



Indigenist Critical Policy Analysis: an adaption of CTA into the Australian context

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Alye Wright is a self-taught artist known for creating contemporary Aboriginal art. She is a proud Gamarlari, Dunghetti and Yuin woman, currently working and living on Gadigal country (Sydney).

During the COVID lockdowns, she reignited her love for painting and started to create large scale acrylic artworks. Most of her paintings utilise symbols and reoccurring patterns to tell a unique story.

This is the first she has explored digital art and created more structured graphics. The symbols have been specifically crafted to tell the visual story of Natalie's studies and reflect the five phases that make up the Indigenist Critical Policy Analysis.

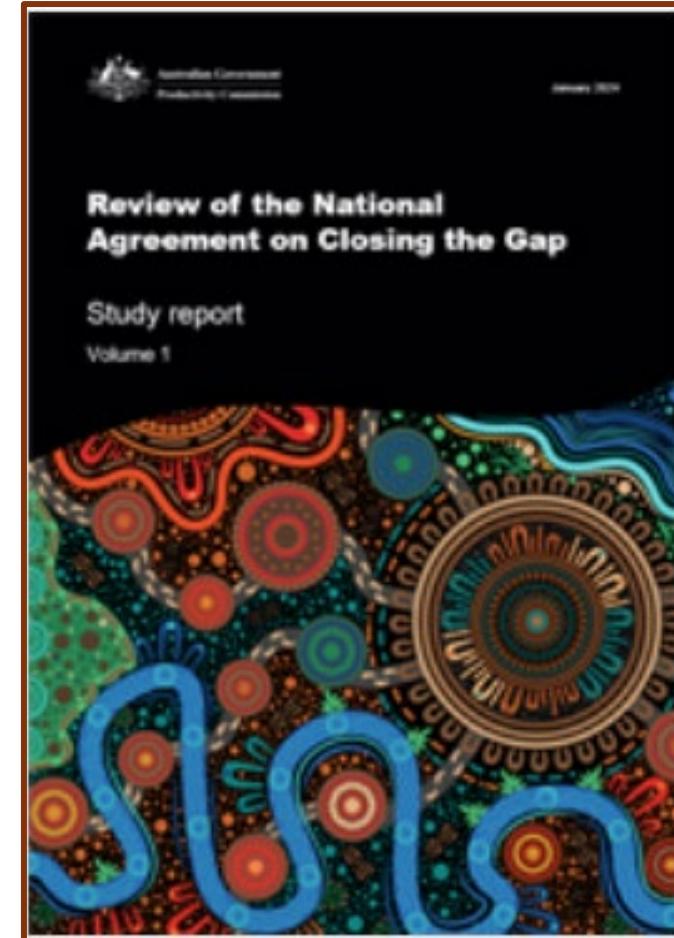


What to expect from this presentation

- Who am I and the Australian context
- From Critical Tiriti Analysis to Indigenist Critical Policy Analysis
- Worked example: The National Health and Hospitals Reform Commission – the recommendation to establish a National Aboriginal and Torres Strait Islander Health Authority.

Why do we need a different approach to policy analysis?

Productivity Commission - *"It is too easy to find examples of government decisions that contradict commitments in the Agreement, that do not reflect Aboriginal and Torres Strait Islander people's priorities and perspectives and that exacerbate, rather than remedy, disadvantage and discrimination."* (<https://theconversation.com/governments-are-failing-to-share-decision-making-with-indigenous-people-productivity-commission-finds-210392>)



