

## **Better Outcomes and Value for Money with a Seat at the Table**

How an Aboriginal and Torres Strait Islander Voice  
can lead to more effective Australian Government  
investment for First Nations communities

# Introduction

Lowitja Institute has long urged the full implementation of the *Uluru Statement from the Heart's* (The Uluru Statement) calls for Voice, Treaty and Truth. The Uluru Statement is the outcome of five years of extensive community consultations, dialogues, and deliberations – by Aboriginal and Torres Strait Islander people across the nation – to propose the best way forward to ensure an empowered people, a rightful place in Australia, and the optimal long-term health and wellbeing of our people.<sup>i</sup>

*We seek constitutional reforms to empower our people and take a rightful place in our country. When we have power over our destiny, our children will flourish. They will walk in two worlds, and their culture will be a gift to their country.*

– Uluru Statement from the Heart

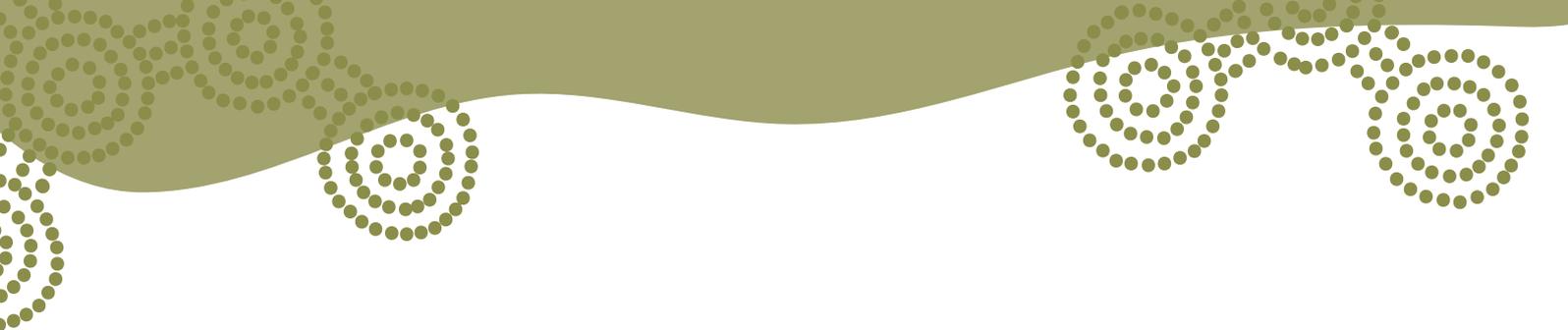


Aboriginal and Torres Strait Islander peoples have survived centuries of systematic racism, economic and social exclusion, and intergenerational trauma. As a result, our peoples now die far earlier and experience a higher burden of disease, disability, poverty, and criminalisation than other Australians. These are the long-term impacts of colonisation, which have been recognised academically, scientifically, and medically.<sup>ii</sup>

Colonisation dismantled our ways of knowing, being and doing – our complex systems of laws and knowledges that have governed our practical, relational, cultural, and spiritual practices to keep us healthy and well for over 3,000 generations. Government laws and policies fractured our communities and families through removal from our traditional lands and cultures, prohibition of speaking our traditional languages or practising ceremony, removal of our children from families, and forced relocation onto missions.<sup>iii</sup>

Yet we have fought consistently to preserve, sustain, and grow our nations, cultures, and knowledge systems, including through our advocacy for a constitutionally enshrined Aboriginal and Torres Strait Islander Voice that would advise the Australian Parliament and Executive Government on the laws, policies and programs that affect us. A Voice would be a powerful mechanism to hold the Australian Government accountable for its commitments to our people – such as the groundbreaking, overarching *National Agreement on Closing the Gap*. Together, these two structures would provide a strong foundation, grounded in the principle of self-determination, for the urgent work needed to improve the health and wellbeing of our peoples.

