

KALACC: 2022–23 Pre-Commonwealth Budget Submission

Date: 26 January 2022

To: The Hon Michael Sukkar MP, Assistant Treasurer

CC: The Hon Alan Tudge MP, Minister for Education and Youth
The Hon Ken Wyatt AM MP, Minister for Indigenous Australians
The Hon Paul Fletcher MP, Minister for Communications, Urban Infrastructure, Cities and the Arts
The Hon David Coleman MP, Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention
The Hon Luke Howarth MP, Assistant Minister for Youth and Employment Services
The Hon Greg Hunt MP, Minister for Health and Aged Care

Dear Mr Sukkar

On behalf of the Kimberley Aboriginal Law and Culture Centre (KALACC), I provide this submission on priorities for the 2022–23 Budget, in response to your call for submissions from individuals, businesses and community groups.¹

KALACC is presenting this submission to the Department of Treasury three times, regarding:

- | | |
|---|---|
| 1. Youth (Health, Aged Care, and Sport): | Youth wellbeing in the Kimberley |
| 2. Dept of Communications: | Arts funding and wellbeing |
| 3. Dept of Prime Minister and Cabinet: | Indigenous Affairs – The need for investment in cultural maintenance |

KALACC’s key recommendation:

That the Commonwealth Government, in conjunction with the WA Government, implement a Cultural Investment Trial in the Kimberley Region of Western Australia.

Key points:

- Youth issues in the Kimberley are a chronic and acute social disaster.
- With the recent release of the ***National Aboriginal and Torres Strait Islander Health Plan 2021–2031***,² we stand at a watershed moment for improving the health and wellbeing of Aboriginal people in Australia.

¹ The Hon Michael Sukkar MP, Assistant Treasurer, [2022–23 Pre-Budget Submissions](#), media release 6 December 2021.

² Australian Government Department of Health 2021, [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#).

- The Health Plan expresses the clear need to invest in preventative programs and to support the social and cultural determinants of health.
- However, there remain no funding pathways for these programs.
- The need to invest in cultural determinants of Indigenous wellbeing has been canvassed by a significant number of reports in recent years (see Appendices).
- The Australia Council is showing leadership in this field through its Arts and Wellbeing Forums. However, there is a lack of macro level policy supports to integrate with other government actions.
- The history of Commonwealth-led, and now WA Government-led, processes relating to youth wellbeing in the Kimberley speak to the strong need to invest in coordinated culturally based solutions.
- To date, processes trialled in the Kimberley have been vastly under-resourced or have lacked the systemic settings to support local and regional initiatives.
- KALACC is presently developing the ***Co-Design Guide*** and the ***Co-Design Implementation Plan*** for the Kimberley Aboriginal Youth Wellbeing Processes.
- Co-design, including capacity building of Aboriginal Community Controlled Organisations, is vital to culturally based solutions.
- Implementing a Cultural Investment Trial in the Kimberley region would provide Government with much-needed practical answers as to how to invest in improving the social and cultural determinants of Aboriginal health.

The three contexts for this submission are:

1. Youth – Kimberley Aboriginal Youth Wellbeing Processes (Led by WA Mental Health Commission)

- The Kimberley Region of Western Australia was one of the **12 National Suicide Prevention Trial Sites** from 2016–17 to 2020–21.³
- KALACC’s 2020 ***Kimberley Aboriginal Caring for Culture Discussion Report***⁴ was commissioned as a significant component of the Kimberley Suicide Prevention Trial.
- Following the Trial, the WA Government in conjunction with the Kimberley Region’s peak Aboriginal Community Controlled Organisations has implemented the **Kimberley Aboriginal Youth Wellbeing processes**. These include four distinct yet connected streams of activity:
 - Kimberley Aboriginal Suicide Prevention Plan
 - Kimberley Juvenile Justice Strategy
 - Statement of Commitment on Aboriginal Youth Wellbeing

³ Australian Government Department of Health, [National Suicide Prevention Trial](#).

⁴ KALACC 2020, [Kimberley Aboriginal Caring for Culture Discussion Report](#).

- Kimberley Empowered Young Leaders.

2. Arts funding and wellbeing – Arts and Wellbeing Forums

- The Australia Council for the Arts held an online Arts and Wellbeing Forum in November 2021 and plans to host a series of hybrid forums in 2022.
- These forums highlight the need to invest in wellbeing through the arts, and reflect growing recognition of the link between culture and wellbeing in Indigenous communities (see Appendices for recent reports, including a number commissioned by the Commonwealth Department of Health).
- However, there are no identifiable funding pathways for cultural maintenance programs, or macro level policy settings to guide coordinated strategic investment in the arts.

3. Indigenous Affairs – The need for cultural investment to mitigate chronic and acute social disaster

- This submission is contextualised around a **social disaster for young people in the Kimberley**, both chronic and acute.
- Seemingly every week presents a new media story describing the epic failures of current policies for Aboriginal young people in the Kimberley.
- Since the loss of Indigenous Culture Support funding in 2015, there has been no funding pathway for cultural maintenance programs, despite recognition of cultural outcomes in Closing the Gap and successive inquiries calling for culturally based solutions.

Until we find practical ways of supporting the social and cultural determinants of health, we will continue to invest in downstream band aid solutions rather than the desperately needed upstream preventative programs that address the root causal factors that generate tragically poor outcomes for Aboriginal young people in the Kimberley.

Yours sincerely,



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“To assist and promote the ceremonies, songs and dance of Kimberley Aboriginal people, to encourage and strengthen their social, cultural and legal values and ensure their traditions a place in Australian society.”

“If suicide prevention is our serious goal, then the evidence in hand recommends investing new moneys, not in the hiring of still more counsellors, but in organized efforts to preserve Indigenous languages, to promote the resurgence of ritual and cultural practices, and to facilitate communities in recouping some measure of community control over their own lives.”

Professor Michael J Chandler 2013, *Cultural Wounds Require Cultural Medicines*.⁵

⁵ Chandler MJ 2013, ‘Culture wounds require cultural medicine,’ in M Greenwood et al. (Eds) 2015, [*Determinants of Indigenous Peoples’ Health in Canada: Beyond the Social*](#), Canadian Sholars’ Press, Toronto.

Focus area 1 – Youth wellbeing in the Kimberley

Youth Issues in the Kimberley are a **chronic and acute social disaster**, as highlighted by recent media articles.

School attendance rates are appallingly bad:

- [‘Halls Creek school attendance rates under the microscope,’](#) *National Indigenous Times*, 19 December 2021.

Poor school attendance was highlighted by Coroner Alistair Hope in his 2008 Coronial Inquest Report into drug and alcohol deaths in the Kimberley. Sadly, the issue has not improved over the past 13 years.

