Inquiry into economic self-determination and opportunities for First Nations Australians

Submission to the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs

Lowitja Institute, June 2024

Committee Secretary
Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs
PO Box 6021
Parliament House
Canberra ACT 2600

June 2024

Dear Joint Standing Committee members

Re: Inquiry into economic self-determination and opportunities for First Nations Australians

Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research, named in honour of our Patron, the late Dr Lowitja O'Donoghue AC CBE DSG.

We welcome the opportunity to provide a submission to the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs.

The Lowitja Institute has long advocated for national awareness and action on the social and cultural determinants of health and wellbeing. This includes economic determinants, which are reflected in targets seven and eight, the employment and education targets, in the National Agreement on Closing the Gap.

Part of our work includes advocating for strengths-based approaches to policy making; we challenge the deficit lens so often applied to our peoples. This inquiry is an opportunity to apply a strengths-based lens to our peoples' economic pursuits, ingenuity and successes. We encourage the Joint Standing Committee to look at examples of economic Blak excellence to inform a roadmap for economic empowerment. This will support our peoples' improved health and wellbeing for generations to come.

Please find our submission attached. We would welcome any opportunities to further discuss the recommendations therein.

Warm regards

Rosemary Smith
Executive Manager, Policy & Consulting, Lowitja Institute

About Lowitja Institute

Lowitja Institute is a national Aboriginal and Torres Strait Islander community-controlled organisation working for the health and wellbeing of Aboriginal and Torres Strait Islander peoples through high-impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers.

Established in January 2010, we operate on the key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing, and the need for the work to have a clear and positive impact.

The Lowitja Institute has a longstanding commitment to the *National Agreement on Closing the Gap*, as members of the Coalition of Peaks, National Health Leadership Forum and the Close the Gap Campaign Steering Committee, including authoring the *Close the Gap Report* over four of the past five years.

Based on this experience we offer the following general comments and note some specific issues for consideration.

General preamble

Before responding to the discussion paper in greater detail, it is important to contextualise our response within the history of colonization, its impacts on our peoples' health and wellbeing and how this relates to economic self-determination.

As Aboriginal and Torres Strait Islander peoples, we have maintained sophisticated and diverse cultures and knowledge systems for millennia. We also established and adhered to complex systems of law and lore, which maintained our nations and the health and wellbeing of our peoples. This included sophisticated economies, labor markets, production processes, and trade relationships in which our peoples had clearly understood roles that functioned for the benefit of the whole community.[2]

One of the most powerful tools of colonisation, since the early days of European settlement in the 18th century, was to prevent our peoples from maintaining our traditional roles and economies. The development of racist economic policies and practices ensured our peoples' exclusion from the colonial economy, except where our inclusion was on colonialist terms – terms which exploited our labor.[1] For example, truth-telling tells of how our peoples were put into missions to be trained for future

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[1] Leroy-Dyer, S., 2021, 'A Brief History of Aboriginal and Torres Strait Islander Involvement in the Australian Labour Market', *Journal of Australian Indigenous Issues*, vol. 24, no. 1, p. 37.

'employment' as domestic servants; our peoples were often unpaid or severely underpaid to the extent that employment conditions were "akin to slavery".[2]

The current Australian economic system and modern workplaces have developed from this foundation. As such, there are still many barriers to our peoples' economic participation. The economic impacts are intergenerational and will remain so for many of our people unless there is a significant policy shift.

As noted in the recent 2024 *Close the Gap Report: Voyage to Voice, Treaty, Truth and Beyond* (**Close the Gap Report**),

> *The colonial economy was built on our labour through slavery and exploitation, while none of the benefits flowed to us. The legacy of this in the modern Australian economy is a 'form of economic apartheid',[3] as our peoples' economic participation has been too often limited to low-paying jobs, without the power to create change. This is prevalent in the health workforce, where our peoples are underrepresented in general, and any workforce growth has been predominantly in low-status, low-paid jobs.[4]*

Economic disempowerment has impacted and continues to impact our peoples' health outcomes, and the health and wellbeing of future generations. It is widely acknowledged by Aboriginal and Torres Strait Islander experts and peak health organisations that there are several 'non-medical and behavioural influences on health'.[5] The constellation of these 'social and cultural determinants' as well as political determinants[6] impact significantly on the health and wellbeing of our peoples and communities. Economic determinants are part of this bigger picture and economic self-determination can play a large role in improving health and wellbeing outcomes for our peoples.

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[2] Leroy-Dyer, S., 2021, 'A Brief History of Aboriginal and Torres Strait Islander Involvement in the Australian Labour Market', *Journal of Australian Indigenous Issues*, vol. 24, no. 1, p. 35.

