The International Indigenous Policy Journal

Analysing the inconsistent recognition of Indigenous rights in early childhood policy documents from the Australian Government's "Closing the Gap" strategy between 2008-2018

Emma George, Tamara Mackean, Matt Fisher and Fran Baum

Volume 14, Number 3, 2023

URI: https://id.erudit.org/iderudit/1109235ar
DOI: https://doi.org/10.18584/iipj.2023.14.3.16348

See table of contents

Publisher(s)

Scholarship@Western (Western University)

ISSN

1916-5781 (digital)

Explore this journal

Cite this article

George, E., Mackean, T., Fisher, M. & Baum, F. (2023). Analysing the inconsistent recognition of Indigenous rights in early childhood policy documents from the Australian Government's "Closing the Gap" strategy between 2008-2018. *The International Indigenous Policy Journal, 14*(3), 1–26. https://doi.org/10.18584/iipj.2023.14.3.16348

Article abstract

We analysed Australian government strategic policy documents related to the "Closing the Gap" (CTG) strategy in early childhood circa 2008-2018 to explore the extent to which Indigenous rights are named and recognised in written policy. Our analysis of the policies was informed by Bacchi's What's the Problem approach and showed inconsistency in the recognition of Indigenous rights. These rights are sometimes undermined and ignored, sometimes implied and sometimes named and recognised. Silences within the CTG strategy are discussed and reveal the ongoing nature of colonisation and deficit framing of Aboriginal and Torres Strait Islander people and communities. Findings from this research are relevant for the current era of the "Closing the Gap" strategy.

The International Indigenous Policy Journal

Volume 14 | Issue 3

December 2023

Analysing the Inconsistent Recognition of Indigenous Rights in Early Childhood Policy Documents from the Australian Government's "Closing the Gap" Strategy Between 2008-2018

Emma George
University of Adelaide, Australia, emma.george@adelaide.edu.au

Tamara Mackean
Flinders University, Australia, tamara.mackean@flinders.edu.au

Matt Fisher
*University of Adelaide, A*ustralia, matt.fisher@adelaide.edu.au

Fran Baum
University of Adelaide, Australia, fran.baum@adelaide.edu.au

Recommended Citation

George, E., Mackean, T., Fisher, M., & Baum, F. (2023). Analysing the inconsistent recognition of Indigenous rights in early childhood policy documents from the Australian Government's "Closing the Gap" strategy between 2008-2018. *The International Indigenous Policy Journal, 14*(3). https://doi.org/10.18484/iipj.2023.14.3.16348

Analysing the Inconsistent Recognition of Indigenous Rights in Early Childhood Policy Documents from the Australian Government's "Closing the Gap" Strategy Between 2008-2018

Abstract

We analysed Australian government strategic policy documents related to the "Closing the Gap" (CTG) strategy in early childhood circa 2008-2018 to explore the extent to which Indigenous rights are named and recognised in written policy. Our analysis of the policies was informed by Bacchi's What's the Problem approach and showed inconsistency in the recognition of Indigenous rights. These rights are sometimes undermined and ignored, sometimes implied and sometimes named and recognised. Silences within the CTG strategy are discussed and reveal the ongoing nature of colonisation and deficit framing of Aboriginal and Torres Strait Islander people and communities. Findings from this research are relevant for the current era of the "Closing the Gap" strategy.

Keywords

Aboriginal health policy, Indigenous rights, Australia

Acknowledgments

The authors acknowledge and respects to the Kaurna people, the traditional custodians of the Adelaide plains where this research was conducted. We acknowledge the deep feelings of attachment and relationship of the Kaurna people to country and we respect and value their past, present and ongoing connection to the land and cultural beliefs.

Funding

This work was supported by the Australian Government NHMRC Centre of Research Excellence in the Social Determinants of Health Equity: policy research on the social determinants of health equity (GNT1078046).

Analysing the Inconsistent Recognition of Indigenous Rights in Early Childhood Policy Documents from the Australian Government's "Closing the Gap" Strategy Between 2008-2018

Since colonisation, Australia has been built on a patriarchal white sovereignty even though Aboriginal sovereignty has never been ceded (Moreton-Robinson, 2007). Analyses of Indigenous sovereignty claims over time have detailed the way that racism has been embedded into historical, political, and legal issues of sovereignty (Attwood, 2003; Behrendt, 2003; Moreton-Robinson, 2015; Reynolds, 1996). Indigenous people have been denied the rights and protection which UN documents say should be afforded to Indigenous Peoples who have been colonised (Treaty 88 Campaign, 1988). According to Clayton-Dixon (2015), sovereignty is a foundation of all rights for Indigenous people, including self-determination. Clayton-Dixon argues that Aboriginal sovereignty is rooted in connection to country, culture, and family, noting that Indigenous "sovereignty has endured since first sunrise and it's the vision for Aboriginal people to take our place among the nations and peoples of the world, not beneath them."

Indigenous rights are sovereign rights unique to First Nations people who are the original owners of land. These rights seek to protect customs, knowledge, and language (Healey, 2014). Indigenous rights are more than a human right to a universal personhood, because these rights also acknowledge the right to an Indigenous identity based on political and cultural specificity of a particular collective (Macdonald & Wood, 2016). The United Nations (2007) Declaration on the Rights of Indigenous Peoples affirmed the importance of dignity and rights for Indigenous people individually and collectively. The declaration promoted self-determination, freedom from discrimination, and the maintenance and strengthening of Indigenous institutions. Indigenous rights seek to address the inequities arising from colonial forces of dispossession and discrimination. However, Indigenous rights have been selectively endorsed in processes whereby governments internationally have under-committed to international norms such as the UN Declaration on the Rights of Indigenous Peoples, but at the same time claimed to support human rights (Lightfoot, 2012). Macdonald and Wood (2016) argued that where Indigenous rights are recognised, they have only been acted upon to the extent that they do not contradict settler state sovereignty or Western notions of individual rights. This leads to the Declaration on Rights for Indigenous Peoples being used to protect the colonial positioning of Indigenous Peoples as the "included-excluded" (Macdonald & Wood, 2016), meaning that Indigenous rights can be named and even celebrated, but policy still excludes these rights in practice. The contested recognition of Indigenous rights is relevant in Australia where there is no treaty between Aboriginal and Torres Strait Islander people and the Commonwealth. While the Declaration on Rights for Indigenous People has not been enshrined into Australian law, it is still possible for rights to be recognised in public policy, explicitly or implicitly, and in partial ways (Fisher et al., 2018).

The significance of an Indigenous voice on policy has entered the mainstream discourse in Australia through the "Uluru Statement of the Heart" that called for voice, treaty, and truth, asserting Indigenous rights to an ongoing voice in Australian policy (Appleby & McKinnon, 2017). The Uluru Statement was drafted following a series of dialogues and responses through a Referendum Council, a body appointed

by the Australian Prime Minster and Leader of the Opposition to provide advice on constitutional reform for the recognition of Aboriginal and Torres Strait Islander people within the constitution (Hobbs, 2017a). Within the Uluru Statement, the Referendum Council sought "a Makarrata Commission to supervise a process of agreement-making between governments and First Nations" (Referendum Council, 2017). Makarrata means coming together after a struggle, which echoes long held aspirations of Aboriginal and Torres Strait Islander people for a treaty to achieve self-determination. In 2017, the Australian conservative Coalition government rejected the call for an Indigenous voice to parliament, claiming that such a radical proposal was not supported by the majority of Australians, that it was unclear how the voice to parliament would work, and that it would inevitability become a problematic third chamber of parliament (Hobbs, 2017b). Following the election of a new Australian Labor Party government in 2022, the Prime Minster committed to a referendum to be held within the first three-year term to enshrine an Indigenous voice to the national parliament in the Australian constitution. The emerging discussion from government reveals the broader agenda against which this study was conducted.

