> *What is Indigenous Data Sovereignty? Indigenous Data Sovereignty is the right of Aboriginal and Torres Strait Islander peoples, communities and organisations to maintain, control, protect, develop, and use data as it relates to us. Indigenous Data Sovereignty describes how the rights of Indigenous peoples, our experiences, values and understanding are developed and reflected in any data and information gathered about us, our communities and our knowledges. Indigenous Data Sovereignty is practiced through Indigenous data governance.*

The appropriate use of data is an important element of operating within this framework. From a research perspective, the National Health and Medical Research Council (NHMRC) have maintained a policy position requiring ethical practice for research with Aboriginal and Torres Strait Islander peoples. Underpinning all such research are six core values, summarised from Keeping Research on Track II (NHMRC, 2018, p. 7). These values are consistent with the overall direction of Indigenous data sovereignty.

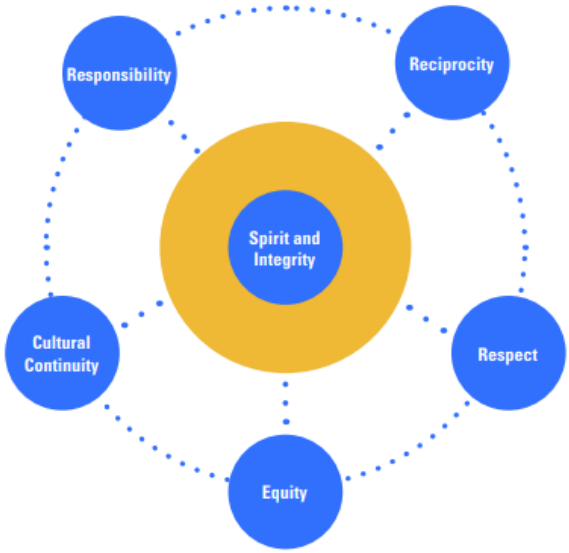

Figure 1 — the six core values[3]

QNMU recognises the importance of effective data in progressing efficient and effective health responses – critical in achieving change against Closing the Gap targets. For example, for Aboriginal Community Controlled Health Organisations (ACCHO's) to be able to effectively and efficiently deliver the needed health outcomes, one area of critical change is that they need to have the highest quality data available, and a part of that quality will be not only access to already collected data but leadership into also deciding what to collect and how such data is used in understanding, prioritising and delivering quality health care.

However, a shift to Indigenous data sovereignty would require significant change. This requires large scale changes to data systems and practices to enable Aboriginal and Torres Strait Islander people to participate in decision-making about data and to use data for their own purposes. Clearly Government have made little progress in bringing these changes. One additional factor is there doesn't appear to be a shared understanding of the intent of this reform area.

The QNMU supports the concept of Indigenous data sovereignty with regard to the management of health data. Given the strongly holistic approach taken to health through the ACCHOs, their input into the design of data collection targets is critical to effective data supporting health decision making.

Institutionalised Racism

A key factor behind concerns in the achievement of change in organisations and in closing the gap is the incidence of institutional racism. Two recent documents, shared below, add to this evidence.

A major audit of all Queensland public hospitals regarding their level of racism was published in 2017. The Institutional Racism report summary (Marrie 2017, p. 233) provides a clear picture of consistent issues across all Hospital and Health Services (HHS) with regard to identified elements of institutional racism.

Table 18 : Institutional racism ratings for QH's 16 HHSs for 2014-2015

5 Key Indic-ators	Participation in Governance (40 points)	Policy Implementation (30 points)	Service Delivery (30 points)	Recruitment & Employment (20 points)	Financial Accountability and Reporting (20 points)	Total (140 points)
HHS						
CH	3	5	5	4	0	**17**
CHQ	0.5	6.5	6	0.5	0	**13.5**
CQ	0.5	2	3	4.5	0	**10**
CW	0.5	13	17	6.5	0	**37**
DD	0.5	11	8.5	0	0	**20**
GC	0.5	9	4.5	3.5	0	**17.5**
M	0.5	5	4	2	0	**11.5**
MN	3	6	4	5	0	**18**
MS	0.5	3	0	2	0	**5.5**
NW	10.5	12	4	4.5	0	**31**
SW	0.5	9.5	2	0	0	**12**
SC	0.5	5.5	13	15	0	**34**
TC	10.5	8.5	5.5	2	0	**29 .5**
T	10.5	17	5	3.5	0	**36**
WM	0.5	5	5	0	0	**10.5**
WB	0.5	6.5	7	2.5	0	**16.5**

