Closing the Gap: A welcome shift in approach and shared leadership - which must be backed by sustained commitment on the ground

In the last week Australia’s parliamentarians showed real leadership. They did it by acknowledging the limited success governments had achieved and by recognising that Aboriginal and Torres Strait Islander people must be engaged and share authority to overcome Australia’s most enduring inequality.

The intent of Closing the Gap has always been good. Events around the 2020 Report to Parliament signalled a crucial shift and offered the promise that from now on processes, policies and programs will better match the intent; and that Aboriginal and Torres Strait Islander leadership would be at the heart of it.

Parliamentary leaders agreed Aboriginal and Torres Strait Islander people must be involved in leading, designing and delivering services to meet their needs, support their aspirations and draw on the strengths of communities and culture to deliver real and lasting improvements.

SARRAH welcomes the bipartisan approach by Parliamentarians who committed to work genuinely and collaboratively with Aboriginal and Torres Strait Islander leaders.

The potential contribution of Aboriginal and Torres Strait Islander Australians is far greater than has been acknowledged or supported to date.

There are many organisations working hard to close the gap, such as Aboriginal community controlled health organisations right across Australia, and Indigenous Allied Health Australia, the national Aboriginal and Torres Strait Islander peak allied health body.

Governments, through COAG, working with the Aboriginal and Torres Strait Islander Coalition of Peaks have the opportunity to reset the trajectory.

“We can’t be complacent about the impacts of social disadvantage and the urgent need to address it. The 2020 Closing the Gap Report shows that while “age-standardised mortality rates” for Aboriginal and Torres Strait Islander people improved, life expectancy for the total population increased by at least as much, so the gap in life expectancy remained essentially the same – at around eight years. This means every Aboriginal and/or Torres Strait Islander person on average gets to spend 3,000 fewer days with their families” said Ms Maloney.

SARRAH is committed to improving access to reliable, affordable, culturally safe and responsive allied health services in rural and remote communities, including the priority that needs to be under-served Aboriginal communities.

SARRAH commends the renewed commitment to close the gap, and the essential partnerships that must include Aboriginal and Torres Strait Islander leaders. It’s time for action and real commitment.
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SARRAH exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being. SARRAH is the peak body representing rural and remote Allied Health Professionals. Allied Health Professions include but are not restricted to: audiology, chiropractic, dental and oral health, dietetics and nutrition, diabetes education, exercise physiology, genetic counselling, health promotion, medical radiation science, occupational therapy, optometry, osteopathy, paramedic practice, physiotherapy, podiatry, prosthetics and orthotics, psychology, social work, speech pathology and sonography.