In this article, we present an analysis of the inconsistent recognition of Indigenous rights in a decade of policy designed to specifically close that gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. The findings contribute to discussions regarding an Indigenous voice to policy and the importance of self-determination. Throughout the paper, we use a variety of terminology related to Indigenous and Aboriginal and Torres Strait Islander people, policy, and context. The word *Indigenous* is used strategically in policy literature to reflect the global context and common inequities experienced by Indigenous people and communities in countries such as Australia, New Zealand, Canada, and the United States of America. Some Australian policies and policy literature use the words *Aboriginal and Torres Strait Islander,* and when discussing these policies and literature, we also use this terminology.

Indigenous Rights and Early Childhood Policy

Despite the contested nature of Indigenous rights, they remain important for health and well-being and are particularly important for children. Aboriginal and Torres Strait Islander children in Australia have specific and unique needs related to health and culture (Eicklelkamp, 2010). According to Zubrick et al. (2005) within Australian Aboriginal cultures, Aboriginal children represent a link with ancestry and are regarded as precious and central to Aboriginal society. In a study by Priest et al. (2017), Aboriginal children identified the importance of cultural activities such as face painting, dance, family and community gatherings, the Aboriginal flag and connection to country. The children recognised these activities promoted their Aboriginal identity, health, and well-being. These determinants of health reflect an Aboriginal perspective whereby Aboriginal health is "not just the physical well-being of an individual but [also] refers to the social, emotional, and cultural well-being of the whole community, in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their community" (National Aboriginal Community Controlled Health Organisation, 2006). In

DOI:10.18584/iipj.2023.14.3.16348

our research, social determinants of Indigenous health are understood as the conditions in which Aboriginal people are born, grow, live, work, and age (Commission on Social Determinants of Health, 2008), as well as culture, connection to country, community and the cycle of life, death, life (Carson et al., 2007).

The Australian government's "Closing the Gap" (CTG) strategy from 2008-2018 had two clear targets focused on early childhood (Commonwealth of Australia, 2020): to halve the gap in mortality rates for Indigenous children under five within a decade, and for 95% of all Indigenous four-year-olds to be enrolled in early childhood education by 2025. From 2007, there have been two iterations of CTG policy which reflect changes in government from the centrist Australian Labor Party (2007-2013) to a Coalition of right-wing Liberal and National parties (2013-2018). Numerous policies were designed directly (within the CTG remit) and indirectly to contribute to achieving the CTG goal for early childhood. The objective of this research was to analyse CTG policies on early childhood and assess the extent to which Indigenous rights are prioritised and strategies devised in these policies.

Theoretical Framework

Bacchi (2009) proposed approach to analysing policy is based on the idea that every policy constitutes a problematisation, a framing or representation of an issue that simultaneously implies ways of addressing that issue. For Bacchi, the way we frame and represent some things (and not others) reveals assumptions about certain truths. Bacchi's analysis of assumptions reflects a critical social constructivism which "cautions us to be ever suspicious of our assumptions about how the world appears to be" (Burr, 2003, p. 3). In our policy analysis, Bacchi's approach was used to uncover problematisations concerning Indigenous rights, social determinants of Indigenous health, and decolonisation. We critically analysed the values, beliefs, and assumptions that underwrite policy through the way that "problems" and "solutions" were defined, represented, and framed.

In addition, Taket (2012) argued that an Indigenous human rights framework maintains a focus on collective rights and the social determinants of Indigenous health, and can be used as a tool to highlight inequalities and inequities in health. Therefore, a focus on Indigenous rights defined within the Declaration on the Rights of Indigenous Peoples (United Nations, 2007) was included within the policy analysis to highlight concepts such as self-determination and to consider the way that Indigenous rights have or have not been recognised and acted on in policy.

Guided by an approach to policy selection and analysis detailed by Fisher et al. (2015), our research examined policy from the first decade of the CTG strategy (2008-2018). We considered that numerous policies contributed to the CTG strategy in early childhood over the period, both directly and indirectly. Policies were included in our analysis if they met either of the following criteria:

1. Policies specifically established with the CTG targets and linked National Indigenous Reform Agreement.

2. Broader policies in health and education, recognised by government as contributing to achieving the early childhood CTG targets.

A total of 12 policy documents were accessed from Australian government websites for analysis:

1. National Indigenous Reform Agreement (Closing the Gap) 2011 (Council of Australian Governments, 2009d)

2. National Partnership Agreement on Indigenous Early Childhood Development (2009 -14) (Council of Australian Governments, 2009a)

3. National Partnership Agreement on Early Childhood Education (Council of Australian Governments, 2008)

4. National Aboriginal and Torres Strait Islander Health Plan 2013-23 (NATSIHP) (Australian Government, 2013)

5. National Education Agreement (Council of Australian Governments, 2009c)

6. Investing in the Early Years—A National Early Childhood Development strategy (Council of Australian Governments, 2009b)

7. Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (IP-NATSIHP) (Australian Government, 2015a)

8. National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (Australian Government, 2016)

9. National Aboriginal and Torres Strait Islander Education Strategy (signed 2015) (Australian Government, 2015b)

10. National Partnership Agreement on Universal Access to Early Childhood Education 2016 and 2017 (Council of Australian Governments, 2016)

11. National Quality Agenda for Early Childhood Education and Care (Council of Australian Governments, 2015)

12. Indigenous Advancement Strategy—Grant Guidelines (IAS) (Australian Government, 2016)

DOI:10.18584/iipj.2023.14.3.16348

Policies originated from both iterations of the 2008-2018 CTG strategy, documents directly linked to the CTG targets, as well as broader policy documents from education and health through which CTG targets were pursued. To confirm suitability of the documents for analysis, feedback was sought from an external experienced policy researcher who confirmed the accuracy of inclusion criteria and that no significant policies had been missed.

Policy documents were accessed online and saved as a pdf file, then all 12 policy documents were coded using NVivo 11 software. The coding framework was developed both deductively to code for social determinants of Indigenous health and the explicit inclusion of self-determination as an Indigenous right, and inductively so that new themes could emerge from the data (Braun & Clarke, 2006). Attention was paid to differences in aims and goals of policies and whether Indigenous rights and social determinants of Indigenous health were explicitly embedded into proposed strategies, whether they were implied, or ignored. Underlying assumptions and problematisations within policy were coded under a theme of "ideas and values." These ideas and values related to themes within the literature on the distribution of power, deficit problem representation, and the provision of services through a mainstream model; that is, within and through the structures of public health services available to the general public (Black & McBean, 2016; Brown, 2009; Carter et al., 2009; Cooper, 2011; Goodman et al., 2017; Klein, 2015; Smith, 2007; Wilmot, 2018).

Analysis

We found three orientations toward Indigenous rights in the policies analysed:

1. Indigenous rights are undermined or ignored
2. Indigenous rights are implied
3. Indigenous rights are named and recognised

In analysing the documents, we also found that the underlying ideas and values embedded within a policy's vision, goals, and objectives influenced the extent to which Indigenous rights were recognised in that policy. Indigenous rights were considered to be named and recognised when policies included Indigenous leadership, self-determination, and social and cultural determinants of Indigenous health. Indigenous rights were seen as implied when policies recognised the importance of an Indigenous voice, identified social and cultural determinants of health within conditions of daily living as problems to be addressed or as a means of solving problems, or when policies included Indigenous-specific policy or targeted actions, often connected to social and cultural determinants of Indigenous health. Indigenous rights were appraised as undermined or ignored when policy strategies prioritised mainstream service provision, promoted universal access to services, made assumptions reflecting colonial power structures, and focused on deficit problem representation. It became clear that some policies (such as the National Indigenous Reform Agreement, policy #1) could name and recognise, imply, and undermine and ignore

Indigenous rights all within one document. None of the policy documents fully recognised Indigenous rights and none of them fully undermined Indigenous rights.

