



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

Submission in response to the Productivity Commission Draft Report - Mental Health Inquiry

February 2020

About NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focussed on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

Our members provide about three million episodes of care per year for about 350,000 people across Australia, which includes about one million episodes of care in very remote regions.

Sector Support Organisations, also known as affiliates, are State based and also represent ACCHOs, offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their members including advocacy, governance and the delivery of State, Territory and national primary health care policies.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers/Practitioners and/or nurses to provide the bulk of primary care services, often with a preventive, health education focus. ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; provision of medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and providing help with income support.

Collectively, we employ about 6,000 staff, 56 per cent who are Indigenous, which makes us the single largest employer of Indigenous people in the country.

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1. Introduction

NACCHO welcomes the opportunity of providing comments on the draft mental health inquiry report. This submission is informed by the valuable feedback provided by:

- Aboriginal Medical Services Alliance Northern Territory
- Derby Aboriginal Health Service
- Kimberley Aboriginal Medical Services Ltd
- Queensland Aboriginal and Islander Health Council
- Winnunga Nimmityjah Aboriginal Health and Community Services
- Wuchopperen Health Service Limited.

It is encouraging to observe that the feedback presented to the Productivity Commission has been listened to, as evidenced in the draft report. We note that the final report will be forwarded to the Australian Government by end May 2020.

The mental health inquiry signifies a moment in Australia's history of mental health reforms to get it right: to improve population mental health outcomes by strengthening the capacity of the system in line with the principles outlined in the draft report:

- People-oriented, putting the consumer, their carers, their family, and their kinship group at the centre;
- Prioritising prevention and early intervention; and
- Ensuring the mental healthcare system is people-oriented rather than supplier-centric.

NACCHO supports these principles, and believes they are foundational to a mental health system that is effective in improving population mental health outcomes.

2. A new way of working with Aboriginal and Torres Strait Islander Australians

This submission, including its recommendations, is informed by our commitment to the Priority Reforms agreed in-principle by the Council of Australian Governments (COAG) Joint Council on Closing the Gap, to be included in the new National Agreement to change the way governments work with Aboriginal and Torres Strait Islander people and accelerate progress on closing the gap. They are:

- Priority Reform 1: Developing and strengthening structures to ensure the full involvement of Aboriginal and Torres Strait Islander peoples in shared decision making at the national, state and local or regional level and embedding their ownership, responsibility and expertise to close the gap.
- Priority Reform 2: Building the formal Aboriginal and Torres Strait Islander community-controlled services sector to deliver closing the gap services and programs in agreed priority areas.

- Priority Reform 3: Ensuring all mainstream government agencies and institutions undertake systemic and structural transformation to contribute to closing the gap.ⁱ

A fourth Priority Reform area will be presented to the Joint Council for endorsement at its next meeting in April 2020. This priority will focus on the need for Aboriginal and Torres Strait Islander control of and access to local data to assist people and communities to drive our own development and accelerate outcomes.

Appendix 1 provides more information about this historic agreement between COAG and Aboriginal and Torres Strait Islander peoples.

Given that mental illness and substance use represent one of the highest levels of disease burden¹ affecting Aboriginal and Torres Strait Islander peoplesⁱⁱ, NACCHO urges the Productivity Commission to recommend this new way of working with our communities is adopted in future system reforms. The only way to close the gap on this disease burden is with the full participation of Aboriginal and Torres Strait Islander peoples and their representatives.

Recommendation

1. The Productivity Commission is urged to adopt the Priority Reforms agreed in-principle by the COAG Joint Council on Closing the Gap, to change the way governments work with Aboriginal and Torres Strait Islander people.

3. Social and Emotional Wellbeing in Aboriginal and Torres Strait Islander communities

Draft finding 20.2 – Social and emotional wellbeing of Aboriginal and Torres Strait Islander people

The impacts of mental ill health in Aboriginal and Torres Strait Islander communities are unique. Our people continue to experience the legacies of colonisation. Much of our experiences of mental – as well as physical – illness is almost entirely because of intergenerational trauma, poverty, dispossession, racism, discrimination and marginalisation.

The draft report demonstrates a strong understanding of how the historical legacies of colonisation – including forced removal from country and acts of genocide – amidst contemporary racist and exclusionary practices continue to have devastating consequences for the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. Knowledge and understanding of the diverse contexts of Aboriginal and Torres Strait Islander peoples' lives provides a compelling rationale for why providers must embed trauma-informed care policies and practices across their services.

¹ The disease groups causing the most burden among Indigenous Australians in 2011 were mental and substance use disorders, injuries, cardiovascular diseases, cancer and respiratory diseases.

We are encouraged to note that the report also provides a compelling argument for addressing the social determinants of health. Many Aboriginal and Torres Strait Islander peoples continue to live in socioeconomically deprived circumstances that have profound impacts on their health, education and employment outcomes.ⁱⁱⁱ

Case Study 1: What success looks like in mental health and suicide prevention

Sam is a 17-year-old Aboriginal young man living in a regional town in Northern WA.

At 13, Sam started to disengage from school. While his family provided him with protective factors to encourage strength and resilience, there was also some exposure to risk factors. His older siblings had been involved with youth justice and child protection. While Mum works and is supportive and engaged, some adult family members are known to be violent.

Sam hangs out with lots of other young fellas who have been getting in trouble with police. He started to smoke gunja when he was 15 and had an incident where he was violent at school. This left him excluded from the only public high school in the town. He was referred to the local young people at risk meeting where Education Department, Child Protection and Child and Adolescent Mental Health staff in the region made a plan for him. All of the government services had been trying to engage with Sam on and off since this time with no success. Sam would say: "I'm not mental – why should I see that mental health mob" or "That school doesn't even want me – the teachers just push me to react." It was evident that Sam did not feel safe or trusting with mainstream services.

The local ACCHO Social and Emotional Wellbeing (SEWB) male worker learned about Sam from other young people already engaged in weekly SEWB on country group activities. He began to slowly engage with Sam and over time developed a strong and trusting relationship with him.

Whilst this did not result in Sam re-engaging in school, he has accessed a GP where some early intervention has treated some significant physical health issues. Sam has also been supported to engage with an SEWB counsellor where a history of childhood trauma was disclosed and has now started to be addressed.