Youth crime rates are appallingly bad:

- [‘Father of reformed youth offender speaks out amongst Kimberley crime crisis,’](#) *ABC News*, 16 December 2021.
- [‘Kimberley grapples with escalating crime ahead of state election,’](#) *ABC News*, 16 February 2021.
- [‘Crime wave hits remote town as multiple cars stolen and shops ram-raided,’](#) *ABC News*, 19 October 2021.
- [‘Second teen arrested after police cars rammed, cop hurt in Fitzroy Crossing,’](#) *ABC News*, 22 September 2021.
- [‘Teen jailed over violent home invasion, ram raid, multiple burglaries and \\$10,000 jewellery theft in Broome,’](#) *ABC News*, 20 August 2021.
- [‘“No consequences” for crime say Fitzroy Crossing businesses,’](#) *National Indigenous Times*, 14 December 2021.
- [‘Footage of stolen cars from Aboriginal corporation bring Fitzroy Crossing crisis to forefront,’](#) *National Indigenous Times*, 16 December 2021.
- [‘Kimberley town in crisis,’](#) *National Indigenous Times*, 10 December 2021.
- [‘Kimberley community leaders fear they're losing a generation of kids to confusion and crime,’](#) *ABC News*, 11 August 2021.
- [‘Fitzroy Crossing crisis ignored,’](#) *National Indigenous Times*, 24 September 2021.

Youth suicide remains a tragic outcome:

A child in the Kimberley is more than twice as likely to end up in hospital for self-harming than in other areas of the state, while the region's suicide rate remains more than double the rest of Australia.

- [‘Snapshot reveals suicide and self-harm spikes across the Kimberley as researchers urge reform,’ ABC News, 24 August 2020.](#)

Learnings from the Kimberley Suicide Prevention Trial

The Kimberley Region of Western Australia was one of the 12 National Suicide Prevention Trial Sites from 2016–17 to 2020–21.⁶

KALACC’s *Kimberley Aboriginal Caring for Culture Discussion Report*⁷ was commissioned as a significant component of the Kimberley Suicide Prevention Trial.

The report made five recommendations:

1. Investment in Aboriginal Controlled Community Organisations to maintain, celebrate and prioritise culture in all its forms
2. Consolidated targeted investment in Aboriginal languages and language maintenance outcomes as a strategic priority area
3. Prioritised investment and support for Kimberley Aboriginal organisations to provide regular regional and local forums for the sharing of cultural knowledge and practice, the building of capability and to network in key areas of activity
4. Investment in the development of cultural outcome indicators and measures that Aboriginal people define, which would relate to such things as types of cultural participation and opportunities to connect with Country and family, and language maintenance and revival
5. A response by the WA Government to the gaps and opportunities identified in this report, and all those of the 2016 *Message Stick Report*, KALACC’s 2017 *Cultural Solutions Position Paper*, and State Coroner Fogliani’s 2019 Coronial Inquest Findings Report.

Since that time:

- There has been a significant investment from the National Indigenous Australians Agency in actioning recommendation 4 (cultural outcome indicators and measures)
- The Kimberley Aboriginal Youth Wellbeing processes are progressing recommendation 5 (WA Government response to gaps and opportunities).

But there has been no progress in implementing recommendations 1–3.

Evaluation of the Kimberley Suicide Prevention Trial

Evaluators found the Kimberley Suicide Prevention Trial was undermined by its breadth, lack of resources and community-level application; in addition to systemic and persistently poor foundations due to the lack of social determinants of health.

⁶ Australian Government Department of Health, [National Suicide Prevention Trial](#).

⁷ KALACC 2020, [Kimberley Aboriginal Caring for Culture Discussion Report](#).

The June 2021 evaluation found:

- **Social determinants of health:** Systemic and persistent disadvantage across each of the Kimberley communities limited the impact of the Trial.
- **Cultural elements and cultural solutions enhanced protective factors:** Inclusion of cultural elements, or cultural solutions, as part of the Trial provided a foundation for the region to address upstream risk factors and enhance protective factors.
- **System level changes were challenged by limited funding on the ground:** While the Trial's design adhered to the *Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project* framework,⁸ region-wide universal interventions were challenged by limited funding and resources to ensure practical implementation in communities. While cultural solutions enhanced protective factors and addressed upstream risk factors, positive results were constrained due to limited investment (\$4M over four years, which was vastly insufficient to enable the successful implementation of regional strategies).⁹
- **Implications on design:** A systems level approach to suicide prevention across a large geography and vastly different communities should only be undertaken when the appropriate level of funding and resources (including a workforce) is available. This will ensure that the intended design can be successfully implemented in practice.¹⁰

The Kimberley Aboriginal Youth Wellbeing processes

Following the Kimberley Suicide Prevention Trial, the WA Government with the region's peak Aboriginal Community Controlled Organisations has now implemented the Kimberley Aboriginal Youth Wellbeing processes.

There are four distinct streams of activity:

- Kimberley Aboriginal Suicide Prevention Plan
- Kimberley Juvenile Justice Strategy
- Statement of Commitment on Aboriginal Youth Wellbeing
- Kimberley Empowered Young Leaders.

The Commonwealth is not yet a party to the Aboriginal Youth Wellbeing processes, but there is an intention to engage in discussions with the Commonwealth once the Terms of Reference and the broad strokes of the Implementation Plan are in place.

What is available now to inform future work in this space are:

- The evaluation of and lessons from the *Kimberley Suicide Prevention Trial*.

⁸ University of Western Australia, [Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project](#).

⁹ ImpactCo 2021, *Evaluation of the Kimberley Suicide Prevention Trial*, p.14.

¹⁰ ImpactCo 2021, *Evaluation of the Kimberley Suicide Prevention Trial*, p.54.

- KALACC’s ***Co-Design Guide*** and a ***Co-Design Implementation Plan*** to inform and guide future investments into youth programs in the Kimberley across the next four years.
- ***The Kimberley Aboriginal Caring for Culture Report***, to guide and inform the development of a cultural investment strategy.
- Broad policy settings which recognise the importance of the **social and cultural determinants of health**.

However, while the ***National Aboriginal and Torres Strait Islander Health Plan 2021–2031***, provides broad policy recognition of the importance of the social and cultural determinants of health for the first time; **commissioning strategies may be months or years away**.

Co-design and culturally based solutions

Central to the implementation of the Aboriginal Youth Wellbeing processes is KALACC’s development of a ***Co-Design Guide*** and a ***Co-Design Implementation Plan***. These documents will inform the implementation of the Aboriginal Youth Wellbeing processes over the next four years.

The history of Commonwealth-led, and now WA Government-led, processes relating to youth wellbeing in the Kimberley speak to the strong need to invest in culturally based solutions.

Historically, broad scale national policies developed across different portfolios in Canberra translate very poorly into tangible, useful and appropriate programs on the ground in the regions.

The Commonwealth already invests millions of dollars into youth programs in the Kimberley (despite state government responsibility in justice issues).

The Commonwealth’s investment decisions are made without consultation with KALACC, despite:

- KALACC being the consultation partner to the WA Dept of Justice on the earlier *Kimberley Juvenile Justice Strategy*.
- KALACC’s current development of the ***Co-Design Guide*** and the ***Co-Design Implementation Plan*** for the Kimberley Aboriginal Youth Wellbeing processes.

Co-design, including capacity building of Aboriginal Community Controlled Organisations, is vital to culturally based solutions and to KALACC’s recommendation.

KALACC’s key recommendation:

That the Commonwealth Government, in conjunction with the WA Government, implement a Cultural Investment Trial in the Kimberley Region of Western Australia.

