



Close the Gap

Steering Committee for
Indigenous Health Equality

Partnership Position Paper
June 2010

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Who we are

Close the Gap is a coalition of Australia's leading Indigenous and non-Indigenous health and human rights organisations committed to working with Federal, State and Territory governments to close the life expectancy gap between the Aboriginal & Torres Strait Islander population and other Australians within a generation.

The Close the Gap Steering Committee is led by the Aboriginal and Torres Strait Islander Social Justice Commissioner and includes the National Aboriginal Community Controlled Health Organisation (NACCHO), the Australian Indigenous Doctors' Association (AIDA), the Australian Human Rights Commission, the Indigenous Dentists' Association of Australia, the Council of Aboriginal and Torres Strait Islander Nurses (CATSIN), Oxfam Australia, the Australian Medical Association (AMA), Australians for Native Title and Reconciliation (ANTaR), the Australian General Practice Network (AGPN), the Cooperative Research Centre for Aboriginal Health, the Fred Hollows Foundation, the National Heart Foundation, the Menzies School of Health Research, Indigenous Allied Health Australia, the Royal Australian College of General Practitioners and the Royal Australasian College of Physicians, the Australian Indigenous Psychologists' Association (AIPA), Bullana – the Poche Centre for Indigenous Health, the Aboriginal Health and Medical Research Council NSW (AH&MRC) and Palliative Care Australia, National Aboriginal and Torres Strait Islander Health Workers Association and Australian Peak Nursing and Midwifery Forum.

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1. Executive summary

Our challenge for the future is to [...] embrace a new partnership between Indigenous and non-Indigenous Australians. [The] core of this partnership for the future is the closing of the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement and employment opportunities. This new partnership on closing the gap will set concrete targets for the future: within a decade to halve the widening gap in literacy, numeracy and employment outcomes and opportunities for Indigenous children, within a decade to halve the appalling gap in infant mortality rates between Indigenous and non-Indigenous children and, within a generation, to close the equally appalling 17-year life gap between Indigenous and non-Indigenous when it comes to overall life expectancy.

Prime Minister Kevin Rudd, Apology to Australia's Indigenous Peoples, 13 February 2008ⁱ

These were promising words from the Prime Minister on the landmark occasion of the Federal Parliamentary Apology to Australia's Indigenous Peoples. The Prime Minister rightly points out that partnership is essential if we are to close the gap in health equality between Indigenous and non-Indigenous Australians. Put simply, the health equality gap will not be closed with a business as usual approach.

A welcome first step towards this new approach occurred at the Council of Australian Governments' meeting of 20 December 2007. At that meeting the Council agreed to "a partnership between all levels of Government to work with Indigenous communities to achieve the target of closing the gap on Indigenous disadvantage"ⁱⁱ. Specifically, it committed to: closing the life expectancy gap within a generation; halving the mortality gap for children under five within a decade; and halving the gap in reading, writing and numeracy within a decade.ⁱⁱⁱ

Since that time, governments at all levels have repeatedly committed to this new approach. As well as a commitment to partnership being an integral part of the Prime Minister's Apology to Australia's Indigenous peoples, it underpins the major policy documents developed since then to close the gap - *the Close the Gap Statement of Intent*^{iv} and *the National Integrated Strategy for Closing the Gap in Indigenous Disadvantage*^v being two key examples. Partnership with Aboriginal and Torres Strait Islander Peoples has been accepted as an integral part of any effort to 'Close the Gap'.

Whilst it is true that Federal, State and Territory governments have signalled a willingness to engage with Aboriginal and Torres Strait Islander Peoples, it is the view of the Close the Gap Steering Committee that governments are not currently meeting their commitments to partnership. Policy decisions are still being made without proper negotiation with Aboriginal and Torres Strait Islander Peoples. Indeed, despite good intentions, there appears to be a preference for a 'business as usual' approach to engagement, utilising advisory boards and limited consultation. The Steering Committee does not view this approach as representative of true partnership.