Sam has also had the opportunity to engage with vocational services and look at employment opportunities as a part of his recovery. Sam's life trajectory, whilst not yet in an independent space – has not progressed down justice or mental health pathways as was expected by services when he was 15.

Two years on, Sam is regularly engaged in SEWB group activities – these groups are his safe and constant space. He is connected to Aboriginal role models that he trusts and is helped to link to other services when needed. This takes lots of time and the pace for full recovery will be slow (years), but it is working because it is coming from a culturally safe ACCHO.

In her research study into trauma-informed services for Indigenous peoples in Australia, Canada and the United States of America, Pederson found that effective trauma-informed practices include:

- Recognising the social determinants of health;
- Incorporating holistic approaches; and
- Demonstrating a commitment to work with and from the knowledge of Indigenous peoples which, for Aboriginal and Torres Strait Islander peoples, includes validating our values of culture, country, self-determination and community control.^{iv}

Pederson's findings are validated in a project that recently explored strengths-based, bottom-up approaches to delivering Aboriginal health and wellbeing services.^v In its report on the Kimberley Aboriginal Caring for Culture Project findings, the Kimberley Aboriginal Law and Culture Centre illustrates the importance of recognising the strong links between culture and social and emotional wellbeing. It notes that cultural foundations – cultural practice, identity, knowledge and connections – are essential to social, cultural and emotional wellbeing.^{vi}

NACCHO believes that a holistic framework of understanding individual needs, desires and experiences of health and wellbeing and how they intersect with the social, emotional and cultural wellbeing of the community – as outlined in case study 1, above – is critical to designing services for Aboriginal and Torres Strait Islander peoples. The evidence base demonstrates that best practice principles for developing solutions to preventable problems begin with self-determination, community control, cultural safety and a holistic response.^{vii} We therefore contend that the solutions for achieving improvements in Aboriginal and Torres Strait Islander peoples' social and emotional wellbeing lie in appropriately resourcing Aboriginal and Torres Strait Islander community controlled organisations.

4. The case for community control: Aboriginal health in Aboriginal hands

Draft recommendation 5.9 – Ensure access to the right level of care

Draft recommendation 5.2 – Assessment and referral practices in line with consumer treatment needs

It is vital that Aboriginal and Torres Strait Islander communities struggling with chronic, complex and challenging circumstances can access culturally appropriate, holistic, preventative services with trusted service providers which have expertise in working with whole families affected by intergenerational trauma.

NACCHO notes the recommendation that the mental health system be reconfigured in line with the stepped care model (primary mental health) as outlined in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*. We support this approach, and believe that comprehensive primary health care, with commissioning capacity to resource service gaps as per the stepped care model, represents a responsive and effective solution to strengthen system accessibility, timeliness and cultural appropriateness.

Comprehensive primary health care delivers better population health outcomes; more equally distributed health; lower hospitalisation rates; and lower national health care costs. Our member services provide primary health care services in accordance with the Aboriginal holistic definition of health. This model of care arises from the practical experience within the Aboriginal community itself having to provide effective and culturally appropriate health services to its communities.

Case Study 2: *What success looks like in culturally safe, social and emotional wellbeing services*

The Derby Aboriginal Health Service (DAHS) Social and Emotional Well Being (SEWB) unit has a clinical and a community engagement approach. This dual approach ensures clients have clinical and cultural support either in DAHS or in their homes. This means the SEWB team (Psychologist, Aboriginal Mental Health Worker, Social Worker, Youth Worker, Perinatal Worker, Intensive Family Support Worker and Family Carer's Support Worker) engage with clients by: holding men's activities out on country; creating a men's gym and fitness group; a youth group focusing on girls at risk; a clinic for youth only; and, activities designed to strengthen parenting skills for mums and dads with new babies.

In a first for Western Australia, SEWB have formed a partnership with a not-for-profit organisation to create two positions (government funded) to work directly with families on issues that are a factor in their children being removed by Child Protection and Family Services (CPFS). The first position (Intensive Family Support) focuses on keeping families together by working one on one with them to address issues such as budgeting and shopping, improving school attendance, addressing substance misuse and creating a safe and healthy home environment for children. The second position works with foster families to ensure they have the support they require to look after the children in their care.

In partnership with another Aboriginal organisation, DAHS designed and delivers a program which focuses on supporting men and women explore, often for the very first time, their strengths rather than focusing on their deficits. Using a strengths-based approach, the program successfully delivered its first workshops to 22 Aboriginal men and 16 Aboriginal women where, for many of the participants, they were told for the first time that they matter, that they are good, strong men and women. This naturally brought about discussions in how they could engage in some behavior modification. One participant said that when he went home, he was going to make his wife a cup of tea instead of expecting her to make him one – he said he had never thought of that before. It was then possible to use this metaphor to consider how that might translate to supporting his family in various ways.

Currently, the SEWB team works from a 70-year-old asbestos building which is not designed for working with clients in the mental health and social and emotional wellbeing sector. Providing one-on-one counselling, youth engagement, group and family counselling is constrained by the inadequate design of the building which was once a family home. Providing activities that form part of a client's treatment is not possible again due to the design of the house. Building modifications to accommodate new office space and client contact areas are constrained by the asbestos material of the property.

Given the deep and respectful footprint that DAHS has within the town, and the 7 remote communities it provides a clinical service to, and the work the unit is undertaking in the social, emotional and wellbeing space, it is clear that any further improvements in addressing Aboriginal ill-health is compromised. Increasing the numbers of Aboriginal people who are supported to strengthen their social and emotional wellbeing will reduce the high numbers of people with chronic diseases, will strengthen and heal families, reduce the high levels of high risk behaviours in young people and ultimately, assist in Closing the Gap.

Case study provided by Derby Aboriginal Health Service, Western Australia

Aboriginal Community Controlled Health Organisations (ACCHOs) deliver culturally safe, trauma informed services in communities dealing with extreme social and economic disadvantage. These communities are also affected by, and their disadvantage compounded by intergenerational trauma. ACCHOs are supporting positive changes in the lives of their members, as the above case study from Derby Aboriginal Health Service demonstrates.

5. Mental health, social health and wellbeing services

Suicide prevention

Draft recommendation 21.2. Indigenous organisations should be the preferred providers of local suicide prevention activities for Aboriginal and Torres Strait Islander people.

