

Critical Analysis: Indigenous Australian Families in Health and Community

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Abstract

The aim of this paper is to critically analyse the 'Closing the Gap' policy in relation to Indigenous Australian families, the social determinants of their health, racism and colonisation. This policy is discussed with regards to how it affects Indigenous Australians, families and social determinants of health. This paper also analyzes this policy with reference to racism and colonization, and makes recommendations for learning as well as for nursing professionals. One of the findings of the paper is that despite the increase in funding towards this policy and its aims and objectives, the disparities in health and wellbeing continue for the Indigenous Australian population. In fact, the Closing the Gap policy has not been completely successful in the disparities for the Indigenous Australian population in all areas of education, employment, income, housing and health. The paper found that the Closing the Gap policy has not been successful in addressing the social determinants of health of Indigenous Australian families. One key limitation of the Closing the Gap policy is the lack of inclusion of Indigenous people in the actual creation and implementation of the policy and its associated strategies.

Keywords: Indigenous Australian, Policy Analysis, Social Impact

Introduction

The health of Aboriginal and Torres Strait Islander peoples is an important concern within the health care industry; there are numerous environmental, social and economic factors that have impacted the health of Indigenous Australians, and often this has resulted in poorer health and in disparities within this population group (Biddle & Taylor 2012). The colonisation of Australia exposed Indigenous Australians to violence, dispossession of land and resources and an overall change in the way in which their community lived. Additionally, as a result of colonisation, there was a significant breakdown in social and cultural structures, including family structures, and the health and wellbeing of Indigenous Australians has been significantly affected (Bourke et al. 2012). The 'Closing the Gap' policy was developed with an aim to reduce disparities within the Indigenous Australian population by addressing areas of education, employment, life expectancy and mortality (Rosenstock et al. 2013). The purpose of this paper is to critically analyse the 'Closing the Gap' policy in relation to families, social determinants of health, racism and colonisation. The Closing the Gap policy will be discussed in regard to how this policy impacts Indigenous Australians, families and social determinants of health. Additionally, this paper will critically analyse the policy with reference to racism and colonisation. Furthermore, this paper will make recommendations for learning and nursing professional practice in line with the findings from this analysis.

Critical Analysis: Closing the Gap

The Closing the Gap policy was created by the Australian government with an aim to report on and develop strategies to meet the needs, inequalities and imbalances between Indigenous Australian individuals and their non-Indigenous Australian counterparts. The Council of Australian Governments developed the policy in the year 2000, with an aim to thoroughly

address the ongoing issue of disadvantages and inequality amongst the Indigenous population (Mitrou et al. 2014). The rationale for choosing this policy for critical analysis is that it is extremely significant in regard to helping to bridge the gap between the health and wellbeing of Indigenous Australians and their non-Indigenous counterparts. The policy is strongly supported by research and funding and as a result, real structural changes were made to promote Indigenous health (Mitrou et al. 2014).

The Closing the Gap policy was also a large ongoing project; many different stages were followed, and strategies were implemented at each stage in order to address numerous socio-economic factors that were contributing to inequalities in Indigenous health (Mitrou et al. 2014). As such, this policy was not a simple 'quick fix' but rather a serious effort to bridge the gap in health and wellbeing (Biddle & Taylor 2012). This serious and continuing effort was demonstrated in 2008; prior to 2008 there had not been many improvements in bridging the gap of health inequalities for the Indigenous population, so more action was taken (Mitrou et al. 2014). This action involved administering a large surplus of funding into the Closing the Gap policy in 2008 in a serious effort to meet the aims, objectives and targets of the policy. Unfortunately, even with this serious increase in funding, the disparities in health and wellbeing continue for the Indigenous population. However, this policy is still an example of a policy that was thorough in its aims and commitment to bridging the gap (Biddle & Taylor 2012).

Overall, it appears that the policy did not achieve the aim of reducing the health and wellbeing disparities experienced by Aboriginal and Torres Strait Islander peoples. The main factors that were considered and used as indicators of the success of the project included socio-economic factors such as employment and income as well as education (Shepherd, Li & Zubrick 2012). Employment rates in 2010 were still low, with the unemployment gap for Indigenous Australians being 11% higher than their non-Indigenous Australian counterparts (Mitrou et al. 2014). Additionally, Mitrou et al. (2014) found that there was a gap in the median Indigenous Australian income as a proportion of the non-Indigenous median income of 54.4% for Indigenous Australians compared to their non-Indigenous Australian counterparts. There has, however, been an improvement in educational attainment, with 25.2% of Indigenous Australians holding a bachelor's degree or higher (Mitrou et al. 2014).

In contrast, other research findings indicate that the Closing the Gap policy has had profound positive effects on some socio-economic factors, such as improvements in access to housing. Browne et al. (2014) found that there has been a significant increase in access to long-term housing, particularly for Indigenous people who live remotely. Such investments and initiatives have helped to support family structures as well as community structures, two factors that are highly important to the Indigenous communities. However, whilst access to housing may have improved, there continues to be a lack of inclusion of Indigenous people in the development of policies to address this area, and as such, community overcrowding has not been resolved and community needs have not been completely met (Habibis 2013). Nevertheless, the increase in access to housing has had positive effects on improving Indigenous health, particularly the health of children, because an increase in access to housing has shown to reduce the incidence of childhood illness (Bailie, Stevens & McDonald 2011).

Overall, it is clear that the Closing the Gap policy has not had complete success in improving the disparities in all areas of education, employment, income, housing and health. There is conflicting evidence as to whether access to housing has been improved and whether this has actually had a positive effect on Indigenous communities (Mitrou et al. 2014). It appears that

health outcomes have been somewhat improved as a result of the policy, but there is still a need to continue implementing strategies to improve more outcomes (Bailie, Stevens & McDonald 2011).