Focus area 2 – Arts funding and wellbeing

On 5 November 2021, the Australia Council for the Arts conducted an online **Arts and Wellbeing Forum**.¹¹

During the forum, Ms Georgie Harman, CEO of Beyond Blue highlighted the need to ‘fund mental health and wellbeing from a social determinants perspective’ through investment in the arts:

‘There is a moment here where the arts and creative sector almost needs to force its way to the table.’

Ms Harman also highlighted the need to ‘start that in a place-based approach, where it is community led and community driven.’

This is an opportune time to progress structured consideration of how arts and culture contribute to the social and emotional wellbeing of Australian society, because:

- politically there is support across Federal portfolios
- the Australia Council is displaying leadership in this space
- there is strong, broad-based community support across a range of significant organisations, such as Beyond Blue and the National Mental Health Commission
- in terms of Indigenous health:
 - the **National Aboriginal and Torres Strait Islander Health Plan 2021–2031** highlights the critical importance of social and cultural determinants
 - the broader **Closing the Gap National Partnership Agreement** and State Jurisdictional Plans are now in place.

The Australia Council is planning to convene monthly hybrid **Arts and Wellbeing Forums** over a 6-month period in 2022. KALACC applauds the Australia Council for the leadership it is showing in this field.

Macro level policy challenges

While now is the right time to pursue this discussion, without macro policy level supports to integrate with other government actions, the task is enormous. Macro level policy challenges are:

- the lack of a national arts and cultural policy
- the lack of recognition of arts in health policy frameworks.

The previous Government’s 2013 **Creative Australia: National cultural policy** linked arts investment to Closing the Gap and other government initiatives and strategies.¹²

¹¹ See <https://australiacouncil.gov.au/advocacy-and-research/events/arts-and-mental-wellbeing-forum/>

¹² Office for the Arts 2013, [Creative Australia: National cultural policy](#), Government of Australia, p.8.

Eight years later, we have stepped back from such coordinated macro level policy discussions, and it is only in recent months that we have undertaken some small steps back down this path.

The more recent ***Sculpting a National Cultural Plan: Igniting a post-COVID economy for the arts***¹³ is much less ambitious in its policy reach than ***Creative Nation***; but it is a significant step in the right direction.

Within ***Sculpting a National Cultural Plan***, we see specific consideration given to a range of extrinsic or instrumental values associated with a strong arts and cultural sector, including:

- mental health
- social cohesion.

KALACC hopes the Australia Council can bring significant partners to participate in the upcoming Arts and Wellbeing Forums, including a leading role from the Commonwealth Department of Health and Minister for Health.

The opportunity for a Cultural Investment Strategy

In 2016, the Western Australian Department of Culture and the Arts published: ***Investing in Aboriginal Culture: The role of culture in gaining more effective outcomes from WA State Government services***. That paper proposed that:

‘...a consolidated and targeted approach to the investment in Aboriginal culture and arts will increase cultural attachment, increasing subjective wellbeing for individuals and communities, leading to improved socio-economic outcomes.’¹⁴

The main tangible recommendation was a ‘Cultural Investment Strategy’ in targeted geographic areas to integrate with and support other government agency actions.

‘Such a Cultural Investment Strategy would:

- a. incorporate increased investment in existing cultural activities shown to be successful in engaging Aboriginal communities in order to facilitate improved wellbeing and opportunities for advancement;
- b. be developed to address the underlying causes of social dysfunction by connecting Aboriginal people to their culture through cultural maintenance activities that reinforce traditional values, roles and responsibilities; and
- c. support other agency objectives by piloting the strategy through a specific area of high social and economic dysfunction.

The Culture Investment Strategy would seek two potential policy outcomes:

¹³ House of Representatives Standing Committee on Communications and the Arts 2021, [*Sculpting a National Cultural Plan: Igniting a post-COVID economy for the arts*](#), Commonwealth of Australia, October 2021.

¹⁴ *Investing in Aboriginal Culture: The Role of Culture in Gaining More Effective Outcomes from WA State Government Services*. (DCA Reference 15/751, May 2016), p.4.

- a. to use the support of cultural activities to improve cultural growth, social cohesion and engagement; and
- b. to use culturally based activities to improve outcomes in health, education, community safety and employment.¹⁵

In January 2020, KALACC outlined how such a trial could be adopted and implemented in the Kimberley Region. The January 2020 *Kimberley Aboriginal Caring for Culture Discussion Report*¹⁶ was commissioned as a significant component of the **Kimberley Suicide Prevention Trial**.

One of the key findings within the Kimberley Suicide Prevention Trial evaluation report was that the trial was heavily under-resourced to deliver meaningful outcomes regarding the social and cultural determinants of health.¹⁷

KALACC's key recommendation:

That the Commonwealth Government, in conjunction with the WA Government, implement a Cultural Investment Trial in the Kimberley Region of Western Australia.

Focus area 3 – Indigenous affairs – The need for investment in cultural maintenance

Youth Issues in the Kimberley are a chronic and acute social disaster. Seemingly every week presents a new media story describing the epic failures of current policies for Aboriginal young people in the Kimberley (see page 5 of this submission).

KALACC wrote to WA Coroner Alistair Hope in February 2007. Since then, there have been four major Coronial Inquest reports in the Kimberley.

In November 2016, the WA Parliament released *Learnings from the Message Stick: The report of the Inquiry into Aboriginal youth suicide in remote areas*. This inquiry was initiated following the suicide of a ten-year-old girl in the Kimberley. The report highlighted the need for culturally based programs:

¹⁵ As above.

¹⁶ KALACC 2020, [Kimberley Aboriginal Caring for Culture Discussion Report](#).

¹⁷ ImpactCo 2021, *Evaluation of the Kimberley Suicide Prevention Trial*, p.14.

'There is increasing evidence that culturally-based programs have the greatest impact in preventing suicide; however, the Western Australian Government has demonstrated reluctance in funding programs of this nature.'¹⁸

The report articulated successive governments' failures to act on recommendations for culturally based solutions to the suicide crisis.¹⁹ There have been over 43 reports into this situation over the past 20 years. It is high time that government acted on these reports.

The loss of Indigenous Culture Support funding

Since at least mid-2015 there has been no specific policy or programmatic support for cultural maintenance and Traditional Cultural Expression.

In March 2015, then Arts Minister George Brandis announced that the Office for the Arts' Indigenous Cultural Support program was being terminated and replaced by the Indigenous Languages and Arts Program, with cultural maintenance activities moved to the Indigenous Advancement Strategy:

'The Indigenous Languages and Arts (Projects) stream will not fund cultural maintenance projects that do not include an arts component. For exclusively cultural maintenance activities, you should contact the Department of Prime Minister and Cabinet to find out more about the Indigenous Advancement Strategy.'²⁰

That was a policy handball that the Department of Prime Minister and Cabinet (and now the National Indigenous Australians Agency) never accepted. As a result, for the past nearly six years there has been no specific Commonwealth funding support for cultural maintenance and Traditional Cultural Expression.

This is despite recognition of strong, supported cultures as targets and outcomes within the **Closing the Gap Refresh:**

- Target 16: Cultures and languages are strong, supported and flourishing
Outcome: Aboriginal and Torres Strait Islander cultures and languages are strong, supported and flourishing.
- Target 15: People maintain a distinctive cultural, spiritual, physical and economic relationship with their land and waters
Outcome: Aboriginal and Torres Strait Islander people maintain a distinctive cultural, spiritual, physical and economic relationship with their land and waters.