[3] Australian National University (ANU) 2022, *Building better economic outcomes for Indigenous Australians,* ANU, Canberra. Accessed 29 November 2023 at https://www.anu.edu.au/news/all-news/building-better-economic-outcomes-for-indigenous-australians

[4] Close the Gap Campaign Alliance Group for Indigenous Health Equity, 2024, *Close the Gap Campaign Report 2024: Voyage to Voice, Treaty, Truth and Beyond*, p. 51. Accessed 9 June 2024 at https://www.lowitja.org.au/resource/close-the-gap-campaign-report-2024-voyage-to-voice-treaty-truth-and-beyond/

[5] Anderson, I., Baum, F. & Bentley, M. (eds), 2004, *Beyond Bandaids: Exploring the Underlying Social Determinants of Aboriginal Health. Papers from the Social Determinants of Aboriginal Health Workshop*, Adelaide, July 2004, Cooperative Research Centre for Aboriginal Health, Darwin, p. x–xi.

[6] Rigney, D., Bignall, S., Vivian, A., & Hemming, S., 2022, *Indigenous Nation Building and the political determinants of health and wellbeing*, Discussion Paper, Lowitja Institute, Melbourne.

Since colonisation, our peoples have been working towards reclaiming economic self-determination, self-determination more broadly, and reclaiming the health and wellbeing of our communities. These goals go hand in hand.

The right to self-determination is enshrined in the *United Nations Declaration on the Rights of Indigenous Peoples*, which includes the right to pursue economic development.[7] While successive Australian governments have stated commitments to the self-determination of our peoples, this commitment must be demonstrated through policy designed to empower our people economically.

The ways in which our peoples are pursuing economic self-determination are varied. This submission will speak to the opportunities inherent in – and lessons to be learned from – the health sector and the health research sector. Our submission offers insights from some of our commissioned papers and from our experience working in these sectors.

Further, the Close the Gap Report also includes some excellent case studies. It speaks to how in the 1960s, Aboriginal-led campaigns fought for improved work conditions and how the rise of Aboriginal and Torres Strait Islander community-controlled health services contributed significantly to this journey. The creation of community-led, culturally safe spaces generated increased employment opportunities. In recent years, we have seen examples of Aboriginal and Torres Strait Islander businesses and innovative economic approaches that all further economically empower our people. These examples provide potential models and inspiration that can be built upon in future economic policy. We encourage the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs (**Joint Standing Committee**) to read the Close the Gap Report for the purposes of this inquiry. Lowitja Institute endorses the recommendations in the Close the Gap Report.

KEY POLICY COMMITMENTS

The Australian government has sent clear signals about the value of, and its commitment to, growing the Aboriginal and Torres Strait Islander health workforce in some key national policies, including the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031 and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*. This Inquiry should be informed by, and connect with, relevant policies, such as the above and the *National Agreement on Closing the Gap* (**National Agreement**). We also encourage the Inquiry to engage with the Coalition of Peaks Economic Development Partnership, which is focused on similar policy questions.

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[7] Australian Human Rights Commission (AHRC) n/d*, UN Declaration on the Rights of Indigenous Peoples*, AHRC, accessed 4 June 2024 at https://www.ohchr.org/en/indigenous-peoples/un-declaration-rights-indigenous-peoples

Specific terms of reference

This submission responds most directly to the first term of reference: Opportunities for, and barriers to training, employment and business development.

The health and health research sectors support the economic empowerment of Aboriginal and Torres Strait Islander peoples and offer examples that can assist in designing policy and approaches to create further employment opportunities and reduce training barriers for our peoples.

The health research workforce

Lowitja Institute has directly contributed to the growth of the Aboriginal and Torres Strait Islander research sector since 1997. Initially operating as a series of consecutive Cooperative Research Centres (CRC), Lowitja Institute transitioned to an Aboriginal and Torres Strait Islander community-controlled organisation in 2020. Since 2020, 100% of our grant funding has gone to Aboriginal and Torres Strait Islander researchers or Aboriginal and Torres Strait Islander community-controlled organisations.

In 2023, of the 15 Major Grants approved for funding, 100% had an Aboriginal and Torres Strait Islander chief investigator, and 73% had an Aboriginal and Torres Strait Islander project lead.[8] $70,000 in funding was contributed to expert guidance from community Elders.[9] In 2022, Lowitja Institute distributed $52,234 of Seeding Grant funding across ten research projects (again entirely Aboriginal and Torres Strait Islander-led). Across these ten projects, there were 36 Aboriginal and Torres Strait Islander people directly employed.[10] Further, in 2022 there were 60 Aboriginal and Torres Strait Islander people engaged as researchers across our funded Major Grants.[11] This is a small snapshot of the Institute's impact; it does not include awarded scholarships and other work that the Institute undertakes. Empowering Aboriginal and Torres Strait Islander leadership has been a driver of success in this work, and in all of Lowitja Institute's work. Transitioning to community control has enabled even greater direct impact on the careers of Aboriginal and Torres Strait Islander health practitioners, researchers and Aboriginal and Torres Strait Islander community-controlled organisations.

