CLOSE THE GAP

TRANSFORMING POWER: VOICES FOR GENERATIONAL CHANGE

CLOSE THE GAP CAMPAIGN REPORT 2022

A report prepared by the Lowitja Institute for the Close the Gap Steering Committee | March 2022

Acknowledgements

This report is a collaborative effort of the Close the Gap Campaign Steering Committee. Funding for the report was provided by Oxfam Australia.

Authors: Lowitja Institute

Writing and editing team: Janine Mohamed, Rosemary Smith, Banok Rind, Phoebe Dent, Emily Thomson, Katyia Zissermann, and Croakey Professional Services.

Design and layout: Dreamtime Creative

Icons: Karko Creations

Printing: IndigiPrint

Cover: Demonstrators protesting for land rights outside the Aboriginal Embassy in Canberra, 30 July 1972 (Source: Green, *Sydney Morning Herald*)

Published by: The Close the Gap Campaign Steering Committee

@Close the Gap Campaign Steering Committee for Indigenous Health Equality, 2022

This work is licensed under the Creative Commons Attributrion – NonCommercial – ShareAlike 2.5 Australia License.
To view a copy of this license visit: http://creative-commons.org/licenses/by-nc-sa/2,5/au or send a letter to Creative Commons, 171 Second Street, Suite 300, San Francisco, California, 94105, USA.

Copies of this report and more information are available to download at https://human-rights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications

Warning: Aboriginal and Torres Strait Islander peoples should be aware that the Close the Gap report may contain images, names and voices of people who are deceased.

CLOSETHEGAP

Contents

Foreword 4

Executive Summary 6

Recommendations 7

- Structural reform 7
- Innovation driven by cultural intellect and cultural safety 7
- Empowering communities to improve health and wellbeing through equal access 8

Introduction 9

- Aboriginal and Torres Strait Islander-led Transformation 9
- Celebrating 50 Years of Advocacy 11
- The Aboriginal Tent Embassy 11
- History of the Aboriginal Tent Embassy 11

A Year in Review 12

- Community response to COVID-19 12
- Gender justice and equity 13
- Climate emergency 13
- Key developments on Closing the Gap in 2021 14
- NAATSIHWP 16
- Transforming Indigenous Mental Health and Wellbeing 17

Aboriginal and Torres Strait Islander-led Transformation 18

- Champions4Change 20
- The Lived Experience Centre 22
- National Indigenous Youth Education Coalition 24

Gender Justice: Equality and Equity 26

- Institute for Urban Indigenous Health: Birthing in Our Community Program 28
- Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future 30
- The Tangentyere Women's Family Safety Group 32

Allyship 34

- Koorie Youth Council: Marram Nganyin Program 36
- 'Shake the bush': working together on climate, housing and energy justice 38
- Yarning Online OnCountry 40

Conclusion 42

Acronyms and Abbreviations 43

Close the Gap Campaign Steering Committee Members 44

Endnotes 45

Foreword

We would like to start by acknowledging the 55 members who form the Close the Gap Steering Committee and the Lowitja Institute for producing the 2022 Close the Gap Campaign Report.

This year's report, *Transforming Power – Voices for Generational Change*, is a small collection of the hundreds of stories that catalogue the success of Aboriginal and Torres Strait Islander-led initiatives.

We know that to improve the outcomes for Aboriginal and Torres Strait Islander peoples, large-scale systemic reform and a paradigm shift in policy design and delivery is necessary to truly empower Aboriginal and Torres Strait Islander peoples.

In recognition of this, this report's recommendations mirror those of previous years. It has again utilised a strengths-based framework to demonstrate how Aboriginal and Torres Strait Islander ways of knowing, being and doing present culturally safe, place-based, and appropriate solutions.

We are facing unprecedented times in global history, and our mob and our allies have done extraordinary work in keeping our communities safe and COVID free for much of this pandemic. From the Aboriginal Medical Services and remote health care workers, to individuals who have followed government health advice, we have all played a part in keeping our families and mobs safe.

But our shared commitment, our collective effort to care and shelter one another, is all the more pressing because we know the consequences of inaction. We understand how a pandemic such as this can have devastating effects for those who endure poor living conditions, with limited access to health care and living in overcrowded housing.

To adequately address the extreme but preventable inequalities that Aboriginal and Torres Strait Islander people experience, we must first draw on Aboriginal and Torres Strait Islander people's knowledge and expertise.

This report highlights in no uncertain terms what *we* already know.

Initiatives that recognise Aboriginal and Torres Strait Islander leadership, that provide genuine opportunities for decision making, and strengthen and embed cultures, do and will lead to positive sustainable improvements in health and wellbeings.

If we as a nation are committed to Aboriginal and Torres Strait Islander health equity and equality, then we must also be committed to the recommendations in this report.

Transformation, allyship and gender justice and equality are the key themes, but they are not just catch phrases. They are integral components of Aboriginal and Torres Strait Islander people's ability to exercise power, agency and responsibility. This is the living expression of self-determination.

For us, self-determination is not just an abstract idea that we talk about in a rights-based framework, it is *the* primary mechanism that enables us to take control of our lives; to determine the outcomes of our futures; to make heard the voices of those in our communities – those who are the most vulnerable and marginalised.

This is how we and our communities transform, by elevating and empowering all of our voices.

On the release of the 13th annual Close the Gap Report, we ask you to engage with the stories, to hear our voices, to see the work carried out by our communities and in our communities, to witness the strength of our determination to see a better future for ourselves and our children.

As we continue to endure the effects of this worldwide pandemic – to those of you who work tirelessly, seen and unseen, big and small, to uplift our families and communities, we thank you.

As always, a key priority of the campaign and this report is to give space, extend opportunity and create platforms for *our* voices to be heard.

This is our narrative, and these are *our* stories.

Finally, as co-chairs, we would like to thank the wider Australian public and the 55 Close the Gap Campaign members for their contribution to this work and for their ongoing support and commitment to better health outcomes for Aboriginal and Torres Strait Islander peoples.

Ms June Oscar AO
Aboriginal and Torres Strait Islander Social Justice Commissioner

Mr Karl Briscoe
CEO, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)

Co-Chairs – Close the Gap Campaign

Executive Summary

This year's annual report from the Close the Gap Steering Committee tells stories of transformation and success through the voices of Aboriginal and Torres Strait Islander peoples. We aim to elevate the voices of those working tirelessly to support our communities and support their calls for change in health and wellbeing services, policies and programs.

Over the past 12 months, Aboriginal and Torres Strait Islander peoples have continued to work on behalf of their communities to face the unprecedented health challenge of a global pandemic. This report focuses on the strengths and success of these community-led initiatives in the face of such challenges, recognising the importance of Aboriginal and Torres Strait Islander leadership in driving innovation and creating change.

The themes of this year's report are Aboriginal and Torres Strait Islander-led transformation, gender justice: equality and equity, and allyship. The report speaks to each of themes, with a clear message that Aboriginal and Torres Strait Islander leadership in forging effective partnerships is key to transforming health and wellbeing policies and programs.

While there have been several notable developments in Aboriginal and Torres Strait Islander health policy over the last 12 months, including the roll-out of the National Agreement on Closing the Gap and the release of a new 10-year National Aboriginal and Torres Strait Islander Health Plan, a paradigm shift in health and wellbeing policy and planning is needed. It is critical that policies and programs are developed and delivered in partnership with Aboriginal and Torres Strait Islander peoples to ensure the specific needs of Aboriginal and Torres Strait Islander peoples and communities are identified and addressed.

> "Health equity can be achieved when models and approaches are self-determined and Aboriginal and Torres Strait Islander-led."

June Oscar AO, Aboriginal and Torres Strait Islander Social Justice Commissioner

It is the responsibility of governments to lead system reforms and, for this to work, it must be accompanied by increased investment in the four priority reform areas identified within the National Agreement on Closing the Gap.

These priority areas have been strategically identified by Aboriginal and Torres Strait Islander peoples as overarching areas required to drive better outcomes for Aboriginal and Torres Strait Islander peoples and communities. All governments have committed to them in the National Agreement, and significant reform can be achieved where there is matching political will and investment.

> "Sustaining our allyship with our partners to support self-determination of Aboriginal and Torres Strait Islander peoples."

Karl Briscoe, CEO, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners

Recommendations

In the changing and challenging environment of the past 12 months, Aboriginal and Torres Strait Islander communities and organisations have worked to keep culture strong and to lift the expectations of governments and mainstream organisations of what we can achieve through community-driven, holistic approaches to health and wellbeing.

Increased investment in models and approaches which are self-determined and Aboriginal and Torres Strait Islander-led is essential to ensuring policies and programs are robust, equitable, transparent and responsive to the needs of Aboriginal and Torres Strait Islander peoples.

Structural reform

As in previous years, we again call on governments to make large-scale systemic reforms to truly empower Aboriginal and Torres Strait Islander peoples. We call on governments to support Aboriginal and Torres Strait Islander peoples' self-determination and leadership.

We call on governments to:

1. Fully implement the Uluru Statement from the Heart, including a constitutionally enshrined Aboriginal and Torres Strait Islander Voice to Parliament.
2. Fully implement the 2020 National Agreement on Closing the Gap, the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 and other supporting plans, with a commitment to long term (10+ years) needs-based and coordinated cross-sectional funding by federal, state, territory and local governments.
3. Invest in Aboriginal and Torres Strait Islander-led data development at the local level and uphold the principles of Data Governance and Sovereignty by following through on commitments to communities and individuals to access place-based data to design community-driven initiatives.
4. Develop an Aboriginal and Torres Strait Islander-led research agenda for health and wellbeing, with a particular focus on the impacts of systemic racism in health systems. This should include an investment in knowledge translation and research impact.

Innovation driven by cultural intellect and cultural safety

Aboriginal and Torres Strait Islander peoples and communities have continued to grow, innovate and thrive despite the ongoing impacts of systemic racism, natural disasters and pandemics.

Aboriginal and Torres Strait Islander peoples have successfully adapted to respond to such challenges and know the solutions that work best to deliver strengths-based, community-driven initiatives, which empower localised processes and cultural understandings that cannot be prescribed by national programs or policies.

To support continued change, governments must invest in such Aboriginal and Torres Strait Islander-led innovation.

We call on governments to:

5. Establish and support empowerment and leadership forums for Aboriginal and Torres Strait Islander young peoples at national, state and territory and local levels, to provide them with the opportunity to engage in decision-making processes for policies, programs and services. These forums should privilege and honour the voices of Aboriginal and Torres Strait Islander young peoples and support strengths-based, place-based social and emotional wellbeing initiatives.

6. Invest in Aboriginal and Torres Strait Islander workforce development to support the growth of the community controlled sector and community-led service delivery solutions. This will support and strengthen the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. Support for community-driven, holistic approaches to health and wellbeing policies, programs and services is essential to increase access to health care by Aboriginal and Torres Strait Islander peoples.
7. Develop a comprehensive National Action Plan which outlines the full implementation of recommendations from the landmark *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future* report. This plan should provide a holistic national framework that identifies and addresses the complex needs and intersectional issues that are specific to Aboriginal and Torres Strait Islander women.
8. In partnership with Aboriginal and Torres Strait Islander peoples, evaluate and report on the effectiveness of policy and programs for the prevention of violence against women. Results should be incorporated into reporting activity conducted by the Productivity Commission on progress against Close the Gap targets. The development of a new National Plan to Reduce Violence against Aboriginal and Torres Strait Islander Women and their Children should also be prioritised.
9. Support strong Aboriginal and Torres Strait Islander leadership in the development and implementation of community-designed primary prevention strategies addressing violence against women and their children. This should include the establishment of multi-disciplinary primary prevention networks and workforce across all states and territories.