Adapting CTA

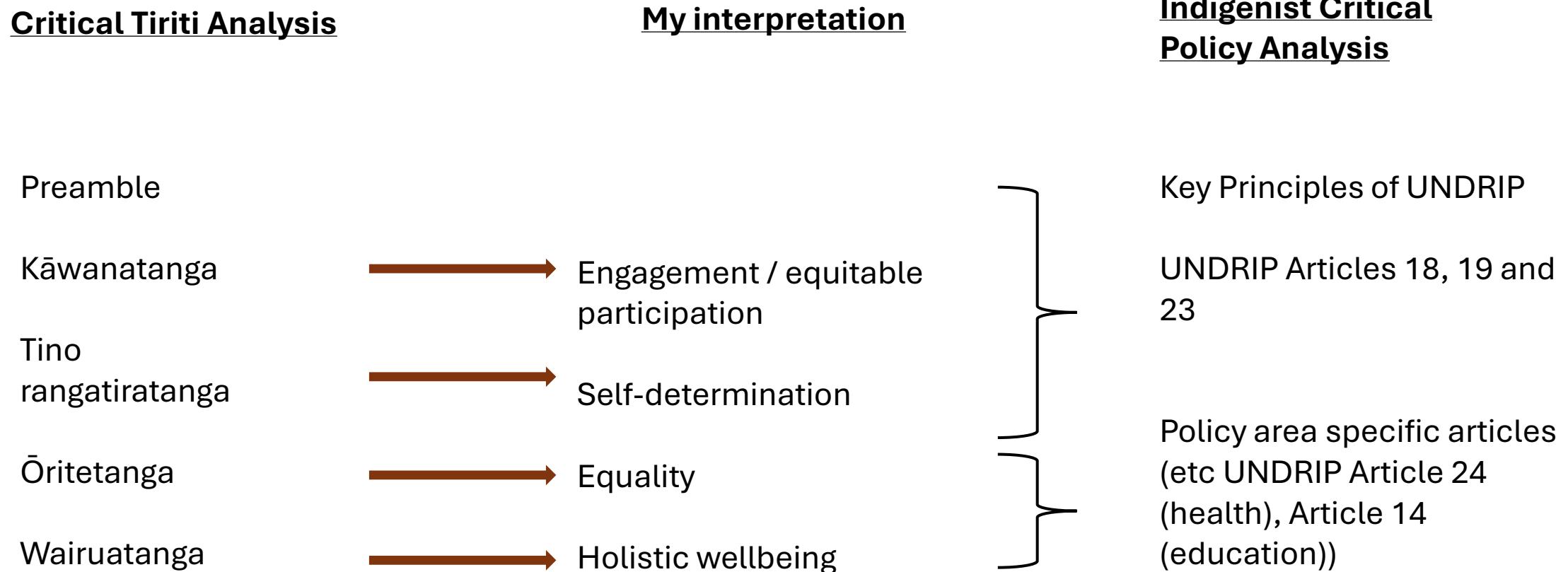
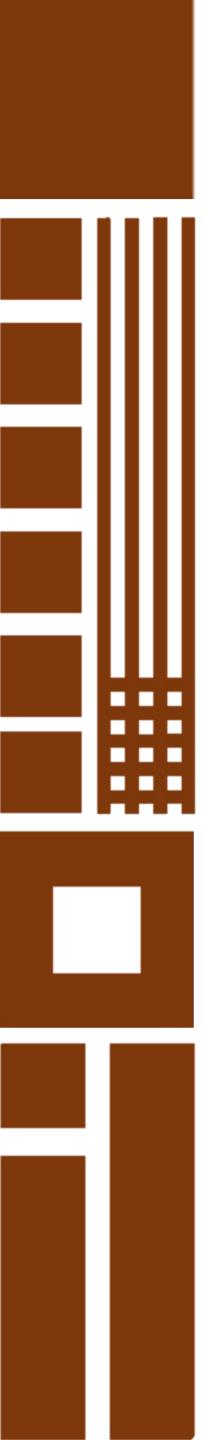