2. What is meant by partnership, and why it is important

‘Partnership’ is a concept regularly discussed by governments and government departments, but often this occurs without a clear and agreed understanding of what constitutes genuine partnership. Genuine partnership exists when two or more parties join together to work toward a common goal; it is a process of shared decision making, of negotiated outcomes, and of mutual respect. It is an ongoing process, and one that requires sustained effort to maintain over time. At its heart, working in partnership means that both parties have genuine influence - not only in identifying issues and developing solutions, but also in determining the form of partnership

Government has recognised that the only way that its stated aims can be achieved – to close the gap in Indigenous health equality within a generation – is to work in partnership with Aboriginal and Torres Strait Islander peoples. The Close the Gap Steering Committee shares this view. There is a strong incentive to get partnership arrangements right. The Prime Minister makes this point clearly in his Apology speech:

The truth is, a business as usual approach towards Indigenous Australians is not working. Most old approaches are not working. We need a new beginning—a new beginning which contains real measures of policy success or policy failure; a new beginning, a new partnership, on closing the gap with sufficient flexibility not to insist on a one-size-fits-all approach for each of the hundreds of remote and regional Indigenous communities across the country but instead allowing flexible, tailored, local approaches to achieve commonly-agreed national objectives that lie at the core of our proposed new partnership; a new beginning that draws intelligently on the experiences of new policy settings across the nation.

Prime Minister Kevin Rudd, Apology to Australia’s Indigenous Peoples, 13 February 2008^{vi}

Some progress has been made, and government has shown that it aspires to better engage with Aboriginal and Torres Strait Islander Peoples. Commitments to partnership are included in all of the major policy developments in Indigenous health and, at state and regional levels, there are partnerships being developed. However, key decisions on Indigenous health policy are still being made without a genuine partnership approach being embraced by government.

Genuine partnership would include the development of a national framework agreement on partnership as well as a partnership structure at a national level that affords representatives of Aboriginal and Torres Strait Islander Peoples input and influence in a shared decision making process; a structure in which policy outcomes are developed through negotiation.

This is not a utopian vision; models for such a partnership exist. In Victoria and the Northern Territory, for example, there are partnership structures that involve representatives of Aboriginal communities in the health policy development process. This is not to underestimate the difficulties inherent in developing such a partnership; it is a process that requires willingness to negotiate from both sides, and an ongoing commitment to making sure the partnership is working. The point, however, is that the process for genuine partnerships can, and must, be put in place.

2.1 Principles of partnership

- Partnership is a process that must be recognised as being a fundamental part of any approach to 'Closing the Gap' in Indigenous health equality.
- Partnership must be an ongoing process of negotiation rather than just one-off consultation, and the partners must be clearly identified and their roles clearly defined.
- For partnerships to be meaningful, they must involve relevant bodies that are representative of Aboriginal and Torres Strait Islander Peoples, and they must be transparent.
- Partnership must include recognition of the power imbalances that exist between the partners, and an understanding of what effect these power imbalances have on the relationship.
- An approach that relies only on advisory boards and 'closed door' decision making is antithetical to genuine partnership.
- Partnerships for Indigenous health equality must allow Aboriginal and Torres Strait Islander communities to have an influence at all stages of the process, including the identification of issues, the development of policy solutions, and the structuring and delivery of services.
- Partnership does not involve one party independently deciding on a course of action and presenting it to the other for ratification.
- Partnership is only possible if both sides have the necessary capacity and capabilities. Capacity building of government, Aboriginal and Torres Strait Islander communities and representative bodies is an integral part of creating stronger partnerships.
- Partnership requires clarity of roles - it is accepted that different parties will have different roles within a partnership, for example, government must continue to take primary responsibility for outcomes.
- Partnership involves respect and mutual understanding between all partners. It does not involve partners making public statements or developing new initiatives independently and without having first discussed the issue with the other partners.
- Partnership should involve a process of review and evaluation, which is both qualitative and quantitative, and which assesses the partnership process as well as its outcomes.

3. Where are we now

Governments at all levels have demonstrated that they are aspiring to better engage with Aboriginal and Torres Strait Islander peoples in their efforts to 'Close the Gap' in Indigenous health equality. While not yet fully implemented, there have been some promising developments in this regard. Since the Council of Australian Governments agreed to expand the National Reform Agenda in December 2007, where all Australian governments agreed to 'a partnership between all levels of government to work with Indigenous communities to achieve the target of closing the gap on Indigenous disadvantage'^{vii}, there have been a number of landmark additions to the policy landscape.

