

Committee Secretary Senate Legal and Constitutional Affairs Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

**Re: Submission to the Legal and Constitutional Affairs References Committee on the Application of the United Nations Declaration on the Rights of Indigenous Peoples in Australia (UNDRIP)**

The Australian Indigenous Doctors' Association (AIDA) makes the following submission to the 2022 inquiry of the application of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) in Australia. AIDA is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students. Our purpose is to support the growth of the Aboriginal and Torres Strait Islander medical workforce, and to advocate for better health outcomes for Aboriginal and Torres Strait Islander peoples. We also strive to create a health system that is culturally safe, high quality, reflective of need, and respectful of Aboriginal and Torres Strait Islander cultural values. Our submission therefore focuses on self-determination and the application of UNDRIP in relation to Indigenous health, self-determination as it pertains to aspirations to become a doctor, as well as self-determination in accessing health care.

Self-determination is central to the provision of culturally safe and equitable healthcare and should be the cornerstone of any policies relating to the health and wellbeing of Aboriginal and Torres Strait Islander peoples.<sup>1</sup> For the Australian government to fully commit to the principles of UNDRIP, it needs to acknowledge the implications of the pervasive institutionalised and systemic nature of racism, colonialism and dispossession of Aboriginal and Torres Strait Islander people, and give Indigenous people equal rights by supporting Aboriginal and Torres Strait Islander community leadership and self-determination. This is critical within all areas of human service delivery, but especially with respect to healthcare.

Self-determination in a health context includes the ability for every individual to decide the nature of healthcare they receive. For Aboriginal and Torres Strait Islander people, this includes the choice to see a doctor from their own culture, as well as access mainstream services in a culturally safe way. On the other hand, it is also reflected in the ability for someone to aspire to become a doctor, and realistically be able to do so at a parity rate to the general population. Aboriginal and Torres Strait Islander people face significant structural barriers at every stage of the education and training continuum to become a doctor. This includes racism and a lack of culturally safe training and work environments,<sup>2</sup> and means that the number

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<sup>1</sup> Commonwealth of Australia 2017. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing. Canberra: Department of the Prime Minister and Cabinet, 3.

<sup>2</sup> For more information about the barriers and pathways into medicine, please see our *Journeys into Medicine* publications available at: [Journeys-final-version.pdf \(aida.org.au\)](https://aida.org.au/journeys-final-version.pdf) and [AIDA-Journeys-into-Medicine-volume-2 WEB-VERSION.pdf](https://aida.org.au/aida-journeys-into-medicine-volume-2-web-version.pdf)

of Aboriginal and Torres Strait Islander doctors is still well below population parity.<sup>3</sup> This needs to change to ensure equitable outcomes for Aboriginal and Torres Strait Islander people.

### **Indigenous Health & Cultural Safety: UNDRIP Articles 21, 23, 24**

UNDRIP cannot be fully endorsed and adhered to without a recognition of the social and cultural factors that determine and contribute to the health and wellbeing of all Aboriginal and Torres Strait Islander peoples. ‘Social determinants of health’ broadly refers to the circumstances in which people live, grow, work, and age. This can also include housing, employment, education, general access to services, and environmental factors. For Aboriginal and Torres Strait Islander peoples, this definition should connect with a strengths-based approach and be further expanded to include cultural factors including identity, ceremonial activities, and family, as well as the relationship to Country and community.<sup>4</sup> These cultural determinants are vitally important for the health and wellbeing of Aboriginal and Torres Strait Islander people and one of the key ways to incorporate these is through the provision of culturally safe healthcare.

Racism is a key determinant of health for Aboriginal and Torres Strait Islander peoples, and is a stressor associated with a decline in mental, emotional, spiritual, and cultural health. This makes cultural safety in health care paramount. Cultural safety encapsulates the delivery of safe services, interactions, and relationships, as defined by Aboriginal and Torres Strait Islander peoples.<sup>5</sup> This safe environment is free of racism or any action which “diminishes, demeans or disempowers the cultural identity and wellbeing of an individual”.<sup>6</sup> Aboriginal and Torres Strait Islander peoples are more likely to attend and experience better outcomes from health practitioners and services that understand the importance of cultural difference and cultural safety.<sup>7</sup> To be culturally safe, practitioners need to undertake a process of understanding their own perceptions, biases, and assumptions, which requires them to commence critical self-reflection to immediately embed and apply learnings in clinical practice.<sup>8</sup> Addressing these issues and ensuring cultural safety is embedded into healthcare is critical for the adherence to the principles of UNDRIP, and to ensure equitable health outcomes for Aboriginal and Torres Strait Islander people.