¹⁸ Education and Health Standing Committee 2016, [Learning from the Message Stick: The Report of the Inquiry into Aboriginal Youth Suicide in Remote Areas](#), Legislative Assembly Parliament of WA, Report No.11, Nov 2016, Finding 8, p.57.

¹⁹ As above, p.i.

²⁰ The Hon George Brandis, Minister for the Arts, media statement 31 March 2015, bold emphasis added.

For Closing the Gap to be successful, it is vital, both instrumentally and intrinsically, that culture is supported. And from the extrinsic perspective of improving social and emotional wellbeing we note once again these words by Professor Michael J Chandler:

‘If suicide prevention is our serious goal, then the evidence in hand recommends investing new moneys, not in the hiring of still more counsellors, but in organized efforts to preserve Indigenous languages, to promote the resurgence of ritual and cultural practices, and to facilitate communities in recouping some measure of community control over their own lives.’²¹

Professor Chandler delivered the same message, many times, in Canberra in August 2012.

What remains true today is that, notwithstanding the December 2021 release of the ***National Aboriginal and Torres Strait Islander Health Plan 2021–2031*** and the Close the Gap Outcomes Framework, in Australia today there are still no commissioning pathways for programs that operate in the social and cultural determinants of health domain by supporting cultural maintenance and Traditional Cultural Expression.

KALACC’s key recommendation:

That the Commonwealth Government, in conjunction with the WA Government, implement a Cultural Investment Trial in the Kimberley Region of Western Australia.

²¹ Chandler MJ 2013, ‘Culture wounds require cultural medicine,’ in M Greenwood et al. (Eds) 2015, [*Determinants of Indigenous Peoples’ Health in Canada: Beyond the Social*](#), Canadian Sholars’ Press, Toronto.

Appendix A – Work of Professor Michael Chandler

Emeritus Professor Michael J Chandler is known for extensive research about the role of cultural continuity as a moderator of suicide risk among Indigenous people.²²

This includes large-scale epidemiological studies showing the relationship between variable rates of suicide among Canada’s First Nations youth, and markers of community-level cultural continuity. Cultural continuity supports self-continuity by enabling young people to develop a persistent identity and see a future.²³

Professor Michael J Chandler’s August 2012 Speaking Engagements in Canberra

Professor Chandler undertook a speaking tour in Canberra in August 2012, hosted by the Healing Foundation.

Among his speaking engagements were:

- The Healing Foundation
- An Aboriginal and Torres Strait Islander Community Forum
- The Aboriginal and Torres Strait Islander Mental Health Advisory Group
- A two-day research workshop
- Government meeting hosted by DEEWR and involving Departmental Heads/representatives (DEEWR, DoHa, FaHCSIA)
- The Ngunnawal Lecture at University of Canberra.

Since then, a significant number of important reports on the topic of Aboriginal culture and wellbeing have been released. A brief survey of these reports is provided hereafter.

Nine and a half years that have elapsed since then. However, today there are:

- no commissioning pathways for programs that operate in the social and cultural determinants of health domain in Indigenous communities
- no strong linkages between emerging Commonwealth policy directions and programmatic actions on the ground in remote communities.

KALACC’s key recommendation:

That the Commonwealth Government, in conjunction with the WA Government, implement a Cultural Investment Trial in the Kimberley Region of Western Australia.

²² See: <https://www.researchgate.net/scientific-contributions/Michael-J-Chandler-10374506>

²³ See for example, Chandler MJ and Lalonde CE 2008, ‘Cultural continuity as a moderator of suicide risk among Canada’s First Nations,’ in Kirmayer L and Valaskakis G (Eds) *Healing Traditions: The mental health of Aboriginal peoples in Canada*, p. 221–248, University of British Columbia Press.

Appendix B – Timeline of recent reports recommending investment in the social and cultural determinants of Indigenous health

There have been a number of significant Australian reports released in the past four years on the social and cultural determinants of Indigenous Health, including:

- Feb 2018: ***My Life My Lead – Report on the national consultations***²⁴
- June 2020: ***'... Country Can't Hear English...' – A guide to implementing cultural determinants***²⁵
- Feb 2021: ***Culture is Key: Towards cultural determinants-driven health policy***²⁶
- Aug 2021: ***Closing the Gap Implementation Plan***²⁷
- March 2021: ***Social and Emotional Wellbeing Gathering 1 Report***²⁸
- Oct 2021: ***Social and Emotional Wellbeing Gathering 2 Report***²⁹
- Dec 2021: ***The National Aboriginal and Torres Strait Islander Health Plan 2021–2031***³⁰

As ***The National Aboriginal and Torres Strait Islander Health Plan 2021–2031*** is a major juncture on the path towards social and cultural determinants of health, key aspects of that document are provided in Appendix C.

Excerpts from the other reports are provided in Appendix D.

²⁴ Commonwealth of Australia, Department of Health 2018, [My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017](#).

²⁵ Arabena K 2020, ['Country Can't Hear English': A guide supporting the implementation of cultural determinants of health and wellbeing with Aboriginal and Torres Strait Islander peoples](#), Karabena Publishing, Melbourne.

²⁶ Lowitja Institute 2020, [Culture is Key: Towards cultural determinants-driven health policy – Final Report](#), Lowitja Institute, Melbourne.

²⁷ National Indigenous Australians Agency 2021, [Closing the Gap Implementation Plan](#), Commonwealth of Australia.

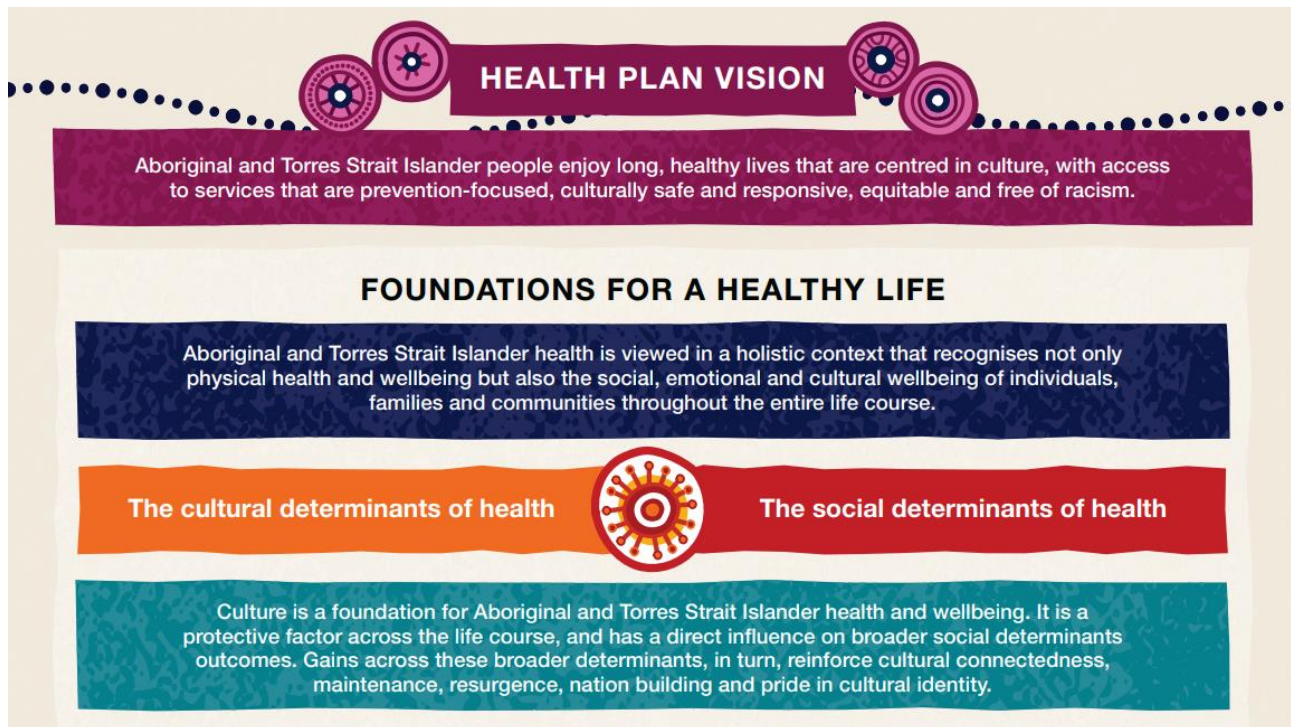
²⁸ Transforming Indigenous Mental Health and Wellbeing Project 2021, [Social and Emotional Gathering Report: 30-31st March 2021](#), The University of Western Australia