Empowering communities to improve health and wellbeing through equal access

Aboriginal and Torres Strait Islander peoples have long understood the appropriate practices and policies to address the needs of community and Country.

These solutions work to repair and restore Country, and protect it from future harm, as well as to improve the health and wellbeing of all Aboriginal and Torres Strait Islander peoples, in the face of climate change and other critical challenges. Equitable access to national infrastructure, notably in housing, climate adaptation and digital technology, is critical and should be developed and delivered in partnership with Aboriginal and Torres Strait Islander peoples to ensure the specific needs of Aboriginal and Torres Strait Islander peoples and communities are identified and addressed.

We call on governments to:

10. Develop a whole-of-government national housing strategy or framework that delivers appropriate housing and strategies to reduce overcrowding, poor housing conditions and severe housing shortages in remote communities. Housing and infrastructure planning should include:
    a. adaptable strategies to mitigate the unique challenges for Aboriginal and Torres Strait Islander peoples, particularly in remote communities
    b. embedded Aboriginal and Torres Strait Islander cultural knowledge and conservation and land management practices
    c. investment in Aboriginal and Torres Strait Islander-led research into housing and infrastructure needs, including knowledge translation and research impact
    d. leadership by Aboriginal and Torres Strait Islander people through the establishment of a national peak body.
11. Invest in IT infrastructure for Aboriginal and Torres Strait Islander communities to ensure equal access to the internet, regardless of location for an individual or community. This is essential to ensuring equitable access to health, education and income support services and programs, and to being able to realise the objectives of the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 to improve access to telehealth, digital health, data collection and other technologies.
12. Achieve true energy and climate justice by effectively responding to the climate emergency and the extreme heat and other weather events resulting from climate change in remote communities. Governments must invest in mitigation, prevention and adaptation planning for Aboriginal and Torres Strait Islander communities.

Introduction

Aboriginal and Torres Strait Islander-led Transformation

Despite the ongoing impacts of systemic racism, climate change, natural disasters and pandemics, health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples are being improved through innovative, community-led solutions. These self-determined, localised solutions address the unique cultural context and intersectional issues that are specific to Aboriginal and Torres Strait Islander peoples.

Across Australia, Aboriginal and Torres Strait Islander communities are leading the way in transforming health and community services, policies and programs, by rebuilding them with culture and Country at the centre. These community-led solutions are able to respond effectively to current and future needs in a robust and holistic way, using cultural knowledge and practices to restore the wellbeing of their communities.

However, despite the cultural safety, intellect and integrity that Aboriginal and Torres Strait Islander people and communities bring to solutions, governments and mainstream organisations still fail to recognise and invest in Aboriginal and Torres Strait Islander leadership and capacity. As we reflect in this report, this continues to slow progress on addressing and eliminating racism, providing equal and equitable access to essential infrastructure and achieving true gender and climate justice.

Priority Reform Three in the new **National Agreement on Closing the Gap** commits the parties to "systemic and structural transformation of mainstream government organisations to improve accountability and respond to the needs of Aboriginal and Torres Strait Islander people."[1] Clause 59 of the Agreement commits government parties to a range of transformational elements, including to:

- identify and eliminate racism
- embed and practise meaningful cultural safety
- deliver services in partnership with Aboriginal and Torres Strait Islander organisations, communities and people
- increase accountability through transparent funding allocations
- support Aboriginal and Torres Strait Islander cultures
- improve engagement with Aboriginal and Torres Strait Islander people.[2]

To underscore this commitment, this report explores Aboriginal and Torres Strait Islander leadership in forging effective partnerships to transform health and wellbeing policies and programs, and provide strengths-based, community-driven solutions. Mainstream government organisations must genuinely commit to each of the transformation elements to truly facilitate change and break down these systems of control.

Since 2009 the Close the Gap Campaign Steering Committee has delivered an annual report. Initially this report was focused as a 'shadow' report to the Australian Government Report on Closing the Gap, which provided an analysis of policy and program commitments under the Closing the Gap Strategy.

In 2019 a decision was made to shift the Close the Gap Campaign Report to a strengths-based analysis of good health through an Aboriginal and Torres Strait Islander narrative. That approach has seen recent reports focused on the following priority areas:

- 2020 Report – *We Nurture our Culture for our Future, and our Culture Nurtures Us*, examining the themes of culture through self-determination and leadership, Aboriginal and Torres Strait Islander beliefs and knowledge, cultural expression and continuity, and connection to Country.
- 2021 Report – *Leadership and Legacy through Crises: Keeping Our Mob Safe*, examining the themes of culturally empowered solutions to protecting communities from COVID-19, asset-based and holistic approaches for addressing climate change, and resilience and protective factors for social and emotional wellbeing.

The Close the Gap Campaign continues to adopt a strengths-based approach in our 2022 annual report, telling stories of transformation and success through the voices of Aboriginal and Torres Strait Islander peoples. The collective advocacy, strength and resilience of our communities has transformed the Close the Gap Campaign to ensure Aboriginal and Torres Strait Islander-led solutions are recognised as the most effective way to improve health outcomes for our people.

This report focuses on three key themes: Aboriginal and Torres Strait Islander-led transformation, gender justice: equality and equity, and allyship.

Three key themes of this report:

Transformation

Gender justice: equality and equity

Allyship

It features nine case studies that demonstrate the essential role of Aboriginal and Torres Islander-led decision-making and self-determination, and the need for reflection and accountability from governments and mainstream services. We believe each one is an exemplar of cultural strength and should lift expectations of what can be achieved for Aboriginal and Torres Strait Islander health and wellbeing through innovative, culturally safe, community-driven solutions.

Celebrating 50 Years of Advocacy

The Aboriginal Tent Embassy

This year's Close the Gap Campaign Report features images of the Aboriginal Tent Embassy, celebrating and commemorating 50 years since it was established on the lawns of Old Parliament House in Canberra. It is not only one of the world's longest continuing protest sites, but a stark reminder for all Australians that Aboriginal sovereignty has never been ceded.

In recognition of this landmark anniversary, we acknowledge all Aboriginal and Torres Strait Islander peoples who have dedicated their lives to recognition and protection of Aboriginal and Torres Strait Islander land rights, sovereignty and self-determination.

History of the Aboriginal Tent Embassy

The Aboriginal Tent Embassy, in its original form, consisted of a beach umbrella set on the lawn opposite Australia's then Parliament House on 26 January 1972. It was named the Aboriginal Embassy by the four men who set it there in protest of the McMahon Government's approach to Aboriginal and Torres Strait Islander land rights.

The embassy took several forms over the years but was permanently re-established on the lawns outside the now Old Parliament House in 1992. Its historic significance was recognised in 2015 when it was included on the Commonwealth Heritage List as part of the Old Parliament House precinct.[3]

PHOTO: Aboriginal Tent Embassy (AIATSIS)

A Year in Review

Amid the ongoing global COVID-19 pandemic, Aboriginal and Torres Strait Islander peoples have continued to work on behalf of their communities to face this unprecedented health challenge and to progress health equality.

Aboriginal and Torres Strait Islander peoples continued to seek change and drive self-determination in health and community service policies and programs, contributing to several notable developments in Aboriginal and Torres Strait Islander health policy over the last 12 months.

These include the roll-out of the new National Agreement on Closing the Gap through detailed implementation plans from each of the parties and the release of a new 10-year National Aboriginal and Torres Strait Islander Health Plan, developed by the Australian Government in partnership with Aboriginal and Torres Strait Islander peoples.

Community response to COVID-19

> “Our communities are strong and resilient and have responded rapidly and effectively to the pandemic when they have been trusted, enabled and resourced by governments to lead the way. We need governments to work together with Aboriginal Community Controlled Health Organisations to support culturally safe delivery of vaccines and improve data collection to increase vaccination coverage as quickly as we can.”
>
> **Dr Janine Mohamed, CEO, Lowitja Institute, 2021**

Throughout the last two years of the global COVID-19 pandemic, Aboriginal and Torres Strait Islander organisations and communities have responded with comprehensive and effective public health measures to curb the spread of the virus and prevent potentially devastating outcomes. Early action on the part of Aboriginal Community Controlled Health Organisations (ACCHOs) ensured communities were vaccinated through targeted campaigns and community outreach such as house-to-house visits, vax-a-thon days, vaccine champions, vaccine vans, barbeques, concerts and football festivals. ACCHOs also developed comprehensive health messaging to combat misinformation and lies circulating on social media around the virus and vaccination.

These actions saw the prevention of COVID-19 within Aboriginal and Torres Strait Islander communities until the extensive outbreak of the Delta strain in New South Wales in mid-2021 and then the nationwide outbreak of the more contagious Omicron strain in late 2021.

To adequately address differing strains of COVID-19, government and health services providers needed to frequently adapt their response to the rapidly changing environment. In order to do this effectively, access to timely and accurate data at a local level was essential. The lack of access to this information during recent outbreaks of COVID-19 highlighted the need for systemic reform to the way health data is collected on a national scale, and its importance in long term planning and resourcing for the primary health care systems.

This also highlighted the critical role of the Aboriginal and Torres Strait Islander health workforce in crisis response, such as vaccine delivery and health messaging.

Gender justice and equity

International and national movements for gender equality have contributed to a growing focus on the rights of Aboriginal and Torres Strait Islander women and girls. This came in Australia over the past 12 months amid a mainstream reckoning on sexism and gender inequalities that perpetuate harm against women and children.

However, Aboriginal and Torres Strait Islander women and girls have been persistent in this current national discussion, and for decades past, on the need for specific strategies and approaches that take into account their unique experiences as a result of colonialism and racism.

Justice for Aboriginal and Torres Strait Islander women and girls means justice across all aspects of life: in health, social and emotional wellbeing, land and Country, across legal and child protection systems, and in the delivery of services and housing. It also means the creation of laws and policies that meet the unique needs of Aboriginal and Torres Strait Islander women. The commitment from the Australian Government in the last 12 months to develop a dedicated plan for Aboriginal and Torres Strait Islander women’s and children’s safety was welcomed. However, Aboriginal and Torres Strait Islander leadership in the development and implementation of such a plan is essential.

Climate emergency

The climate emergency has also been a critical focus over the past year, with the release of the sixth assessment report from the Intergovernmental Panel on Climate Change (IPCC 2021), the United Nations Convention on Climate Change (COP26) in Glasgow, and a distinct lack of action and leadership in Australia from the Australian Government.

Climate change is already having a disproportionate impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples and exacerbating existing levels of health inequity. It is compounding historical injustices and disrupting cultural and spiritual connections to Country, a central determinate of Aboriginal and Torres Strait Islander health and wellbeing.

While many adaptations to the climate crisis are known, for example, the provision of renewable energy and energy-smart housing, access is not equitably or equally available to Aboriginal and Torres Strait Islander peoples. There is an urgent need for greater action on climate change and a movement of climate justice for Aboriginal and Torres Strait Islander peoples that understands the need to learn from past mistakes and address existing inequities. Particularly, we need to urgently address living conditions through better designed houses and energy infrastructure, and develop comprehensive place-based climate adaption and mitigation plans built on the profound cultural knowledge of Aboriginal and Torres Strait Islander peoples.