Front cover Artist: Alicia Mohamed-Engelhardt. Narrunga Kurna  
Design: Mazart Communications  
Photos: Lowitja Institute, Institute for Urban Indigenous Health (UIH)



# The National Agreement on Closing the Gap

The Australian Government has acknowledged the need to work in partnership with Aboriginal and Torres Strait Islander communities to improve wellbeing

In March 2008, the Australian Government signed a statement of intent to work in partnership with Aboriginal and Torres Strait Islander peoples ‘to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by year 2030’.<sup>iv</sup> This agreement was an important acknowledgement by the Australian Government that traditional top-down policymaking had failed to rectify health inequities – a new approach was required, which would centre our peoples in Aboriginal and Torres Strait Islander health policymaking. This partnership was refreshed and strengthened in 2020 through the development of a pioneering *National Agreement on Closing the Gap* (the National Agreement), developed in a formal partnership between the Aboriginal and Torres Strait Islander community controlled sector – represented by the Coalition of Peaks – and the Australian, state, territory and local governments.<sup>v</sup>

The National Agreement has been built around what Aboriginal and Torres Strait Islander people said is essential to improve our lives. The National Agreement sets out a strategy to close the gap based on and underpinned by Aboriginal and Torres Strait Islander peoples’ priorities. It is built around four Priority Reforms that aim to completely overhaul how governments work with and for our people, communities and organisations. Governments and the Coalition of Peaks agreed that these Priority Reforms were *foundational preconditions* for driving improvements in 17 socioeconomic outcome areas, each measured against a headline target and several supporting indicators.<sup>vi</sup>

**However, in practice, these changes have been patchy and incremental despite increased investment from governments.**

Three years after the National Agreement was signed, a draft Productivity Commission review of Closing the Gap arrangements concluded that governments had not made adequate or consistent progress on the Priority Reforms and, in many cases, did not seem to have grasped the nature or magnitude of changes required.<sup>vii</sup> This is despite increased investment in key areas.

‘Business as usual’ approaches have continued to dominate.<sup>viii</sup> This approach means that many policies and programs ostensibly developed under the National Agreement are still not driven by Aboriginal and Torres Strait Islander perspectives, priorities and knowledges and, therefore, are not achieving the intended progress against the socioeconomic targets.

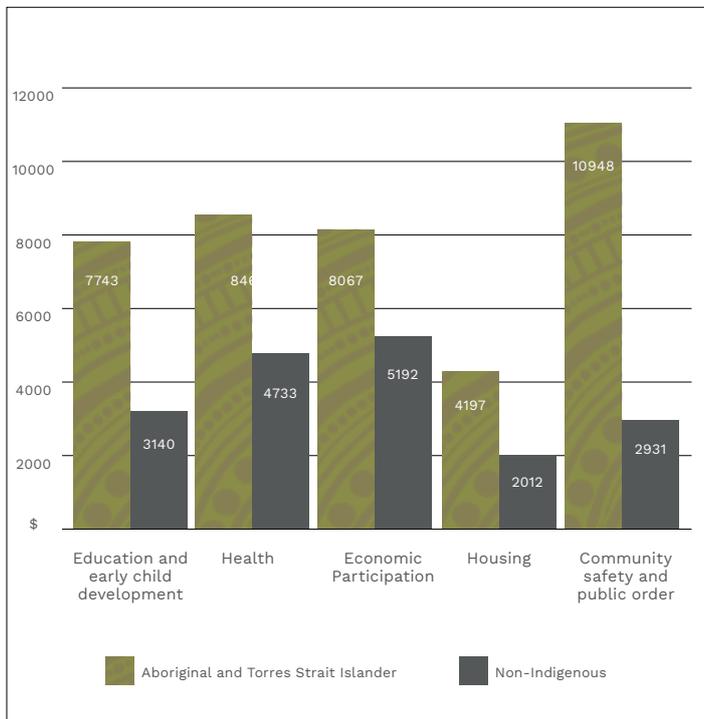
The Productivity Commission’s last Indigenous Expenditure Review estimated that in 2015–16, all governments’ total direct expenditure nationally was **\$556.1 billion<sup>x</sup>**, with **6% of total public expenditure** nationally spent on Aboriginal and Torres Strait Islander peoples – **\$33.4 billion<sup>x</sup>**. Of this total, **\$6 billion (18%) was specifically targeted towards Aboriginal and Torres Strait Islander peoples**, while the remaining **\$27.4 billion was ‘indirect’ expenditure**, representing Aboriginal and Torres Strait Islander people’s ‘consumption’ of mainstream programs and services (including hospital care, public education, aged and disability care, and justice systems).<sup>xi</sup>

This represents average annual expenditure per person of **\$44,886** for Aboriginal and Torres Strait Islander Australians, around **twice the rate** for non-Indigenous Australians (**\$22,356**).<sup>xiii</sup>

This higher expenditure is intended to counteract the many barriers facing our peoples in the pursuit of wellbeing and a high quality of life.