All the policy documents included a reference to social determinants of health, often with strategies targeting conditions of daily living. In some policies, relevant social factors were referred to as problems (e.g. poverty or disadvantage, and the prevalence of alcohol misuse or violence), but in other policies as solutions (e.g. the provision of education, housing, and employment).

DOI:10.18584/iipj.2023.14.3.16348

Table 1. To What Extent are Indigenous Rights Prioritised within the CTG Strategy in Early Childhood?

Thematic analysis		Policy document											
Theme	Sub-theme	1	2	3	4	5	6	7	8	9	10	11	12
Named and recognised	Indigenous leadership	■			■			■	■	■			
	Self-determination	■			■			■	■				
	Social determinants of Indigenous health				■		■	■	■				■
	Culture as strength	■			■			■	■	■			■
Implied	Indigenous voice	■		■	■	■		■	■	■			
	Social determinants of health	■	■	■	■	■	■	■	■	■	■	■	■
	Indigenous specific policy action						■		■				■
Undermined or ignored	Universal access to service	■	■	■		■	■		■	■	■	■	
	Mainstream service provision	■	■				■						■
	Colonial power imbalance maintained	■		■			■		■				■
	Deficit problem representation						■						■

Our analysis indicated that there are inconsistencies in the recognition of Indigenous rights within the policy documents. To understand the extent to which Indigenous rights are prioritised in the CTG strategy, findings from the three themes are discussed.

Theme 1: Indigenous Rights are Undermined or Ignored

Indigenous rights were assessed to be undermined or ignored when the policy goals, objectives and/or actions focused on "meeting the needs" of Aboriginal and Torres Strait Islander people through mainstream service provision or by guaranteeing universal access to services, rather than by processes of self-determination or promotion of Indigenous leadership. Indigenous control is necessary to redress the existing unfair power imbalance between Aboriginal and Torres Strait Islander people and build on strengths (Brown, 2009; Cooper, 2011; Lavoie & Dwyer, 2016; Shewell, 2016; Smith, 2007). Our analysis identified several policies that directed actions away from Indigenous control, which can thus be interpreted as undermining or ignoring Indigenous rights. Within the IAS grant guidelines, the need for Indigenous people to be "actively involved in the development and delivery of local solutions" (p.6) is recognised, but the strategies proposed fall far short of genuine self-determination. Rather than addressing structural power imbalances in policy and funding structures, the policy problem is represented in the IAS as a lack of Indigenous leadership and decision-making skills. This is shown, for example, when the policy says, "Developing the leadership skills of Indigenous Australians will contribute to strengthening the governance and capabilities of Indigenous people as leaders and organisations. This includes strengthening personal leadership, so that people are better equipped to make sound decisions about their own futures, and about matters that impact on their families" (IAS, p.48). In this example, the lack of Indigenous leadership is framed as a problem of Indigenous Peoples' inability to lead. This problem representation in the IAS does not reflect the structural causes of inequity, or the trauma of colonisation and the ongoing legacy of dispossession. It also fails to acknowledge the leadership already shown by Indigenous people for generations, and in this decade of CTG policy through the development of the NATSIHP (policy #4), in advocating for Indigenous leadership and the integration of social determinants of Indigenous health into policy (Fisher et al., 2018).

The power of the government over sovereign Indigenous rights is also seen in the process of grant applications within the IAS policy whereby open grant applications are permitted but the government can also invite applications through a targeted process. Within the grant guidelines, equitable distribution of funds to Aboriginal organisations is not mandated. Power is further removed from grant recipients and a deficit narrative is maintained through the concept of "earned autonomy" (IAS p 22). If grant recipients meet expectations of implementation and reporting, then they will be "subject to less monitoring and oversight" (p.22). This is despite the recognition within the policy document that "the majority of grant recipients comply with their obligations" (p22). The assumption in this problem representation is that some recipients of funding do not have the capacity to exercise autonomy responsibly, and therefore the default position is to address unsatisfactory performance by excessive paternalistic oversight for all grant recipients. This assumption contrasts with the accepted role of

DOI:10.18584/iipj.2023.14.3.16348

Aboriginal Community Controlled Health Organisations in other policies such as the NATSIHP (policy #4) where they are identified as key stakeholders in improving health and well-being of Indigenous people and communities.

There are other policy documents where Indigenous rights are ignored and a deficit approach is hidden within assumptions. For example, the "Investing in the Early Years" - A National Early Childhood Development Strategy (policy #6) was built upon principles of supporting "social, emotional and cultural dimensions and learning throughout life" (p.4), and in this policy there are examples of an equitable approach whereby additional support is available to "some Indigenous children who, on average have significantly poorer outcomes than non-Indigenous children" (p.4). However, there is an underlying priority in this policy for children to make an important economic contribution to society in the future when it states that better support for families can be provided through policies, services, and programs "to ensure the best possible outcomes for children and to contribute to Australia's economic goals by supporting workforce participation now and into the future" (p.6). Thus, the "Investing in the Early Years"— National Early Childhood Development Strategy recognises the importance of early life experiences, but this is placed within a context of producing future socioeconomic benefits including increased productivity and reduced public expenditure. Therefore, we concluded that the policy explicitly highlights economic value and is silent on self-determination. In addition, a key feature of most policy documents in health and education is the integration of Aboriginal and Torres Strait Islander people, children, and families into mainstream education and employment. It was expected that the broader policies in education such as the National Partnership Agreement on Early Childhood Education (policy #3) and the National Education Agreement (policy #5) from the first iteration of CTG, along with the National Partnership Agreement on Universal Access to Early Childhood Education 2016-2017 (policy #10) and the National Quality Agenda for Early Childhood Education and Care (policy #11) from the second iteration, would take a wider approach to the provision of services because these policies were not Indigenous specific. However, we found little evidence of strategies consistent with Indigenous rights, such as those to advance community-controlled services or to strengthen the cultural safety of mainstream services for Indigenous service users.

Universal access to services promoted within these broader policies is consistent with universal human rights. However, barriers to Indigenous leadership and self-determination in policy through the prioritisation of mainstream and universally accessible services demonstrates that human rights can be promoted for some people, while Indigenous rights are not explicitly recognised. For example, the National Partnership Agreement on Early Childhood Education (policy #3) recognises that increasing Indigenous children's access to universal early childhood education is a policy priority, but no Indigenous specific policy strategies are proposed to support this. The underlying assumption is it is sufficient for Indigenous children to engage in the mainstream early childhood education system. Policy strategies relating to flexibility in the type of education, language, or cultural safety of programs provided for children accessing mainstream services are absent.

Theme 2: Indigenous Rights are Implied

We found that policies which included an Indigenous voice and outlined Indigenous specific programs or outcomes were more likely to be supportive of Indigenous rights. Therefore, in these instances we assessed rights to Indigenous leadership and self-determination were implied. Every policy document in this analysis included the social determinants of health, either by referring to the conditions of daily living as problems or solutions. Seven national policies with an educational focus (National Partnership Agreement on Indigenous Early Childhood #2, National Partnership Agreement on Early Childhood Education #3, National Education Agreement #5, "Investing in the Early Years"—National Early Childhood Development Strategy #6, National Aboriginal and Torres Strait Islander Education Strategy #9, National Partnership Agreement on Universal Access to Early Childhood Education #10, and the National Quality Agenda for Early Childhood Education and Care #11) from both iterations of the CTG strategy all recognised that education itself is an important determinant of health and child development. For example, the National Partnership Agreement on Early Childhood Education (policy #3), aspires to "support care and education throughout early childhood that equips [children] for life and learning" (p.5).