This audit provides a baseline for observing change, with the 5 areas assessed providing some direction through which change could be achieved, looking particularly at areas of inclusion and reporting. While this is a relatively recent audit, anecdotal evidence suggests little has changed in these areas.

Further insights into experiences with the health system is provided by Topp et al. (2022, p2956-2957) in their findings on the governance of Aboriginal and Torres Strait Islander Health workers in a North Queensland health district. The focus of their research was the level which governance structures supported full and meaningful participation.

An important consideration in regional and remote health is the attraction and retention of staff, and the attraction of Aboriginal and Torres Strait Islander staff is recognised as of particular importance in providing both a culturally safe work environment and also the provision of a culturally safe environment for the provision of care. Thus, this raises issues of attracting and retaining staff – when they may be paid at much lower levels than other staff, or be provided with less attractive working conditions.

The underlying elements of equity inevitably will be associated with different broader treatment and attitudes.

The table below provides a comparison of Award conditions for different professionals employed by Queensland Health – specifically comparing the conditions provided to Aboriginal and Torres Strait Islander workers, Registered Nurse (RNs), Registered Midwives (RMs) and Clinical Nurse Consultants (CNCs).

There are no overtime provisions for Aboriginal and Torres Strait Islander Workers compared to other staff. Note comparisons in the table are not made with ENs or AINs.

	Aboriginal and/or Torres Strait Islander Health Workers	RN, RM and CNCb
Remote accommodation	• May access QH accommodation if eligible, subject to permissions from health service executive. • Where accommodation not provided, "Special Allowance" $38.66/week.	• Up to 17 months rent-free QH accommodation. • Or weekly allowance of $82.50 pw for up to 17 months if QH accommodation is unavailable. • Health service chief executive (or delegate) has discretion to extend accommodation assistance.
Rural and remote allowances	• Not eligible for this allowance.	• Remote area nursing incentive package benefits per categories below, plus all relocation expenses. • If providing short-term relief to rural & remote facilities, accommodation plus meals (or allowances) provided for up to 4 weeks.

Abbreviations: P/A, per annum; QH, Queensland Health; b/w, between; RN, registered nurse; RM, registered midwife; CNC, clinical nurse consultant; RMOs, resident medical officers; SMOs, senior medical officers; TOIL, time off in lieu; A&TSIHW, Aboriginal and Torres Strait Islander Health Worker; PD, Professional development.
a Aboriginal and Torres Strait Islander Health Workforce (Queensland Health) Certified Agreement (No. 1) 2019.
b Nurses and Midwives (QH and Department of Education) Certified Agreement (EB10) 2018.

Given the recognised significant accommodation issues in regional and remote areas these provisions place at a significant disadvantage – particularly also as they are the lower paid of the groups. These distinctions are made on the basis that Aboriginal and Torres Strait Islander Workers would be able to live at home thus do not need accommodation support. However, given the living conditions, very likely highly crowded, this would place a strong disincentive on these workers.

References

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Topp, S.M., Tully, J., Cummins, R., Graham, V., Yashadhana, A., Elliott, L. & Taylor, S. (2022). Rhetoric, Reality and Racism: The Governance of Aboriginal and Torres Strait Islander Health Workers in a State Government Health Service in Australia. International Journal of Health Policy and Management. 2022 Dec; 11(12): 2951–2963, https// Rhetoric, Reality and Racism: The Governance of Aboriginal and Torres Strait Islander Health Workers in a State Government Health Service in Australia (ijhpm.com)