NACCHO notes the draft recommendation, that Aboriginal and Torres Strait Islander organisations be preferred providers of local suicide prevention activities. We support this recommendation but advise the scope of funding be expanded to cover all primordial prevention, mental health, social, cultural and emotional wellbeing, and suicide prevention services. We believe the funding of these much-needed services through ACCHOs will provide economies of scale as well as draw on an already demonstrated successful model of service delivery as demonstrated in the case study provided by the Aboriginal Medical Service Alliance NT (below).

In line with the principle underpinning the recommendations in the draft report, that the mental health system should be people-oriented, putting the consumer, their carers, their family, and their kinship group at the centre, we wish to draw the Productivity Commission's attention to studies that demonstrate ACCHOs deliver more cost-effective, equitable and effective primary health care services to Aboriginal and Torres Strait Islander peoples. ACCHOs are 23 per cent better at attracting and retaining Aboriginal and Torres Strait Islander clients than mainstream providers.^{viii} Aboriginal and Torres Strait Islander people in general have a clear preference for the use of ACCHSs for their health care, particularly because of the focus on culturally safe care.^{ix} The cultural safety in which ACCHO services are delivered is a key factor in their success. Further, it has been estimated that the lifetime health impact of interventions delivered by our services is 50 per cent greater than if these same interventions were delivered by mainstream services, primarily due to improved Indigenous access.^x

Case Study 3: What success looks like in mental health and suicide prevention

DESTINATION:

- All Aboriginal and Torres Strait Islander people with signs of severe depression and increased risk of suicide receive timely, culturally responsive, evidence-based treatment.
- Every Aboriginal and Torres Strait Islander child with high level depression will be assessed by a qualified health provider on the day of presentation in order to be offered treatment consistent evidence-based guidelines to prevent suicide attempt.
- Medical team to assess medication prescription and compliance.
- Social and emotional wellbeing (SEWB) assessment and triage within ACCHO.
- Collaboration between Mental Health Assessment Team and various community supports to keep the person safe.

Ryan: “Depressed so much I don’t want to be here anymore”

Ryan is a 19-year-old man originally from Galiwinku. He was told to leave his community and live in Darwin because he had stolen from family members and as a result, no one wanted him in the community. In Darwin he was homeless until an aunty took him in.

Ryan became so depressed that he couldn’t get out of bed. He stopped eating and talked about killing himself. His aunty brought him into the local ACCHO and a collaborative multidisciplinary triage and assessment was conducted. His depression level suggested a high risk of suicide. Medication management proceeded and the SEWB team began communicating with the Mental Health Assessment Team for safety planning around Ryan. SEWB Aboriginal Support Workers contacted his aunty and any other community supports that could be integrated into the safety plan. The ACCHO continued to monitor Ryan’s mental health until the high-risk period passed.

Hospitalisation was avoided, and Ryan was able to return to Galiwinku.

Case study provided by Aboriginal Medical Services Alliance Northern Territory.

Justice Health

Information request 16.1 – Transition support for those with mental illness released from correctional facilities

We acknowledge the profile (Box 16.10) given to the services delivered by the Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga Nimmityjah AHCS). Winnunga Nimmityjah AHCS has been providing services to Aboriginal and Torres Strait Islander peoples who are incarcerated for over 20 years and has an abundance of experience and expertise in the provision of health care and social emotional and cultural wellbeing services in NSW and ACT prisons. In 2018, Winnunga Nimmityjah AHCS commenced implementing autonomous services in the Alexander Maconochie Centre (AMC) for detainees, within its own model of care.

The decision by the ACT Government to invite Winnunga Nimmityjah AHCS to establish health and wellbeing services in the AMC is ground-breaking and a first such service for Australia. It will in time be seen as a historic moment in the care of Indigenous detainees in prisons right across Australia. The decision to establish Winnunga Nimmityjah AHCS services in the AMC was a recommendation of the Moss Inquiry into the treatment in custody of Steven Freeman, following his tragic death, and will be an enduring legacy to his memory.

We note the information request relating to transition support for individuals with mental illness released from correctional facilities (on parole or not). The average number of Aboriginal and Torres Strait Islander people in prisons continues to rise. They currently represent 28 per cent of the total adult prisoner population.^{xi} NACCHO urges the Productivity Commission to recommend government expansion of and investment into models of care designed by and for Aboriginal and Torres Strait Islander peoples, such as that exemplified by Winnunga Nimmityjah AHCS.

Draft finding 16.1 – Prevention and early intervention to reduce contact with the criminal justice system

Draft finding 16.4 – Health justice partnerships

We are pleased to note draft recommendation 16.4, relating to incarcerated Aboriginal and Torres Strait Islander people, which proposes – in the next two years – that State and Territory Governments ensure Aboriginal and Torres Strait Islander people in correctional facilities have access to culturally appropriate mental health supports and services.

In addition to funding culturally appropriate mental health supports and services for people in correctional facilities, NACCHO believes there is merit in funding health justice partnerships for people at risk of poor health, including mental ill health.^{xii} Health justice partnerships in the ACCHO context address people's fears and distrust about the justice system. These partnerships provide a culturally safe setting in which to have conversations about legal matters. Lawyers may be trained to work as part of a health care team. Alternatively, health care workers may be upskilled to start a non-threatening, informal conversation about legal matters with clients, which results in referrals to *pro bono* legal services.

In line with the principle underpinning the recommendations in the draft report, that the mental health system should prioritise prevention and early intervention, NACCHO draws the Productivity Commission's attention to an innovative, culturally safe, health justice project that was recently evaluated, which has been operating at Wuchopperen Health Service Limited, in partnership with LawRight, since 2016:

Case Study 4: Law Yarn

In conversations with local Elders and LawRight, Wuchopperen Health Service Limited entered into a justice health partnership in 2016. The partnership has been guided by a commitment to prevention and early intervention. Its aims are to respond to people's civil law and health needs, reduce barriers to accessing justice, and support good health and wellbeing outcomes in Aboriginal and Torres Strait Islander communities.

At the heart of the health justice partnership is Law Yarn, a unique, culturally safe resource, designed in consultation with Elders and LawRight staff. Law Yarn helps trained health workers to yarn with members of remote and urban communities about their legal problems and connect them to legal help which is based in the health service.