Other policies had a much clearer focus on recognising Indigenous rights in education. In particular, the National Aboriginal and Torres Strait Islander Education Strategy (policy #9) stated that "Aboriginal and Torres Strait Islander people are the first Australians with the oldest continuing cultures in human history. Governments across Australia affirm the right of Aboriginal and Torres Strait Islander people to maintain languages and cultures and acknowledge their deep cultural associations with the land and water" (p.i). This policy envisages Aboriginal and Torres Strait Islander children shaping their own future. The vision is supported by priorities for partnership between education sectors and local Aboriginal and Torres Strait Islander communities, "characterised by listening and responding, strong accountability and active engagement, collaborative information sharing and informed decision making with local communities and informed decision making" (p.5). These education system priorities for action support partnership and Indigenous voice, even though self-determination is not specifically named in the policy document. The education system itself is a universal access mainstream service provision model. This National Aboriginal and Torres Strait Islander Education Strategy (policy #9) includes Indigenous specific policy action that is embedded within the wider system. This policy calls for cultural recognition in education services where "Aboriginal and Torres Strait Islander people's histories, values, languages, and cultures are acknowledged and respected" (p.3). This recognition of Indigenous rights indicates that this policy implies Indigenous rights, even when they are not always specifically named as such within the document.

The six other education policies (#2, 3, 5, 6, 10, 11) included in this analysis focus mainly on universal access to early childhood services. The strongest push towards universal access is embedded with the "Investing in the Early Years"—A National Early Childhood Development Strategy (policy #6) which states the "advantages of universal programs may include greater accessibility, reduced stigma, and a role

DOI:10.18584/iipj.2023.14.3.16348

in assessing and referring those children in need to additional support" (p. 9). This policy does not balance discussion of these advantages with recognition of possible limitations, although it does state that "universal health and early childhood education and care services have difficulty engaging with some children and families. This is particularly so with some Indigenous children and families" (p.11). This policy goes on to list potential barriers, and in doing so shares the blame between systemic failures and representing the people needing the services as the problem themselves. This form of problem representation is shown when it states: "Barriers to accessing services include availability of services, cost, lack of awareness, a chaotic home life, cultural appropriateness, lack of trust, distance from the service and lack of transport" (p.11).

From the outset of the CTG strategy, as documented in the National Indigenous Reform Agreement (policy #1), specific targets in early childhood were established for "ensuring all Indigenous four-year-olds in remote communities have access to early childhood education" (p.8), and this is supported in all other national education policy documents. The inclusion of Indigenous specific targets implies some recognition of Indigenous rights, however broader analysis of the policies showed that there is a lack of specific action embedded within policy to enact self-determination and Indigenous leadership. Thus, strategies on Indigenous rights seem to get lost within the underlying commitments to a mainstream system. The National Aboriginal and Torres Strait Islander Education Strategy (policy #9) described universally accessible services as a "pathway to targeted and intensive services" (p.18) but this deficit focus does not address the barriers that some Indigenous children and families face in accessing universal services that were described in "Investing in the Early Years" —A National Early Childhood Development Strategy (policy #6). This strategy argues that there are no "wrong doors" within a mainstream system as it should be structured in a responsive way so that any point of initial inquiry will provide access to a broader range of appropriate services and programs: "The aim is for children and families to receive the right level of support in the most effective way and in a timely manner, without unnecessary referrals to other services" (p.18). However universal and mainstream services may not meet the needs of the community (Lavoie, 2014), and Indigenous people have concerns that effort to create culturally relevant learning opportunities within mainstream services are tokenistic (Ronald & Koea, 2013). As a result, the positive impact on health and well-being and benefit of mainstream services is difficult to measure when Aboriginal and Torres Strait Islander people have no other option and may feel that attempts to embed culture and identity in programs is superficial. The "Investing in the Early Years"—A National Early Childhood Development Strategy (policy #6) "no wrong doors" analogy assumes that people will be able to find the door and feel safe to open it. This policy lacks the focus on culture found in the National Aboriginal and Torres Strait Islander Education Strategy (policy #9). The model within the "Investing in the Early Years" strategy (policy #6) with universally accessible, targeted and intensive services is consistent with universal human rights, but according to our analysis, not inclusive of Indigenous rights, recognition of which are absent from the policy document.

Indigenous perspectives and associated policy strategies for implementation were observed in policy documents through commitments to partnership and collaboration with Aboriginal and Torres Strait Islander people and communities. For example, the National Partnership Agreement on Indigenous Early Childhood Education (policy #3) stated that consultation and engagement are fundamental to success and the achievement of policy objectives: "Engagement with all key partners and stakeholders, including but not limited to early childhood service providers (including non-government organisations), parent and community groups, Indigenous communities, and industry peak bodies, should be ongoing for the duration of this Agreement" (p.11). The importance of Indigenous voice was more clearly outlined within the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (policy #8). The framework advocates for "meaningful partnership of Aboriginal and Torres Strait Islander people in all decision making, including the planning, funding, delivery, and review of child and family services" (p.14). Some of the policies promoted an Indigenous voice but did not focus on Indigenous leadership. For example, the National Partnership Agreement on Indigenous Early Childhood Development (policy #2) states that "all governments recognise that substantial benefits can be realised from working in partnership, in engaging with local government and non-government service providers and the community, and in taking a child-focused approach to policy development and service delivery" (p.4). This example demonstrates a commitment to collaboration, but this only implies a recognition of Indigenous rights because the policy strategies are silent on Indigenous leadership and self-determination.

Theme 3: Indigenous Rights are Named and Recognised

Policies that clearly documented the role of Indigenous leadership, the right to self-determination, focused on social determinants of Indigenous health, and described culture as a strength, recognised Indigenous rights to a greater extent than other policies. While ongoing colonisation prevents full recognition of Indigenous rights (Cooper, 2011), three policies stood out from other policies because they featured all subthemes associated with naming and recognising Indigenous rights. These three polices are the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP, policy #4), the Implementation Plan for the NATSIHP (IP-NATSIHP, policy #7) and the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (policy #8). As a key document, the NATSIHP (policy #4) importantly acknowledges the ongoing impact of colonisation: "Experiences of racism are compounded by the traumatic legacy of colonisation, forced removals, and other past government discriminatory policies. The consequences of these events have been profound, creating historical disadvantage that has been passed from one generation to the next" (p.15). This shifts problem representation from a deficit narrative—positioning Indigenous people as the problem themselves—to a problem of colonisation and systemic failures that have resulted in socioeconomic, cultural, and health inequities. In support of the NATSIHP, the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (policy #8) called for a new approach that recognises "the traumatic legacy and ongoing effects of colonisation, the removal of Aboriginal and Torres Strait Islander children from their families, persisting interpersonal and institutional racism, and

DOI:10.18584/iipj.2023.14.3.16348

the impact these have on the health and well-being of Aboriginal and Torres Strait Islander people, and their decision about where and how they access services" (p. 5). This is a very different problem representation than policies which document "a chaotic home life" (policy #6, p.11) as a barrier to accessing services.

These policies that name the causes of health inequity and highlight the ongoing impact of colonisation then highlight the importance of Indigenous leadership and self-determination as a sovereign Indigenous right and as a necessary foundation for policy reform to reduce socioeconomic, cultural and health inequities. The NATSIHP (policy #4) promoted community-controlled health organisations because they provide a unique contribution in delivering community managed and led, holistic, comprehensive, and culturally appropriate health care. This policy notes "Aboriginal and Torres Strait Islander community-controlled health organisations are an important element of the health system and provide a mechanism for Aboriginal and Torres Strait Islander people to actively lead, develop, deliver and be accountable for culturally appropriate health services" (p.23). The Implementation Plan for the NATSIHP (policy #7) adds to this and explains "Community control is a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the community. Aboriginal community control has its origins in Aboriginal people's right to self-determination. This includes the right to be involved in health service delivery and decision making according to . . . the Aboriginal holistic definition of health" (p.52).