For example, it is well-established that Aboriginal and Torres Strait Islander peoples, on average, face more health risks and experience a greater burden of disease than do non-Indigenous Australians<sup>xiv</sup>. The burden of disease for Aboriginal and Torres Strait Islander peoples is **2.3 times that of non-Indigenous Australians**.

Estimated government expenditure per person on key public services, 2015–16<sup>xv</sup>



Given these significant levels of existing government investment, **slight improvements in the efficiency of the existing spend would generate substantial savings**, both directly and through flow-on impacts to other policy areas. Mechanisms to achieve these efficiencies are detailed within the National Agreement as the four Priority Reform areas.

**Aboriginal and Torres Strait Islander health:**

**2.3x**

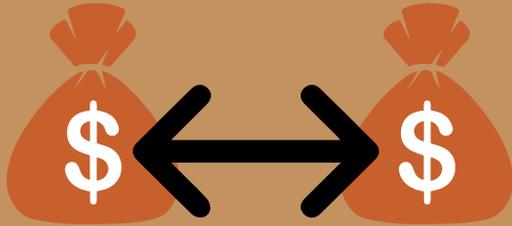
Burden of disease

**2x**

Expenditure per person

Burden of disease is 2.3 times that of non-Indigenous Australians and expenditure per person is 2 times that of non-Indigenous Australians

*Slight improvements in the efficiency of the Australian Government's existing spend on Aboriginal and Torres Strait Islander wellbeing would generate substantial savings.*



Federal expenditure on Indigenous-specific functions has doubled over the last 15 years, but outcomes have not improved at a corresponding rate.

In the last five years, successive Australian Governments have announced more than \$2.7 billion in new money toward Closing the Gap initiatives. However, the latest Closing the Gap data shows that many key outcomes and indicators for Aboriginal and Torres Strait Islander peoples are not on track, and in some areas are getting worse.

Sources: Analysis of Australian Government Budget Papers from 2019-20 to 2023-24; Productivity Commission (2023), Closing the Gap Annual Data Compilation Report: July 2023, Canberra.

### National Agreement on Closing the Gap: Priority Reforms

The four priority reforms included within the National Agreement are:

- **Priority Reform One** – Formal partnerships and shared decision-making
- **Priority Reform Two** – Building and strengthening the community controlled sector
- **Priority Reform Three** – Transforming mainstream government organisations
- **Priority Reform Four** – Shared access to data and information at a regional level

Yet, there are limited channels for Aboriginal and Torres Strait Islander communities to hold governments accountable for these commitments publicly. This includes accountability about how funding is allocated and what outcomes it is achieving.





An independent Aboriginal and Torres Strait Islander Voice, with the power to make representations to the Australian Parliament and the Executive Government, would be a robust external mechanism by which Aboriginal and Torres Strait Islander communities could assess the Australian Government's adherence to the Priority Reforms, as well as **how investment is allocated and used** – not only improving our people's wellbeing but also the Australian Government's return on investment.

# How an Aboriginal and Torres Strait Islander Voice to Parliament can support more effective use of investment

**An Aboriginal and Torres Strait Islander Voice could support more effective public investment in our wellbeing because our communities know what they need and how to deliver outcomes with the right support.**

Every community has different histories, languages, local responses, and social, political and cultural dynamics. This diversity is not amenable to uniform policies or structures determined by governments from the top down. Instead, it requires a place-based and practice-led approach that can adapt to diversity, adjust to variability between places, and negotiate between competing stakeholder interests.

Across Australia, there are countless examples of Aboriginal and Torres Strait Islander community-led initiatives tailored to each particular community's specific needs. If given the right government support, many of these initiatives would thrive and achieve the desired outcomes.