²⁹ Transforming Indigenous Mental Health and Wellbeing Project 2021, [Social and Emotional Wellbeing Gathering 2 Report: 26th-28th October 2021](#), The University of Western Australia

³⁰ Australian Government Department of Health 2021, [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#).

Appendix C – Excerpts from the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*³¹

We have ensured that the Health Plan reinforces the importance of strengths-based and human rights approaches that embed the cultural determinants and our holistic ways of knowing and being that have continued unbroken for over 60,000 years. This includes the fundamental role that connection to Country, family, kinship and community play in our health and wellbeing.³²

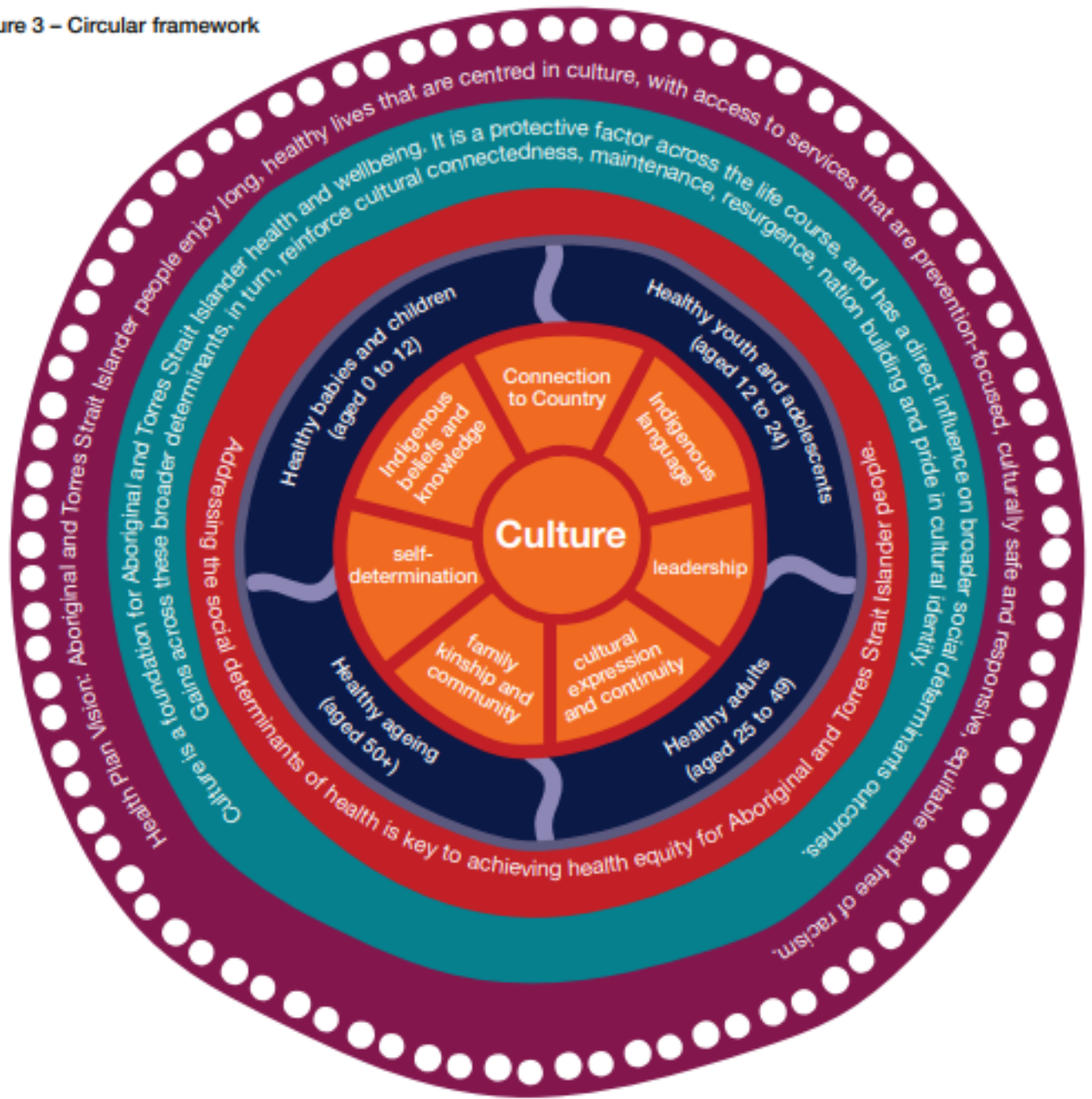


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³¹ Australian Government Department of Health 2021, [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#).

³² As above, p.4.

Figure 3 – Circular framework



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Cultural determinants of health

The cultural determinants of health are the protective factors that enhance resilience, strengthen identity and support good health and wellbeing. These include, but are not limited to, connection to Country; family, kinship and community; beliefs and knowledge; cultural expression and continuity; language; self-determination and leadership.

Cultural determinants are the ways of knowing, being and doing that encompass a holistic Aboriginal and Torres Strait Islander understanding of health and wellbeing. This strengths-based approach affirms that celebrating and connecting to culture, community and Country builds negative risks.

Embedding cultural determinants means recognising:

- the direct protective and strengthening impact that practising culture has on health and wellbeing
- the impact of cultural determinants on the social determinants of health
- that laws and policies that disconnect Aboriginal and Torres Strait Islander people from culture have led to disparities in health outcomes and opportunities, including through child removal, disconnection from Country, loss of language and racism.³³

Aboriginal and Torres Strait Islander people are the holders of cultural knowledge and practice. They must therefore define how the cultural determinants of health are embedded in policy and programs. This means ensuring Aboriginal and Torres Strait Islander leadership to shift current policymaking and program implementation practices. This will require shared commitment and collaboration across all levels of government to truth-telling, including a recognition of racism as a barrier to implementing cultural determinant approaches.