National Agreement on Closing the Gap

The National Agreement on Closing the Gap identifies four priority reform areas and 17 socio-economic outcomes that are critical to addressing the devastating and ongoing legacy of colonialism and marginalisation of Aboriginal and Torres Strait Islander peoples. The Agreement came into effect in July 2020 and sets out a 10-year framework to close the gap in life expectancy within a generation and reform the way governments work with Aboriginal and Torres Strait Islander peoples.

Throughout 2021, the federal, state and territory governments, local governments and the Coalition of Peaks developed and released their first Implementation Plans under the Agreement. Each Implementation Plan details the scope of work to be undertaken under the Agreement until 2031. This is further outlined through an implementation tracker.

Progress towards the priority reforms and outcomes under the Agreement will be further monitored by the Productivity Commission, including through its data dashboard and annual data report.

In July 2021, the Productivity Commission released its first **annual data report** under the Agreement.[4] The report revealed that the central commitment to close the life expectancy gap for Aboriginal and Torres Strait Islander peoples by 2031 was not on track to be met. The report also showed increased rates of Aboriginal and Torres Strait Islander people in prisons and out-of-home care, and of suicide. Only three of the seven targets for which data was available were on track. These were healthy birth weight babies, the enrolment of children in the year before full-time schooling and youth detention rates.

The Productivity Commission's new annual data report is an important tool for tracking progress towards the Closing the Gap priority reforms and targets, and in keeping governments accountable for their commitments and community needs. It also lays bare the significant work to be done, the importance of driving action through the four priority reforms and the need for additional, needs-based funding from all parties to support their implementation plans.

The Close the Gap Campaign will be monitoring all levels of government closely to ensure they are meeting their national and jurisdictional commitments in their Implementation Plans, and to ensure the full intent of the four priority reforms to change the way governments work with Aboriginal and Torres Strait Islander people is embraced.

Key developments on Closing the Gap in 2021:

- Completion of two Sector Strengthening Plans, with a focus on early childhood care and development, and health. They establish the priorities and agreed ways to build these critical Aboriginal and Torres Strait Islander community controlled sectors under Priority Reform Two.
- Addition to the Agreement of a new target on community infrastructure, which will measure progress towards parity in infrastructure, essential services, and environmental health and conditions. This will include data development to measure essential service provision to Aboriginal and Torres Strait Islander communities, including water and sewerage, waste management, road reserves and electricity supply.
- $46.5 million co-contribution by the Australian Government for the Strengthening the Community-Controlled Sector Fund. Funding is allocated over four years to build the capacity of the Aboriginal and Torres Strait Islander community controlled service delivery sector.
- Establishment of the Justice Policy Partnership to address incarceration – the first of five policy priority partnerships to be established.
- Agreement to establish the first two (of six) community data projects in Western Sydney and the Kimberley.

New National Aboriginal and Torres Strait Islander Health Plan

On 15 December 2021, the Australian Government released a refreshed National Aboriginal and Torres Strait Islander Health Plan to provide a national policy framework to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples over the next 10 years. While the current plan was not due to expire until 2023, stakeholders agreed to refreshing the entire plan to link it to the new National Agreement on Closing the Gap, the new 10-year Primary Health Care Plan and Preventive Health Strategy, and the new 10-year National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan.

The National Aboriginal and Torres Strait Islander Health Plan 2021–2031[5] was developed in partnership with Aboriginal and Torres Strait Islander peoples through the Commonwealth Implementation Plan Advisory Group, its sub-committee, the Aboriginal and Torres Strait Islander Health Plan Working Group, and the National Health Leadership Forum.

Building on the visionary and collaborative foundation of the first plan, the refreshed Plan's vision is:

Aboriginal and Torres Strait Islander people enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focused, culturally safe and responsive, equitable and free of racism.[6]

The refreshed Plan embeds the priority reforms and outcomes from the National Agreement on Closing the Gap, recognises the critical role of the Aboriginal community controlled health sector and highlights the need for all health services to provide culturally safe care. It emphasises the importance of strengths-based and rights-based approaches to health and, for the first time, embeds the social and cultural determinants of health for Aboriginal and Torres Strait Islander peoples into a national health policy to ensure it is anchored in Aboriginal and Torres Strait Islander ways of knowing, being and doing, and encompasses a holistic understanding of health and wellbeing.

Like the National Agreement on Closing the Gap, the success of the Plan will ultimately come down to its full implementation, and whether that brings a commitment to new ways of working that centre the leadership of Aboriginal and Torres Strait Islander health organisations, and ongoing needs-based funding.

Indigenous Voice to Government co-design process

In 2021, the Final Report to the Australian Government on the Indigenous Voice Co-design Process was released and proposed "a strong, resilient and flexible system" in which Aboriginal and Torres Strait Islander peoples and communities are engaged in genuine shared decision-making with governments and are heard in processes for policy and law-making[7].

While there is support for the model of a National Voice to Government, we stand by the recommendation made in the 2021 Close the Gap Report, to which the National Health Leadership Forum members are party, which calls on government to fully implement the Uluru Statement from the Heart and a constitutionally enshrined Aboriginal and Torres Strait Islander Voice. We note that the Australian Government already holds a wealth of information on national representative bodies, developed through a history of consulting, establishing and dismantling national Aboriginal and Torres Strait Islander representative bodies dating back to the 1970s.

NAATSIHWP

Building a unique, culturally safe workforce

"The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) is the peak body of a unique workforce established by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people," says NAATSIHWP CEO Karl Briscoe, a proud Kuku Yalanji man from Mossman in the Daintree area of Far North Queensland.

Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are the world's only Indigenous health professions underpinned by national training and regulation. They also stand apart in the Australian health care system. They are primary health care professionals with a combination of clinical, cultural, social and linguistic skills that allow them to act as cultural brokers and health systems navigators, and to deliver culturally safe care to Aboriginal and Torres Strait Islander people living in remote, regional and urban communities who are often not served well by mainstream health services.

"They bring the cultural intellect to care for our mob. They are trusted and they understand the importance of holistic care, and the social and cultural determinants of health, whether they are providing health checks or continuity of care in remote communities often served by other fly-in fly-out services, or driving our mob to appointments along the way checking on their emotional and social wellbeing, as well as how family and other community members are doing. However, much more needs to be done by governments and regulators to allow the professions to work to the full scope of their ability and for the broader health systems to understand and value the uniqueness of their roles," Karl says.

The rollout of the COVID-19 vaccination program demonstrated this need for reform. Not only did it require a focus on logistics and infrastructure, but it also demanded a workforce capable of engaging community members, combating the falsehoods circulating about the vaccine and easing the anxiety resulting from bad experiences with health research and care in the past. Aboriginal and Torres Strait Islander Health Practitioners are trained with the skills and capabilities required to support the delivery of vaccines. However, in some jurisdictions they did not have the legal authority to do so. Many states and territories needed to initiate emergency orders to enable Aboriginal and Torres Strait Islander Health Practitioners to participate and help fill workforce shortages.

The pandemic also highlighted a broader need to establish a nationally consistent minimum scope of practice to guide the roles and increase the utilisation of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners in health services across all sectors of the health systems.

The workforce consistently proves its value and importance. NAATSIHWP is now calling for the permanent harmonisation of medicine authorities and legislation across Australia to allow Aboriginal and Torres Strait Islander Health Practitioners to supply and administer medications in their communities, and for the introduction of a nationally consistent minimum scope of practice.

NAATSIHWP is also urging government to fund the Aboriginal and Torres Strait Islander community controlled sector to support the new National Aboriginal and Torres Strait Islander Health Plan, the new National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan, and the National Agreement on Closing the Gap.

It is critical that NAATSIHWP are supported to design and deliver Indigenous-led programs to support Aboriginal and Torres Strait Islander communities to make informed decisions and have access to culturally safe care across the entire health systems, and to urgently address systemic racism in health care that causes such harm for Aboriginal and Torres Strait Islander clients, Health Workers, families and communities.

Transforming Indigenous Mental Health and Wellbeing

Transforming mental health systems through empowering Traditional Healers

Transforming Indigenous Mental Health and Wellbeing (TIMHWB) is a groundbreaking research program, led by Aboriginal experts and leaders in mental health and wellbeing, including Professor Pat Dudgeon and Professor Helen Milroy.

Over the past year, a key focus for the TIMHWB project has been determining how mainstream mental health services can be more culturally safe. One way to improve cultural safety is through providing access to Ngangkari (Traditional Healers). In a project that is being led by Professor Helen Milroy, the TIMHWB research team are working in partnership with the Ngangkari from NPY Women's Council (NPYWC) to evaluate the impact of mainstream mental health services collaborating with Ngangkari at the Alice Springs Hospital.

Throughout this project TIMHWB will adopt a transformative Aboriginal Participatory Action Research (APAR) methodology. APAR is designed to centre and prioritise Aboriginal and Torres Strait Islander voices and self-determination in research. Through an APAR approach, the questions asked will be co-designed with Ngangkari, and analyses will be done in partnership with Ngangkari, ensuring that responses are interpreted in a meaningful and culturally appropriate way. This research will build the evidence base needed to advocate for mainstream mental health services to work with Traditional Healers in Australia, and will forge the path for future systems-level change and transformation.

This research project builds on the existing relationship between the TIMHWB team and the NPYWC Ngangkari. They had already engaged in focus groups aimed at understanding cultural safety, and at the national Social and Emotional Wellbeing (SEWB) gathering in October 2021, where Ngangkari shared ideas about collaboration with mainstream services. This gathering was attended by mental health and SEWB representatives from community controlled health organisations and peak bodies, and by policy makers, academics and mainstream mental health experts, including the chief psychiatrist of Western Australia.

PHOTO: Pat Dudgeon (Chief Investigator, TIMHWB), Helen Milroy (Chief Investigator, TIMHWB), Aunty Liz Hayden, NPY Women's Council Healers, and Yiriman Project Healers at the SEWB gathering

Aboriginal and Torres Strait Islander-led transformation

“Whether in health, justice or other rights, Aboriginal and Torres Strait Islander people have had to lead on every issue, in every generation, every campaign since colonisation. Aboriginal and Torres Strait Islander people will continue to do so until we are sovereign, until our denied history is acknowledged through the strength of those who have gone before us and our allies who go with us.”

Dr Janine Mohamed, CEO, Lowitja Institute

When we think about Aboriginal and Torres Strait Islander-led transformation, we need only look to Aboriginal Community Controlled Health Organisations (ACCHOs) as the living embodiment.

ACCHOs offer a model of holistic care, focused on the social determinants of health, and have transformed care in Aboriginal and Torres Strait Islander communities. The evidence shows strongly that their model could also transform health care for all Australians if mainstream services followed their lead.

ACCHOs were founded more than 50 years ago, first in Redfern and then across Australia, in response to the inability of mainstream institutions to provide culturally safe, holistic services for Aboriginal and Torres Strait Islander peoples.

As ACCHOs show, Aboriginal and Torres Strait Islander-led transformation goes beyond mere change. It is about radical change and asserting Aboriginal and Torres Strait Islander ways of knowing, being and doing.

We have seen this through generations of courageous reform pursued by Aboriginal and Torres Strait Islander ancestors and Elders, and by so many communities and organisations today urging transformation, for example, in education, responses to rheumatic heart disease, and lived experience of mental health issues and suicide. They show us that those who are most at risk in our systems, or let down by them, should lead change. What is best for them will benefit everyone, be it truth-telling, addressing the social determinants of health, or understanding the unique experiences of Aboriginal and Torres Strait Islander peoples in this country.