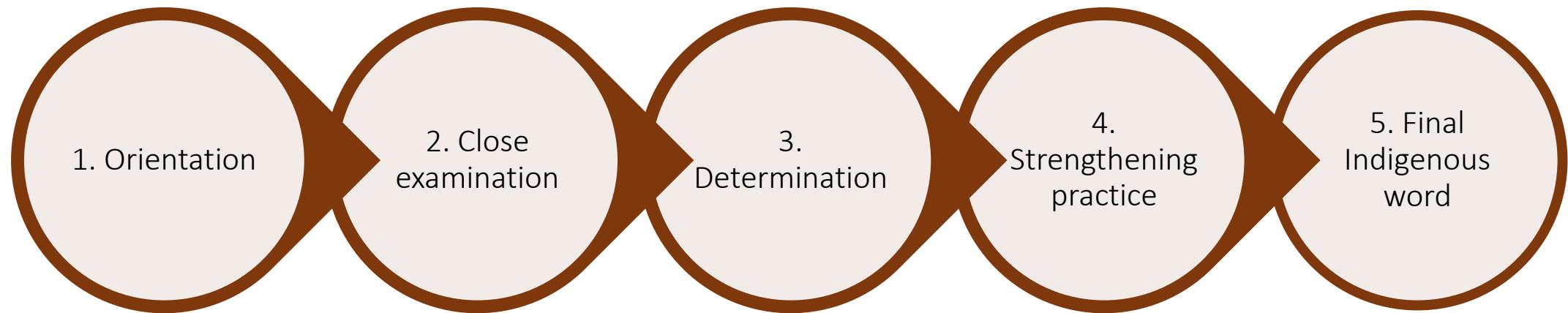
Table 1 Translation of Critical Tiriti Analysis principles to Indigenous Critical Policy Analysis principles



Indigenist Critical Policy Analysis

- ICPA is an evaluative and analytical framework that focuses on the detail within and beneath the rhetorical policy statements that are used in relation to a policy. **Its about the process not just the words!**
- Answers Chelsea Watego's call to arms to understand "how institutions, structures, systems and processes operate to undermine Indigenous health and wellbeing" ("The Inala Manifesto: A Call to Arms for Indigenous Health Researchers" 2019).
- Building on the work of Indigenous and non-indigenous scholars who have been seeking to understand:
 - Draws on Lester Irabinna Rigney's Indigenist Research Methodology (1999) to adapt a methodology developed in Aotearoa – Critical Tiriti Analysis (Came et al, 2020).
 - Institutional racism audit matrix (Marrie, 2017)
 - whether Indigenous Knowledges and Cultures have been enacted, embedded and enabled in the policy process (Parter, 2020)

The Indigenist Critical Policy Analysis process



Four key principles

- Self-determination,
- FPIC
- Respect for and protection of culture
- Equality and non-discrimination

- Decision-making processes and Institutions (Articles 18, 19 and 23)
- Specific policy areas (Articles 13, 14, 16, 24 etc)

Likert scale assessment

- 6-point scale - Silent to Excellent

- What was done well?
- What could be improved?

- Does it reflect Indigenous perspectives?



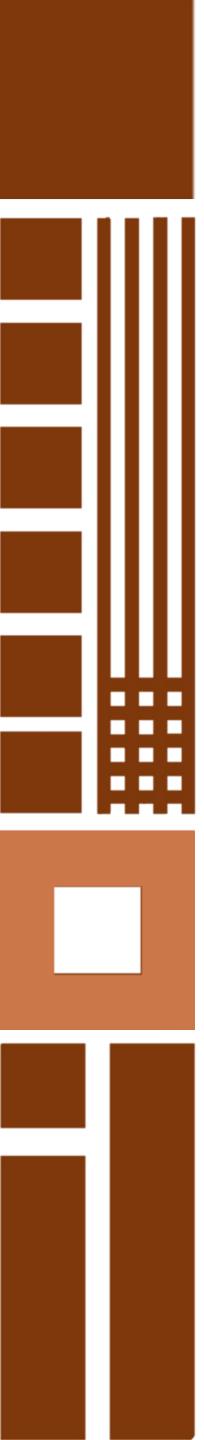
Orientation

- Orientation element story: This is an artistic interpretation of a person orientating themselves. On the left, you should be able to make out a figure of a person and on the right is a stick-like design which is used as a tool to help navigate.