Another key factor that contributes to our success in this space, and the success of our grant applicants, is that we provide support and capability building and take a

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[8] Lowitja Institute, 2023, *2023 Annual Report*, Lowitja Institute, Melbourne, p. 16.

[9] ibid, p. 16.

[10] Lowitja Institute, 2022, *2022 Annual Report*, Lowitja Institute, Melbourne, p. 13.

[11] ibid, p. 13.

strengths-based approach. In 2019, Lowitja Institute commissioned a review and analysis of progress in expanding and strengthening the Aboriginal and Torres Strait Islander health researcher workforce. The *Further Strengthening Research Capabilities* review (**Capabilities Review**) sought to understand the success factors that relate to research training approaches to inform workforce strategy.[12] The findings of the review may also be useful for this Inquiry; the Capabilities Review can be accessed via this link:

The Capabilities Review found that Aboriginal and Torres Strait Islander health researchers have been going from strength to strength, working across health research, communities, health services, policy, and education. The number of Aboriginal and Torres Strait Islander researchers has risen, including Aboriginal and Torres Strait islander health researchers who are recognised globally and who are "driving large-scale research programs that support and encourage more community research."[13] The number of tertiary students who commence, graduate and go on to senior research positions has also increased.[14]

While there are many learnings outlined in the capability review, it made two key findings as to what has led to this success:

ω Power generated by cohorts of Aboriginal and Torres Strait Islander researchers is integral to strengthening research capabilities. These peer networks go largely unrecognised and emerge from informal networks, group-facilitated research programs and events, university departments led by Aboriginal and Torres Strait Islander researchers and conferences.

ω Aboriginal and Torres Strait Islander health researchers exert agency in navigating structural tensions between the academy, family and community. Convergences of these domains propelled research progress and research capability-strengthening, while divergences restricted health researchers. Institutions can do a lot to eliminate many of these divergences to open up freedom for Aboriginal and Torres Strait Islander researchers to meet their cross-domain commitments and aspirations.[15]

Since colonisation, our peoples have always had to walk in two worlds; it is important to consider how mainstream structures can be transformed to support our peoples and create "convergences" of domains, as the Capabilities Review puts it. We also encourage the Joint Standing Committee to consider the role that Aboriginal and Torres Strait Islander peer-to-peer networks can play in supporting our peoples'

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[12] Ewen, S., Ryan, T., & Platania-Phung, C., 2019, *Further Strengthening Research Capabilities: A review and analysis of the Aboriginal and Torres Strait Islander health researcher workforce*, Lowitja Institute, Melbourne, p. 7. Accessed 8 June 2024 at: https://www.lowitja.org.au/resource/health-researcher-workforce-review/

[13] ibid, p. 7.

[14] ibid, p. 7.

[15] ibid, p. 8.

economic and career success. Both of these connect to Priority Reform Three of the National Agreement ('transforming mainstream government institutions and organisations') in that they encourage cultural safety and the creation of environments that are more aligned with our peoples' ways of being, knowing, and doing. As noted below, cultural safety is a key enabler of our peoples' success, and a key enabler of improved health and wellbeing.

The health workforce

A recent publication, *'We are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report*[16] (**Career Pathways Report**), published by Lowitja Institute and the Aboriginal Medical Services Alliance Northern Territory, can shed light on employment barriers that our peoples encounter in mainstream settings, and on enablers of success.

There is an enduring issue of Aboriginal and Torres Strait Islander peoples experiencing barriers to becoming health professionals and progressing their careers. Between 2000 and 2020, the Aboriginal and Torres the Aboriginal and Torres Strait Islander health workforce increased in numbers, but there was no increase in the proportion of Aboriginal and Torres Strait Islander workers compared with non-Indigenous workers.[17] Further, the majority of this growth was limited to low-status and low-paying jobs. [18] Aboriginal and Torres Strait Islander health workers were three times less likely to have a degree than non-Indigenous health workers and were under-represented across all professions.[13]

The Career Pathways Report identified the key barriers to workforce growth and career advancement as involving:

- ω lack of cultural safety and cultural awareness amongst colleagues,
- ω experiences of racism,
- ω few Aboriginal and Torres Strait Islander colleagues and limited access to peer support,
- ω lack of influence over management of services to Aboriginal and Torres Strait Islander consumers,
- ω insufficient career development opportunities,
- ω inflexible HR policies,

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[16] Bailey, J., Blignault, I., Carriage, C., Demasi, K., Joseph, T., Kelleher, K., Lew Fatt, E., Meyer, L., Naden, P., Nathan, S., Newman, J., Renata, P., Ridoutt, L., Stanford, D. & Williams, M., 2020, *'We are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report*, Lowitja Institute, Melbourne.