During 2018-19, Law Yarn was independently evaluated by the Jumbunna Institute for Indigenous Education and Research based at the University of Technology, Sydney. As part of the evaluation, 77 client files were reviewed, and 24 clients and 44 health staff were surveyed.

The evaluator noted that empowering clients to feel in control of a situation by providing culturally appropriate information and supporting them to make informed decisions enables their capacity to address legal problems. It also contributes to improved wellbeing as stress and anxiety are reduced (p.35).^{*} A key result of the evaluation was that all clients reported the legal intervention improved their health and well-being.

^{*} <http://www.lawright.org.au/cms/page.asp?ID=61184>

Justice health partnerships provide a model of integrated service delivery that go to the heart of the social determinants of health. These are key causal factors contributing to the overrepresentation of Aboriginal and Torres Strait Islander peoples in the criminal justice system and their unacceptably high levels of psychological distress and suicide.^{xiii} With Aboriginal community control at the front and centre of service design, these partnerships are able to deliver both preventive law and preventive health for Aboriginal and Torres Strait Islander peoples. NACCHO urges the Productivity Commission to recommend government investment in these innovative partnerships in line with its commitment to the principle of prevention and early intervention.

Traditional healers

Draft recommendation 20.3 – Traditional healers

We are encouraged by the recognition given to the role of traditional healers as strengthening Aboriginal and Torres Strait Islander social, cultural and emotional wellbeing, as evidenced in the Productivity Commission's profile of the Ngangkari of Central Australia. NACCHO believes the partnership between Ngangkari and the South Australian Government (see case study below) represents a best practice approach for engaging with traditional healers.

Case Study 5: Integration of Traditional Healers in SA

South Australian legislation recognises the contribution of Aboriginal and Torres Strait Islander medicine in the treatment of mental illnesses in its *Mental Act 2009 (SA)*. As a result, there have been many positive developments in the use and integration of traditional healers in care. A recent example of this is the introduction of Aboriginal traditional healers, known as Ngangkari, treating patients in hospitals and healthcare facilities across the Northern Adelaide Local Health Network.

A Ngangkari is a traditional healer, with origins from Anangu Pitjantjatjara Yankunytjatjara Lands and connections to other remote Aboriginal groups within Central Australia. Ngangkari inherit the healing powers through beliefs, bloodlines and traditional training methods, and focus on healing a person's spirit.

In its February 2019 media release, SA Health* states:

Aboriginal traditional healers, known as Ngangkari, are working hand-in-hand with health professionals to treat patients in hospitals and healthcare facilities across the Northern Adelaide Local Health Network. Executive Director of Aboriginal Health, Kurt Towers, said Ngangkari provide an essential service for physical, emotional and cultural health and wellbeing.

"In an innovative national-first, the Northern Adelaide Local Health Network (NALHN) Aboriginal health team has developed the first formalised and clinical endorsed procedure to support Ngangkari healers working in a health setting, including mental health," Mr Towers said.

"The formal agreement enhances the recognition of the role of Aboriginal traditional medicine within Australian health care. We have had exceptional support from doctors, nurses and staff throughout NALHN, and the addition of the service will help our efforts to Close the Gap and achieve greater health and life expectancy equality for Aboriginal people."

Director of Critical Care, Dr Simon Jenkins, said NALHN clinicians recognise the Ngangkari as a valued profession. "From a western medicine perspective, it's difficult to conceptualise this kind of diagnosis and treatment, but the Ngangkari methods of healing have a profound effect on patients and complement mainstream treatment," Dr Jenkins said. "Doctors, nurses and allied health staff across NALHN can now refer patients for an appointment with a Ngangkari to support their recovery and help patients get better quicker."

The formalised agreement, developed in conjunction with the Anangu Ngangkari Tjutaku Aboriginal Corporation (ANTAC), allows ongoing access for patients and supports a culturally responsive and respectful health system that contributes to better outcomes for Aboriginal people.

ANTAC was established to bring Ngangkari together to deliver their healing treatments to Aboriginal and Torres Strait Islanders or their kinship in need and manage training and decisions on who is a Ngangkari, which is determined by bloodlines. Founder and Chief Executive Officer, Dr Francesca Panzironi, said supporting the 60,000-year-old Aboriginal traditional medical knowledge system in hospitals allows healing of the spirit and helps with a sense of culture in a hospital setting.

"In simple terms, when people get sick the Ngangkari use their traditional healings methods to take away the pain," Dr Panzironi said. "The healers use methods including Pampuni (Healing Touch), Mapampa (Blowing) and Marali (Spiritual healing and bush medicines) to complement mainstream treatment. Patients say things like, 'I felt the energy had left me'. After seeing a Ngangkari, they say they feel better, like their spirit has returned."

Current Aboriginal patients can request the Ngangkari Service by speaking with a NALHN health professional to obtain a referral for a Ngangkari appointment

*<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/news+and+media/all+media+releases/aboriginal+traditional+healers+help+patient+care>

Case study provided by the Aboriginal Health Council of South Australia.

NACCHO supports the draft recommendation that the Australian Government evaluate best practices for partnerships between traditional healers and mainstream mental health services for Aboriginal and Torres Strait Islander peoples. Our support for traditional healers in mainstream practices is, however, conditional on those practices having implemented Reconciliation Action Plans and Anti-Racism plans.