Orientation

- The NHHRC process and the reports do not refer to UNDRIP directly, but health is acknowledged as a fundamental human right.
- There is an indication that they (implicitly) engaged with the key principles of Self-Determination and Equality and Non-Discrimination.
- Overall, the NHHRC centered Indigenous Health in the Final Report.
- The NHHRC not only identified the unacceptable health outcomes of Indigenous Peoples but recommended radical change including the establishment of a National Aboriginal and Torres Strait Islander Health Authority. This was the first recommendation mentioned in the executive summary.





Close examination

- Close examination element story: This is an artistic interpretation of a magnifying glass, simplified. Amongst the other elements, it is the largest of them all and you may be able to spot that the inner square is the same size as all other squares used throughout to bring harmony to the collection.

Close examination: Decision-making processes and institutions

- The NHHRC was made of 9 members – all non-Indigenous.
- The terms of reference were developed by the Prime Ministers Office. They were very broad and included Indigenous health outcomes.
- The NHHRC sought briefing documents on a range of issues – no Indigenous academics were approached.
- The NHHRC sought public submissions and did a national listening tour – several Indigenous organisations provided submissions and/or were consulted.
- The summary report from the listening tour includes a significant section on Indigenous health.
- The NHHRC centred Indigenous Health. The commission identified the unacceptable health outcomes of Indigenous peoples as the first priority of the reform process.
- The NHHRC recommended radical change included the establishment of a National Aboriginal and Torres Strait Islander Health Authority. This was the first recommendation mentioned in the Executive Summary of the NHHRC's Final Report.

Close examination: Health policy process

- The Report talks about health and wellbeing not just health. It highlights the fact that the health system is “skewed to managing sickness rather than encouraging wellness”.
- In relation to Indigenous health, the report references both Community Controlled health services and mainstream health services as being “important sources of care.”
- The Cultural Determinants of Health (CDoH) are not referenced specifically. Whilst the NHHRC report was published prior to the publication of the CDoH as a Western framework in 2020 these concepts represent Indigenous Knowledges that have existed for tens of thousands of years.
- The Report does not perpetuate negative narratives of Indigenous peoples. It talks about the unacceptable health outcomes but acknowledges these as a system problem.



Determination

- Determination element story: This is an artistic interpretation of a the Likert scale assessment with the 6-point scale system.