Critical Analysis: Families, Social Determinants of Health, Racism and Colonisation

The social determinants of health are the various environmental, cultural, social and other factors that are present where individuals live and work; these factors can have a positive or negative impact on an individual's health and health outcomes (Kilcullen, Swinbourne & Cadet-James 2017). Such factors can also significantly impact the overall health and wellbeing of the community (Calma, Dudgeon & Bray 2017). Indigenous Australians are often affected by the social determinants of health, particularly in regard to access to education, housing and health care, employment and financial income. The Indigenous population is often disadvantaged in these areas compared to their non-Indigenous Australian counterparts (Skerrett et al. 2017). Health and wellbeing are significantly affected by an individual's access to these factors, and furthermore, many of these factors are linked to one another; education often leads to successful employment, which influences income and the ability to access housing, purchase healthy food and engage with health care services (Bourke et al. 2012).

The social determinants of health with respect to Indigenous Australians have been severely affected by racism and colonisation (Skerrett et al. 2017). Racism occurs when an individual has a belief that their one race is superior to other races (Hunziker 2017). This is a prevalent issue within Australia, with many people being racist towards Aboriginal and Torres Strait Islander peoples. The issue of racism is also strongly connected to colonisation, which occurred when English people landed in Australia and continued to colonise the land at the expense of Indigenous culture and land ownership (Hunziker 2017). As a result of colonisation and racism, Aboriginal and Torres Strait Islander peoples frequently experience isolation, exclusion and thus poorer health and wellbeing compared to their non-Indigenous counterparts (Bourke et al. 2012). These factors have also been particularly detrimental because Aboriginal and Torres Strait Islander peoples have strong connections to the land and country; their connections to the land often influence their overall wellbeing, and therefore isolation, exclusion and changes to land ownership directly influence the wellbeing of this population (Bourke et al. 2012).

The Closing the Gap policy has improved educational outcomes and access to housing as well as health outcomes, particularly Indigenous children's health outcomes. As such, these social determinants of health – education, access to health care and access to housing – have been improved as a result of the efforts, funding and strategies implemented through the Closing the Gap policy (Mitrou et al. 2014). However, according to the available body of research, the social determinants of health of employment and income have not been positively impacted by the Closing the Gap policy; it does not appear that such social determinants of health have been impacted negatively, it just appears that they have not improved (Mitrou et al. 2014).

A key limitation of the Closing the Gap policy relates to the lack of inclusion of Indigenous people in the actual creation and implementation of the policy and associated strategies. The policy was developed by an Australian government association and had little-to-no inclusion of Indigenous people, community members or Indigenous agencies (Mitrou et al. 2014). The policy also does not expressly support or include things that are important to the Indigenous people and essential to their inclusion and to reducing discrimination and racism, such as their connection to

the land, their traditional cultural practices, their spiritual beliefs and their values relating to family and elders (Mitrou et al. 2014). The inclusion of family members has often been seen to be essential to improving health outcomes, such as improving nutrition and thus, weight; however, no effort to include family was made in the policy. Additionally, the inclusion of Indigenous workers in health services is also often seen as a crucial element to ensuring Indigenous people feel safe in accessing such services. However, this was not addressed either. Some of these limitations may explain the lack of success that the Closing the Gap policy has had in addressing the social determinants of health and the overall disparities that Indigenous Australians experience (Mitrou et al. 2014).

Recommendations for Learning and Professional Practice

It is clear that as a nurse it is important to undertake learning and professional practice with a non-biased attitude that does not discriminate or demonstrate racism in any way. It is important to demonstrate cultural awareness and cultural sensitivity and, particularly when working with Indigenous Australians, it is important to understand their history and culture and the importance of family and community (Dempsey, Hillege & Hill 2013). It is recommended that cultural sensitivity and cultural competence training be increased for all health care staff to avoid the detrimental effects of racism and discrimination taking place in the workplace and being shown towards patients, particularly as this can deter Indigenous Australians from accessing health care services. Additionally, the family members, elders and important community members should be involved not only in care planning but also in developing community initiatives to improve the gaps and disparities experienced by this group (Dempsey, Hillege & Hill 2013). Having community involvement demonstrates an awareness and respect for the importance of culture for Indigenous Australians and encourages more involvement in initiatives and thus more positive outcomes towards bridging the gap. Finally, Indigenous community representatives should be included in employment centres and health services, as it is well established that this promotes cultural safety and encourages Indigenous people to access such services (Dempsey, Hillege & Hill 2013).

Conclusion

The Closing the Gap policy aimed to develop strategies to meet the needs, inequalities and imbalances between Indigenous Australian individuals and their non-Indigenous Australian counterparts. The purpose of this paper was to critically analyse the 'Closing the Gap' policy in relation to families, social determinants of health, racism and colonisation. Whilst significant efforts were taken to promote the policy, including research and funding, the policy essentially failed to meet its aim, and the disparities and inequalities experienced by the Indigenous population continue. The Indigenous Australian population is still considered to be disadvantaged and to be experiencing significant inequalities in health and wellbeing compared to their non-Indigenous Australian counterparts. These disparities relate to the areas of education, employment, income, housing and health. The existing research indicates that policies by the Australian government have not been overly successful in improving this current situation. Recommendations for practice include increasing cultural awareness and cultural competence training to address issues of discrimination and racism, and it is also recommended that a community-oriented approach take place in practice to improve Indigenous involvement.

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