Aboriginal and Torres Strait Islander leadership is critical because trust, belonging and knowing are at the heart of any positive change. We need transformation not just of systems, but also of the mind. We need the systems to listen and respond to good practice based on Aboriginal and Torres Strait Islander ways of knowing, being and doing that have been shared and demonstrated over many decades under colonisation.

What does this involve? Understanding and ceding control, where mainstream funders and services recognise and embrace Aboriginal and Torres Strait Islander leadership, learn from Aboriginal and Torres Strait Islander peoples, and change their ways through dedicated and sustained action at all levels of the systems. This will result in transformation of mainstream services that is guided by the wisdom gained over millennia about what works on this country. In fact, at its heart, this is much more than transformation. It is a reinstatement of what works for Aboriginal and Torres Strait Islander peoples, and that which has rightfully worked for our Country for millennia.

Champions4Change

Championing change on rheumatic heart disease

> “Elevating Aboriginal and Torres Strait Islander voices automatically elevates Aboriginal and Torres Strait Islander epistemologies and ontologies – our ways of knowing, being and doing. Cultural strength is part of the foundation of the program.”
>
> **Vicki Wade, RHD Australia Director**

Valerina Mungatopi is an Aboriginal health worker and researcher from Milikapiiti on the Tiwi Islands who is working to eliminate rheumatic heart disease (RHD) and acute rheumatic fever (ARF) for her people.

Valerina is one of nearly 60 Aboriginal and Torres Strait Islander people who are transforming understandings and experiences of RHD and ARF in their own communities and seeking change at the national and international level through the Champions4Change program, hosted by RHD Australia.

RHD is a serious disease of the heart involving damage to one or more of the four small heart valves, which follows one or more bouts of ARF.

ARF is rare in most developed countries, but rates among Aboriginal and Torres Strait Islander people are among the highest in the world, especially for those living in rural or remote settings across central and northern Australia.

ARF and RHD are fully preventable diseases driven by social and environmental determinants of health, including poor quality housing, overcrowding and poverty, which contribute to an inequitable health burden on Aboriginal and Torres Strait Islander people.

“In some of our communities, ARF is endemic and rates continue to rise,” said Champions4Change coordinator Maida Stewart, a Wemba Wemba/ Wergaia woman who has lived in the Northern Territory for 30 years and works alongside Vicki Wade, a senior Noongar woman and RHD Australia Director, who helped launch the program in 2018.

Champions4Change is the first program of its kind in Australia. It works to privilege and promote the voices of its champions, to support them in their lives and work, and to put culture, Country and community at the centre of responses to RHD.

The program emerged in 2018 from a review that Vicki led for RHD Australia on self-management of RHD. It identified a clear need for an Aboriginal and Torres Strait Islander-specific program that had self-determination and culture at its heart.

Its champions currently represent 27 communities across Australia and include people of all ages who are living with RHD and ARF, as well as parents and other family members, Aboriginal Health Practitioners, environmental health workers, education workers and others. Many have long held leadership roles in RHD and other health issues in their communities.

All are volunteers who are passionate for the cause and their communities. They work in multiple ways to support each other, and advocate for ending RHD and for health systems reform. They also design education and awareness programs for their own communities and in their own languages.

“These are people who know their communities better than anyone else does,” Maida said.

“We don’t prescribe what it is that they must or need to do. It’s whatever they think is going to be of benefit to the community and people who are living with ARF and RHD in their communities as well.”

Chief among their efforts is making sure that local culture, language and understandings shape local health messaging. That’s critical, for example, in places like Maningrida in the Northern Territory, one of the most linguistically diverse communities in the world, with 15 languages spoken and a high burden of RHD.

In the past, a lack of culturally aware and safe messaging has led to misunderstandings of RHD, including people not realising that it is preventable.

Just as important is being able to communicate lived experience and cultural knowledge to non-Indigenous health professionals, to address the power imbalances in fly-in fly-out health delivery, Vicki says. This supports people “to empower their communities, so they can better navigate the health systems, make them equal partners in the health relationship”.

The COVID-19 pandemic has been a big disruption for Champions4Change over the past two years, scuttling plans for many gatherings to strengthen and support its champions.

But the group’s ambitions continue to grow, including sustainable funding and a national program that supports better and culturally appropriate housing for Aboriginal and Torres Strait Islander people. This would immediately cut RHD rates and add years to people’s lives.

> “Our champions are from the community. They have the cultural knowledge and the cultural protocols and lore. That means being able to provide strong health information in a culturally appropriate manner in a way that community understands.”
>
> **Vicki Wade, RHD Australia Director**

PHOTO: Anne-Marie Lee (left), Tyrone Brownley (middle), Kynan Bevan (right) at the Champions for Change workshop

Lived Experience Centre

Harnessing unique lived experience

> “You often hear people say ‘the past is past, move on’, but you can’t move on until you acknowledge what happened and what continues to impact on our wellbeing.”
>
> **Leilani Darwin, Director of Aboriginal and Torres Strait Islander Strategy at the Black Dog Institute**

PHOTO: The Aboriginal and Torres Strait Islander Lived Experience members on board the Derwent Hunter Peral Lugger

The final painting of the Aboriginal and Torres Strait Islander Lived Experience Gathering held in Cairns, June 2021. Artist: Margie Woodfield

“We are strong. We are resilient. But we are tired.” That was the powerful message from a participant in a yarning circle on mental health and suicide prevention held by the Black Dog Institute’s then newly formed Aboriginal and Torres Strait Islander Lived Experience Centre in 2020.

For Leilani Darwin, the participant’s words highlight the importance of social and emotional wellbeing for Aboriginal and Torres Strait Islander people, a multi-dimensional concept of physical and mental health that, unlike Western medical models, encompasses connection to Country, culture, spirituality, ancestry, family and communities.

Leilani, a Quandamooka woman, is director of Aboriginal and Torres Strait Islander Strategy at the Black Dog Institute and was founding head of the Lived Experience Centre.

Like many Aboriginal and Torres Strait Islander people, she has long lived experience of trying to navigate the mainstream mental health and suicide prevention sector, and of often being treated poorly in systems and services.

In 2018, Leilani worked on a literature review for Western Australia’s renowned Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, led by Professor Pat Dudgeon.

It investigated how Aboriginal and Torres Strait Islander people’s lived experience of suicide differed from that of other Australians, and sought to determine what supports were needed to empower the inclusion of Aboriginal and Torres Strait Islander lived experience experts in the suicide prevention field.

The review found that historical and ongoing colonisation, including forced removal of children, lack of self-determination, social exclusion and racism at individual and structural levels contribute to the unique and disproportionate experiences of suicide for Aboriginal and Torres Strait Islander peoples[8].

This research led to the creation of the Aboriginal and Torres Strait Islander Lived Experience Centre, the first of its kind in Australia and internationally.

Now headed by Vicki McKenna, a Yawuru and Bunaba woman based in Broome, the Lived Experience Centre has, in just a few short years, forged a reputation as a culturally strong, community-driven organisation, with cultural integrity and self-determination at its core.

It brings together a national network of Aboriginal and Torres Strait Islander people with lived experience to design and deliver culturally safe and trauma-informed mental health and suicide prevention initiatives. It is strong on co-design, co-production and the paid participation of people with lived experience.

PHOTO: Professor Gracelyn Smallwood, Adam Hennessy, Scott Wilson and Nash Wall presenting back to the group at the first Lived Experience Centre gathering in Cairns, Queensland

The Centre’s yarning circles have supported Gayaa Dhuwi’s development of the revised National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, and it is working with the National Aboriginal Community Controlled Health Organisation (NACCHO) on aligning lived experience with the rollout of local suicide prevention networks through NACCHO affiliates.

For Leilani and Vicki, one of the Lived Experience Centre’s biggest strengths is its ability to stand strong when mainstream mental health and suicide prevention organisations or agencies work with Aboriginal and Torres Strait Islander peoples. It enables them “to speak our truth, when systems and structures are failing our communities and families,” Vicki said.

“Most importantly, the key message that the Centre drives home is that all engagements with our people and communities must be meaningful and purposeful,” she says. “We are very serious about the work we do, we don’t want anyone thinking they can just call on us as tokenistic representation.”

Through strong co-design, the Lived Experience Centre has developed a universal definition of Aboriginal and Torres Strait Islander people’s lived experience in mental health and suicide prevention.

The Lived Experience Centre’s definition of Aboriginal and Torres Strait Islander people’s lived experience is:

“A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander people’s ways of understanding social and emotional wellbeing.”[9]

This definition is now informing national suicide prevention efforts through its inclusion in the National Suicide Prevention Advisor’s Final Advice and the National Lived Experience Workforce Guidelines released recently by the National Mental Health Commission.

Amid all this progress, Leilani said the Lived Experience Centre has made sure it takes the time to listen to, learn from and be present with its networks, stakeholders and communities “because this work hadn’t been done before, we didn’t know enough about it and we wanted to get it right”.

National Indigenous Youth Education Coalition

Transforming Aboriginal and Torres Strait Islander education

> "I like my education like I like my coffee – strong and Blak."

Hayley McQuire, Co-founder and CEO of the National Indigenous Youth Education Coalition

The National Indigenous Youth Education Coalition (NIYEC) is working with Aboriginal and Torres Strait Islander people to call for an Indigenous-led education system, and to demand truth-telling by the mainstream education system.

"We recognise the transformative effects education can have in our lives and communities," says Hayley McQuire, a Darumbal and South Sea Islander woman, and the co-founder and CEO of NIYEC. "Through education we can assert self-determination, improve health outcomes, support employment opportunities and build our communities."

PHOTO: Hayley McQuire, NIYEC Co-founder and National Coordinator at the Education of Our Own Design Workshop in Melbourne, 2019 (Mimi Fields)

Australia has the fourth most socially segregated education system in the Organisation for Economic Co-operation and Development (OECD), which measures the extent to which schools are segregated by socio-economic status. **In Australia 51 per cent of disadvantaged students are concentrated in disadvantaged schools and that inequity is growing.** The only countries with more socially segregated schools are Mexico, Hungary and Chile.[10]

51%

51% of disadvantaged students are concentrated in **disadvantaged schools.**

"This inequality disproportionately impacts our mob, given that inequitable education in Australia has been used as a tool of colonisation, to assimilate and control our people, to take from us our cultures and languages, and to erase us from the history books," Hayley says.

PHOTO: NIYEC co-founders and directors, Kaytlin Kelly and Nicola Barker at the Education of Our Own Design Workshop in Darwin, 2019 (Mimi Fields)

That manifests in multiple ways, across a curriculum where Aboriginal and Torres Strait Islander knowledges are not valued, in how schools address racism, and in the few further educational opportunities to learn on Country and/or in community.

Most glaringly, it's also yet to be reflected in Closing the Gap targets that have focused on attendance and retention figures while ignoring cultural obligations and strengths – such as learning of language and caring for Country – that reflect both sophisticated systems of sharing knowledge through millennia and aspirations for many young people.

Led by these priorities, in 2015 Hayley organised a National Indigenous Youth Education Advocacy Workshop to establish a network of young mob to share collective experiences and rethink the future of education for Aboriginal and Torres Strait Islander peoples.

Supported by the United Nations Secretary General's Global Education First Initiative Youth Advocacy Group, the discussions were grounded in the knowledge that First Nations peoples have a right in international law to a self-determined education.