**A Voice that combines on-the-ground insights with a structurally linked national body to engage with the Australian Government on matters of importance to Aboriginal and Torres Strait Islander peoples to drive material positive change for our communities would be of significant value.**

The Voice would provide a permanent channel for the Australian Government and federal parliamentarians to hear expert advice from our communities across the country, including through:

- proactive identification of issues and solutions
- sharing what works in programs across the country so learnings can be tested in other communities
- supporting more consistent and effective Aboriginal and Torres Strait Islander input into every stage of policy development – rather than the uncoordinated, duplicative ad hoc ‘consultations’ which too often, under present arrangements, take place only once an initiative has already been funded
- monitoring outcomes more effectively by measuring what matters to our communities
- overcoming government policy silos where separate portfolio issues do not always connect effectively – Aboriginal and Torres Strait Islander communities have the ability to make these connections and will understand the policy levers needed to achieve meaningful change
- improving the coordination of grants and service delivery, thereby reducing the duplicative administrative costs estimated to make up 7–12% of funding allocated to public services and programs.<sup>xvi</sup>

This paper highlights two policy areas of major significance to Aboriginal and Torres Strait Islander wellbeing – health and education – and shows examples of how Australian Government investment in these areas could achieve better, longer-lasting results if designed with Aboriginal and Torres Strait Islander communities.

## 1. CASE STUDY

# Australian Government investment in Aboriginal and Torres Strait Islander health

In 2022, our peoples were 3.5 times more likely<sup>xvii</sup> to require hospital admission than non-Indigenous people. Hospital funding represents a significant amount of expenditure (approximately \$82 billion on *public* hospitals in 2022),<sup>xviii</sup> and we also know that hospitals can be highly unsafe and traumatising environments for Aboriginal and Torres Strait Islander patients and their families.<sup>xix</sup>

If investment in Aboriginal and Torres Strait Islander preventative and primary healthcare initiatives could be targeted more effectively and thereby reduce hospital admissions to the overall nationwide average, savings on hospital expenditure could exceed \$10 billion annually.<sup>xx</sup>

However, in its 2018 *Report Card on Indigenous Health*, the Australian Medical Association (AMA) noted that health spending per capita for Aboriginal and Torres Strait Islander people was only about 60% of the amount required under a needs-based formula (based on higher burden of disease). The discrepancy was particularly acute for Australian Government expenditure, which is the dominant source of funding for the primary and community-based health services that provide early detection of – and intervention into – illness and thereby help prevent avoidable hospitalisations.

Aboriginal and Torres Strait Islander community controlled health organisations (ACCHOs), established by Aboriginal and Torres Strait Islander communities nationwide to provide culturally safe, holistic and trauma-informed care to our peoples, are crucial to our primary and preventative healthcare. Research indicates that ACCHOs attract and retain more Aboriginal and Torres Strait Islander patients than mainstream providers, are more effective at improving our health, and see more significant health benefits per dollar of expenditure.<sup>xxi</sup>

**Per capita health spending for Aboriginal and Torres Strait Islander people was only 60% of the amount required under a needs-based formula**

*(Australian Medical Association Report Card on Indigenous Health, 2018)*



Our highly connected national and statewide networks of ACCHOs, led by peak bodies, also have enormous knowledge and expertise to respond quickly to crises – as demonstrated so clearly by our rapid deployment of a wide range of public health initiatives to combat the spread of COVID-19. While higher rates of chronic disease and other pre-existing conditions (coupled with poor infrastructure and overcrowding) could have seen our communities face *higher* transmission rates and severe illness or death, the opposite was true. Throughout the first year of the pandemic, just 147 cases of COVID-19 had been reported among Aboriginal and Torres Strait Islander people (out of the total 28,031 Australian cases), with no deaths nationally and no cases identified in remote Aboriginal communities. And throughout 2021, our ACCHOs worked tirelessly to ensure communities were vaccinated through targeted campaigns, community outreach, and comprehensive health messaging.