The link between Indigenous rights and health and well-being is clearly presented in the NATSIHP (policy #4) when it states, "Individual and community control over their physical environment, dignity and self-esteem, respect for Aboriginal and Torres Strait Islander people's rights and a perception of just and fair treatment is also important to social and emotional well-being" (p.21). In this policy, and subsequent implementation plan (policy #7) and the corresponding National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (policy #8), culture is represented as a strength and Indigenous rights are central to health and well-being. There is no mention in these policies of the economic contribution that children make to the nation.

Discussion

Our analysis of Australian early childhood policy has highlighted an inconsistent recognition of Indigenous rights. None of the policy documents analysed fully recognised Indigenous rights and none of them totally undermined Indigenous rights. Policies that do promote Indigenous rights are not able to fully recognise these rights because of ongoing colonisation (Cooper, 2011), the lack of a treaty between the Commonwealth and Aboriginal and Torres Strait Islander people, and absence of constitutional recognition of Indigenous rights in Australia. The absence of full recognition of Indigenous rights in the CTG strategy acts as a barrier to more expansive and comprehensive realisation of Indigenous rights because it prevents actions such as a systemic commitment to well-resourced, Indigenous community-controlled services. This affects early childhood because the implementation of policy will also not

consistently recognise an act of Indigenous rights and social determinants of Indigenous health, an essential factor in the healthy development of Aboriginal and Torres Strait Islander children (Raman et al., 2017).

The inconsistent recognition of Indigenous rights in these policies demonstrates the way that human rights can be recognised in policy without recognising Indigenous rights, especially the right to self-determination. This is reflected in universal access to children centres and kindergartens, including those with a focus on supporting Aboriginal and Torres Strait Islander children and families. Prioritising mainstream service provision over Aboriginal-controlled services is evidence of Cooper's (2011) argument that many Australian government policy actions breech the Declaration of the Rights of Indigenous Peoples regarding self-determination, participation in policy implementation, and the ability to practice and maintain culture. Mainstream approaches to service provision for Aboriginal and Torres Strait Islander people risk not being able to respond to local issues (Lavoie, 2014), can be tokenistic in the way that local Indigenous voices are ignored (Ronald & Koea, 2013), or even reflect models of assimilation (Cooper, 2011; Sullivan, 2011).

Commentators have noted that efforts to close the gap in Indigenous disadvantage are failing (Bond & Singh, 2020; Close the Gap Campaign Steering Committee, 2018; Watego et al., 2019).The CTG early childhood target to halve the gap in child mortality by 2018 was not met (Commonwealth of Australia, 2019). The Prime Minister's CTG legislated reports to Parliament detail the factors associated with Indigenous child mortality as both biomedical (perinatal conditions, pre-term birth, low-birth weight, maternal diabetes) and behavioural (smoking, alcohol and drug use) (Commonwealth of Australia, 2019, 2020). The 2019 report drew on research by the Australian Institute of Health and Welfare (2014) and the Australian Health Ministers' Adivsory Council (2017), concluding that the complexity of child mortality "highlights the importance of focusing on improving access to culturally appropriate maternal health and pregnancy-related care, as well as broader health initiatives, as these help lower the risk factors for poor birth outcomes" (Commonwealth of Australia, 2019, p. 38). However, several authors have shown that mainstream health services are less likely to be culturally safe and that they can resemble past policies of assimilation and normalisation (Cooper, 2011; Klein, 2015; Smith, 2007; Sullivan, 2011). The George et al. (2019) review concluded that there is a widely held expectation that mainstream services will respond to the health needs of Indigenous people and an assumption that Indigenous people would access these services, and both concepts are contested and actually position Indigenous people as a policy problem. Cooper (2011) argued that a reliance on mainstream services prioritises increased levels of government control and surveillance of Aboriginal and Torres Strait Islander people. The assimilation of Aboriginal and Torres Strait Islander people into a mainstream system undermines diversity and cultural practices and does not take into consideration how culturally unsafe mainstream services can be (Sullivan, 2011). Other research has indicated that Aboriginal community-controlled health organisations operate in culturally safe ways and in response to local needs in ways that are unmatched by mainstream services (Baum et al., 2013; Fisher et al., 2021; Freeman et al., 2014). In our analysis of CTG policy, only two of the policies explicitly documented the important

DOI:10.18584/iipj.2023.14.3.16348

role that Aboriginal Community Controlled Health Organisations can play in leadership and the provision of culturally safe health and education services (NASTIHP policy #4, IP-NASTIHP policy #7).

The CTG target that specifically relates to early childhood education is for all Indigenous children to be enrolled in a service by 2025, and the Australian government claimed that Australia is on track to meet this target (Commonwealth of Australia, 2019). However, this claim assumes that enrolment in early childhood education will directly link to improved educational outcomes. While enrolment is an important first step in increasing access for Aboriginal and Torres Strait Islander children to education, enrolment alone does not account for how children and families will be supported and whether the services provided are culturally safe. Thomas's (2014) evaluation of the National Partnership Agreement on Indigenous Early Childhood Development (policy #2) focused on antenatal care, youth sexual health, maternal and child health, and the establishment of 38 new Children and Family Centres and found little evidence of the inclusion of Indigenous knowledge, or cultural understanding of the important role that children play in families and communities.

Interestingly, while not a specific focus of the CTG strategy, many studies have highlighted the trauma of past policies where Indigenous children around the world were forcibly removed from their families (Brown, 2009; Feir, 2016; Mitchell & Macleod, 2014; Shewell, 2016; Unal, 2018). Policies resulting in stolen generations of Aboriginal and Torres Strait Islander children were built upon an assumption of white superiority over Indigenous peoples. Menzies (2019) explained the impact of this trauma permeates social and emotional well-being and contributes to current inequities in health, education, employment, housing, and criminal justice, and has an on-going intergenerational impact. The Secretariat of National Aboriginal and Islander Child Care (2020) reported that as of February 2020, there were 17,979 Aboriginal and Torres Strait Islander children in out-of-home care nationally, an increase of 39% from the previous year and this number did not include children on permanent care orders or adoptions. Aboriginal and Torres Strait Islander children are 10.6 times more likely to be removed from their families than non-Indigenous children, and the rate is projected to double in the next 10 years. The increasing rates of Aboriginal children in out-of-home care during the decade of CTG policy implementation (Wahlquist, 2018), suggests that the current approaches to supporting children and families is not meeting community need. Another notable silence within the CTG strategy is in the criminal justice system, where Aboriginal and Torres Strait Islander adults constitute 29% of the national prison population, and young Aboriginal and Torres Strait Islander people (aged 10-17) are 16 times as likely to be under community-based supervision, and about 18 times as likely to be in detention (Australian Institute of Health and Welfare, 2022). Poverty, assimilation policies, intergenerational trauma and discrimination are only some of the complex factors that contribute to inequities that impact the safety, health, and well-being of Aboriginal and Torres Strait Islander children. The underlying causes of early childhood inequity are significant silences in the CTG policy documents analysed.

Problem Representation in the CTG Strategy

Our study concluded that the problem represented in both iterations of the CTG strategy was mainly focused on enrolling children in early childhood education. We found less emphasis on Aboriginal control or provision of services designed to address social determinants of Indigenous health. The problem representation tacitly places responsibility for reaching the desired CTG target on children and families to enrol in early childhood services. Askew et al. (2020) described the CTG strategy as being "underpinned by a sense of urgency to bring Indigenous Peoples' quality of life into line with that of non-Indigenous people" (p.102). Findings from this research show that this urgency is observed through targets that are more easily measured empirically, such as enrolment, rather than more complex systemic changes in the way the CTG strategy is structured and implemented. The invisible norms by which Indigenous people and the CTG targets are measured uphold a principle of "normalisation" (Sullivan, 2011) and continue to problematise Indigenous people and position them as "other." The inconsistent recognition of Indigenous rights means that some policies were more explicit in this othering, while others did name and recognise Indigenous rights to varying extents.