From that workshop, Hayley and four Aboriginal and Torres Strait Islander women from across the continent founded NIYEC. Seven years on, it has a network of more than 1,000 supporters. Recognising the importance of the social and cultural determinants of health, the network's members come from many disciplines, including education, health, social work, law, public policy and international development.

NIYEC engages young Aboriginal and Torres Strait Islander people through strengths-based, action-orientated workshops and online discussions to imagine what the education systems could look like from a position of self-determination, and what that should and could mean for the Aboriginal and Torres Strait Islander education workforce in Australia.

> "Our young Aboriginal and Torres Strait Islander people are still having to go into history classes and not be taught their histories, having to do subjects that are not relevant to their lives or do not provide scope for their own knowledges."

Hayley McQuire, Co-founder and CEO of the National Indigenous Youth Education Coalition

NIYEC's strategic plan, released last year, declares: "Our people have cared for this continent since time immemorial and have a right to be empowered through an education system that values them for who they are, what they know and what they do."[11]

The plan says that our learning systems hold a mirror up to us as a society, and it asks a critical question: "What does this current system say about how we value the knowledge, cultures, languages, and histories of the more than 250 Indigenous Nations on this continent?"[12]

NIYEC wants Aboriginal and Torres Strait Islander histories, cultures and perspectives included in the school curriculum and for this to "move beyond an archaeological perspective and to include our fight for human rights, self-determination and land rights."[13]

To support this work, in 2020 NIYEC launched the campaign #LearnOurTruth, a youth-led action-oriented campaign focused on three areas – student agency, school leadership and local histories told by locals. As part of the campaign NIYEC is calling on school leaders and educators to take a pledge to build truth-telling into the school culture, ensure school improvement and curriculum plans include Aboriginal and Torres Strait Islander histories and cultures, support Aboriginal and Torres Strait Islander educators, and listen to First Nations students.

NIYEC says more than a hundred school leaders have taken up the call to date.

And many more should.

"It's the responsibility of all schools who operate on unceded lands to respect that connection to the past, and how it influences the inheritance of tomorrow," it says.

Gender Justice: Equality and Equity

> “...women’s voices need to be elevated to the spaces of decision-making, because what they know matters in forming meaningful and effective policy and legislation. Their knowledge matters, every day, to ensuring the health and wellbeing of our children, families, and communities.”[14]

June Oscar AO, Aboriginal and Torres Strait Islander Social Justice Commissioner

Aboriginal and Torres Strait Islander women have always been the nurturers, carers and leaders for their families and communities. They play a central role in the development and growth of their babies, in strengthening family and community networks, supporting learning and undertaking cultural practices that build the foundations for healthy and happy future generations. The resilience, expertise and voices of Aboriginal and Torres Strait Islander women and girls are central to the health and wellbeing of families and communities, and to progressing health equity for Aboriginal and Torres Strait Islander peoples.

However, Aboriginal and Torres Strait Islander women and girls have long felt that basic human rights have been denied to them, and that current national policy frameworks fail to recognise the unique cultural context and intersectional issues that they experience, leaving them feeling missed and marginalised in a way that differs from the experience of Aboriginal and Torres Strait Islander men and boys.

In understanding and addressing inequality experienced by Aboriginal and Torres Strait Islander women and girls, we must first understand what substantive equity and equality look like.

Substantive equality recognises that policies and practices put in place to suit the majority of people may appear to be non-discriminatory but may not address the specific needs of certain groups of people. In effect they may be indirectly discriminatory, creating systemic discrimination.[15]

In recent years the COVID-19 pandemic, the criminalisation of Aboriginal and Torres Strait Islander women and children, and the resurgence of the Black Lives Matter (BLM) and #MeToo movements have demonstrated the inequity experienced by Aboriginal and Torres Strait Islander women. It therefore has never been more important for the voices of Aboriginal and Torres Strait Islander women and girls to be elevated and properly considered.

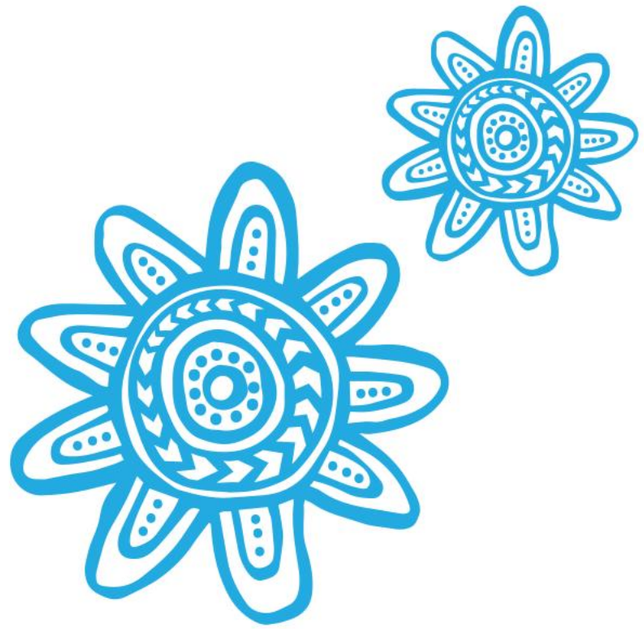
Gender justice and equity for Aboriginal and Torres Strait Islander women and girls are central to supporting strong families and communities to lead healthy lives. Justice for women and girls means justice across all aspects of life, in:

- health
- social and emotional wellbeing
- land and Country
- legal and child protection systems
- the delivery of services and housing.

It also means the creation of laws and policies that meet the unique needs of Aboriginal and Torres Strait Islander women.[16]

In order to achieve true gender justice, governments, organisations and decision-makers need to deliver equality and equity for Aboriginal and Torres Strait Islander women, by supporting the appropriate infrastructure and frameworks that are led by their communities, and that centre the needs of those who experience heightened and intersecting marginalisation. Governments must work to ensure justice for women and girls in health, learning and education, employment and economic participation, legal and child protection systems, and in the delivery of disability and housing services.[17]

Achieving gender justice for Aboriginal and Torres Strait Islander women will ensure that women and their communities are able to determine their own futures and pursue their social, cultural and economic interests – safely and without discrimination, prejudice or fear.



Institute for Urban Indigenous Health: Birthing in Our Community Program

Healthy and strong babies and families

> It's about understanding what that family unit looks like, so we can put appropriate supports in place. We are not just here for antenatal care but for family wellbeing. It is about us leaning into each other, keeping out of the hospital system and creating a space where our families feel safe and can control their health journeys."

Kristie Watego, General Manager, Family Health and Wellbeing at the Institute for Urban Indigenous Health

"We don't just want a beautiful baby born on the day, we are here to help raise strong, black, deadly families, so we build capacity within our families to be healthy and fit in mind, body and soul, and to know it's okay to lean into support that's offered."

This is how Bundjalung woman Kristie Watego describes her work as General Manager, Family Health and Wellbeing at the Institute for Urban Indigenous Health (IUIH).

IUIH is a partner in the Birthing in Our Community (BiOC) program in Brisbane with the Mater Mothers' Hospital and the Aboriginal and Torres Strait Islander Community Health Service.

BiOC's success made national headlines last year after National Health and Medical Research Council (NHMRC) funded research, published in the international Lancet Global Health journal, found that Aboriginal and Torres Strait Islander babies in the program were 50 percent less likely to be born premature.

The program also delivered other major benefits, with the research finding that mothers in the program were more likely to attend five or more antenatal appointments, less likely to need a planned caesarean or an epidural in labour, and more likely to be able to exclusively breastfeed on discharge.

Behind the outstanding clinical successes of BiOC is a powerful story of self-determination, of community creating and leading its own solutions, and a strong focus on cultural and social determinants of health, especially for Aboriginal and Torres Strait Islander women.

BiOC emerged from a Murri antenatal clinic run every Thursday at the Mater by Aunty Denise Watego. However, at that time, women still had to have their babies in mainstream systems, where they risked missing out on important social and cultural supports in fractured health systems and being subject to systemic racism and stereotyping.

PHOTO: Baby Luke born as part of the Birthing in Our Community program (Kristie Watego)

> If we are reducing the risk of a baby being born premature, we are reducing the risk of that baby dying in childhood, of experiencing disability and developing chronic disease such as diabetes, cardiovascular disease or kidney disease later in life."

"We have literally closed the gap for some of these families.

Kristie Watego, General Manager, Family Health and Wellbeing at the Institute for Urban Indigenous Health

PHOTO: Macca and her baby daughter from Birthing in Our Community program

This prompted local community and health leaders to think about what else was needed.

"Demonstrating from the start the respect for community leadership that is core for BiOC, they said, 'We don't know what's needed, let's go talk to mob'," Kristie said.

From those discussions in 2012, the BiOC program was established. The BiOC Hub opened in 2016. Located in community in south Brisbane, it provides a dedicated midwife from conception to six weeks, and a dedicated family support worker to walk with mums on a wellness journey until the baby is three years old.

Women and families also have onsite access to a social worker, psychologist, transport support, early learning programs, a child health nurse and allied health exercise groups. Milestones across babies' lives are celebrated through rites of passage celebrations, arts, connection, music and culture, community days and playgroups.

According to Kristie, at BiOC, women and families are welcomed with open arms. There is no staff room, rather a kitchen table where everyone tucks in, sharing meals and experiences, giving expectant mothers and families a safe space to disclose and share their needs.

"It could be as simple as 'I'm frightened and I don't know what to expect', to 'I've never had a mum, so I don't know how to do this', or it could be 'I'm in an unhealthy relationship and need support to exit it'," Kristie said.

BiOC works under a family-centred practice framework where care, like Aboriginal and Torres Strait Islander understandings of health, is holistic.

BiOC has never had to promote its services: the Murri grapevine alone means it is in huge demand, a true community measure of success. Another important indicator is that nine out of 10 women in the program are referred to it by nine weeks into pregnancy, optimising the chances for great care and outcomes.

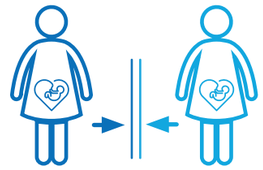
A BiOC service is now being rolled out on the north side of Brisbane, with models also in development in two other locations across south-east Queensland.

A five-year study of the BiOC program, funded by the National Health and Medical Research Council has shown dramatic improvements in many maternal and infant health outcomes.

These include:

- halving the national pre-term birth rate (six per cent compared to 14 per cent)

- almost closing the gap altogether in comparison with non-Indigenous pre-term birth rates



- halving the national rates of low birth weights and admissions to neonatal units (six per cent compared to 11 per cent, and 10 per cent compared to 22 per cent, respectively).[18]

Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future

Championing the voices of our women and girls

> "Since then I have never lost that spirit of self-determination: that our women on the ground know what they are talking about, that they are leaders, survivors, teachers and healers. They carry with them a wealth of inherited, lived and learnt expertise."[19]
>
> **June Oscar AO, Aboriginal and Torres Strait Islander Social Justice Commissioner**

As the first woman to be appointed as Social Justice Commissioner, June Oscar AO made it clear at the start of her term in 2017 that she would champion the voices of Aboriginal and Torres Strait Islander women and girls, and their families and communities.

A proud Bunuba woman from Fitzroy Crossing in Western Australia's Kimberley region, June launched a multi-year systemic change project, beginning with a year-long consultation with nearly 2,300 Aboriginal and Torres Strait Islander women and girls at more than 50 locations across Australia, from as far north as the Tiwi islands and south to Hobart.