[17] ibid.

[18] ibid.

- ω family and community demands,
- ω lack of management support, and
- ω limited career opportunities offered. [19]

It is our understanding that these barriers are not exclusive to the health sector but also apply to work environments outside of those that are community-controlled.

Further, racism and lack of cultural safety within the workplace is another barrier to progression that causes our people harm. Experiences of racism within the health workforce are detailed in the Career Pathways Report and include covert or unwitting discrimination and overt racism. Racism and opposition from colleagues were a barrier to career progression for at least one in five Aboriginal and Torres Strait Islander people, and were significantly more likely to be experienced in government than in Aboriginal and Torres Strait Islander community-controlled workplaces.[20] This speaks to the need to act urgently on Priority Reform Three of the National Agreement.

Lowitja Institute's 2022 submission to the Employment Taskforce within the Treasury's Jobs and Skills Summit includes more information on this topic.[21] This submission is available on our website.

If these barriers can be eliminated, the health sector holds a huge opportunity for empowering our peoples economically through strengthened health career pathways. One of the reasons why Aboriginal and Torres Strait Islander-led workplaces (particularly Aboriginal and Torres Strait Islander community-controlled organisations) are environments that support our peoples' career growth and success is because they are culturally safe spaces. They are environments in which our peoples are able to work in alignment with our cultural values, including caring for and contributing to our communities.

The example of the Aboriginal-led business Clothing the Gaps (highlighted in the Close the Gap Report) demonstrates the above and illustrates how Aboriginal and Torres Strait Islander leadership is one of the most effective tools to create workplaces that are culturally safe, retain Aboriginal and Torres Strait Islander employees, and support Aboriginal and Torres Strait Islander careers. As noted in a case study presented in the 'Building Our Economies' chapter of the Close the Gap

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[19] Bailey, J., Blignault, I., Carriage, C., Demasi, K., Joseph, T., Kelleher, K., Lew Fatt, E., Meyer, L., Naden, P., Nathan, S., Newman, J., Renata, P., Ridoutt, L., Stanford, D. & Williams, M., 2020, 'We are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report, Lowitja Institute, Melbourne.

[20] ibid, p. 25.

[21] Lowitja Institute, 2022, The Treasury Jobs and Skills Summit: Submission to the Employment Taskforce (Australian Government Treasury). Accessed 10 June 2024 at https://www.lowitja.org.au/wp-content/uploads/2023/06/Jobs_and_Skills-Summit_Submission_Lowitja-Institute-Dec22.pdf.

Report, the founders and co-CEOs of Clothing the Gaps, Laura Thompson (a Gunditjmara woman) and Sarah Sheridan (a non-Indigenous woman), both had health promotion backgrounds from working in Aboriginal and Torres Strait Islander community-controlled health organisations. The skills learned in health promotion and working in an Aboriginal and Torres Strait Islander community-controlled service were incredibly useful in creating a business that supports Aboriginal and Torres Strait Islander employees to thrive. This included the power of using a strengths-based lens.

> *Rather than formal business training, they have applied a health promotion lens to the business: strengths-based messaging, building a community of people, peer-to-peer support, agency, and action. 'Nothing is just a T-shirt', they say: all sales are a connection to community, conversations, and campaigns, as well as to ethical products and a safe Blak workplace.[22]*

The Close the Gap Report also speaks to how Aboriginal and Torres Strait Islander community-controlled health services provide a pathway for our peoples into the health workforce. They are inherently culturally safe environments that operate within Aboriginal and Torres Strait Islander community-controlled governance structures. They are led by – and are therefore accountable to – their community. They enable Aboriginal and Torres Strait Islander people to work in service of their communities, and they provide nurturing spaces that care about and invest in employee wellbeing and career progression.

Conclusion and recommendations

Supporting Aboriginal and Torres Strait Islander businesses and our community-controlled organisations is a critical part of any policy approach to our peoples' economic empowerment. Ensuring cultural safety in government and mainstream organisations is another key component.

As such, Lowitja Institute recommends that the Joint Standing Committee:
- **considers policy mechanisms to support the development and growth of Aboriginal and Torres Strait Islander led businesses.**
- **acknowledges the value of our community-controlled organisations in supporting and achieving economic self-determination.**
- **looks at ways to encourage the Australian and state and territory governments to make urgent progress on Priority Reform Three of the National Agreement on Closing the Gap.**

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[22] Close the Gap Campaign Alliance Group for Indigenous Health Equity, 2024, *Close the Gap Campaign Report 2024: Voyage to Voice, Treaty, Truth and Beyond*, Close the Gap Campaign Alliance Group for Indigenous Health Equity, p. 54.