The representation of Indigenous people as a problem to be solved is consistent with the historical deficit discourse in policy, strongly criticised in the literature (Brown, 2009; Klein, 2015; Sullivan, 2011). Bond (2009) argued that the public gaze has been transfixed on deficits when it comes to Indigenous children. The deficit framing of Indigenous people is both a cause and a symptom of inequity, and that Aboriginal people have been deliberately excluded from employment and education. Watego (2017b) noted that "White people are simultaneously positioned as our aspirational goal and saviours. It suggests to us that Black lives matter to them. Yet in emphasising our deviance, the sins of a system that White people uphold and benefit from remains unnamed and unnoticed." The positioning of Aboriginal children as "less-than" non-Indigenous children is seen in the construct of a "gap" which needs to be "closed" by Indigenous children being brought up to the same standard as the non-Indigenous population.

Fredericks (2011) argued that decolonising policy requires Aboriginal people having control and participating in decision making, administrative process and service delivery. They wrote, "It can be demonstrated that when Aboriginal people moved from being seen and treated as objects of policy to be subjects who themselves have a stake in policymaking, there was better control over health outcomes" (p.92). However, Watego (2017a) argued that the Australian government is far from decolonising policy because they "listened, acknowledged, and then ignored the wishes of Indigenous people to have a say in our own affairs." Following on from this, Watego et al. (2019) explained that "any new strategy will fail unless it addresses the power imbalances and racism that characterises the current approach to Indigenous policymaking as a whole."

The Australian government's aspiration to close the gap in early childhood health inequity remains a key feature of the CTG strategy. In the 2020 Prime Minister's CTG report it is clearly stated that there is a need for more research to understand why the CTG targets are not on track and the gap in child

DOI:10.18584/iipj.2023.14.3.16348

mortality is rising (Commonwealth of Australia, 2020). For early childhood education, enrolment of Aboriginal and Torres Strait Islander children is high, but ongoing barriers to participation include "out of pocket expenses, limited awareness of services, administrative complexity, lack of transport or locally available services, poor child health, a perception that the child is too young to participate, a lack of confidence in the value of early education services or fear of racism and judgement" (p.10).

Policy Implications

In 2020, after a decade of limited progress, a new Close the Gap Statement of Intent included a commitment with bipartisan support to develop a comprehensive long-term plan of action to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030, and to ensure the full participation of Aboriginal and Torres Strait Islander peoples and representative bodies addressing their health needs. This is described as a "resetting" of the relationship between Australian governments and Aboriginal and Torres Strait Islander people (Australian Human Rights Commission, 2020).The Coalition of Peaks was formed in 2019, with members from Aboriginal and Torres Strait Islander bodies to represent communities, to partner with the Australian government's National Cabinet in the development and implementation of the CTG strategy, share ownership and responsibility for progress, to enhance credibility and public support for CTG in the next decade, and to "advance Aboriginal and Torres Strait Islander involvement, engagement, and autonomy through equitable participation, shared authority and decision making in relation to Closing the Gap" (Council of Australia Governments, 2019, p. 4). It is intended that this model will enable power to be shared more equally in way that will result in more consistent recognition of Indigenous rights.

As the CTG strategy enters a new era, two significant policies are positioned to shape the recognition and implementation of Indigenous rights. Firstly, a new national agreement on closing the gap was launched in July 2020 (Australian Government, 2020). This agreement outlines a new approach that prioritises listening to the voices and aspirations of Aboriginal and Torres Strait Islander people. While this does not explicitly acknowledge Indigenous rights, the agreement does state that community-controlled organisations are best positioned to achieve positive outcomes in closing the gap in health outcomes. The targets relevant to early childhood have expanded beyond a focus on enrolment in education to also include engagement in high quality, culturally appropriate early childhood education, that children are born healthy and strong, and that they thrive in their early years. In addition, a new target was written to address the overrepresentation of Aboriginal and Torres Strait Islander children in the child protection system, aiming to reduce the over-representation of children in out of home care by 45 percent by 2031.

Secondly, the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 (Commonwealth of Australia, 2021) was launched at the end of 2021. In this document, the right to self-determination is clearly positioned as a priority for health. The health plan reinforces strength-based and rights-based

approaches, consistent with holistic ways of knowing and being, including connection to Country, family, kinship, and community as essential for health and well-being. In this document, as with the previous health plan (NATSIHP, policy #4), the corresponding Implementation Plan (IP-NATSIHP, policy #7) and the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (policy #8), Indigenous rights are named and recognised. If the outcomes from the policy move beyond rights written in a document, to improvements in health and educational outcomes in the lives of people and communities, then implementation of the new health plan must also enact Indigenous rights.

There is a risk that the inconsistencies in the recognition of Indigenous rights, and the silences regarding those rights within policy, will continue in this next era of CTG policy. Self-determination is both an Indigenous right and necessary basis for successful policy to reduce inequities. Based on our policy analysis, we argue that the implementation of the CTG strategy must support and target Aboriginal children, families, and communities, and not be solely shifted into universal access mainstream programs. The Coalition of Peaks (2020) argued that mainstream organisations must be held publicly accountable and do much more to improve the health of Aboriginal and Torres Strait Islander people and communities. Indigenous rights can be supported when mainstream organisations commit to tackling systemic racism, promoting cultural safety, and transferring power and resources to communities and Aboriginal controlled organisations so that Aboriginal and Torres Strait Islander people have influence over decision making. Empowering Aboriginal controlled organisations with funding and flexibility in implementation would shift power and promote self-determination. Federal, state, and local governments must trust and resource Indigenous leadership who are best positioned to partner with their communities and will work from an Indigenous view of health and well-being.

Our policy analysis leads us to conclude that proper recognition of Indigenous sovereignty is missing from policy and that such a shift is required to reduce patriarchal colonial power and prioritise self-determination and a recognition of Indigenous rights. Indigenous rights in Australia cannot be fully recognised or enacted without acknowledging that sovereignty has never been ceded (Clayton-Dixon, 2015; Moreton-Robinson, 2015).

The implications specifically for the CTG strategy are that the policy must continue to promote human rights related to education and health as well as explicitly promoting Indigenous rights so as not to undermine progress towards equity. The new era of the CTG strategy has been characterised by Aboriginal leadership pointing to the causal factors of dispossession, marginalisation, and discrimination of Aboriginal and Torres Strait Islander people, and the need to recognise Indigenous sovereignty to redress these causes. This is especially important in relation to children who have a right to grow strong in their culture and identity and are central to Aboriginal society (Australian Institute of Health and Welfare, 2016). Reframing the problem representations within the CTG strategy has the potential to shift the focus to the underlying trauma and ongoing impact of colonisation on children, families, and communities. CTG targets in the next era of the CTG strategy extend beyond enrolment and attendance

DOI:10.18584/iipj.2023.14.3.16348

at kindergarten to the accessibility and cultural safety of early childhood services which will need to be achieved to close the gap in life expectancy.

Conclusion

In the first decade of CTG policy, Indigenous rights were inconsistently recognised. In some policies, rights were named and recognised but in others they were implied or undermined and ignored. Our analysis showed none of the policy documents fully recognised Indigenous rights and none of them fully undermined Indigenous rights. Ongoing colonisation and the prioritisation of mainstream services over Aboriginal community-controlled services are barriers to a more expansive and comprehensive realisation of Indigenous rights and sovereignty. Silences and problem representations in the policies reflect persistent deficit approaches to Aboriginal and Torres Strait Islander people and communities. The next era of the CTG strategy has the potential to address the failures of previous policy by rectifying persisting unhelpful framings, and thus make a real step towards closing the gap.

References

Appleby, G., & McKinnon, G. (2017). The Uluru statement. *Law Soceity of NSW Journal, 27*, 36-39.