In cities, towns and remote communities across hundreds of ancestral countries, June met with women and girls providing critical care at home and at work, in jobs where they are frequently overworked and underpaid. June spoke to women in prison, women and girls living with disability, Sistergirls, academics, policy makers and, at every location, to teenage girls.

Key policy officer Kimberley Hunter, a proud Nyikina woman from the West Kimberley Region, said June went into every engagement with no set agenda and a strengths-based approach.

PHOTO: *Wiyi Yani U Thangani* (Women's Voices report) workshop (Wayne Quilliam)

PHOTO: *Wiyi Yani U Thangani* (Women's Voices report) Perth workshop (Collin Murty)

"We had just three framing questions: What are your strengths? What are your challenges? What are your solutions to those challenges? Beyond that, women and girls were free to speak about whatever they wanted June and the team to hear," Kimberley said.

"And they spoke about everything from housing to health to child protection, to employment and matters relating to the care and protection of Country and culture."

Now their stories and aspirations shape the landmark **Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report 2020.**[20]

The 500-page report is a revolutionary pathway to gender justice in Australia that demands ambitious structural change and interrogates the impact of colonisation, racism and sexism on Aboriginal and Torres Strait Islander women and girls. It spotlights their incredible caring work, going beyond Western concepts of care, from kinship care to caring for Country and culture.

One of the report's major recommendations will now be put in place, with the backing of the Australian Government. In 2023, June will host Australia's first Aboriginal and Torres Strait Islander women and girls' national summit. As part of this, June will be working with women and girls across Australia to develop a national framework for action to advance Aboriginal and Torres Strait Islander gender justice and equality.

Wiyi Yani U Thangani's pathways forward include raising the age of criminality from 10 to 14 years,[22] working to keep children with families and communities, and supporting birthing on Country.[23]

> *Wiyi Yani U Thangani* is the blueprint for change that we all need right now. It comes at a moment in history when Australia and many nations are reckoning with systemic racism and sexism and far-ranging gender inequalities that perpetuate harm against women and children – abuse that First Nations women and girls have been the most impacted by for centuries, since colonisation." [21]
>
> **June Oscar AO, Aboriginal and Torres Strait Islander Social Justice Commissioner**

The report's four thematic areas cut across multiple policy and community spaces and are deeply embedded in Close the Gap[24] priorities and targets:

1. Leadership and decision-making for self-determination.
2. Language, land, water and cultural rights.
3. Societal healing and intergenerational wellbeing.
4. Economic justice and empowerment.

The Tangentyere Women's Family Safety Group

Not just numbers: voice and visibility

> We are not just numbers. We're living, breathing human beings. Mothers, grandmothers, sisters, aunties, great grandmothers."

Shirleen Campbell, Aboriginal and Torres Strait Islander Advisory Council member

Aboriginal women with links to the 16 Town Camps in Mparntwe/Alice Springs are doing ground breaking work to tackle violence against women, with the aim of achieving systemic solutions to the issues behind family and domestic violence.

The Tangentyere Women's Family Safety Group is delivering a strong, grassroots, place-based primary prevention program for their own communities, while also advocating across the Northern Territory and nationally on racism, sexism, power and other structural issues that lead to gender inequality and violence against Aboriginal and Torres Strait Islander women.

"We've been rocking the boat and making noises. Now, we want to sail the ship to high seas, making new and longer-lasting waves for our future generations," says the group's co-coordinator Shirleen Campbell in a recent documentary about their work, titled *Not Just Numbers*.[25]

Shirleen is a Warlpiri and Arrernte woman and third-generation resident of Alice Springs Town Camp, Lhenpe Artnwe or Hoppy's Camp. Nearly every woman she knows has been impacted in some way by family and domestic violence, either witnessing or surviving it, or mourning those who have died.

Yet too often, she says, their experiences and losses are invisible to the media and politicians or counted only as statistics.

The film showcases the women's strength, knowledge, passion and undaunted hope for change as they lead a march, 300 strong, through the streets of Mparntwe/Alice Springs, after a violent attack on an Aboriginal woman at the Todd River.

Their powerful advocacy saw Shirleen appointed last year to the 13-member Aboriginal and Torres Strait Islander Advisory Council to inform the Australian Government's National Plan to End Violence against Women and Children 2022–2032 and support the Closing the Gap family violence target 13.[26]

Carmel Simpson, the group's non-Indigenous co-coordinator, says the women are looking to change attitudes on gender and violence in their own communities.

The Tangentyere Women's Family Safety Group is part of the whole-of-community Tangentyere Family Violence Prevention Program, which includes the Tangentyere Men's Family Violence Prevention Program (*Marra'ka Mbarintja* – Talking straight to make change), the Domestic Violence Specialist Children's Service and the Strong Parents, Strong Kids, Strong Communities program.

Together they have launched community and social media campaigns to challenge gender stereotypes, promote healthy emotions and relationships, and counter racist stereotypes of Aboriginal men that were compounded by the Northern Territory Intervention.

Carmel explains that the *Mums Can, Dads Can* project challenged rigid stereotypical beliefs and attitudes about the roles of women and men, especially about parenting, with messages like "Dads can be gentle and Mums can be strong", and "Dads can cook and Mums can have a rest". In partnership with the Northern Territory Government and the Larapinta Child and Family Centre, they followed up with *Girls Can, Boys Can*. The campaign declares that "Girls can be brave!" and "Boys can dress up and dance!", in messages and images that, unlike many mainstream books and resources, feature Aboriginal children and families in a positive and strengths-based way.

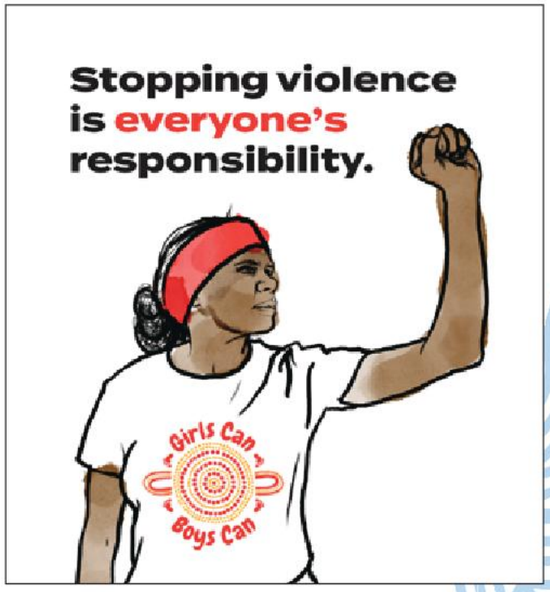
> So when we're looking at why Aboriginal and Torres Strait Islander women are more likely to experience violence at a much higher rate than non-Indigenous women, we know that it's not only gender, and it's not only racism that contributes. It's the combination of the two."

Carmel Simpson, Co-coordinator, Tangentyere Women's Family Safety Group

Another campaign, *Old Ways Are Strong,* developed animations to challenge the racist attitude that violence is a part of traditional Aboriginal cultures.

An **evaluation** of these campaigns last year by Dr Chay Brown of The Equality Institute, a global feminist agency working to end violence against women and girls, showed the value of explicit and direct messaging[27] or "talking straight". Importantly, the research also highlighted that there is no primary prevention infrastructure in the Northern Territory to support work that focuses on the causes of violence and no funding of the primary prevention workforce itself.[28]

The Tangentyere Women's Family Safety Group wants family violence to be seen as a public health emergency involving all sectors, not only domestic violence or health services. They say that current funding in the Northern Territory is unfair, and that population-based funding should be replaced with needs-based funding to take into account high levels of violence, racism, distance, language and other structural issues.



ARTWORK: Girls Can, Boys Can campaign, Tangentyere Council

Allyship

An ally is an individual or a group who possess structural power and privilege and stand in solidarity with peoples and groups in society without this same power or privilege. Being an ally is an ongoing strategic process of critical reflection, education, listening, and action, both of oneself and the environment and structural factors that have helped create social inequity and systemic racism.[29]

Being an ally means evaluating what needs to be done on a personal, and societal level, to address inequity.[30]

Aboriginal and Torres Strait Islander peoples have long advocated to have a greater voice and decision-making powers on the laws, policies and programs that affect their lives.

Aboriginal and Torres Strait Islander people are uniquely placed to work with government to effect change, however failures by Australian governments to work effectively with Aboriginal and Torres Strait Islander people have not only slowed progress in addressing health inequalities but exacerbated these inequalities. Effective partnerships and genuine shared decision-making between governments and Aboriginal and Torres Strait Islander community controlled organisations and representatives are essential to progressing shared goals and positive life outcomes for Aboriginal and Torres Strait Islander peoples.[31]

In 2021, the Final Report to the Australian Government on the Indigenous Voice Co-design Process proposed “a strong, resilient and flexible system” in which Aboriginal and Torres Strait Islander peoples and communities are engaged in genuine shared decision-making with governments, and are heard by the Australian Government in policy and law-making. Likewise, the National Agreement on Closing the Gap and its associated priority reforms acknowledge how central a partnership approach should be in the design, implementation and monitoring of the Closing the Gap framework, shifting how governments work with Aboriginal and Torres Strait Islander peoples to promote positive health outcomes.[32]

The most effective partnerships are those that are underpinned by allyship, built on trust, accountability and a decolonised approach. If equitable, partnerships can be transformative, creating a safe and supportive environment to effect change, and a way for non-Indigenous individuals and organisations to practice allyship and support the voices and self-determination of Aboriginal and Torres Strait Islander peoples.

The role of allies and partners in supporting Aboriginal and Torres Strait Islander peoples extends beyond individual growth, to systemic and structural decolonisation. Successful partnerships between Aboriginal and Torres Strait Islander peoples and organisations, and non-Indigenous groups are built on trust and transparency, where power dynamics are managed to ensure equity between parties and genuine shared decision-making and priority setting.[33]

Being an ally means stepping up to the task and matching your words with actions. Critically, being an ally means knowing when it is time to step back, and being aware of not talking for, or taking up space meant for Aboriginal and Torres Strait Islander peoples. However, allyship is also about knowing when it is your time to step forward and use your power and privilege to dismantle the system and support action to create meaningful change for Aboriginal and Torres Strait Islander peoples.[34]A successful and transformative partnership requires non-Indigenous allies to practise these principles, and to listen to and follow communities’ lead.

Koorie Youth Council: Marram Nganyin Program

Building strength in young people

Marram Nganyin, which translates to 'we are strong' in the Woiwurrung language of the Wurundjeri People, has been run for five years by Victoria's Koorie Youth Council (KYC) in partnership with the Youth Affairs Council of Victoria (YACVic). It launched in response to Aboriginal young people calling for greater mentoring support during the 2015 Koorie Youth Summit held in Naarm/Melbourne.

For Indi Clarke, executive officer at KYC, the beauty of the *Marram Nganyin* Youth Mentoring Program has always been its ability to implement place-based solutions that are designed and delivered by community.

> "There was a really clear understanding from the start that local communities needed to put in place local responses, so neither party were coming in saying 'you have to do it this way'.
>
> But rather, we were asking, 'which way are you going to do it and what do you need from us to support you to deliver that program?' It's the essence of community-designed, community-delivered."
>
> **Indi Clarke, Executive Officer at Victoria's Koorie Youth Council**

"It's been a strong, robust and deadly program to get up and running – governments don't normally fund strengths-based programming or place-based solutions like this," said Indi, who is a proud Mutti Mutti, Wemba Wemba, Boon Wurrung, Trawlwoolway and Lardil man.