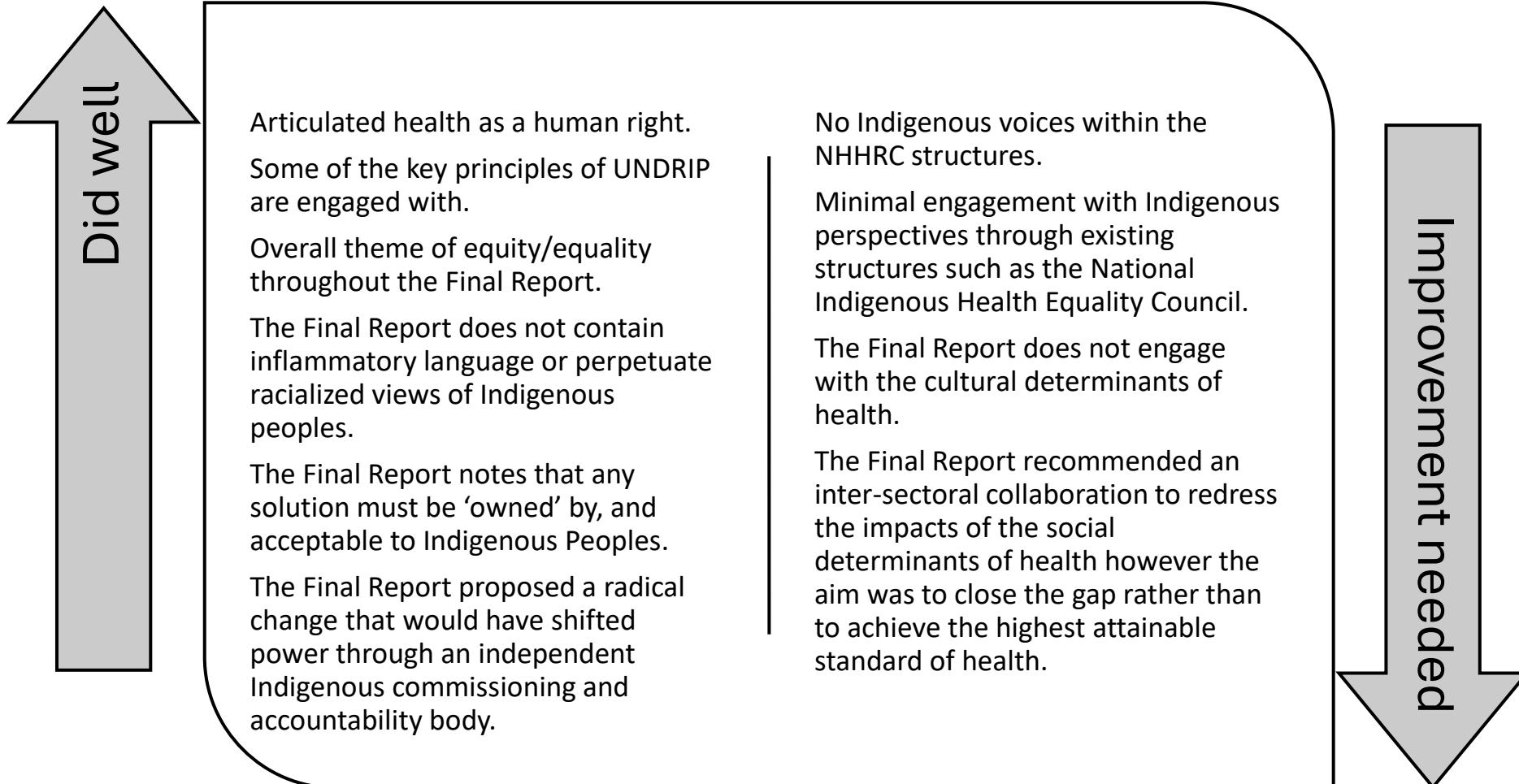
Determination

Indicators	Silent	Poor	Uncertain	Fair	Good	Excellent
Indigenous lead or equal partners in policy development including FPIC (Articles 18, 19)		X				
Indigenous values influencing and holding authority in the policy process including FPIC. (Articles 18,19 and 24.2)		X				
Indigenous participation/leadership in setting priorities, resourcing, implementation and evaluation (Article 23)		X				
Incorporation of traditional medicines and approaches to health. (Article 24.1)		X				
Indigenous peoples are supported to exercise their citizenship rights, free from discrimination (Article 24.1)			X			
Acknowledgement of State's responsibility to provide mechanisms for Indigenous peoples to achieve the highest attainable standard of health (Article 24.2)				X		

Strengthening practice

- Strengthening practice element story: This is an artistic interpretation of a building structure and the support systems that are used to strengthen the foundation.

