Differences in wellbeing across Australia for Aboriginal and Torres Strait Islander populations

GLOSSARY

Australian Bureau of Statistics (ABS): the government agency responsible for collecting data about the population. The ABS run a national census every four years.

Australian Institute of Health and Welfare (AIHW): the government agency that collates health data and statistics to improve government policy.

determinant: a category of measurement, or a criterion.

self-determination: the right of all people to be able to choose their political status and develop their lives socially, culturally and economically; the ability to control one's own life, for example, though involvement in creating government policy.

sovereignty: the complete power and right/authority a 'state' (government/nation/country) has to govern itself and its territory, without any interference from outside sources.

United Nations Permanent Forum on Indigenous Issues (UNPFII): the United Nations body responsible for discussing concerns and rights relating to Indigenous peoples.

The Wound

The 2016 Australian Census showed there were 798,400 Aboriginal and Torres Strait Islander people, comprising 3.3 per cent of the total Australian population.

For many Aboriginal and Torres Strait Islander people, health and wellbeing are linked to the wider health and wellbeing of community and Country. However, health and welfare services have ignored this central, fundamental aspect of Indigenous culture.

In the past, Aboriginal and Torres Strait Islander people have experienced additional suffering when subjected to colonial health and welfare policies. For example, governments have justified the Stolen Generation as aiming to improve individual children's access to the English language, education and employment. However, the effect on survivors' wellbeing has been profoundly negative, contributing to intergenerational trauma and resulting in worse outcomes for health and welfare indicators today.

Consequently, history shows when decisions are made for Indigenous communities by non-Indigenous 'experts', wellbeing can worsen. Western ideas around health and wellbeing tend to focus on 'absence of illness'. For Aboriginal and Torres Strait Islander Peoples, the definition of health is far more holistic; it includes community and Country as well as positive wellbeing in individuals. It's social, emotional and cultural wellbeing as well as the 'health' of the land itself. As a result of this difference, it's very important that Indigenous communities are in control of the way that health and welfare services are delivered.

Self-determination and **sovereignty** are key to improving health outcomes in Indigenous communities.

In a 2007 speech on the topic, the Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, stated that "recognising Indigenous peoples' right to self-determination supports communities to regain control of their lives, including through the maintenance of traditional cultures, [and] it can be understood as having positive health impacts".

Our History

What's wellbeing?

Wellbeing was defined by the **Australian Bureau of Statistics (ABS)** as "a state of health or sufficiency in all aspects of life" (ABS 2001). It's a useful idea because it tries to gain a picture of the whole situation of a person, rather than just isolated facts about them. For example, a person who's poorly educated and wealthy will likely have a very different wellbeing compared to someone who's poorly educated and homeless.

Schools and other organisations or bodies that are responsible for communities often refer to 'individual wellbeing', and they provide services or run programs aimed at individuals to help improve their personal sense of wellbeing.

While some individuals in a community may be happy and healthy, others may be experiencing poor health, sadness, anger or other emotions. There might be outside influences or factors that are worsening the wellbeing of a community overall. Therefore, the concept of wellbeing is sometimes used as a way of measuring how well a specific community is doing compared to others.

Data about wellbeing is often collected through surveys of individuals, seeking information about their health and personal sense of wellbeing.

How's wellbeing measured?

There are many health, welfare, education and other organisations concerned with wellbeing. They gather data to educate themselves on how to change or improve the way they deliver wellbeing services.

The types of areas that wellbeing surveys might focus on include a range of mental health issues. For example, the social and emotional wellbeing model has eight domains that include psychological distress, the impact of psychological distress, positive wellbeing and anger.

As wellbeing is measured in a range of different ways it can be difficult to compare statistics and data gathered about different groups over different times. It's a very complex area due to several factors:

- Terms and words used to define wellbeing may be interpreted differently by individuals, such as their personal concepts of happiness or what are appropriate anger levels.

- Different categories are needed for different people, communities and locations. For example, an elderly person's definition of acceptable health would likely differ from a young person's definition. In one community, access to water might be an important factor for wellbeing. For another community that has ample access to fresh, clean water, it might not be considered something of value or a priority at all.

- Different communities have different values about what's important. A wealthy person who's less wealthy than their neighbours might report a lower sense of personal satisfaction about their life than someone much poorer but who's wealthier than many of their own neighbours.

In summary, the concept of wellbeing can be highly subjective, which means that it depends on the ideas of the individual. It cannot be measured easily or compared easily. Ideally, subjective ideas of wellbeing need to be combined with objective or statistically measurable factors of wellbeing to gain an accurate picture of a community's whole sense of wellbeing.

How do governments and organisations aim to increase a whole community's wellbeing?

Governments can implement policies or strategies that aim to increase a whole community's wellbeing. These can be highly successful as they respond to concerns or statistical evidence of problems and issues.

For example, one initiative of the government's Closing the Gap policy is to make four-year-old kindergarten free for all Aboriginal and Torres Strait Islander children. This helps prepare children for school, making ongoing education success more likely and increasing their wellbeing in the long run.

There may be negative consequences or side effects that can worsen another aspect of the community's wellbeing. For example, people living in an outer suburb might indicate that having a car is an important factor in their sense of wellbeing, because there's a lack of public transport. If the government provides ways for people to purchase or loan cars more cheaply, such as lowering interest rates, then those communities may end up having traffic congestion which impacts heavily on their daily life, therefore worsening their wellbeing.