The Commonwealth and the States agreed to an Indigenous Health National Partnership (HNP) worth \$1.6 billion over four years, with the Commonwealth contributing \$806 million and the States \$772 million. A further two new National Partnerships were agreed relating to Economic Participation (\$228.8 million - \$172.7 million Commonwealth funding and \$56.2 million state funding over five years) and Remote Service Delivery (\$291.2 million over six years).^{viii}

March 2008 saw the signing of the *Close the Gap Statement of Intent*, along with the creation of the National Indigenous Health Equality Council (NIHEC). In November 2008, COAG agreed to the *National Indigenous Reform Agreement (NIRA)*^{ix}, and the *National Integrated Strategy for Closing the Gap in Indigenous Disadvantage (NIS)*^x, which forms Schedule A to the NIRA, was adopted in July 2009.^{xi} The National Health and Hospitals Reform Commission released its final report in June 2009, a new *National Preventative Health Strategy*^{xii} was launched in September 2009, and the draft *National Primary Health Care Strategy*^{xiii} was released in October 2009.

In May 2010, the Federal Government released its response to the recommendations of the National Health and Hospital Reform Commission and the National Preventative Health Taskforce with the announcement of *A Health and Hospital Network for Australia's Future; the Building a 21st Century Primary Health Care System – Australia's First National Primary Health Care Strategy; and Taking Preventative Action – A response to 'Australia: The Healthiest Country by 2030, The Report of the National Preventative Health Taskforce'*.

However, despite these developments, there has been limited progress towards a genuine national approach to partnership. The *NIRA* and *NIS* frame the states' approaches to dealing with Indigenous disadvantage but, despite the inclusion of partnership as a principle, neither document provides a clear indication of just what this might mean and how it would be implemented. Indeed, there has been a step backwards in many respects; the language of the *National Integrated Strategy (NIS)* is distinctly less prescriptive about partnership than that of the *National Framework of Principles for Delivering Services to Indigenous Australians*,^{xiv} which was agreed to by COAG in 2004.

The *NIS* definition of partnership includes a process in which the government can “inform or provide information to interested parties generally about the policy and/or decisions taken, why they were taken and the intended benefits”.^{xv} The *NIS*, and the emerging picture of government practice generally, favours a model which gives primacy to expert advisory committees.

Whilst engagement with such groups is an important part of any approach to overcoming Indigenous disadvantage, advisory groups and “providing information” do not constitute genuine partnership. Of particular concern is that much of the current national policy on Indigenous health and wellbeing is being developed in-house. This would seem to ignore the commitments to partnership that are included in each of the policies being presented.

The *NIRA*, the *NIS*, and the relevant *National Partnership Agreements* all reaffirm governments' stated commitments to partnership. In practice, however, results fall well short of what constitutes a genuine partnership approach.

Alongside its Closing the Gap commitments, the Rudd Government has agreed to the establishment of the National Congress of Australia's First Peoples. The Congress has now been incorporated with a National Executive formed. As the key national Indigenous representative body, the Congress will look to form partnerships with Governments, the community and the private sector. Having only recently been incorporated, it is not clear at this point how the Congress is to relate to key Indigenous organisations, and the Government on issues related to Indigenous health.

4. Where do we want to get to?

The *Close the Gap National Health Equality Targets*, developed at the National Indigenous Health Equality Summit in March 2008, included a discrete partnership target. Specifically, it set the goal of enhancing “Aboriginal and Torres Strait Islander community engagement, control and participation in Indigenous health policy and program development, implementation and monitoring”^{xvi}.

Key to achieving this aim is a national framework agreement on partnership. Such an agreement would form an integral part of 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”^{xvii}, as committed to in the *Statement of Intent*. This framework agreement would outline the structure and process for partnership between:

- Indigenous people and their representative bodies
- Australian Governments (with an internal, cross sectoral dimension; and at the intergovernmental level).
- Key players in the Indigenous and non-Indigenous health sector.

This approach to partnership is based on the principles of a rights based approach. It is supported by the *United Nations Declaration on the Rights of Indigenous Peoples*^{xviii}, which the Australian Government endorsed in April 2009, and is outlined in the international guidelines on engagement with indigenous peoples jointly released in 2005 by the Australian Human Rights Commission (then the Human Rights and Equal Opportunity Commission) and the United Nations Permanent Forum on Indigenous Peoples^{xix}. These guidelines include:

- Indigenous peoples have the right to full and effective participation in decisions which directly affect their lives; and such participation shall be based on the principles of free, prior and informed consent.
- Government and the private sector should establish transparent and accountable frameworks for engagement, consultation and negotiation with indigenous people and communities, who should have the right to choose their representatives and specify decision making structures.
- Indigenous peoples and communities should be invited to participate in identifying and prioritizing objectives, as well as in establishing targets and benchmarks.
- Capacity building of indigenous communities should be supported, so that they may participate equally and meaningfully in the planning, design, negotiation, implementation, monitoring and evaluation of policies, programs and projects that affect them.