Strengthening practice



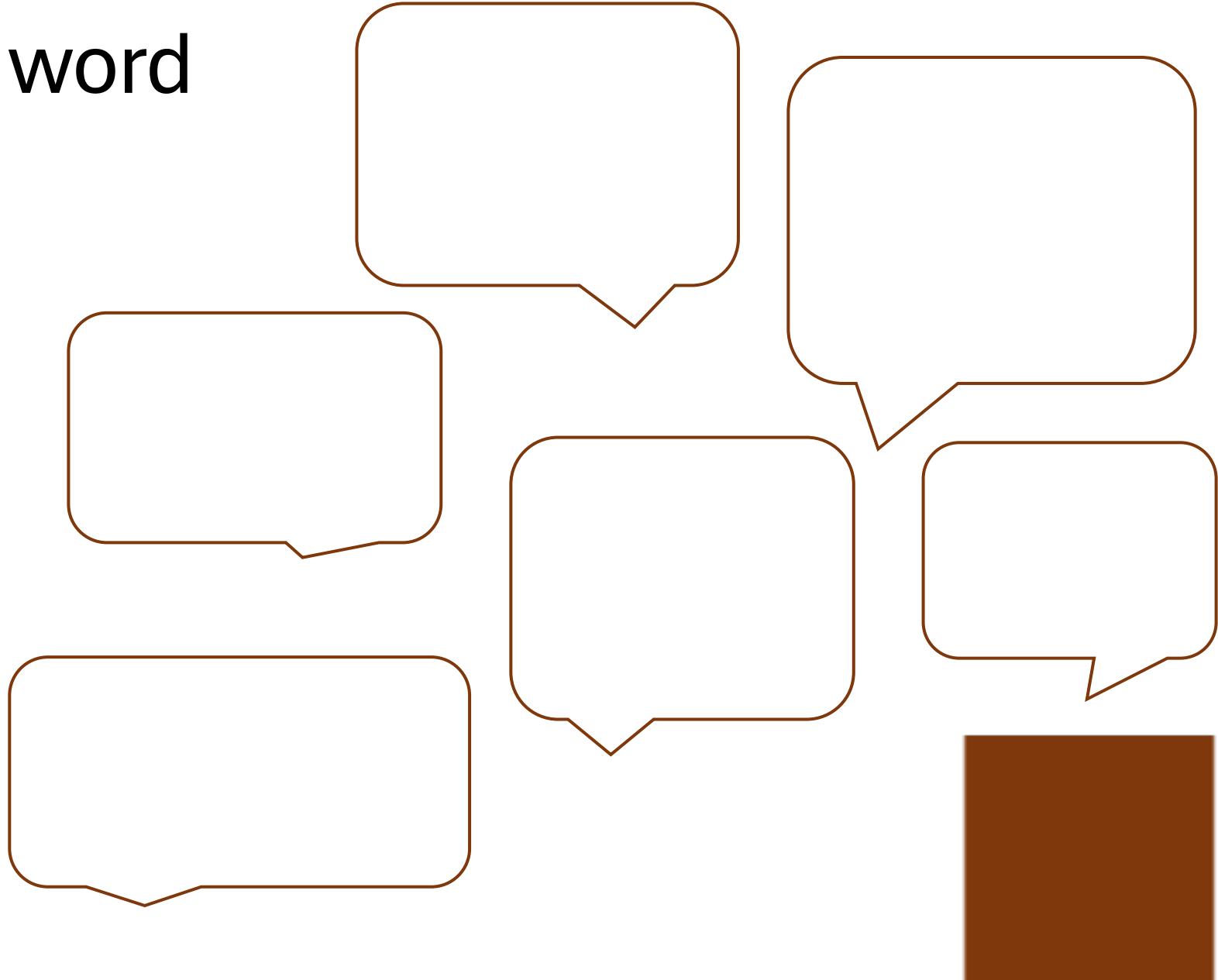


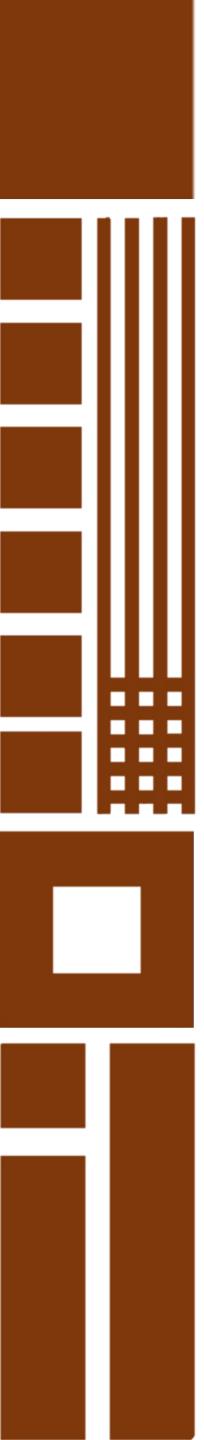
Final Indigenous word

- Final Indigenous word element story: This is an artistic interpretation of a period or full stop. This is the closing point and in essence where the final say should come from.