Askew, D., Brady, K., Mukandi, B., Singh, D., Sinha, T., Brough, M., & Bond, C. (2020). Closing the gap between rhetoric and practice in strengths-based approaches to Indigenous public health: A qualitative study. *Australian and New Zealand Journal of Public Health, 44*(2), 102-105. https://doi.org/10.1111/1753-6405.12953

Attwood, B. (2003). *Rights for Aborigines*. Allen and Unwin.

Australian Government. (2013). *National Aboriginal and Torres Strait Islander Health Plan: 2013-2023*. Department of Health.

Australian Government. (2015a). *Implementation plan for the National Aboriginal and Torres Strait Islander health plan 2013–2023*. Department of Health.

Australian Government. (2015b). *National Aboriginal and Torres Strait Islander Education Strategy 2015*. Department of Education.

Australian Government. (2016a). *Indigenous Advancement Strategy Grant Guidelines*. National Indigenous Australians Agency.

Australian Government. (2016b). *National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families*. Department of Health

Australian Government. (2020). *National Agreement on Closing the Gap.* https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap

Australian Health Ministers' Adivsory Council. (2017). *Aboriginal and Torres Strait Isalnder Heatlh Performance Framework 2017 Report*. AHMAC.

Australian Human Rights Commission. (2020). *Closing the Gap: Indigenous Health Campaign*. https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/projects/close-gap-indigenous-health

Australian Institute of Health and Welfare. (2014). *Timing impact assessment for COAG Closing the Gap targets: Child mortality*. Australian Insititute of Health and Welfare. https://www.aihw.gov.au/getmedia/e2dabf93-a681-4491-b6d1-bc0d47fd9554/16833.pdf.aspx?inline=true

Australian Institute of Health and Welfare. (2016). *National frameworks about Aboriginal and Torres Strait Islander people* http://apo.org.au/node/71034

Australian Institute of Health and Welfare. (2022). *Australia's welfare 2021*. https://www.aihw.gov.au/reports-data/australias-welfare

Bacchi, C. (2009). *Analysing policy: What's the problem represented to be?* Pearson Australia.

Baum, F. E., Legge, D. G., Freeman, T., Lawless, A., Labonté, R., & Jolley, G. M. (2013). The potential for multi-disciplinary primary health care services to take action on the social determinants of health: actions and constraints. *BMC Public Health*, *13*(1), 460-460. https://doi.org/10.1186/1471-2458-13-460

Behrendt, L. (2003). It's Broke So Fix It: Arguments for a Bill of Rights. *Australian Journal of Human Rights*, *9*(1), 135-150. https://doi.org/10.1080/1323238x.2003.11911100

Black, K., & McBean, E. (2016). Increased Indigenous participation in environmental decision-making: A policy analysis for teh improvement of Indigenous health. *International Indigenous Policy Journal*, *7*(4), 5. https://doi.org/10.18584/iipj.2016.7.4.5

Bond, C. (2009). Starting at strengths ... an Indigenous early years intervention. *Medical Journal of Australia*, *191*(3), 175-177. https://doi.org/10.5694/j.1326-5377.2009.tb02733.x

Bond, C., & Singh, D. (2020). More than a refresh required for closing the gap of Indigenous health inequality. *Medical Journal of Australia*, *212*(5), 198-200. https://doi.org/10.5694/mja2.50498

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77-101. https://doi.org/10.1191/1478088706qp063oa

Brown, N. (2009). History, law and policy as a foundation for health care delivery for Australian Indigenous children. *Pediatric Clinics of North America*, *56*(6), 1561-1576. https://doi.org/10.1016/j.pcl.2009.10.002

Burr, V. (2003). *Social Constructivism (2nd Edition)*. Routledge.

Carson, B., Dunbar, T., Chenhall, R., & Bailie, R. (Eds.). (2007). *Social Determinants of Indigenous Health* Allen and Unwin

Carter, S., Hooker, C., & Davey, H. (2009). Writing social determinants into and out of cancer control: An assessment of policy practice *Social Science and Medicine*, *68*, 1448-1455. https://doi.org/10.1016/j.socscimed.2009.01.029

Clayton-Dixon, C. (2015). I can't call myself an Indigeous Australian and also say sovereignty never ceded. *The Guardian*. https://www.theguardian.com/commentisfree/2015/dec/11/i-cant-call-myself-an-indigenous-australian-and-also-say-sovereignty-never-ceded

Close the Gap Campaign Steering Committee. (2018). *A ten-year review: The Closing the Gap Strategy and Recommendations for Reset*. https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-10-year-review

Coalition of Peaks. (2020). *A report on engagement with Aboriginal and Torres Strait Islander people*. https://coalitionofpeaks.org.au/resources/

Commission on Social Determinants of Health. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health. Final Report on the Commission on Social Determinants of Health* World Health Organization. https://doi.org/10.11606/issn.2316-9044.v10i3p253-266

Commonwealth of Australia. (2019). *Closing the Gap Prime Minister's Report 2019*. https://ctgreport.niaa.gov.au/

Commonwealth of Australia. (2020). *Closing the Gap Prime Minister's Report 2020*. https://ctgreport.niaa.gov.au/sites/default/files/pdf/closing-the-gap-report-2020.pdf

Commonwealth of Australia. (2021). *National Aboriginal and Torres Strait Islander Health Plan 2021-2031.* https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031

Cooper, D. (2011). *Closing the gap in cultural understanding: Social determinants of health in Indigenous policy in Australia*. Aboriginal Medical Servicews Alliance of the Northern Territory (AMSANT).

Council of Australian Governments. (2009a). *Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development*.

Council of Australian Governments. (2009b). *Investing in the early years–a national early childhood development strategy*. Commonwealth of Australia.

Council of Australian Governments. (2009c). *National Education Agreement*.

Council of Australian Governments. (2009d). *National Indigenous Reform Agreement (Closing the Gap)*.

Council of Australian Governments. (2015). *National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care - 2015-16 to 2017-18*.

Council of Australian Governments. (2016). *National Partnership Agreement on Universal Access to Early Childhood Education 2016 and 2017*.

Council of Australia Governments. (2019). *Partnership Agreement on Closing the Gap 2019-2029*.

Eicklelkamp, U. (2010). Children and youth in Aboriginal Australia: An overview of the Literature. *Anthropological Forum*, *20*(2), 147-166. https://doi.org/10.1080/00664677.2010.487297

Feir, D. L. (2016). The Intergenerational effects of residential schools on children's educational experiences in Ontario and Canada's Western provinces. *International Indigenous Policy Journal*, *7*(3). https://doi.org/10.18584/iipj.2016.7.3.5

Fisher, M., Battams, S., McDermott, D., Baum, F., & MacDougall, C. (2018). How the Social Determinants of Indigneous Health became Policy Reality for Australia's National Aboriginal and Torres Strait Islander Health Plan *Journal of Social Policy*, 1-21. https://doi.org/10.1017/s0047279418000338

Fisher, M., Baum, F., MacDougall, C., Newman, L., & McDermott, D. (2015). A qualitative methodological framework to assess uptake of evidence on social determinants of health in health policy. *Evidence & Policy*, *11*(4), 491-507. https://doi.org/10.1332/174426414X14170264741073

Fisher, M., Mackean, T., George, E., Friel, S., & Baum, F. (2021). Stakeholder perceptions of policy implementation for Indigenous health and cultural safety: A study of Australia's "Closing the Gap" policies. *Australian Journal of Public Administration*, 1-22. https://doi.org/10.1111/1467-8500.12482

Fredericks, B. (2011). Aboriginal community control and decolonizing health policy: a yarn from Australia. In H. Lofgren, E. de Leeuw, & M. Leahy (Eds.), *Democratizing Health: Consumer Groups in the Policy Process* (pp. 81-92). Edward Elgar Publishing Limited

Freeman, T., Edwards, T., Baum, F., Lawless, A., Jolley, G., Javanparast, S., & Francis, T. (2014). Cultural respect strategies in Australian Aboriginal primary health care services: Beyond education and training of practitioners. *Australian and New Zealand Journal of Public Health*, *38*(4), 355-361. https://doi.org/10.1111/1753-6405.12231

George, E., Mackean, T., Baum, F., & Fisher, M. (2019). Social determinants of Indigenous health and Indigenous rights in policy: A scoping review and analysis of policy representation *International Indigenous Policy Journal*, *10*(2). https://doi.org/10.18584/iipj.2019.10.2.4

Goodman, A., Flemming, K., Markwick, N., Morrison, T., Ladimodiere, L., & Kerr, T. (2017). "They treated me like crap and I know it was because I was Native": The healthcare experiences of Aboriginal peoples living in Vancouver's inner city. *Social Science and Medicine*, *178*, 87-94. https://doi.org/10.1016/j.socscimed.2017.01.053

Healey, J. (2014). *Indigenous rights*. The Spinney Press.