The community governance model underpinning ACCHOs also enables local Aboriginal and Torres Strait Islander communities to have a say in the design and delivery of the services that support their physical, mental, social and emotional wellbeing. Across healthcare more broadly, empowering people as consumers in planning and decision-making about health services – ‘patient-centred care’ – directly contributes to changes in service delivery and improved health outcomes.<sup>xxii</sup> Internationally, patient-centred care has been described as ‘essential to improve health outcomes, improve satisfaction with the care experience, reduce costs, and even benefit the clinician experience’.<sup>xxiii</sup>

*[Australia’s] First Nations have managed this pandemic better than anyone in the world.*

*It was supposed to be a disaster, but because they acted so responsibly, it was a model of how to prevent an epidemic in a high-risk population.*

*[This extraordinary result] just shows what happens when Aboriginal leadership is listened to.*

– Professor Fiona Stanley AC,  
Founding Director – Telethon Kids  
Institute



Yet on the national level, Aboriginal and Torres Strait Islander people's and communities' ability to access holistic and culturally safe healthcare through ACCHOs – and to be involved in the governance of that healthcare – is not being adequately prioritised by governments. Analysis of Budget papers from 2019–20 to 2023–24 indicates that the Australian Government has committed an additional \$2 billion to Aboriginal and Torres Strait Islander-specific health initiatives over this five-year period. However, of this additional investment, only 13% – \$261 million – has been specifically directed to ACCHOs.<sup>xxiv</sup>

This investment contradicts the evidence that ACCHOs deliver better outcomes for our peoples and directly contradicts the Australian Government's commitments under Priority Reform Two of the National Agreement (building and strengthening the community controlled sector).

A Voice could help to secure reliable, sustained funding proportionate to community health needs, which is essential to ensure the Aboriginal and Torres Strait Islander community controlled health sector can accelerate progress in health improvement at the population level.<sup>xxv</sup>

Additional Australian Government investment in Aboriginal and Torres Strait Islander-specific healthcare  
**\$2 billion**

Only 13% specifically directed to ACCHOs  
**\$261 million**



From 2019–20 to 2023–24



*Culturally safe maternity care delivered by ACCHOs can save \$4,810 per mother-baby pair*

**Birthing in Our Community (BiOC) models support healthier Aboriginal and Torres Strait Islander mothers and babies – and save money**

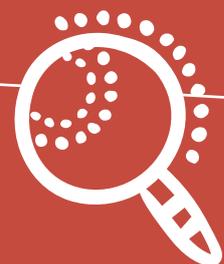
Preterm birth is Australia's leading cause of infant morbidity and mortality under five years of age. Aboriginal and Torres Strait Islander babies are approximately 1.6 times more likely to be preterm than non-Indigenous babies.<sup>xxvi</sup> The costs resulting from preterm birth (including neonatal care and ongoing medical care if long-term complications arise from preterm birth) pose a significant burden on individuals, families and the healthcare system.<sup>xxvii</sup>

To increase cultural safety and improve maternal and infant health outcomes during pregnancy, birth and the postnatal period for Aboriginal and Torres Strait Islander families, a partnership was formed between two ACCHOs (the Institute for Urban Indigenous Health and the Aboriginal and Torres Strait Islander Community Health Service Brisbane) and a large maternity hospital (Mater Mothers Public Hospital) to deliver a culturally safe and patient-centred, community-based, continuous care model called Birthing in Our Community (BiOC). Over six years, from 2013 to 2019, the BiOC model reduced the proportion of preterm births almost to parity with non-Indigenous babies.

It saw an **average cost saving of \$4,810 per mother-baby pair** – it was more effective *and* less costly than standard maternal care.<sup>xxviii</sup>

Modelling by the Institute for Urban Indigenous Health estimated that replication of the BiOC model across the country could reduce the number of Aboriginal and Torres Strait Islander babies born preterm each year by almost 1000, thereby leading to long-term health expenditure savings of more than \$86 million.<sup>xxix</sup>

Our babies are more likely to be born preterm than non-Indigenous babies



## 2. CASE STUDY

# Australian Government investment in Aboriginal and Torres Strait Islander education

Higher levels of education have been linked to improved health and wellbeing, higher employment rates and incomes, and a range of other social benefits.<sup>xxx</sup> Education is, therefore, fundamental to improving Aboriginal and Torres Strait Islander people's holistic wellbeing over the life course. But countering two centuries of Aboriginal and Torres Strait Islander children's wholesale exclusion from education systems, including the removal of tens of thousands of children into domestic and agricultural servitude, is a substantial and intergenerational task and heavily influenced by many other areas of public policy beyond education.