Institutional racism is evident in the Australian health care system and has a profound impact on improving health and wellbeing outcomes of the Aboriginal and Torres Strait Islander peoples. Institutional racism is distinctive and separate to personal racism. Institutional racism is seen where racist features are directly or indirectly linked with the policies, program, structures, attitudes, hierarchies, practices and perspectives of the organisation. Also, institutional racism may appear in different forms within the system. It is characterised as the absence or insufficiencies of appropriate considerations intentionally or unintentionally which leads to racial disadvantages.^{xiv,xv} Systemic racism greatly influences Aboriginal and Torres Strait Islander peoples' access to health care and limits individuals from receiving the same quality of healthcare services available for other Australians.^{xvi}

Open and honest discussions about how institutionalised racism may be present within Australian Government and health service policies and practices are essential to addressing disparities between Aboriginal and Torres Strait Islander peoples and other Australians. Such conversations must be de-stigmatised in order to objectively understand how inequalities may be unconsciously perpetuated by institutions intended to support minority groups

Recommendations

2. ACCHOs are preferred providers of all mental health funding – not just funding for suicide prevention – to provide the range of services as outlined in the stepped care model of primary mental health care.^{xvii}
3. ACCHOs are resourced to build and establish comprehensive Social and Emotional Wellbeing teams to strengthen the capacity of the Aboriginal mental health workforce employed in the ACCHO sector.
4. Mental health funding for Aboriginal and Torres Strait Islander peoples should not be given to mainstream services unless there is agreement no ACCHOs have the capacity to take it on.
5. In cases where mental health funding is given to mainstream services, it is on the condition that a capacity building plan is prepared to enable the local ACCHO to take it on in the future.
6. The Productivity Commission recommends government expansion of and investment into models of care designed by and for Aboriginal and Torres Strait Islander peoples in mainstream environments (for example, hospital and gaols), such as that exemplified by Winnunga Nimmityjah Aboriginal Health and Community Services.

6. Proposed policy and governance reforms

Draft recommendations:

21.2 – Empower Indigenous communities to prevent suicide

22.1 – A national mental health and suicide prevention agreement

22.2 – a new whole-of-government mental health strategy

22.4 – Establishing targets for outcomes

NACCHO notes the proposed recommendation that the Council of Australian Governments (COAG) Health Council be tasked with developing:

- a renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and associated Implementation Plan to guide suicide prevention activities in Indigenous communities;
- implementing a National Mental Health and Suicide Prevention Agreement; and
- a set of targets that specify key mental health and suicide prevention outcomes that Australia should achieve over a defined period of time.

Our position is that any proposed policy reforms which impact Aboriginal and Torres Strait Islander peoples must be considered through a co-design process, as part of the new way of working with Aboriginal and Torres Strait Islander peoples, agreed to in principle by the COAG Joint Council on Closing the Gap:

- Priority Reform 1: Developing and strengthening structures to ensure the full involvement of Aboriginal and Torres Strait Islander peoples in shared decision making at the national, state and local or regional level and embedding their ownership, responsibility and expertise to close the gap.^{xviii}

Further, we believe that in addition to the role articulated for the COAG Health Council, the COAG Joint Council on Closing the Gap should be engaged in discussions on the proposed policy reforms.

Draft recommendation 22.5 – Building a stronger evaluation culture

Information request 22.1 – Governance arrangements for the National Mental Health Commission

We note the Productivity Commission is recommending that the National Mental Health Commission (NMHC) be given statutory authority to undertake the role of leading evaluations of mental health and suicide prevention and other related programs.

Information is requested on the mechanisms required to support the NMHC undertake this interjurisdictional role.

NACCHO notes the Productivity Commission is recommending the COAG Health Council provide support to the National Mental Health Commission in taking on this new role. We recommend that the COAG Joint Council on Closing the Gap should also be engaged in discussions on proposed evaluations that impact on Aboriginal and Torres Strait Islander peoples. Due to a lag in closing the gap, government agencies and service providers must

evaluate all aspects of their spending on policies and programs affecting Aboriginal and Torres Strait Islander people. In particular, where funding is directed to services not delivered by ACCHOs and other Aboriginal Community Controlled Organisations, it is important to evaluate what impact such funding has on outcomes for Aboriginal and Torres Strait Islander peoples.

NACCHO's position is that incorporating Aboriginal and Torres Strait Islander perspectives throughout evaluation should be mandatory and involve:

- evaluations being led and conducted by Aboriginal and Torres Strait Islander evaluators;
- realistic and appropriate lead times for the co-design and co-production of evaluation with Aboriginal and Torres Strait Islander peoples, communities and organisations;
- co-production of evaluation occurring between government agencies, evaluators and Aboriginal and Torres Strait Islander people;
- privileging Aboriginal and Torres Strait Islander research methodologies.
- Aboriginal and Torres Strait Islander representation on evaluation steering committees to maintain oversight of process;
- sharing evaluation results with ACCHOs and other Aboriginal and Torres Strait Islander stakeholders; and
- providing a formal process for raising any concerns about the evaluator and/or the evaluation process (e.g. bias or a lack of cultural competence or ethical conduct).

Further, cultural competency must be embedded in evaluation practice. This involves building skills, knowledge, behaviours and systems that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.^{xix} We note the extent to which cultural competency and capability are addressed in current evaluation practice varies considerably. Only around half of Australian Government and state/territory health program evaluation reports commissioned between 2007 and 2017 integrated aspects of 'cultural respect'.^{xx}

Draft recommendation 23.3 – Structural reform is necessary

Information request 23-1 – Architecture of the future mental health system

NACCHO supports the Productivity Commission's preference for the proposed Rebuild model under which State and Territory Governments would establish Regional Commissioning Authorities (RCAs), on condition:

- The Productivity Commission is able to confirm that no ACCHO would lose money as a result of this proposed structural reform;
- ACCHOs are funded for each component in the stepped care model in primary mental health care service delivery; and

- RCAs are mandated to establish Aboriginal and Torres Strait Islander governance groups with majority Indigenous membership including ACCHOs, and decision-making powers including consultation and agreement on funding decisions.

Recommendations

8. Any proposed national policy reforms that impact Aboriginal and Torres Strait Islander peoples must be considered through a co-design process with Aboriginal and Torres Strait Islander peoples and their representatives.
7. The COAG Health Council should engage the COAG Joint Council on Closing the Gap in discussions on the proposed policy reforms and the new proposed role for the National Mental Health Commission.
8. In its new role as interjurisdictional body responsible for leading evaluations, the National Mental Health Commission must demonstrate how it will develop and strengthen its structures to ensure the full involvement of Aboriginal and Torres Strait Islander peoples in shared decision making.
9. The Productivity Commission's preference for the proposed Rebuild model under which State and Territory Governments would establish Regional Commissioning Authorities (RCAs), is supported on condition:
 - a. The Productivity Commission is able to confirm that no ACCHO would lose money as a result of this proposed structural reform;
 - b. ACCHOs are funded for each component in the stepped care model in primary mental health care service delivery; and
 - c. RCAs are mandated to establish Aboriginal and Torres Strait Islander governance groups with majority Indigenous membership including ACCHOs and decision-making powers including consultation and agreement on funding decisions.