Adopting cultural determinant approaches will require system reform and collaboration across governments.

This will enable:

- all governments, sectors, and levels of program development – including research, implementation and evaluation – to embed cultural determinants (a ‘culture-in-all-policies’ approach)
- the aspirations and leadership of Aboriginal and Torres Strait Islander people, communities, and peak and community controlled organisations to maintain, revitalise and practice culture, including strengthening cultural authority through traditional community governance and nation building
- human rights-based approaches, including self-determination, consistent with UNDRIP.

Significant to implementing cultural determinant driven policy is the recognition that policy making does not occur in the absence of culture: it is very much informed and shaped by the

³³ As above, p.18.

culture of predominantly non- Indigenous policy makers. A cultural determinants approach must seek to balance this structural inequality by empowering Aboriginal and Torres Strait Islander communities and voices throughout the policy process.³⁴

Focusing on prevention

Prevention means keeping people healthy and well to avoid the onset of illness, disease or injury. An effective prevention system protects, maintains, and promotes the health and wellbeing of individuals, families, communities and environments. To do this, prevention takes a holistic approach to people, processes, activities, settings and structures, and the dynamic relationships that operate between them.

Historically, health care policy in Australia has focused on the medical treatment and management of illness and conditions. However, there is now a greater focus on targeting action towards the historical, social, political, cultural and environmental factors that influence health. This is closely aligned with Aboriginal and Torres Strait Islander concepts of holistic health and wellbeing.³⁵

Culture and wellbeing data

Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing is making strides towards culturally responsive data mechanisms. It commenced in 2018, and was created by, and for, Aboriginal and Torres Strait Islander people.

The study aims to understand the links between Aboriginal and Torres Strait Islander cultures and health and wellbeing.

It outlines 6 cultural domains that are anchored in Aboriginal and Torres Strait Islander culture and identity, and that have been passed down through complex kinship systems, law, lore, ceremony and song:

1. Connection to Country – spiritual connection, health and traditional foods, living on Country, land rights and autonomy, caring for Country.
2. Family, kinship and community
3. Indigenous beliefs and knowledge – spiritual and religious beliefs, traditional knowledge, traditional healing, knowledge transmission and continuity.
4. Cultural expression and continuity – identity, cultural practices, art and music.
5. Indigenous language – impacts of language on health, language revitalisation, Aboriginal and Torres Strait islander language education.
6. Self-determination and leadership – cultural safety, self-determination and wellbeing, leadership.³⁶

³⁴ As above, p.19.

³⁵ As above, p.32.

³⁶ As above, p.72.

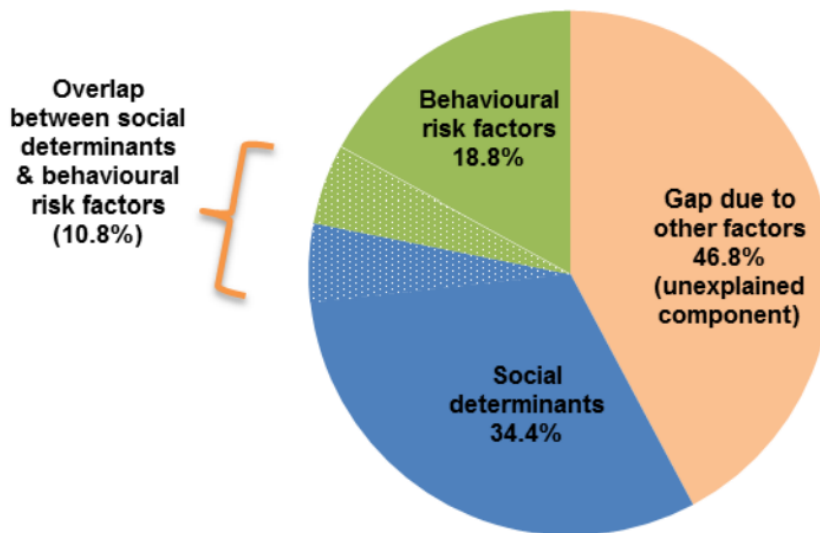
Appendix D – Excerpts from other key reports

My Life My Lead – Report on the national consultations³⁷

WHY IS A SOCIAL DETERMINANTS AND CULTURAL DETERMINANTS TO HEALTH APPROACH NEEDED?

As displayed in Figure 1, at least 34.4 per cent of the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians is linked to social determinants, which rises to 53.2 per cent when combined with behavioural risk factors, such as tobacco use, alcohol use, dietary factors and physical inactivity. Consideration of the cultural determinants of health is just as important for Aboriginal and Torres Strait Islander people, as a strong connection to culture is strongly correlated with good health, through strengthened identity, resilience and wellbeing.

Figure 1: Proportion of health gap explained by social determinants of health 2011-13⁴



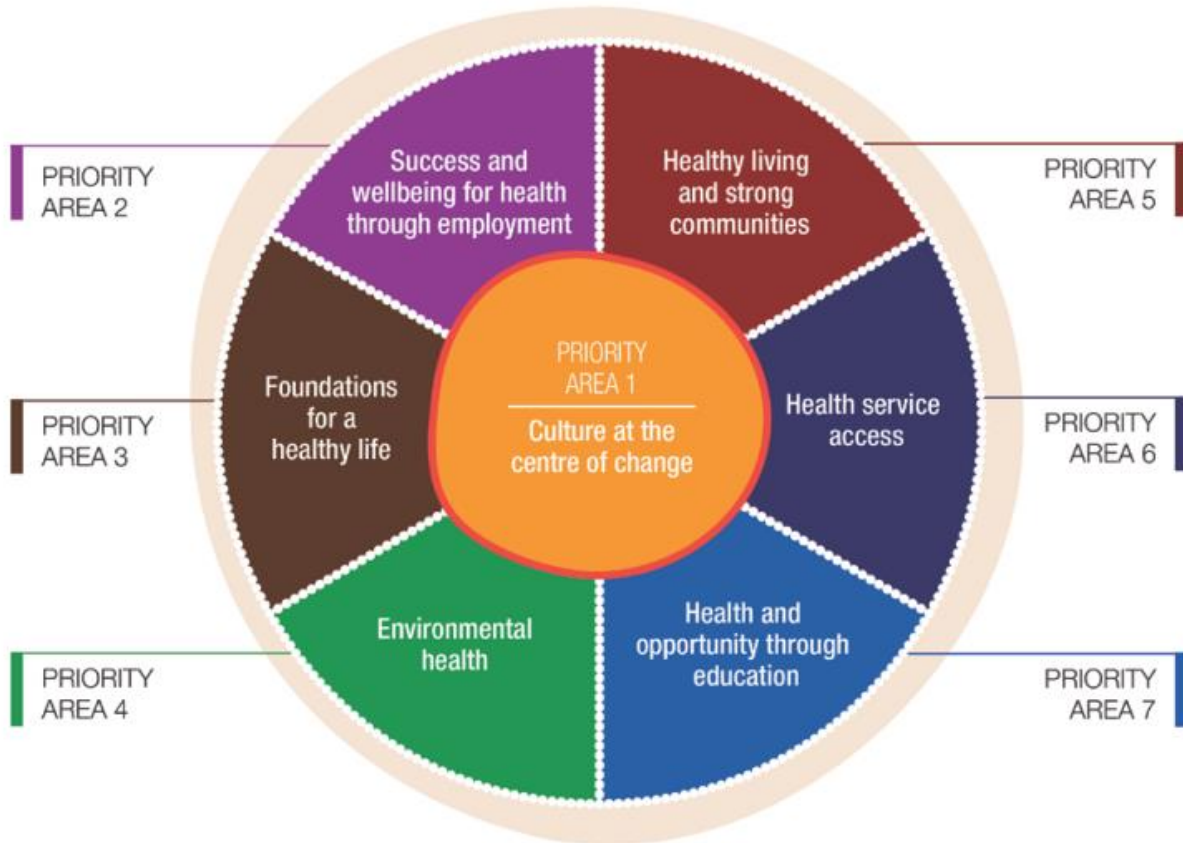
The cultural determinants of health encompass the cultural factors that promote resilience, foster a sense of identity and support good mental and physical health and wellbeing for individuals, families and communities. While the cultural determinants of health is a less understood concept compared to the social determinants of health, there is strong evidence emerging around the various ways that culture can support better health outcomes.