Aboriginal and Torres Strait Islander children are still 4.7 times more likely than their non-Indigenous peers not to meet national minimum standards for reading in their Year 3 NAPLAN testing.<sup>xxxi</sup> Students who are not reading at their year level by this stage of school can have difficulty comprehending the written material that is a central part of the educational process in the years that follow and may, therefore, face profound barriers in the rest of their education. Aboriginal and Torres Strait Islander students living in remote communities who are more likely to speak English as their second, third or fourth language are also poorly served by English-only schooling despite robust evidence showing the benefits of multilingual instruction.<sup>xxxii</sup>

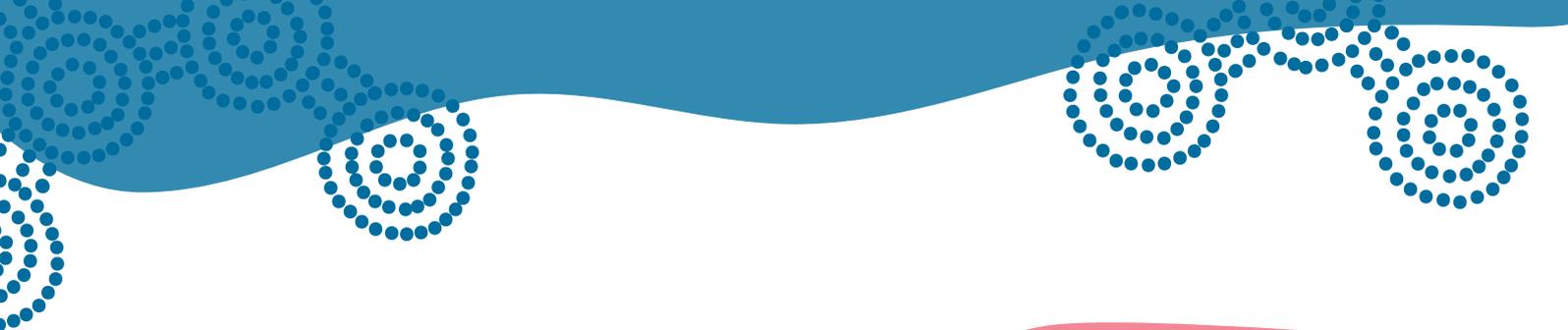
For these reasons, the National Agreement contains several socioeconomic outcome areas focusing on education, including early childhood education, school readiness and achievement, attainment of Year 12 or equivalent, and tertiary and post-school education. But without system-wide reforms, led by our communities and experts and centred on the strengths of our students and families, government investment – which averages \$20,940 per full-time student

annually across the state and federal levels of government, or almost \$4.4 billion annually for all Aboriginal and Torres Strait Islander students – will continue to miss the mark.

### *Governments' focus on enrolment and attendance – rather than engagement – has backfired.*

Aboriginal and Torres Strait Islander children and young people miss about twice as much school as non-Indigenous children across all school years and all states/territories. Lower school attendance interrupts students' learning and significantly correlates to higher rates of young Aboriginal and Torres Strait Islander people in detention. Youth justice involvement, in turn, is a key predictor of *adult* incarceration,<sup>xxxiii</sup> and both justice systems absorb hundreds of millions of dollars in government expenditure each year,<sup>xxxiv</sup> inflicting enormous trauma on our communities. Therefore, policies that support our children and young people to develop and maintain strong engagement with school offer long-term financial savings far beyond the average \$1.1 million that it costs governments to incarcerate one young detainee for one year.<sup>xxxv</sup>

However, the government's efforts in this policy area have for many years now focused almost exclusively on incentivising attendance as the *end goal*, despite attendance not being a strong proxy for engagement with schooling.<sup>xxxvi</sup> This has left too little room for consideration of how curricula and/or school environments, including those that are culturally unsafe, deficit-focused, or completely disconnected from the languages students primarily speak, may harm students' engagement and the quality of their education.