7. Foundational systems and supports

Medicare Benefits Schedule (MBS)

Draft recommendation 24.1 – Flexible and pooled funding arrangements

NACCHO notes the proposal that MBS-rebated and regionally commissioned allied mental healthcare should be funded from a single pool, and commissioning agencies such as Primary Health Networks or Regional Commissioning Authorities should be able to co-fund MBS-rebated allied mental health professionals so as to create a single budget from which all primary allied mental healthcare would be funded.

We support this proposal on the condition that it is based on population needs.

Data from the Productivity Commission's *Indigenous Expenditure Report 2017* shows that in real terms health expenditure (excluding hospital expenditure) for Aboriginal and Torres Strait Islander people *fell* 2 per cent from \$3,840 per person in 2008-09 to \$3,780 per person

in 2015-16.^{xxi} Over the same period, expenditure on non-Indigenous people *rose* by 10 per cent.²

The failure to ‘close the health gap’ is not surprising because critically important per capita expenditure on Aboriginal health is falling. From data in the *Indigenous Expenditure Report 2017* we can estimate that the additional non-hospital expenditure required for equitable non-hospital health spending based on need for Aboriginal and Torres Strait Islander people is approximately \$1.4 billion per year.^{xxii}

This estimate is based on the conservative assumption that as Aboriginal and Torres Strait Islander people have 2.3 times the burden of disease as non-Indigenous people.^{xxiii} They require 2.3 times the amount of non-hospital health expenditure to meet their health care needs. This estimate does not include extra costs associated with dealing with greater levels of co-morbidity; the higher proportion of Aboriginal and Torres Strait Islander people in remote areas which are subject to market failure and higher costs; and the additional costs associated with delivering cross-cultural care. Nor does it take into account the increased investment needed to ‘close the gap’, that is, to improve Aboriginal and Torres Strait Islander health *faster* than non-Indigenous health.

Workforce

NACCHO is encouraged to note that the Productivity Commission recognises that one of the priority areas for ‘the way forward’ includes addressing workforce shortages (p.183), and that one of the building blocks of a people-oriented mental health system is a workforce with the capacity to respond to the full spectrum of population needs (Figure 4.2). We are aware that progress in mental health workforce resourcing and expansion will be shaped by national workforce initiatives currently underway.

² From the Productivity Commission’s Indigenous Expenditure Report 2017 detailed pivot tables, Table P.5. Non-Hospital health expenditure includes:

- 1. Public and community health services (excluding subsidies)**
 - Public health services
 - Community health services
 - Community mental health services
 - Patient transport
 - Other community health services
 - Other health practitioners
 - Community health
 - Dental services
- 2. Health care subsidies and support services**
 - Health service subsidies
 - Medical services subsidies (including Medicare)
 - Private Health Insurance subsidies
 - Pharmaceuticals, medical aids and appliances
 - Pharmaceuticals subsidies (PBS)
 - Other medications
 - Aids and appliances
 - Research and administration
 - Health research

Information request 11.1 – Aboriginal and Torres Strait Islander health workers

We note that the Productivity Commission is seeking information from participants on any barriers impeding career progression for Aboriginal and Torres Strait Islander health workers, including barriers to the ability to move to broader health professions, such as mental health nursing.

NACCHO and its member services are committed to the provision of primary health care services that are holistic and responsive to community identified needs. We therefore believe that career progression should be considered through a wide lens of the training and recruitment requirements of multidisciplinary teams (comprising Aboriginal health workers/practitioners, mental health nurses, social workers and psychologists) that are resourced to deliver services through the proposed stepped care model, across communities within specific geographic regions.

The establishment of these multidisciplinary teams is an area of high need for Aboriginal and Torres Strait Islander people. We note that in 2016–17 reporting period, nearly two-thirds of ACCHOs reported mental health and social and emotional wellbeing services as a service gap (63%).^{xxiv} We urge the Productivity Commission to recommend the expansion and resourcing of:

- Regionally based, Aboriginal community controlled registered training organisations to deliver Aboriginal Health Worker curricula in Social and Emotional Wellbeing.
- Mental Health and Social and Emotional Wellbeing teams across ACCHOs as a priority, to address the pervasive service gap.

We are confident that the establishment of multidisciplinary teams in our ACCHOs will not only provide the necessary services to strengthen the mental health and social and emotional wellbeing of our communities. Daily exposure to and understanding of a range of professions will provide professional development opportunities for the Aboriginal and Torres Strait Islander workforce.

Data**Draft recommendation 25.1 – A data linkage strategy for mental health data****Information request 25.1 – Under-utilised datasets**

NACCHO recognises the power of data for agencies, including governments, to evaluate performance and to inform future investments in policies, programs and projects. We are aware that access to accurate, timely, and localised data may be used to strengthen the mental health and wellbeing outcomes of Aboriginal and Torres Strait Islander communities. Use of accurate data provides the evidence base for evaluating what's working and where system improvements may be required. Many of our member services routinely use qualitative and quantitative data to inform business planning and decision-making, and guide continuous quality improvements, under the overarching objective of improving the health outcomes of individuals, families and communities.

Our appreciation of and respect for data is prefaced by our shared understanding of how data such as statistical collections have been used as colonial tools of surveillance and control in some areas, resulting in the destruction of Aboriginal and Torres Strait Islander culture and community. Most of the Aboriginal and Torres Strait Islander data currently collected continues to be used to perpetuate discourses of deficit and pathology. This created a problematic Indigeneity and can be used to justify government interventions, including punitive measures. It is not surprising, then, that the accumulation of many generations of Aboriginal and Torres Strait Islander peoples' experiences of colonial and post-colonial interventions have coloured our relationship with data. We have an abiding concern, shaped by historical legacies of distrust, in knowing what data are collected and how this information is used, both with and without our consent.

We urge the Productivity Commission to consider any activities to increase data linkage and address data gaps in the historical and political contexts of Australia's First Peoples encounters with governments: data is an inherently political construct that always serves the interests of those agents who seek to collect, analyse and disseminate it. The issue of trust, or lack of trust in institutions, also relates to the extent and accuracy of information that Aboriginal and Torres Strait Islander peoples are prepared to provide. For example, depending on their relationships with different agencies, people will be comfortable about declaring Aboriginality on some forms, but not on others. This will have a flow-on effect on data linkage.