The call for a national level partnership which allows Aboriginal and Torres Strait Islander communities to have an ongoing and effective role in negotiating health policies and projects will need to be realised if Australia is to successfully close the gap. There is no doubt that it will be difficult, and will require developing new ways of working – at times involving compromise from the parties involved. It will also likely entail a process of cultural change for both sides, and it will require from each an ongoing commitment to maintaining the partnership. There must also be a preparedness to adapt in response to issues and concerns that arise as the partnership progresses.

Despite the challenges, there are a number of promising examples at a state and regional level—such as the Victorian Advisory Council of Koori Health (VACKH), and the Northern Territory Aboriginal Health Forum (NTAHF) that can inform a national level partnership. These each bring together representatives of the NACCHO state affiliate, the state government and the federal governments, to form a state level body which is charged with coordinating and improving health service delivery to Aboriginal and Torres Strait Islander People in those states.

In the case of Victoria, the Aboriginal Community Controlled Health Sector (represented by VACCHO) was actively engaged with the Commonwealth (represented by DoHA) and the state (represented by the Department of Human Services) in developing the Implementation Plan for the *NPA on Closing the Gap in Indigenous Health Outcomes*. A 'Closing the Gap subcommittee' of VACKH has been formed, which also includes the Department of Health and General Practice Victoria, to oversee the planning, governance, coordination, monitoring and evaluation of the Implementation Plan.

5. What might partnership structures look like at different levels?

Partnership structures, as with formally constituted boards, should be guided not only by the principles of partnership outlined in section 2.1, but by the (Nolan Committee) principles^{xx} on public life as adapted by the Steering Committee for the National Representative Body consultations – selflessness, integrity, objectivity, accountability, openness, honesty, leadership, and behaviour.

5.1 National

Partnership at a national level needs to involve structures and processes which allow Aboriginal and Torres Strait Islander communities to have a direct influence on the identification of key policy areas, on the development of policy, and on the design of service provision. Such a partnership should be central to the decision making structure and process, rather than peripheral to it, and must involve a broad-based engagement with government.

This would involve the development of a national framework agreement to secure the appropriate engagement of Aboriginal and Torres Strait Islander Peoples and their representative bodies in the design and delivery of accessible, culturally appropriate and quality primary health care services; and mean that nationally agreed frameworks exist to secure the appropriate engagement of Aboriginal and Torres Strait Islander Peoples in the design and delivery of secondary care services.^{xxi}

As noted by the Close the Gap Steering Committee, the partners to the Statement of Intent, particularly the Indigenous peak bodies, NACCHO, AIDA, CATSIN, IDAA, AIPA, as well as the National Aboriginal and Torres Strait Islander Health Workers Associations, Indigenous Allied Health Australia, and Indigenous Dentists' Association of Australia are logical candidates for national partnership.^{xxii} In relation to this it is important to recognise that peak bodies, such as NACCHO and affiliates have representatives elected from communities and are, in that sense, well placed to be partners in any overall approach.^{xxiii} In that regard, a national Framework Agreement is yet to be established between NACCHO and the Government. This Agreement is needed as it would ensure national level policy is responsive to Aboriginal Community Controlled Health Services – key providers of primary health care to the Aboriginal community.

5.2 State/Territory

There should be more consistency between states in the structures and processes of partnership than is currently the case. Partnership at a state and territory level could build on the state models discussed

Partners could involve the Commonwealth, the State, the Aboriginal Community Controlled Health Sector, and the peak state health bodies. The state partnership body would have a key role with the implementation of the National Partnership Agreements, including in the development of policy settings, negotiation of a framework for the distribution of Commonwealth and State funding, and effective monitoring of progress. The body would assist regional health partnerships in order to promote consistency of service delivery quality and outcomes.