Strengthening cultural safety is crucial to, and consistent with UNDRIP, and as such any programs or initiatives should be developed and led by Aboriginal and Torres Strait Islander organisations and individuals, with sufficient government support. This needs to guarantee Aboriginal and Torres Strait

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<sup>3</sup> Australian Health Practitioner Regulation Agency (Ahpra), Aboriginal and Torres Strait Islander Health Practice Board of Australia, *National Registration and Accreditation Scheme – Registrant Data March 2022*, published 31 March 2022, available at: [Aboriginal and Torres Strait Islander Health Practice Board of Australia - Statistics \(atsihealthpracticeboard.gov.au\)](https://atsihealthpracticeboard.gov.au)

<sup>4</sup> William Fogarty et al., “Deficit Discourse and Strengths-Based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing” (Melbourne: The Lowitja Institute, 2018), <https://www.lowitja.org.au/page/services/resources/health-policy-and-systems/health-policy/deficit-discourse-strengths-based>

<sup>5</sup> National Aboriginal and Torres Strait Islander Health Workers Association, “Cultural Safety Framework,” 2016, [https://www.naatsihwp.org.au/sites/default/files/natsihwa-cultural\\_safety-framework\\_summary.pdf](https://www.naatsihwp.org.au/sites/default/files/natsihwa-cultural_safety-framework_summary.pdf)

<sup>6</sup> “Cultural Safety in Health Care for Indigenous Australians: Monitoring Framework, Monitoring Framework,” Australian Institute of Health and Welfare, April 2021, <https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/background-material>

<sup>7</sup> “Culturally Safe Health Care for Indigenous Australians,” Australian Institute of Health and Welfare, accessed July 5, 2021, <https://www.aihw.gov.au/reports/australias-health/culturally-safe-healthcare-indigenous-australians>.

<sup>8</sup> Australian Indigenous Doctors’ Association, ‘Position Statement – Cultural Safety’. Released 28 September 2021, Available at [AIDA-Position-Paper-Cultural-Safety-Final-28-September-Word.pdf](https://www.aiddoctors.org.au/position-statement-cultural-safety). Accessed 27 May 2022.

Islander leadership and co-design at all stages of decision-making processes, including: design, delivery and evaluation of any policies, programs, and services relating to the health and wellbeing of Indigenous people. This is directly related to Articles 21, 23, and 24 of the Declaration, and needs to be committed to in full. Article 21 of UNDRIP refers to the principles and importance of self-determination, stating that “[I]ndigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions”.<sup>9</sup>

#### **Terms of Reference (TOR) ‘g’ and ‘i’: in the Aboriginal and Torres Strait Islander Health context**

- ***g) the track record of Australian Government efforts to improve adherence to the principles of UNDRIP***

The Australian Government has committed to work towards the implementation of UNDRIP on the international stage but is yet to embed these principles effectively into Australian law and practice. The closest thing the Australian Government has done to embedding UNDRIP been to release the [National Agreement on Closing the Gap 2020-2030](#) (National Agreement). This is a binding agreement made between the Australian Government and a vast coalition of Aboriginal and Torres Strait Islander peak bodies, with four clearly identified Priority Reforms and 17 Socio-economic Targets.<sup>10</sup> Priority Reform Two of this agreement is directly related to Articles 3, 5, 20, 23, 34 and 39 of UNDRIP. This reform emphasises building the community-controlled sector, and in a health context this means giving primacy to the Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs) to address the social and cultural determinants of health in ways that privilege their own doing and being.

To support health and life outcomes of Aboriginal and Torres Strait Islander people, the Australian Government endorsed the following ten-year strategies: the [National Aboriginal and Torres Strait Islander Health Plan 2021-2031](#), the [National Medical Workforce Strategy 2021-2031](#), and the [Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031](#). The Health Plan is a particularly strong example of Indigenous co-design and leadership, with defined mechanisms for accountability. To improve adherence to UNDRIP, the Australian Government must commit to adequately funding and resourcing each of these plans developed in partnership with Aboriginal and Torres Strait Islander organisations. Self-determination cannot be realised without provision of resources to deliver the reforms and changes identify as necessary by the Community.