2.2x  
more  
than

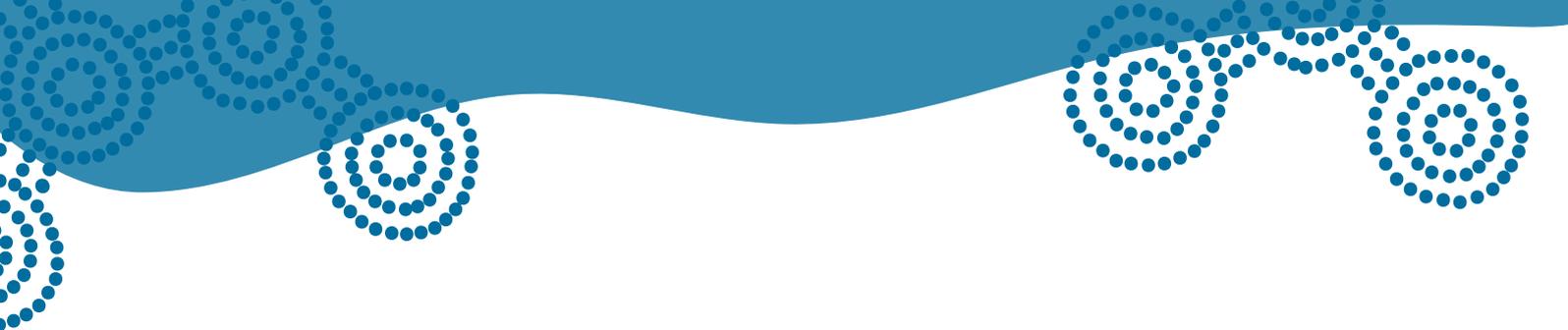
**26.5%** Aboriginal and Torres Strait Islander students' non-attendance rate in government schools (Year 1 – 10)

**12.3%** Non-Indigenous students' non-attendance rate in government schools (Year 1 – 10)

→ Aboriginal and Torres Strait Islander students miss on average one day per week of school more than non-Indigenous students



*We need system-wide reforms, led by our communities and experts and centred on the strengths of our students and families, to ensure government investment is effective to close the gap in education outcomes.*



The Remote School Attendance Strategy (RSAS) is a prime example. First introduced by the Australian Government Department of the Prime Minister and Cabinet in 2013–14, RSAS was designed to lift school attendance levels in selected remote Aboriginal and Torres Strait Islander communities through the employment of local school attendance supervisors and school attendance officers who work with schools, families, and children to ensure they go to school every possible day.<sup>xxxvii</sup>

Rather than being tested and adapted through a pilot process informed by community priorities and expertise, RSAS was immediately rolled out to 44 schools based on comparatively low attendance rates, with another 33 schools added in the first year of operation.<sup>xxxviii</sup> Initially, RSAS teams focused on ‘short-term/immediate actions’ such as bus runs and door-knocking, with some flexibility added to the program model in 2016 to allow providers to ‘trial new approaches that may better suit local needs and help families to overcome barriers to attendance’.<sup>xxxix</sup> A total of \$206.4 million was invested in RSAS over eight years. Yet the most recent analysis of RSAS showed that, from 2016 to 2019, average attendance rates at the schools involved in the program declined to below the 2014 baseline, and RSAS schools showed a more significant decline in attendance rates than other schools in remote Aboriginal and Torres Strait Islander communities.<sup>xxxx</sup>

By contrast, in 2017, the community-led Maranguka Justice Reinvestment Project in Bourke (NSW) achieved a 31% increase in Year 12 retention, a 23% reduction in recorded rates of family violence incidents, and a 42% reduction in adult days spent incarcerated. These improvements were calculated to have saved the NSW economy \$3.1 million that year – *five times* Maranguka’s operating costs.<sup>xl</sup>

Aboriginal and Torres Strait Islander communities have been educating our children for more than 65,000 years, and we have the expertise to work with governments to ensure that the next generations take on all the knowledges and skills they will need to thrive in a rapidly changing world. A Voice can help ensure that this expertise is front and centre in decisions about our children and young people’s early childhood education, schooling, tertiary studies and beyond.

In 2017

- ↑ **31%**  
Year 12 retention
- ↓ **23%**  
family violence incidents
- ↓ **42%**  
adult days spent incarcerated

Maranguka Justice Reinvestment Project, NSW



NSW economy savings  
**\$3.1 million**



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