5.3 Regional/Local

Given the enormous diversity that exists between regions across the country it is likely that partnership models at this level will involve a variety of approaches. Indeed, the ability of regional partnership models to be adaptable to local context is one of their great strengths. Given the push toward regionalisation of health care that is evident in the recent reforms, it is also likely that partnerships at a regional level will play an extremely important role in shaping the delivery of health services.

While maintaining a diversity of approaches, partnership models at a regional level should be more clearly defined than they are currently. This clarity should apply to the identification of partners and to the allocation of responsibilities, as well as to the demarcation of regional authority boundaries. It is also important to have consistency and coordination of regional approaches to partnership. However, this should not stifle responsiveness to regional/local needs, and should maintain the flexibility to adapt to changing circumstances.

Partnership at a regional level might involve local hospitals, the regional ACCHO, Community Health Services, General Practitioners (and their representative bodies if appropriate), and representatives of the state health department and the state OATSIH branch. At a local level the partners would involve individual Aboriginal Community Controlled Health Sector Services and their local primary health providers. The regional partnership bodies could act in a funds-holding capacity, and be responsible for the planning and delivery of health services within that region.

6. Next steps?

The task now is to define the structures and processes, building on existing successful arrangements around the country, that turn the principles of genuine partnership outlined in this paper into a practical reality. The following steps provide pointers for further discussion and resolution.

- Define where partnerships might operate (e.g. national, state, service/region level) and what policies, processes and agreements are planned or currently operating at each level.
- Identify the partners at each level and ensure they are engaged at the start of any partnership discussions. For example, nationally - the Department of Health and Aging, National Aboriginal Community Controlled Health Organisation, Indigenous health professional bodies, National Congress of Australia's First People, the National Indigenous Health Equality Council, the Close the Gap Steering Committee etc.
- Agree on the goals of partnership and identify and resolve difficulties. For example, working in partnership may require the partners to change the way they or their organisations work and do business.
- Clarify what each partner brings to the partnership and what this means for the structure. For example, government will bring funding and a responsibility to be accountable for the expenditure of these funds and the outcomes. This must be transparent and expenditure and associated outcomes reported to the partnership.
- Establish agreed partnership principles and operating rules. Partners have responsibilities within and to the partnership that will need to be agreed and documented. Principles on how communication is to be managed and maintained, what kinds of decisions are to be made in partnership and what will be made by individual partners, and the operating rules for engaging with others will need to be developed (e.g. "no surprises", engagement in the development of all new initiatives).
- Establish partnership accountability, and monitoring and evaluation frameworks.
- Moving forward: the aim of the Close the Gap-*Making It Happen* Workshop is to define a process, timeframe and the structures needed to enable partnership.

7. Conclusion

Government has committed to working in partnership with Aboriginal and Torres Strait Islander Peoples in order to ‘Close the Gap’ in Indigenous health equality. The formation of this ‘new partnership’ was foreshadowed in the Prime Minister’s Apology to Australia’s Indigenous Peoples, and its importance has been acknowledged in each of the major policy developments since then. There is a realisation that Indigenous health equality cannot be solved with a ‘business as usual’ approach – there must be a fundamental change in the way in which Indigenous health issues are addressed.

It is clear that government is aspiring to better engage with Indigenous Australians, and there have been some promising developments towards this end. There is still, however, a failure to engage in genuine partnership, particularly at a national level. While there are some positive developments in state jurisdictions, much more needs to be done to realise the commitments to partnership.

Policy decisions are still being made without proper negotiation with Indigenous communities. A comprehensive, long-term national plan of action to achieve Indigenous health equality must not only be based on the principles of genuine partnership, but must itself be developed in partnership with Aboriginal and Torres Strait Islander Peoples.

Partnership means ensuring that Aboriginal and Torres Strait Islander Peoples have a genuine influence in determining issues, shaping policy, and delivering services. It means acknowledging the power imbalance that is inherent in this particular relationship, and ensuring that all parties have the capacity to engage effectively. It means working together over time to negotiate outcomes, and to maintain the vitality of the partnership.

The time has come to build a genuine partnership between government and Aboriginal and Torres Strait Islander Peoples. Without this, the nation will simply not meet its’ commitments to close the gap.