Our position is that the sharing and release of Aboriginal and Torres Strait Islander client data must be designed in partnership with Aboriginal and Torres Strait Islander peoples. We believe it is essential for data governance principles and structures to recognise and accommodate the need for Aboriginal and Torres Strait Islander peoples' self-determination and community-control in all steps of collecting and using data. In practice, this means ensuring the collection, reporting, sharing and release of Aboriginal and Torres Strait Islander peoples' data is culturally appropriate, safe, competent and in the best interests of Aboriginal and Torres Strait Islander peoples, and the benefits of sharing outweigh the harms.

In recent community engagements with Aboriginal and Torres Strait Islander people and communities led by the Coalition of Peaks, participants raised the need for Aboriginal and Torres Strait Islander control of and access to local data to assist people and communities to drive our own development and accelerate outcomes. The summary report of these engagements notes that: 'access to data helps us make informed decisions on the development, implementation and evaluation of policies and programs for our communities. It ensures we are equal partners with governments and can make shared decisions on issues that are important to us.'^{xxv}

The Coalition of Peaks has subsequently proposed a fourth priority reform area.

- Aboriginal and Torres Strait Islander peoples accessing their own local data to assist people and communities to drive their own development and accelerate outcomes.

On 23 January 2020, the Prime Minister committed \$1.5 million for an Aboriginal and Torres Strait Islander data project to develop regional profiles of Closing the Gap targets, Priority Reforms, and other community priorities to support regional decision making between Aboriginal and Torres Strait Islander communities and Australian governments. This project will be led by the Coalition of Peaks in partnership with the Indigenous Data Network and inform delivering on the new Priority Reform Four (see **Appendix 1** for more information).

Housing

Draft recommendation 24.3 – National Housing and Homelessness Agreement

NACCHO welcomes the recommendation that COAG should increase the quantum of Australian Government funding for State and Territory Government-provided housing and homelessness services, under the National Housing and Homelessness Agreement. Further, we support the recommendation that State and Territory Governments should use this additional funding to expand their provision of housing and homelessness services for people with mental illness. We note that Aboriginal and Torres Strait Islander people with mental health issues are seven times more likely to seek homelessness services than other Australians.^{xxvi}

In addition, we would like to draw the Productivity Commission's attention to the importance of environmental health to health outcomes, including mental health and wellbeing outcomes. A healthy living environment with adequate housing supports not only the health and wellbeing of individuals and families; it also enhances educational achievements, community safety and economic participation.^{xxvii} In 2014-15, it was reported that about 25 per cent of housing for Aboriginal and Torres Strait Islander people had major structural problems.^{xxviii} In addition to overcrowding, poor and derelict health hardware (including water, sewerage, electricity) leads to the spread of preventable diseases. These conditions also impact on people's mental health and wellbeing.^{xxix}

NACCHO has also received anecdotal evidence that mental health problems – including suicide – are exacerbated in overcrowded houses not fit for social purpose. This is corroborated by Coroner Fogliani in her report on the findings of the coronial inquest into the deaths of 13 children and young people in the Kimberley Region:

Practically all of the children and young persons whose deaths were investigated had disrupted home lives, many of them did not live with their parents, and a number of them were transient between different Aboriginal communities, living in overcrowded and/or inadequate housing arrangements. p. 68^{xxx}

The inquest noted the high demand for and shortage of social housing available in the Kimberley Region.

In addition to an increase in the provision of housing and homelessness services, NACCHO recommends that social housing providers must invest in repairs and maintenance, including housing audits and home hardware assessments, of their existing housing stocks. These environmental health and maintenance programs for Aboriginal people must be in Aboriginal hands. Community controlled organisations must be funded by social housing providers to drive the necessary knowledge exchange between those who hold technical expertise and those who have been denied it. Communities have ideas on how to manage overcrowding, maintain housing stock and build new housing through local entrepreneurship. It is time for Aboriginal and Torres Strait Islander leaders to be heard.

Further, we note there is currently a disconnect between the levels of government investment into remote housing and the identified housing needs of remote communities. This disconnect is increasingly being exacerbated by population increases in Aboriginal communities.^{xxxix} Given that Aboriginal and Torres Strait Islander people living in remote or very remote regions of Australia are more likely to be social housing tenants,^{xxxix} we urge the Productivity Commission to recommend that the Australian Government extend the current National Partnership on Remote Housing to match at least that of the former National Partnership Agreement on Remote Indigenous Housing. A review of the latter partnership agreement found that:

- An additional 5,500 homes are required by 2028 to reduce levels of overcrowding in remote areas to acceptable levels;
- A planned cyclic maintenance program, with a focus on health-related hardware and houses functioning, is required;
- Systematic property and tenancy management needs to be faster; and
- More effort is required to mobilise the local workforces to do repairs and maintenance work.^{xxxix}

Poorly developed links between housing and other agencies, including ACCHOs, can result in gaps for vulnerable people. Collaborative relationships enable the development of value added, shared solutions which can contribute to strategies that ensure safe, secure, sustainable tenancies for the whole family. Furthermore, these can create a stronger platform to address complex local problems. NACCHO envisages vibrant, integrated partnerships between housing, environmental health, primary health (ACCHOs), and social service providers at the local level and supported by the head offices of departments and agencies.

Recommendations

10. The proposed flexible and pooled funding arrangements for the MBS are supported on condition they are based on Aboriginal and Torres Strait Islander population needs.
11. The Productivity Commission is urged to recommend the expansion and resourcing of:
 - a. regionally based, Aboriginal community controlled registered training organisations to deliver Aboriginal Health Worker curricula in Social and Emotional Wellbeing; and
 - b. Mental Health and Social and Emotional Wellbeing teams across ACCHOs as a priority, to address the pervasive service gap. Future work on increasing data linkage and addressing data gaps in mental health must be undertaken in a co-design process with Aboriginal and Torres Strait Islander peoples and their representatives.
12. Future work on increasing data linkage and addressing data gaps in mental health must be undertaken in a co-design process with Aboriginal and Torres Strait Islander peoples and their representatives.
13. State and Territory Governments invest in environmental health and maintenance programs delivered by community controlled organisations.