- ***i) the current and historical systemic and other aspects to take into consideration regarding the rights of First Nations people in Australia***

The historical, systemic nature of colonialism and dispossession of Aboriginal and Torres Strait Islander people must be acknowledged and deliberately deconstructed, as this directly contributes to inequitable health outcomes.<sup>11</sup> Aboriginal and Torres Strait Islander health can be characterised as the intersection

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<sup>9</sup> “United Nations Declaration on the Rights of Indigenous Peoples | United Nations For Indigenous Peoples.”

<sup>10</sup> ‘Priority Reforms | Closing the Gap’, accessed 17 May 2022, <https://www.closingthegap.gov.au/national-agreement/priority-reforms>.

<sup>11</sup> Pat Dudgeon et al., ‘We Are Not the Problem, We Are Part of the Solution: Indigenous Lived Experience Project Report’ (Crawley, WA: The University of Western Australia, November 2018).

between the physical, emotional, social, and cultural wellbeing “of the whole community in which each individual is able to achieve their full potential thereby bringing about the total wellbeing of their community”.<sup>12</sup> It is critical that any discussions around the adoption of UNDRIP and the rights of Aboriginal and Torres Strait Islander people incorporate the social and cultural determinants of health, while also acknowledging the pervasive and ongoing impacts of colonisation and institutionalised racism.<sup>13</sup> It is also critical that these discussions do not deflate the scope and enormity of issues, but also do not perpetuate a deficit discourse.<sup>14</sup>

To correct the current and historical systemic issues facing Aboriginal and Torres Strait Islander people accessing healthcare, embedding cultural safety across the entire human service system is required.<sup>15</sup> Adequate funding for ACCOs and ACCHOs to deliver the ten-year strategies outlined on page three of this submission will ensure progress is made against this. Equally critical to ensuring self-determination in access of healthcare is unblocking barriers in the whole medical training continuum to ensure parity populations of Indigenous doctors graduate and thrive in their medical careers. However, the Australian Government must also ensure mainstream healthcare is delivered in a culturally safe way, as self-determination reserves the right for Aboriginal and Torres Strait Islander people to attend whatever health services they choose – not just ACCOs or ACCHOs. Patient-centred, holistic healthcare must be central to the treatment of Aboriginal and Torres Strait Islander patients to best ensure a culturally safe approach to healthcare, and to ensure the health gaps between Indigenous and non-Indigenous people are closed.<sup>16</sup>

#### **To improve adherence to UNDRIP in terms of Indigenous health, AIDA recommends the Australian Government:**

- Identify and dismantle structural barriers to achieving Indigenous medical workforce to population parity, to better enable self-determination of Aboriginal and Torres Strait Islander people.
- Enforce a minimum standard of Cultural Safety training for all health workers and education providers, with any cultural safety programs to be designed and delivered by Aboriginal and/or Torres Strait Islander people.
- Fully fund implementation of the *National Agreement on Closing the Gap 2020*, the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*, the *National Medical Workforce Strategy 2021-2031*, and the *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* recognising their development and co-production with Aboriginal and Torres Strait Islander health leaders.
- Embed Aboriginal and Torres Strait Islander leadership at all stages, including the design, delivery, and evaluation of any policies, programs, and services relating to the health and wellbeing of Indigenous people.

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<sup>12</sup> The National Aboriginal Community Controlled Health Organisation, “Constitution for the National Aboriginal Community Controlled Health Organisation” (NACCHO, 2011), 12.

<sup>13</sup> Yin Paradies, “Colonisation, Racism and Indigenous Health,” *Journal of Population Research* 33, no. 1 (March 1, 2016): 83–96.

<sup>14</sup> Fogarty et al., “Deficit Discourse and Strengths-Based Approaches.”

<sup>15</sup> Australian Indigenous Doctors’ Association, ‘Position Statement – Cultural Safety’. Released 28 September 2021, Available at [AIDA-Position-Paper-Cultural-Safety-Final-28-September-Word.pdf](#). Accessed 27 May 2022.

<sup>16</sup> Council of Australian Government and Coalition of Peaks, “National Agreement of Closing the Gap.” Available at [National Agreement on Closing the Gap | Closing the Gap](#), accessed 2 June 2022.



Thank you for the opportunity to provide feedback on the importance of UNDRIP and how the goals can be achieved in synergy with existing strategies to improve the health and wellbeing of all Aboriginal and Torres Strait Islander people.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Tanya Schramm', with a long horizontal line extending to the left.

Dr Tanya Schramm  
President

23 June 2022