Hobbs, H. (2017a). Response to Referendum Council report suggests a narrow path forward on Indigenous constitutional reform. *The Conversation.* https://theconversation.com/response-to-referendum-council-report-suggests-a-narrow-path-forward-on-indigenous-constitutional-reform-80315

Hobbs, H. (2017b). Why the government was wrong to reject an Indigenous 'Voice to Parliament'. *The Conversation*, https://theconversation.com/why-the-government-was-wrong-to-reject-an-indigenous-voice-to-parliament-86408

Klein, E. (2015). *A critical review of the capability approach in Australian Indigenous policy*. Centre for Aboriginal Economic Policy, Australian National University.

Lavoie, J. (2014). Policy and practice options for equitable access to primary healthcare for Indigenous Peoples in British Columbia and Norway. *International Indigenous Policy Journal*, *5*(1), 1-17. https://doi.org/10.18584/iipj.2014.5.1.6

Lavoie, J., & Dwyer, J. (2016). Implementing Indigenous community control in health care: Lessons from Canada. *Australian Health Review, 40*, 453-458. https://doi.org/10.1071/ah14101

Lightfoot, S. (2012). Selective endorsement without intent to Implement: Indigenous rights and the Anglosphere. *The International Journal of Human Rightws*, *16*(1), 100-122. https://doi.org/10.1080/13642987.2012.622139

Macdonald, F., & Wood, B. (2016). Potential trhough paradox: Indigenous rights as human rights. *Citizenship studies*, *20*(6-7), 710-727. https://doi.org/10.1080/13621025.2016.1139056

Menzies, K. (2019). Forcible separation and assimilation as trauma: The historical and sociopolitical experience of Australian Aboriginal peole. *Social Work and Society*, *17*(1). http://nbn-resolving.de/urn:nbn:de:hbz:464-sws-1823

Mitchell, T., & Macleod, T. (2014). Aboriginal social policy: A critical comunity mental health issue. *Candian Journal of Community Mental Health*, *33*(1), 109-122. https://doi.org/10.7870/cjcmh-2014-010

Moreton-Robinson, A. (2007). Writing off Indigenous sovereignty: The discourse of security and patriarchal white sovererignty. In *Sovereign subjects: Indigenous sovereignty matters* (pp. 86-104). Allen and Unwin.

Moreton-Robinson, A. (2015). *The white possessive property, power, and Indigenous sovereignty*. University of Minnesota Press.

National Aboriginal Community Controlled Health Organisation. (2006). *Aboriginal Health*. https://www.naccho.org.au/about/aboriginal-health/definitions/

Priest, N., Thompson, L., Mackean, T., Baker, A., & Waters, E. (2017). 'Yarning up with Koori kids' - hearing the voices of Australian urban Indigenous children about their health and well-being. *Ethnicity and Health*, *22*(6), 631-647. https://doi.org/10.1080/13557858.2016.1246418

Raman, S., Ruston, S., Irwin, S., Tran, P., Hotton, P., & Thorne, S. (2017). Taking culture seriously: Can we improve the developmental health and well-being of Australian Aboriginal children in out-of-home care? *Child: care, health and development 43*(6), 899-905. https://doi.org/10.1111/cch.12488

Referendum Council. (2017). *Uluru Statement From The Heart*. https://www.referendumcouncil.org.au/sites/default/files/2017-05/Uluru_Statement_From_The_Heart_0.PDF

Reynolds, H. (1996). *Aboriginal Sovereignty*. Allen and Unwin.

DOI:10.18584/iipj.2023.14.3.16348

Ronald, M., & Koea, J. (2013). Social policy and indigenous health: Lessons from New Zealand. In *Global Public Health Policy* (pp. 173-192). https://www.scopus.com/inward/record.uri?eid=2-s2.0-84895267670&partnerID=40&md5=d363b8612f5cf6f57150398c8a267d65

Secretariat of National Aboriginal and Islander Child Care (2020). Media release - Removal of Aboriginal and Torres Strait Islander children continues 12 years after the apology. https://www.snaicc.org.au/media-release-removal-of-aboriginal-and-torres-strait-islander-continues-12-years-after-the-apology/

Shewell, H. (2016). Why jurisdiction matters: Social policy, social services and First Nations. *Candian Journal of Native Studies*, *36*(1), 179-202.

Smith, D. (2007). *From COAG to coercion: A story of governance failure, success and opportunity in Australian Indigenous Affairs.* Governing Through Collaboration: Managing Better Through Others Conference, Canberra, Australia

Sullivan, P. (2011). *The policy goal of normalisation, the National Indigneous Reform Agreement and Indigenous National Partnership Agreements*. Ninti One Limited.

Taket, A. (2012). *Health equity, social justice and human rights*. Routledge.

Thomas, J. (2014). *Evaluation of the National Partnership Agreement on Indigenous Early Childhood Development: Final report*.

Treaty 88 Campaign. (1988). Aboriginal sovereignty—never ceded. *Australian Historical Studies*, *23*(91), 1-2. https://doi.org/10.1080/10314618808595786

Unal, D. (2018). Sovereinty and social justice: How the concepts affect federal American Indian poilcy and American Indian health *Social Work in Public Health*, *33*(4), 259-270. https://doi.org/10.1080/19371918.2018.1462287

United Nations. (2007). *Declaration on the Rights of Indigenous Peoples*. https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html

Wahlquist, C. (2018). Indigenous children in care doubled since stolen generations apology. *The Guardian*. https://www.theguardian.com/australia-news/2018/jan/25/indigenous-children-in-care-doubled-since-stolen-generations-apology

Watego, C. (2017a). Is chronicling Indigenous despair the only way we can get on television? *The Guardian*. https://www.theguardian.com/commentisfree/2017/nov/28/is-chronicling-indigenous-despair-the-only-way-we-can-get-on-television

Watego, C. (2017b). We just Black matter: Australia's indifference to Aboriginal lives and land. *The Conversation*. https://theconversation.com/we-just-black-matter-australias-indifference-to-aboriginal-lives-and-land-85168

Watego, C., Macoun, A., Singh, D., Strakosch, E., & Staines, Z. (2019). A new inquiry into Indigenous policy must address the root causes of failure. *The Conversation*, https://theconversation.com/a-new-inquiry-into-indigenous-policy-must-address-the-root-causes-of-failure-122389

Wilmot, S. (2018). Transforming First Nations health care in British Columbia: An organizational challenge. *International Indigenous Policy Journal*, *9*(1). https://doi.org/10.18584/iipj.2018.9.1.4

Zubrick, S., SR, S., Lawrence, D., Mitrou, F., Dalby, R., Blair, E., Griffin, J., Milroy, H., De Majo, J., Cox, A., & Li, J. (2005). *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. Curtin University of Technology and Telethon Institute for Child Health Research. https://doi.org/10.5694/j.1326-5377.2005.tb07112.x

DOI:10.18584/iipj.2023.14.3.16348