Final Indigenous word

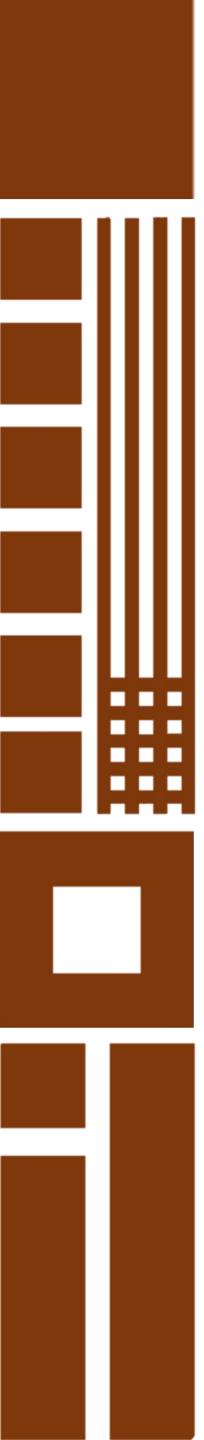
The process through which the NHHRC developed the recommendations did not align with the intent articulated throughout the Final Report.





Conclusion

- The NHHRC process did not engage with Indigenous perspectives or uphold Indigenous rights.
- It embedded structures and systems that work to undermine Indigenous health and wellbeing.
- Supports the assessment that the NHRA is a source of institutional racism in the health and hospital system.



Mokak Oration, 20 November 2024

"We are not just another stakeholder in our own futures. Not just another cohort to consult with. We are not just another population group to cover or another segment of the market to survey.

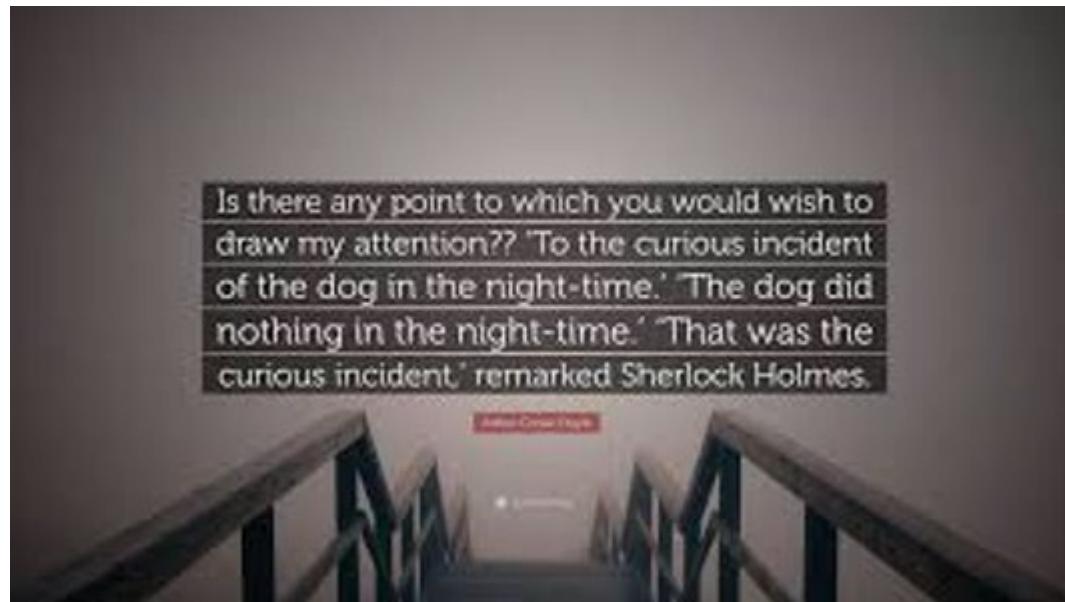
We are the First Peoples of this place. With our sciences, our knowledges and our solutions.“

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