Aboriginal and Torres Strait Islander cultures are the oldest living cultures in the world, which exemplify the dynamic and adaptive nature of these cultures. Cultural determinants are enabled,

³⁷ Commonwealth of Australia, Department of Health 2018, [My Life My Lead](#) - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017, excerpts from p.1–10.

supported and protected through traditional cultural practice, kinship, connection to land and Country, art, song and ceremony, dance, healing, spirituality, empowerment, ancestry, belonging and self-determination. While many Aboriginal and Torres Strait Islander people, families and communities that reside in metropolitan and regional areas are separated from their Country and kin, strong cultural determinants of health can still be enabled and maintained through languages, relationships, customs and community networks

Figure 2: Priority areas to address the social determinants and cultural determinants of health



Consultations and online submissions emphasised that culture needs to be at the centre of policies and programs. The Australian Government is also committed to addressing the ongoing barriers that impede access to health, education, employment and other essential services.

From a systems lens, government programs and policies must also acknowledge and respond to the impacts of racism in the health system, and intergenerational trauma to support access and quality within broader service systems, and improve the evidence-base that informs government and community action.

Progress against this priority area can be made by building on existing effort to improve how governments engage with and respond to the needs of Aboriginal and Torres Strait Islander communities. The Empowered Communities initiative establishes a new way for Aboriginal and

Torres Strait Islander communities and governments to work together. This approach puts Aboriginal and Torres Strait Islander culture and participation front and centre of government decision-making.

'... Country Can't Hear English...' – A guide to implementing cultural determinants³⁸

This Guide acknowledges the centrality of culture, the role of cultural determinants and how these align with the Aboriginal and Torres Strait Islander peoples' holistic understanding of health, wellbeing and safety. Further, it prioritises the importance of applying a cultural determinants approach as an effective way for families, community organisations and services to coordinate efforts in implementing cultural protection for children and families. The connection between culture and wellbeing has been affirmed by evidence of positive links between the practice of culture and self-esteem. Numerous culturally oriented programs have generated beneficial and measurable outcomes for Aboriginal and Torres Strait Islander peoples (Burgess et al. 2009; Lovett et al. 2017).

Although many have articulated the importance of culture, the fullness of cultural expression has been challenging to describe and even more difficult to build into health and wellbeing programs as a stand-alone determinant (Hunt 2013a; Hunt 2013b; Morley 2015; Closing the Gap Clearinghouse 2013). Cultural determinants originate from and promote a strengths-based perspective that builds stronger individual and collective identities. In so doing, they create a sense of pride, resilience and improved outcomes across the other determinants of health, including education, economic stability and community safety (Brown 2013).

Culture is both a set of rules or behaviours and a set of standards that guide how to view the world (OAH 2003). There are public and private cultural practices, some of which are gender-specific, while others are inter-generational. Culture links people across places, songlines and with totems. Culture is not static; it is changing, dynamic and expressed by people irrespective of where they live. While cultural aspirations, traditions and experiences differ across the nation, all Aboriginal and Torres Strait Islander peoples have a right to a cultural life and a responsibility to ensure cultural continuity for this and future generations.

This Guide seeks to describe how to implement cultural determinants of health. To do so, it proposes a framework to be used as a companion resource to the National Aboriginal and Torres Strait Islander Health Plan Implementation Plan (Australian Government 2017a).

³⁸ Arabena K 2020, '[Country Can't Hear English](#)': A guide supporting the implementation of cultural determinants of health and wellbeing with Aboriginal and Torres Strait Islander peoples, Karabena Publishing, Melbourne, excerpts from p.1–5.

Facilitating and implementing cultural determinants of health and wellbeing requires a shift in emphasis from attitude to behaviour from those in the health system and in society more generally.

Cultural actions and activities are diverse, as they can be:

- age and gender specific
- funded (e.g. festivals, exhibitions, mentoring and repatriation)
- formal (e.g. health service delivery, ethical research, natural resource management)
- informal (e.g. caring for children in extended family arrangements, advocacy and political protest)
- obligatory (e.g. food sharing, storytelling, genealogical recording, teaching language, and ceremonial such as Welcoming Babies to Country).

All implementation activities advocated for in this Guide need to be informed by, and be responsive to, cultural authority and cultural leadership, particularly that which engages with Elder wisdom.

Aboriginal and Torres Strait Islander societies are led by Elder wisdom, with cultural knowledge coded and transmitted through adherence to protocols and forms of cultural leadership that are informed, credible, strategic, connected and sustainable. The successful implementation of cultural determinants will require people engaged in the process to address power imbalances at the community and local levels, to work on co-design and the development of protocols, and to build the competence of families to deliver cultural health and wellbeing.

Culture is Key: Towards cultural determinants-driven health policy³⁹

Calls to Action: Implementing the cultural determinants

1. Develop a whole-of-government Aboriginal and Torres Strait Islander cultures policy that:
 - affirms the centrality of culture to Aboriginal and Torres Strait Islander health, wellbeing, and identity
 - informs the development of all policies and programs that impact on Aboriginal and Torres Strait Islander peoples
 - informs the government's investment in Aboriginal and Torres Strait Islander cultural maintenance and revitalisation projects, initiatives, and activities
 - explicitly links and measures its investment in Aboriginal and Torres Strait Islander cultural maintenance and revitalisation projects, initiatives, and activities, to sustained improvements in family/community cohesion and health outcomes.

³⁹ Lowitja Institute 2020, [Culture is Key: Towards cultural determinants-driven health policy – Final Report](#), Lowitja Institute, Melbourne.