Another issue is the idea of linking wellbeing to higher income levels. Generally, the more money a person has, the more likely they are to experience improved wellbeing. However, increase in income can lead to higher consumption of goods and services. Individuals might experience personal dissatisfaction that they cannot consume at the rate that they want. Higher consumption of goods can also have costs to the environment, as it's linked to increased pollution, emissions and waste, therefore wellbeing is likely to decrease.

How might Aboriginal and Torres Strait Islander people's concepts of wellbeing differ to non-Indigenous Australians

The history of colonisation, violence, displacement and loss of culture that has negatively impacted on Indigenous communities is evident through measurable, objective statistics that show a 'gap' between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. This 'gap' is clear in many aspects of life, including quality of health, levels of education, rate of incarceration or imprisonment and life expectancy.

However, while Aboriginal and Torres Strait Islander people may have poorer outcomes in these areas, 'improving' them does not necessarily guarantee a better sense of wellbeing. **Self-determination** allows the 'experts of their own experiences' decide what is right for them. As different individuals and communities might have different ideas about what makes a good or positive wellbeing, it's important to consider the specific ideas and concepts that may generally influence Indigenous communities. Consequently, tracking and measuring a holistic sense of wellbeing is an important indicator of whether the 'gap' is closing.

As a result, specific concepts or **determinants** of Aboriginal and Torres Strait Islander peoples' wellbeing have been developed by government agencies in consultation with Indigenous communities. However, to add a complication, these differ depending on the organisation. The ABS included the following:

- Culture, heritage and leisure.
- Family, kinship and community.
- Health.
- Education, learning and skills.
- Customary, voluntary and paid work.
- Income and economic resources.
- Housing, infrastructure and services.
- Law and justice.
- Citizenship and governance.

The government's *Overcoming Indigenous disadvantage: key indicators 2014* report included the following indicators around culture and wellbeing:

- Valuing Indigenous Australians and their cultures.
- Participation in decision making.
- Engagement with services.
- Indigenous language revitalisation and maintenance.
- Indigenous cultural studies.
- Participation in community activities.
- Access to traditional lands and waters.
- Community functioning.

There's disagreement and uncertainty about whether improvements in health, education and employment can be linked to increased wellbeing in Indigenous communities. For example, to gain increased education and employment opportunities, people from remote areas might need to relocate to cities. While living in the city, they may experience lower wellbeing due to disconnection from family, kinship networks, language and Country. Alternatively, Aboriginal and Torres Strait Islander communities in the city, who have established kinship networks there, may emphasise different factors in their sense of wellbeing.

Internationally, it has been recognised that Indigenous communities often have different, shared concepts of wellbeing when compared to non-Indigenous communities in their countries. The **United Nations Permanent Forum on Indigenous Issues (UNPFII)** developed a framework in 2008 that included indicators of wellbeing such as control of lands, and the protection of traditional and customary practices.

How has Aboriginal and Torres Strait Islander wellbeing been tracked and measured in Australia?

The 1971 Australian Census was the first time that national statistics about Aboriginal and Torres Strait Islander people was able to be collected and analysed, allowing an understanding of the social situation of Indigenous citizens. This enabled clear and obvious evidence of the inequality that Aboriginal and Torres Strait Islander peoples face when compared to non-Indigenous Australians. Since the 1990s there have been several major government initiatives, strategies and research projects that focus on collecting information to inform policies addressing this challenge.

Over the past 15 or so years, the ABS has been conducting regular highly detailed surveys on the health and welfare of Indigenous communities. This page explains how they have been conducted and structured: https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4454DD168187E303CA257C2F00146279?opendocument.

The ABS also produced the *Framework for measuring wellbeing: Aboriginal and Torres Strait Islander peoples, 2010* https://www.abs.gov.au/ausstats/abs@.nsf/mf/4703.0.

The **Australian Institute of Health and Welfare (AIHW)** is a government organisation that collates health data and statistics and has produced many relevant reports. An overview of research is located on this page: https://www.aihw.gov.au/reports-data/health-welfare-overview.

In 2009, the AIHW produced a report *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples*. In the report, they identified that there are important factors that must be considered when addressing Indigenous wellbeing, such as: mental health, life stressors, removal from family, discrimination and cultural identification.

This data and information are used to shape initiatives that address inequality. The range of initiatives across the government's different departments are summarised every two to three years in the Commonwealth Government's *Overcoming Indigenous disadvantage* report, which measures wellbeing factors. The 2014 fact sheet is here: https://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/2014/oid-2014-factsheet2.pdf.

The peak policy aimed at addressing inequality related to Aboriginal and Torres Strait Islander peoples is run from the Department of Prime Minister and Cabinet. It consists of around six Closing the Gap targets, created in 2009. To what extent do you think these relate to specific Aboriginal and Torres Strait Islander peoples' determinants of wellbeing?

1. Close the life expectancy gap within a generation (by 2031).
2. Halve the gap in mortality rates for Aboriginal and Torres Strait Islander children under five within a decade (by 2018).
3. Ensure access to early childhood education for all Indigenous four-years-old's in remote communities within five years (by 2013).
4. Halve the gap in reading, writing and numeracy achievements for children within a decade (by 2018).
5. Halve the gap for Indigenous students in Year 12 attainment or equivalent attainment rates by 2020.
6. Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018).

Whilst the Closing the Gap policy (not to be confused with Oxfam's Close the Gap campaign) attempts to address and improve wellbeing factors, it's been criticised for focusing on the government's needs, rather than what Indigenous people might aspire to, and makes little use of community input.

Sources

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