Marram Nganyin acknowledges that Aboriginal peoples have engaged in mentoring for generations, carried out through Elders' traditional role of sharing their wisdom, knowledge and spirit. The program seeks to build on this history and has been supporting five local Aboriginal community controlled organisations (ACCOs) to deliver strong and culturally safe mentoring programs for Aboriginal young people aged 12–25 years, recognising that culture is a protective factor.

Marram Nganyin has been a community partnership from the start, consulting widely with Victorian Aboriginal communities and organisations on their priorities, as well as hosting consultations and workshops to ask young people what they wanted to see in a mentor and mentoring program.

The first two programs supported were a contrast – the small Melbourne-based Aboriginal Wellness Foundation, "running on the smell of an oily rag and the goodwill of community", and the Rumbalara Aboriginal Co-Operative, which operates multiple health and social services in regional Shepparton.

Connecting these organisations led to them sharing their mentoring experiences and playing a leadership role for other partner organisations.

> "Aboriginal-led organisations understand best what Aboriginal young people need, so we are supporting them to deliver these important services."
>
> **Victorian Government**

The program has built other partnerships, including with a supportive Victorian Government, which late last year announced a new round of funding for *Marram Nganyin.*

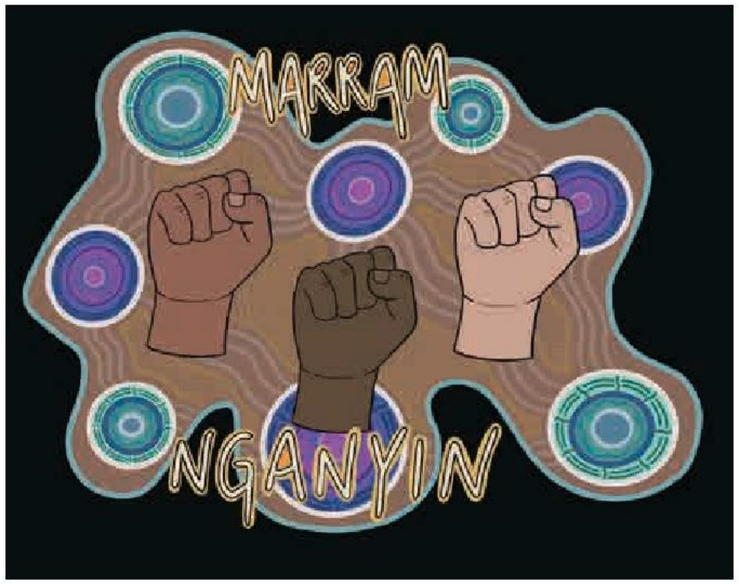
As with so many programs across the country, COVID-19 has been a huge disruptor for *Marram Nganyin*. It pivoted quickly to online support for both participants and organisations to try to limit isolation, but was mindful, especially over many lockdowns in Victoria, of online fatigue for many young people.

"That fatigue became a real challenge," said Leyla Quartermaine, KYC's *Marram Nganyin* Project Officer and a proud Ballardong-Noongar woman from Western Australia.

But the project addressed that concern in part by tapping into direct needs, such as through online Young Mob Yarns sessions, which became a popular safe space for Aboriginal young people to yarn on a range of topics.

That included an honest and informed conversation with medical staff from an Aboriginal community controlled health organisation on fears that were then circulating about the virus and vaccinations.

At the heart of *Marram Nganyin* has been the strong partnership between KYC and YACVic, which has put self-determination to the fore and become an exemplar in allyship. From this year, the program's structure will change. KYC will step up to run the program and YACVic will step back as a partner, though it will continue to support the program where needed and look for what it could and should be doing next for Aboriginal young people.



ARTWORK: *Marram Nganyin* – Generations of strength, resilience and knowledge (Nakia Cadd – Yorta Yorta, Dja Dja Wurrung and Bunitj woman) See page 43

‘Shake the bush’: working together on climate, housing and energy justice

> “These communities are facing the failure of policy around the collision of climate change and energy regulation. It's dangerous for Indigenous communities.”
>
> **Dr Simon Quilty**

Norman Frank Jupurrurla and Dr Simon Quilty have their own term for their research and advocacy. They call it ‘shake the bush’.

“That’s how we get the government and Papulanyi [non-Indigenous people] to listen to us,” explains Mr Jupurrurla, a Wumpurrarni man of the Warumungu people of Tennant Creek and the Barkly region of the Northern Territory.

“We shake the bush until the fruit hits the ground.”

Mr Jupurrurla and Dr Quilty, a Papulanyi man who has lived and worked among Aboriginal communities in the Northern Territory for decades, have been friends and allies since they first met when working respectively as ambulance driver and local doctor, in Utopia, north-east of Alice Springs.

PHOTO: Dr Simon Quilty and Norman Frank Jupurrurla

Mr Jupurrurla has long been a powerful voice in Tennant Creek. According to Dr Quilty, he is “fighting for justice, not just for his family but the whole community”.

They have joined forces to ‘shake the bush’ in pursuit of climate justice in the Northern Territory, where they see colonisation and racism inflicting new injustices upon Aboriginal and Torres Strait Islander people, as climate change threatens communities, culture and Country.

As well as working at the community level, they are speaking out together in national and international forums, including the prestigious global scientific journal *Nature Energy*, about energy justice and the need for Aboriginal and Torres Strait Islander people to lead the way in Australia on climate adaptation strategies.

Mr Jupurrurla said Aboriginal and Torres Strait Islander people recognised that the climate was changing decades ago, independent of Western scientific reports. They may not have called it climate change, but they saw its effects.

On his Country, extreme heat is scorching grasses and trees black, as if bushfires had come through, drying out local waterholes, killing off ancient shade trees, disrupting seasons and breeding, and, in some places, “getting too hot for Ceremony”.

PHOTO: Dr Simon Quilty and Norman Frank Jupurrurla

> “Country’s been telling us for a long time, but we didn’t know what climate change was. We’re now starting to wake up.”
>
> **Mr Jupurrurla, Advocate and researcher**

At the heart of their concern is poor housing in many communities in the Northern Territory, which underlies many significant health harms, from rheumatic heart disease to COVID-19 transmission. As they wrote in the *Journal of Paediatrics and Child Health*, “housing stock is outrageously inadequate, poorly designed for the local environment, uninsulated, often profoundly over-crowded”.[35]

Climate change is making this worse, with many people forced to live outdoors in corrugated iron tin sheds, with no running water, no power, no insulation and temperatures soaring as high as 60 degrees Celsius.

On top of that, many Aboriginal and Torres Strait Islander peoples lack access to clean, affordable and reliable power supplies. They live with extreme energy insecurity, often relying on prepaid electricity meters, which turn the power off if credit runs out. At times they are forced to choose between power and food.

In a study conducted by Mr Jupurrurla, Dr Quilty and the Australian National University, researchers examined data from the smart meters of 3,300 households in 28 remote Aboriginal communities in the Northern Territory.

They found that **nine out of 10 households in some communities experienced a disconnection from electricity** at some time during 2018–19.

Almost three-quarters of households using prepaid electricity meters had their household power disconnected more than 10 times in that year.[36]

10+

Solar energy would seem an obvious solution for communities like Mr Jupurrurla’s in Tennant Creek, which over the past year has sweltered from temperatures above 40 degrees on almost 50 days, but until last year there was not a single solar installation in any Aboriginal public housing unit in the Northern Territory.

After major efforts by the two men and then pushed over the line by Original Power, Mr Jupurrurla became the first Aboriginal public housing tenant in the Northern Territory to have solar panels laid. But then the system failed him again, taking months of concerted, high-profile lobbying until a range of bureaucratic barriers were addressed and the panels were switched on.

The benefits were immediate, improving health, finances and comfort. But Mr Jupurrurla and Dr Quilty say the experience is yet another damning example of Aboriginal and Torres Strait Islander voices not being heard and the social, cultural and environmental determinants of health being ignored.

Yarning Online OnCountry

Technology supporting cultural connections

> While the COVID restrictions were necessary to ensure the safety of our Elders and our communities, the increased isolation and loneliness impacted health and wellbeing. Elders were missing the chance to participate in their usual activities – and to gather with extended family and friends."
>
> **Dr Lorina Barker, University of New England**

Since the COVID-19 pandemic began, senior women from remote New South Wales have been coming together, online and in person, to connect under the *Yarning Online OnCountry* project.

Over many months, the project has been providing a culturally safe place for Elders to share knowledge, stories and skills and minimise the impacts of social isolation during COVID-19.

"I love coming here," said Aunty Dot Martin, from the Taragara Aboriginal Corporation project's base at the Maranguka Community Hub in Bourke, 800 kilometres north-west of Sydney, on the south bank of the Baaka (Darling River).

"I love the company. We have a good group of people and while we're working, we're laughing and joking all the time," she says.

Aunty Dot, a Ngemba woman, and other Elders in the Bourke region have been working for years on projects with Dr Lorina Barker, a descendant of the Wangkumara and Murrawarri people, Adnyamathanha, Kooma and Kunja, and Barkandji. Dr Barker is an oral historian based at University of New England in Armidale and the Director of Taragara Research.

The project was funded initially for just 10 weeks. With a growing list of funders and partners, it is now entering its third year and set to expand into the Brewarrina, Weilmoringle, Enngonia, Goodooga, Wilcannia and Broken Hill communities.

Beyond its own significant value, this small community-led project offers broader lessons, acting as a model for community engagement for universities, government land agencies and other potential allies, and highlighting a growing area of disadvantage – the digital divide.

Lorina said it was only when the funding was secured for *Yarning Online OnCountry* that it became apparent how many households could not afford computers or internet connections. In some more remote areas, no digital access was available.

"For us to be able to access health care and social services like Centrelink, we have to be able to digitally connect to the world," she says. "If you're not connected then you're left out and left behind. That's the 21st century gap that we need to close."

At the heart of *Yarning Online OnCountry* are not just important social and digital connections, but critical cultural and environmental work that allows the women to preserve cultural knowledge and care for Country.

Local Lands Services Western NSW got involved, stepping up with two tranches of funding to date and supporting efforts to reintroduce the spiny sedge into the local river system, and for people to reconnect with the natural fibre and traditional weaving techniques. This was a reciprocal arrangement for government agencies, helping them, amid the disruption of COVID-19, to meet some of their milestones for 2020 and 2021.

PHOTO: Yarning Online OnCountry Christmas party, Bourke Bowling Club, Bourke, NSW 2020. (Eliza Kent)
Front row L-R: Barbara Kelly, Gwen Barker, Heather Mieni, Dot Martin; back row L-R: Peta Barker, Nancy Kelly, Lacey Barker, Nolene Nean, Michael Brogan, Sandra Kelly, Lorina Barker

PHOTO: Yarning Online OnCountry Weavers at Maranguka, Bourke, NSW 2020 (Sandra Kelly)
L-R: Barbara Kelly, Nancy Kelly, Lacey Barker, Gwen Barker, Gertie Darrigo, Dot Martin

PHOTO: Michael Brogan and Lorina Barker at the Boat ramp North Bourke 'Our Bend', Bourke, NSW 2020 (Eliza Kent)

The revitalisation and transference of the spiny sedge is reanimated through yarning and weaving online and on Country, promoting better environmental outcomes for people and for Country along the Baaka and its tributaries the Barwon, Ngarntu (Culgoa), Paroo and Warrego rivers.