2. Support for the maintenance and revitalisation of Aboriginal and Torres Strait Islander cultures needs to extend to investment in initiatives that strengthen cultural authority, including traditional community governance and nation building.
3. Implement strategies and actions to support strengths-based approaches to Aboriginal and Torres Strait Islander health policy that include:
 - a. Building conceptual understanding through information resources and policy guidance.
 - b. Ensuring that health funding program guidelines are in line with the Reframing Discourse project findings on what works – such as funding that embraces holism, innovation and responsiveness and changes to the way financial reporting is managed and funding relationships operate.
4. Reform the way Aboriginal and Torres Strait Islander health research, funding, evaluation and reporting is undertaken by government to empower community driven policy and decision making through strategies that include:
 - a. Instigating a formal data partnership between key government organisations (i.e. ABS, AIHW, Department of Health) and Aboriginal and Torres Strait Islander organisations and experts to guide action and reforms in line with Indigenous Data Sovereignty principles, including investigating leading international practices and their application in Australia.
 - b. Implementing 'Action 6 - Agencies should strengthen and support Aboriginal and Torres Strait Islander people's capability to engage, partner and lead in evaluation' in the Productivity Commission's Indigenous Evaluation Strategy through a focused plan of action.
 - c. Ensuring that the Priority Reform Actions under the Closing the Gap Agreement, including increased investment in community control, are extended to government research funding bodies and the grant processes that they administer.
 - d. Investing in the Aboriginal and Torres Strait Islander health research workforce, and the application and development of Indigenous research methodologies, including participatory action research models.
 - e. Shaping an approach to funding relationships that emphasise partnership and/ or co-design principles, and looks at more flexible and collaborative process tools for grant applications and reporting that embrace Aboriginal and Torres Strait Islander knowledge and cultural expression.

The Commonwealth *Closing the Gap Implementation Plan*⁴⁰

- **Outcome 16:** Aboriginal and Torres Strait Islander cultures and languages are strong, supported and flourishing
- **Target 16:** By 2031, there is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken.

For the first time, the National Agreement includes a target that acknowledges the critical role that language and culture play in the ongoing health and wellbeing of Aboriginal and Torres Strait Islander people. The inclusion of this Target represents a structural change in the role of language and culture in broader policy development and implementation.

Language is fundamental to Aboriginal and Torres Strait Islander culture and identity, even for those who do not speak language. Strengthening language is central to achieving outcomes across all Closing the Gap outcomes. All Aboriginal and Torres Strait Islander languages, traditional and new, provide significant social and economic benefits to their speakers. Speaking language has demonstrated benefits for individual health and wellbeing, is beneficial in learning contexts, and is an asset in terms of employment prospects and income-generating opportunities across a wide range of sectors. In this document, references to ‘speaking’ language include communication systems, such as sign languages, that use gestures rather than speech.

The overwhelming majority of Aboriginal and Torres Strait Islander people – around 90% – report that they do not speak their traditional language. The Commonwealth recognises the importance of supporting language acquisition for Aboriginal and Torres Strait Islander people seeking to learn language, and recognises that appropriate consideration of language across Commonwealth policies, programs, and services is a critical element of supporting language acquisition.

In partnership with Aboriginal and Torres Strait Islander people, the Commonwealth is committed to strengthening Aboriginal and Torres Strait Islander languages. This includes through the Commonwealth’s support for the capture, preservation, maintenance, use, and consideration of Aboriginal and Torres Strait Islander languages, to prevent further language loss, enable equitable access to government services and opportunities, and to enable Aboriginal and Torres Strait Islander people to experience the many health, wellbeing, and employment benefits of speaking language.

⁴⁰ National Indigenous Australians Agency 2021, [Closing the Gap Implementation Plan](#), Commonwealth of Australia.

Social and Emotional Wellbeing Gathering 1 Report⁴¹

SEWB places an individual in their historical, political, and social context; recognising that health is directly impacted by determinants that exist outside of the individual. These determinants must be acknowledged and reconciled. The ongoing impacts from colonisation and dispossession, intergenerational trauma, removal from family and culture, systemic racism, and social exclusion represent risk factors to wellbeing. Protective factors include education, housing, employment, community cohesion, and cultural reclamation. Cultural identity is at the core of SEWB.

Community control, empowerment, and self determination are essential to enable and maintain positive outcomes for Aboriginal and Torres Strait Islander peoples.

The disproportionate rates of health inequity, mental illness, and suicide in Aboriginal and Torres Strait Islander peoples and communities must be understood as from the ongoing impacts of colonisation, past government policies and practices, as these still negatively impact Aboriginal and Torres Strait Islander people today.

Recommendation # Five:

Healing and SEWB are conceptually distinct constructs, yet they are also intertwined. Gathering attendees agreed that there is a need to continuing to advocate for all governments (federal, state and territory) to increase and improve funding for healing models and healing centres, including the roles of the Traditional Healers and Elder workforce.

A consortium led by the Healing Foundation, and including GDPSA, the ACCHO sector, and TIMHWP, has been tasked to develop a position paper for consultation. The consortium are to lead the advocacy for healing investments and to ensure that any investment is long-term, sustainable, and flexible. Clarity around funding sources is needed, particularly at a national level to ensure programs are delivered on the ground in an appropriate manner.

Social and Emotional Wellbeing Gathering 2 Report⁴²

Opening Addresses – Professor Tom Calma AO

Chancellor of the University of Canberra, a Professor at the University of Sydney, and the National Coordinator for Tackling Indigenous Smoking.

⁴¹ Transforming Indigenous Mental Health and Wellbeing Project 2021, [Social and Emotional Gathering Report: 30-31st March 2021](#), The University of Western Australia, p.9 and 36.

⁴² Transforming Indigenous Mental Health and Wellbeing Project 2021, [Social and Emotional Wellbeing Gathering 2 Report: 26th-28th October 2021](#), The University of Western Australia, p.12 and 38.

Key points:

- Tom remarked that we're on the cusp of change, and this period of change impacts SEWB and mental health.
- Tom acknowledged the ongoing impacts of colonisation, including intergenerational trauma, disempowerment, job, and income security. Part of the work of healing will involve lobbying for a nationwide truth commission – like the recently established Victorian Commission – into the historical and continued violent colonisation on Aboriginal and Torres Strait Islander peoples.
- Tom envisions a future where land, community, culture, and language are protective factors for all Aboriginal and Torres Strait Islander peoples.
- Co-design is more important than ever to ensure that care is people-centred and place-based.
- In addition, the principles outlined in the Voice to Parliament consultations, including empowerment, inclusive participation, transparency, and accountability, must guide our work going forward.

Traditional Healing Practices Pilot Coordinator Tammy Solonec & Mabarn healers Malaghy Hobbs, Michael Ogilvie & Alex Benning

'We are seeking to bridge the gaps to enable access to traditional healers in the Kimberley.'

- Tammy presented about the traditional healing practices in the community and a recent project enabling access to traditional healers. There are varied forms, with roles for men and women, including:
 - Mabarn
 - The use of bush medical products
 - The smoking of wood and leaves
 - The use of ochre and ceremonial songs.
- Most Kimberley Aboriginal families have members who are Mabarn, and Mabarn healing is done privately within family structures. But due to colonisation, not all Aboriginal peoples in the Kimberley have access to these practices.
- This project seeks to bridge that gap to enable access to traditional healers in the Kimberley. It does not seek to override the obligations and practices that already exist within families.
- The trial was delivered in Derby, Fitzroy Crossing, and the surrounding communities. It involved Aboriginal healers, Yiriman Women, Yiriman Project, KALACC, NPY Women's Council, Akeyulerre Healing Centre, ANTAC, Nulungu Research Institute, TIMHWB Project, and Health Services (including Aboriginal Medical Services).