8. Conclusion and list of recommendations

The draft report outlines some bold and welcome proposals for redesigning the mental health service system. We wish to remind the Productivity Commission that Aboriginal and Torres Strait Islander peoples and their representatives must be decision makers on what a culturally safe mental health system looks like. NACCHO is strongly committed to and interested in being part of the solutions to strengthen the mental health outcomes of Aboriginal and Torres Strait Islander peoples. We look forward to working in a genuine co-design process with the Productivity Commission on the next steps towards a new mental health system.

NACCHO recommends that:

1. The Productivity Commission is urged to adopt the Priority Reforms agreed in-principle by the COAG Joint Council on Closing the Gap, to change the way governments work with Aboriginal and Torres Strait Islander people.
2. ACCHOs are preferred providers of all mental health funding – not just funding for suicide prevention – to provide the range of services as outlined in the stepped care model of primary mental health care.^{xxxiv}
3. ACCHOs are resourced to build and establish comprehensive Social and Emotional Wellbeing teams to strengthen the capacity of the Aboriginal mental health workforce employed in the ACCHO sector.

4. Mental health funding for Aboriginal and Torres Strait Islander peoples should not be given to mainstream services unless there is agreement no ACCHOs are currently available with the capacity to take it on.
5. In cases where mental health funding is given to mainstream services, it is on the condition that a capacity building plan is prepared to enable the local ACCHO to take it on in the future.
6. The Productivity Commission recommends government expansion of and investment into models of care designed by and for Aboriginal and Torres Strait Islander peoples in mainstream environments (for example, hospital and gaols), such as that exemplified by Winnunga Nimmityjah Aboriginal Health and Community Services.
7. Any proposed national policy reforms that impact Aboriginal and Torres Strait Islander peoples must be considered through a co-design process with Aboriginal and Torres Strait Islander peoples and their representatives.
8. The COAG Health Council should engage the COAG Joint Council on Closing the Gap on discussions on the proposed policy reforms and the new proposed role for the National Mental Health Commission.
9. In its new role as interjurisdictional body responsible for leading evaluations, the National Mental Health Commission must demonstrate how it will develop and strengthen its structures to ensure the full involvement of Aboriginal and Torres Strait Islander peoples in shared decision making.
10. The Productivity Commission's preference for the proposed Rebuild model under which State and Territory Governments would establish Regional Commissioning Authorities (RCAs), is supported on condition:
 - a. The Productivity Commission is able to confirm that no ACCHO would lose money as a result of this proposed structural reform;
 - b. ACCHOs are funded for each component in the stepped care model in primary mental health care service delivery; and
 - c. RCAs are mandated to establish Aboriginal and Torres Strait Islander governance groups with majority Indigenous membership including ACCHOs and decision-making powers including consultation and agreement on funding decisions.
11. The proposed flexible and pooled funding arrangements for the MBS are supported on condition they are based on Aboriginal and Torres Strait Islander population needs.
12. The Productivity Commission is urged to recommend the expansion and resourcing of:
 - a. Regionally based, Aboriginal community controlled registered training organisations to deliver Aboriginal Health Worker curricula in Social and Emotional Wellbeing; and
 - b. Mental Health and Social and Emotional Wellbeing teams across ACCHOs as a priority, to address the pervasive service gap. Future work on increasing data linkage and addressing data gaps in mental health must be undertaken in a co-

design process with Aboriginal and Torres Strait Islander peoples and their representatives.

13. Future work on increasing data linkage and addressing data gaps in mental health must be undertaken in a co-design process with Aboriginal and Torres Strait Islander peoples and their representatives.
14. State and Territory Governments invest in environmental health and maintenance programs delivered by community controlled organisations.

APPENDIX 1

A new way of working with Aboriginal and Torres Strait Islander peoples

An historic Partnership Agreement on Closing the Gap was signed in March 2019 between the Council of Australian Governments (COAG) and the Coalition of Peaks, a representative body comprised of around fifty Aboriginal and Torres Strait Islander community controlled peak organisations. These organisations have come together to be partners with Australian governments on closing the gap, a policy aimed at improving the lives of Aboriginal and Torres Strait Islander people. This means that now, for the first time, Aboriginal and Torres Strait Islander people, through their peak body representatives, will share decision making with governments on Closing the Gap.

Following the signing of the Partnership Agreement, a Joint COAG Council was established. This Joint Council has 22 members, comprising a Minister from the Commonwealth Government, a Minister from each State and Territory Governments, and a representative for local government. This makes up ten members. It also includes 12 representatives from the Coalition of Peaks. The Joint Council is co-chaired by the current Commonwealth Minister for Indigenous Australians and a representative of the Coalition of Peaks chosen by the Peaks. Currently this representative is NACCHO CEO, Pat Turner.

The Partnership Agreement embodies the belief of all signatories that:

- When Aboriginal and Torres Strait Islander peoples are included and have a real say in the design and delivery of services that impact on them, the outcomes are far better;
- Aboriginal and Torres Strait Islander peoples need to be at the centre of Closing the Gap policy: the gap won't close without our full involvement; and
- COAG cannot expect us to take responsibility and work constructively with them to improve outcomes if we are excluded from the decision making.

Subsequently, the Joint Council agreed to develop a new National Agreement on Closing the Gap centred on three reform priorities. The reform priorities seek to change the way Australian Governments work with Aboriginal and Torres Strait Islander peoples and organisations, and accelerate life outcomes for Aboriginal and Torres Strait Islander peoples, these are:

1. Establishing shared formal decision making between Australian governments and Aboriginal and Torres Strait Islander people at the State/Territory, regional and local level to embed ownership, responsibility and expertise on Closing the Gap.
2. Building and strengthening Aboriginal and Torres Strait Islander community-controlled organisations to deliver services and programs in priority areas.
3. Ensuring all mainstream government agencies and institutions undertake systemic and structural transformation to contribute to Closing the Gap.

In response to the findings of community engagements across Australia, the Coalition of Peaks has now proposed a fourth priority reform area to the Joint Council:

4. Aboriginal and Torres Strait Islander peoples accessing their own local data to assist people and communities to drive their own development and accelerate outcomes.

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