Through such efforts, *Yarning Online OnCountry* connects to another Taragara project. *Songlines of Country* is using oral history and multimedia to track three significant Songlines (Baiame, the Mundaguddah and the Seven Sisters) and their travelling routes from the Ikara-Flinders Ranges to the Baaka (Darling River) and into south-west Queensland, across the lands of the Adnyamathanha, Wangkumara, Barkindji, Ngemba, Murrawarri and Kunja peoples, and their neighbours.

In other connections, *Yarning Online OnCountry* has partnered with the Bourke Aboriginal Health Service and filled gaps in service provision during the 2020 COVID-19 lockdowns, supporting the local Mums and Bubs program and the Bourke Preschool's engagement with Elders, involving artists from New South Wales and South Australia, whose income had been hit by the lockdowns. "The program is able to traverse both space and time," says Michael Brogan, Taragara Researcher and an academic at the University of New England. "When we are online with the Aunties, we are on Country, in a cultural space."

But funding for the program is a continual challenge, so the group has forged innovative ways of working with allies to keep going and growing.

Yarning Online OnCountry is funded by the NSW Government through Western Local Land Services NSW, and by Foundation for National Parks & Wildlife through its Community Conservation Grants program Heritage NSW and Create NSW. It has access, thanks to the Maranguka Community Hub, to a culturally safe space and internet connections.

The University of New England provides laptop computers, a loan that barely makes a dent in a university's IT budget, much less its overall budget, but that has a significant community benefit, said Dr Eliza Kent, a non-Indigenous Taragara researcher.

> It shows universities in particular that they should be engaging and supporting Aboriginal communities much better than they are, and that they can do it in very practical ways that don't end up in endless budget discussions and vision statements."
>
> **Eliza Kent, Taragara Researcher**

Conclusion

The message from Aboriginal and Torres Strait Islander peoples is clear:

To improve the outcomes for Aboriginal and Torres Strait Islander peoples; large-scale systemic reform and a paradigm shift in policy design and delivery is necessary to truly empower Aboriginal and Torres Strait Islander peoples.

The last 12 months have seen systemic racism, climate change, natural disasters and pandemics continue to impact the health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples across the country. However, there are many achievements to be celebrated in the work of Aboriginal and Torres Strait Islander communities and organisation.

Aboriginal and Torres Strait Islander peoples have successfully adapted to respond to such challenges and continue to demonstrate that strengths-based, community-driven initiatives, which empower localised processes and cultural understandings, work best.

The case studies and stories shared within this report are examples of the tireless efforts of Aboriginal and Torres Strait Islander peoples to support and uplift our families and communities. They demonstrate the importance of self-determination as a primary mechanism for Aboriginal and Torres Strait islander peoples to take control of our lives and make heard the voices of the most vulnerable and marginalised people within our communities.

Aboriginal and Torres Strait Islander peoples continue to demand strong reforms to the systems that have relegated us to the margins. Supportive action must be taken by governments to recognise the cultural safety, intellect and integrity that Aboriginal and Torres Strait Islander peoples and communities bring and invest in strengths-based, community-driven models.

To achieve this governments must work in partnership with Aboriginal and Torres Strait Islander people to ensure the specific needs of Aboriginal and Torres Strait Islander peoples and communities are identified and addressed.

Acronyms and Abbreviations

ACCHOs:	Aboriginal Community Controlled Health Organisations
AHRC:	Australian Human Rights Commission
APY:	Anangu Pitjantjatjara Yankunytjatjara
AIATSIS:	Australian Institute of Aboriginal and Torres Strait Islander Studies
ARF:	Acute Rheumatic Fever
CoP:	Coalition of Peaks
COP26:	United Nations Convention on Climate Change
CTG:	Close The Gap
IPCC:	Intergovernmental Panel on Climate Change
IUIH:	Institute for Urban Indigenous Health
KYC:	Koorie Youth Council
NA:	National Agreement on Closing the Gap
NACCHO:	National Aboriginal Community Controlled Health Organisation
NATSIHP:	National Aboriginal and Torres Strait Islander Health Plan 2021– 2031
NAATSIHWP:	National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
NIYEC:	National Indigenous Youth Education Coalition
NPYWC:	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council
OECD:	Organisaion for Economic Co-operation and Development
RHD:	Rheumatic Heart Disease
SEWB:	Social and Emotional Wellbeing
TIMWHB:	Transforming Indigenous Mental Health and Wellbeing
WHO:	World Health Organization
YACVic:	Youth Affairs Council of Victoria

Artwork, page 37: *Marram Nganyin*

"This artwork depicts our mob harnessing generations of strength, resilience and knowledge. Mentoring has been taking place in our communities for generations. It was carried out by our Elders, who shared invaluable knowledge, wisdom and insight. I've used the gathering circles to represent our many communities, with the white lines linking to reflect connections to place, people and community. The fists depict diversity, action, and strength of First Nations people past and present. It's front and centre; just as it should be. Emphasising that it's important to have our voices at the forefront addressing matters regarding the future of our communities" – *Nakia Cadd, Yorta Yorta, Dja Dja Wurrung and Bunitj woman*

CLOSETHEGAP

Closing the Gap Campaign Steering Committee 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 Practioners
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, Dr
37. 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. PHILE Network
45. Public Health Association of Australia
46. Reconciliation Australia
47. Royal Australasian College of Physicians
48. Royal Australian College of General Practitioners
49. SBS, the home of National Indigenous Television (NITV)
50. The Fred Hollows Foundation
51. The Healing Foundation
52. The Pharmacy Guild of Australia
53. Torres Strait Regional Authority
54. Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
55. Winnunga Nimmityjah Aboriginal Health Service

2. Ibid.

Endnotes

1. Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian Governments 2020, *National Agreement on Closing the Gap.* Accessed 25 January 2022 at: **National Agreement on Closing the Gap**
2. Ibid.
3. National Museum of Australia 2022, 'Aboriginal Tent Embassy'. Accessed 11 February 2022 at: **Aboriginal Tent Embassy | National Museum of Australia (nma.gov.au)**
4. Productivity Commission, Australian Government 2021, 'Closing the Gap Annual Data Compilation Report July 2021'. Accessed 14 February 2022 at: **Annual data report | Closing the Gap Information Repository - Productivity Commission (pc.gov.au)**

.5 Department of Health, Australian Government 2021, 'National Aboriginal and Torres Strait Islander Health Plan 2021–2031'. Accessed 14 February 2022 at: **National Aboriginal and Torres Strait Islander Health Plan 2021–2031 | Australian Government Department of Health**

6. Ibid. p. 8.
7. National Indigenous Australians Agency, Australian Government 2021, 'Indigenous Voice Co-design Process: Final Report to the Australian Government', p. 6.
8. Professor Pat Dudgeon, Leilani Darwin, Tanja Hirvonen, Maddie Boe, Rebecca Johnson, Rowena Cox, Lionel Gregory, Raeylene McKenna, Vicki McKenna, Donna Smith, Julie Turner, Steffanie Von Helle and Lilya Garrett. 2018, We are not the problem, we are part of the solution: Indigenous Lived Experience Project Report. Black Dog Institute. Accessed 11 February 2022 at: **155094_Lived Experience report v5[2].pdf (blackdoginstitute.org.au)**
9. Black Dog Institute 2022, 'Aboriginal and Torres Strait Islander Lived Experience Centre'. Accessed 25 January 2022 at: **Aboriginal and Torres Strait Islander Lived Experience Centre - Black Dog Institute**
10. Cobbold, T. 2018, 'Australia Has One of the Most Socially Segregated Schools Systems in the World', SOS Australia. Accessed 27 January 2022 at: **Australia Has One of the Most Socially Segregated Schools Systems in the World – SOS Australia (saveourschools.com.au)**
11. National Indigenous Youth Education Coalition (NIYEC) 2020, *NIYEC Strategic Plan 2020–2025*, p. 3. Accessed 27 January 2022 at: **NIYEC Strategic Plan 2020-25 — NIYEC.**
12. Ibid.
13. National Indigenous Youth Education Coalition (NIYEC) 2022, 'Aboriginal and Torres Strait Islander Youth Call for Education'. Accessed 27 January 2022 at: **Call to Action — NIYEC**
14. Australian Human Rights Commission 2020, *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report*, AHRC, Sydney, p. 10. Accessed 27 January 2022 at: **Wiyi Yani U Thangani Report (2020) | Australian Human Rights Commission.**
15. Equal Opportunity Commission, Western Australian Government. 2021, The Policy Framework for Substantive Equality. Accessed on 11 February 2022 at: **The Policy Framework for Substantive Equality (www.wa.gov.au)**
16. Australian Human Rights Commission 2020, op cit.
17. Ibid.
18. Kildea, S., Gao, Y., Hickey, S., Nelson, C., Kruske, S., Carson, A., Currie, C., Reynolds, M., Wilson, K., Watego, K., Costello, J. & Roe, Y. 2021, Effect of a Birthing on Country service redesign on maternal and neonatal health outcomes for First Nations Australians: a prospective, non-randomised, interventional trial, *The Lancet*, vol. 9(5), pp. e651–59.
19. Australian Human Rights Commission 2020, op cit, p. 10.
20. Ibid.
21. Oscar, J 2021, 'Time to end inequality so women and girls can reach their potential', The Sydney Morning Herald, 27 November 2021. Accessed on 14 February 2022 at: **Time to end inequality so women and girls can reach their potential (smh.com.au)**
22. Australian Human Rights Commission 2020, op cit, p. 122.
23. Ibid, p. 410.
24. Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian Governments 2020 op cit.
25. *Not Just Numbers* 2019, documentary film, Brindle Films, Australia.
26. Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian Governments 2020, op cit.

27. Brown, C., Homan, S., Simpson, C. & Leung, L. 2021, *Rante-rante ampe Marle and Urreye: "Safe, Respected and Free from Violence" projects evaluation*, Research Report 05/2021, ANROWS, p. 70.

28. Ibid, p. 11.

29. Amnesty International 2022, 10 ways to be a genuine ally to Indigenous communities. Access on 11 February 2022 at: **10 ways to be a genuine ally to Indigenous communities (amnesty.org.au)**

30. Kivel, P. 2003, Being a strong white ally. In M. Kimmel & A. Ferber (eds.), *Privilege: A Reader*, Westview Press, Boulder Colorado, pp. 401–11.

31. Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian Governments 2020, op cit.

32. Ibid.

33. Darian Stibbe and Dave Prescott, The Partnering Initiative and UNDESA. 2020, The SDG Partnership Guidebook: A practical guide to building high impact multi-stakeholder partnerships for the Sustainable Development Goals. Accessed on 11 February 2022 at: **2698SDG_Partnership_Guidebook_1.01_web.pdf (un.org)**

34. Amnesty International 2022, 10 ways to be a genuine ally to Indigenous communities. Access on 11 February 2022 at: **10 ways to be a genuine ally to Indigenous communities (amnesty.org.au)**

35. Quilty, S. & Jupurrurla, NF. 2021, Climate change: A *Wumpurrarni-kari* and *Papulanyi-kari* shared problem, *Journal of Paediatrics and Child Health*, vol. 57(11), pp. 1745–48. Accessed 31 January 2022 at: **Climate change: A Wumpurrarni-kari and Papulanyi-kari shared problem - Quilty - 2021 - Journal of Paediatrics and Child Health - Wiley Online Library**

36. Longden, T., Quilty, S., Riley, B., White, LV., Klerck, M., Davis, VN. & Jupurrurla, NF. 2022, Energy insecurity during temperature extremes in remote Australia, *Nature Energy*, vol. 7, pp. 43–54.

CLOSETHEGAP