Endnotes

ⁱ Commonwealth of Australia, Parliamentary Debates, House of Representatives, 13 February 2008, p167 (The Hon Kevin Rudd MP, Prime Minister)

ⁱⁱ Council of Australian Governments, Communiqué, 20 December 2007, p2. Available online at: http://www.coag.gov.au/coag_meeting_outcomes/2007-12-20/index.cfm

ⁱⁱⁱ *ibid.*, p3

^{iv} Close the Gap Statement of Intent (signed at the Indigenous Health Equality Summit, Canberra, 20 March 2008). Available online at: www.humanrights.gov.au/social_justice/health/statement_intent.html

^v Council of Australian Governments, National Integrated Strategy for Closing the Gap in Indigenous Disadvantage, 2 July 2009. Available online at: http://www.coag.gov.au/coag_meeting_outcomes/2009-07-02/index.cfm

^{vi} Commonwealth of Australia, Parliamentary Debates, House of Representatives, 13 February 2008, p167 (The Hon Kevin Rudd MP, Prime Minister)

^{vii} Council of Australian Governments, Communiqué – 20 December 2007. At http://www.coag.gov.au/coag_meeting_outcomes/2007-12-20/index.cfm (viewed 28 January 2009).

^{viii} Council of Australian Governments, Communiqué – 29 November 2008. At http://www.coag.gov.au/coag_meeting_outcomes/2008-11-29/index.cfm (viewed 29 January 2009).

^{ix} Council of Australian Governments, National Indigenous Reform Agreement, 2 July 2009. Available online at: http://www.coag.gov.au/coag_meeting_outcomes/2009-07-02/index.cfm

^x National Integrated Strategy for Closing the Gap in Indigenous Disadvantage, *op. cit.*

^{xi} National Health and Hospitals Reform Commission, A healthier future for all Australians – Final Report June 2009. Available online at: <http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report>

^{xii} National Preventative Health Taskforce, Australia: the healthiest country by 2020 – National Preventative Health Strategy, Commonwealth of Australia, 30 June 2009. Available online at: <http://yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/NPHS>

^{xiii} Department of Health and Ageing, Building a 21st century Primary Health Care system: a draft of Australia's first national Primary Health Care Strategy,

Commonwealth of Australia, October 2009. Available online at: <http://yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nphc-draft-report-toc>

^{xiv} Council of Australian Governments, Communiqué (Attachment B), 25 June 2004. Available online at http://www.coag.gov.au/coag_meeting_outcomes/2004-06-25/docs/attachments_b.rtf

^{xv} National Integrated Strategy for Closing the Gap in Indigenous Disadvantage, *op. cit.*, p7

^{xvi} Aboriginal and Torres Strait Islander Social Justice Commissioner and the Steering Committee for Indigenous Health Equality, National Indigenous Health Equality Targets, Human Rights and Equal Opportunity Commission, 2008, p22. Available online at: http://www.humanrights.gov.au/social_justice/health/targets/index.html

^{xvii} Close the Gap Statement of Intent, *op. cit.*, Commitments

^{xviii} United Nations General Assembly, United Nations Declaration on the Rights of Indigenous Peoples, A/RES/61/295, 13 September 2007. Available online at: <http://un.org/esa/socdev/unpfii/en/declaration.html>

^{xix} Human Rights and Equal Opportunity Commission and United Nations Permanent Forum on Indigenous Issues, Engaging the marginalised: Partnerships between Indigenous Peoples, governments and civil society, (Report of the United Nations workshop 2005, International conference on engaging communities, Brisbane, Australia 15 August 2005). Available online at: http://humanrights.gov.au/social_justice/conference/engaging_communities/sjr-unws-bw.pdf

^{xx} Australian Human Rights Commission, 2009 Our future in our hands – Creating a sustainable National Representative Body for Aboriginal and Torres Strait Islander peoples, (Report of the Steering Committee for the creation of a new National Representative Body), 2009, pp53,54

^{xxi} Aboriginal and Torres Strait Islander Social Justice Commissioner and the Close the Gap Steering Committee for Indigenous Health Equality for Indigenous Health Equality for Indigenous Health Equality National Indigenous Health Equality Targets, Human Rights and Equal Opportunity Commission, Sydney, 2008., p22. Available online at: http://humanrights.gov.au/social_justice/health/targets/index.html

^{xxii} Close the Gap Steering Committee, 2008, Partnership in Action: What is required to close the Indigenous health equality gap by 2030?

^{xxiii} *Ibid*