

21 December 2022

Productivity Commission

National Agreement on Closing the Gap Review

Submission via: [Lodgement page](#) (late submission by prior arrangement)

cc: ctg.review@pc.gov.au

Closing the Gap Review: response to Proposed Approach and invitation to engage

headspace National Youth Mental Health Foundation welcomes the opportunity to provide a submission for the Closing the Gap Review consultation.

headspace provides early intervention mental health services to 12–25-year-olds across Australia. headspace centres form the largest national network of youth mental health services, with over 150 centres embedded in local communities across metropolitan, regional and remote areas.

Through headspace, young people can access multidisciplinary support in-person and online across four core streams: mental health; physical health (including sexual health); alcohol and other drugs; and work and study. In FY2021/22, approximately 8,000 First Nations young people accessed a headspace service, which constitutes approximately 8.7 per cent of the young people who attended a centre nationally.

headspace is funded by the Australian Government, and state and territory governments under the National Partnership for Mental Health and Suicide Prevention. We are committed to leading and demonstrating what aligning with the National Agreement on Closing the Gap looks like from the perspective of a mainstream health organisation with a focus on *Outcome 14: Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing*.

Focus of the headspace Submission

Attachment 1 provides our response to the invitation to engage, comprising the following in response to the invitation to engage:

1. Background and context to headspace's commitment to the engagement and wellbeing of First Nations young people, and our journey to aligning with the National Agreement's Closing the Gap Priority Reforms.
2. Descriptions of work being undertaken by headspace including relationship building with the National Aboriginal Community Controlled Health Organisation, ACCHOs, PHNs and communities that aligns with each of the Priority Reforms. This includes worked examples in relation to *Priority Reform 3: Transforming government organisations*
3. Short-form responses to specific questions from the Review paper, under each of the Priority Reforms.

headspace would welcome the opportunity to discuss any aspects of our submission further, to assist the consultation process.

Yours sincerely,

Jason Trethowan
Chief Executive Officer

Dr Lilly Brown
Executive Director, First Nations Wellbeing and Engagement

Attachment 1 - Closing the Gap Review submission: headspace National Youth Mental Health Foundation

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Context: enhancing First Nations Wellbeing and Engagement at headspace

headspace National Youth Mental Health Foundation's inaugural First Nations Wellbeing and Engagement Division

Established in 2006, headspace National Youth Mental Health Foundation provides early intervention mental health services to young people aged 12-25. Each year, headspace centres help thousands of young people access vital support through headspace services across Australia, via a national network of headspace centres, online and phone counselling services, and outreach and engagement in schools and communities. headspace can help young people with mental health, physical health (including sexual health) alcohol and other drug services, and work and study support.

The headspace model is one whereby centres are operated by Lead Agencies via commissioning by their local Primary Health Networks (PHNs). As such, staff working within centres are employed by their local Lead Agency operating headspace services under a headspace Trade Mark Licence Deed. They are not employed by headspace National directly. The headspace Model Integrity Framework (hMIF) outlines what headspace centres must do to meet the requirements of the headspace model. Youth participation and Youth Reference Groups (YRGs) are essential requirements of the headspace model.

headspace is committed to the self-determination of First Nations people and to ensuring that our services are culturally safe and responsive to the needs of First Nations young people, their families and communities, and First Nations staff across the Centre network and headspace National.

The [Evaluation of National headspace Programs](#) commissioned by the Department of Health and Aged Care was an independent review of headspace services, including access, engagement and outcomes achieved for young people, during the period from July 2015 to June 2020. The evaluation identified the need for headspace to better engage with and support 'hard to reach groups', including First Nations young people. Recommendations included growth of the First Nations workforce, improved cultural appropriateness and competency, and ensuring outreach is a part of the headspace model.

Whilst the report was only recently published, headspace National anticipated these needs and has been building the infrastructure and expertise to strengthen our capacity to meet the needs of First Nations young people.

In September 2021, headspace established the inaugural First Nations Wellbeing and Engagement Division with the appointment of Dr Lilly Brown, inaugural Executive Director of First Nations Wellbeing and Engagement.

Dr Brown belongs to the Gumbaynggirr people of mid-north coast NSW. She has worked with organisations and institutions across the not-for-profit, government, corporate, arts and culture, and education sectors on the development of practices of racial literacy and cultural safety.

Lilly is working to ensure headspace National supports the delivery of culturally safe and effective care for young First Peoples. The First Nations Wellbeing and Engagement Division is supporting headspace to grow and demonstrate the value and diversity of First Peoples' systems (ways of doing, being, and knowing) to ensure the cultural safety of First Nations young people and staff.

In November 2021, Naraja Clay, a proud Aboriginal woman from the Kalkadoon (Mt Isa) and Bwgcolman (Palm Island) Country, was appointed as a Youth Advisor to the headspace Board. More recently, headspace has appointed Wiradjuri descendant Donna Burns as First Nations Director and Board Member. Naraja and Donna provide guidance on supporting youth mental health care, and are committed to health equity for First Nations peoples, healing, closing the gap, and ensuring better life outcomes for First Nations peoples.

headspace is also in the process of establishing a First Nations Youth Voice to the organisation co-designed by First Nations young people as the next iteration of the Aboriginal and Torres Strait Islander Advisory Group.

In early 2020, headspace National commissioned an independent review of the headspace model of care and the cultural safety of services provided, undertaken by Cox Inall Ridgeway. Hundreds of young people, headspace centre staff and key stakeholders, including staff from Aboriginal community-controlled health organisations, were consulted as part of the review process.

Findings of the [Embedding Cultural Practice and Safety Project Report](#) spanned the strengthening of the headspace model of care, strengthening the cultural capability of the non-Indigenous workforce, better reflecting our headspace centres to the local First Nations communities they are a part of, connecting with communities through outreach, and valuing and incorporating First Nations approaches to social and emotional wellbeing into the headspace model of care.

headspace's journey to committing to the National Agreement

The First Nations Wellbeing and Engagement Division, led by Dr Lilly Brown, has worked hard on establishing and developing relationships that will enable headspace to progress towards culturally safe and responsive services.

Emerging from headspace's initial relationship building conversations with Coalition of Peaks, and the National Aboriginal Community Controlled Health Organisation, is the question: ***What is headspace, a government established not-for-profit organisation, doing to align with the National Agreement on Closing the Gap?***

headspace recognises self-determination must be embedded into government and mainstream structures, systems, and policies. It also needs to be a cornerstone of the relationship between governments, First Nations people and community-controlled organisations.

Through these discussions, headspace has considered how it can contribute to the National Agreement on Closing the Gap. These include:

- building the community-controlled sector by advocating for more headspace centres to be led by Aboriginal Community Controlled Health Organisations
- ensuring that headspace is accountable to Closing the Gap while being culturally safe and responsive to the needs of the First Nations young people and their families accessing the service.

headspace is committed to leading and demonstrating what aligning with the National Agreement on Closing the Gap looks like from the perspective of a mainstream health organisation with a focus on ***Outcome 14: Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.***

In addition to the relationships that headspace centres have built and maintained with Aboriginal Community Controlled Organisations across the country, headspace has formal partnerships with ACCHOs in three locations to deliver headspace services:

- 🌀 headspace Broome, led by Kimberley Aboriginal Medical Service
- 🌀 headspace Alice Springs, led by Central Australian Aboriginal Congress
- 🌀 headspace Mount Isa, led by Gidgee Healing.

headspace is committed to responding to what First Nations communities need from headspace to support their young people. This extends to the 80 First Nations staff across the headspace centre network and national office. In doing so, headspace is consulting widely and asking:

- how does headspace honour the self-determination of each young person and family who access a headspace service?
- what role does headspace play to advocate for the National Agreement on Closing the Gap?
- how can headspace evolve its model of care and ways of operating to ensure Aboriginal Community Controlled Health Organisations and communities see the value it can offer to young people and families and want to partner with headspace?

More broadly, headspace is also considering:

- how the organisation can structurally embed cultural safety and accountability to First Nations communities into every aspect of its work;
- what cultural governance and First Nations leadership within the organisation is required to ensure alignment with the National Agreement on Closing the Gap;
- how to advocate for partnerships with First Nations community led organisations in the communities headspace centres are located;
- what work is required to support key stakeholders such as Primary Health Networks, government departments and the agencies that run headspace centres to understand the importance of aligning with the National Agreement on Closing the Gap, including increasing the number of Aboriginal Community Controlled Health Organisations led headspace centres.

Informed by the independent Evaluation of National headspace Programs findings, the next steps for headspace are to build:

- transparent accountability mechanisms to ensure that our progress towards alignment with the National Agreement on Closing the Gap is measurable, and
- relationships based on trust that allow meaningful partnerships and good outcomes for First Nations young people and their families.

The remainder of this submission outlines how headspace is seeking to align with the National Agreement, in relation to specific Priority Reforms.

Priority Reform 1: Formal partnerships and shared decision-making

headspace is invested in building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority within headspace National and at the centre network level - including PHNs, lead agencies operating headspace services¹ and the consortia of local community organisations that guide each service in identifying and responding to local needs.

headspace centres foster a variety of partnerships, from high-level strategic partnerships at consortium-level to localised partnerships with local community services and organisations, with examples including:

- First Nations-led headspace Lead Agencies (Broome, Alice Springs, Mount Isa)
- Outreach approaches which value First Nations insight, integrity and leadership include:
 - **Our Way Our Say**, led by an Aboriginal Cultural Advisory Council made up of key Aboriginal leaders from the Darwin community in partnership with headspace National, developed culturally safe social and emotional wellbeing training resources for young people in Darwin schools.
 - **Yulara and Mutitjulu** Service Expansion from Alice Springs is being established by the Central Australian Aboriginal Council in partnership with headspace National and funded by the NT PHN. The expansion requires innovation of the headspace Model to meet the needs of the young people and families at the remote communities of Yulara and Mutitjulu.
- Relationship building as an action from the headspace National team with Coalition of Peaks, NACCHO and other state/territory-based peak bodies, current Aboriginal Community Controlled Health Organisations and First Nations-led organisations with a headspace centre (e.g., Wunan/headspace Kununurra)
- Relationships range from co-facilitating and co-locating of programs, to assisting headspace centres with recruitment and tender processes, to working relationships that headspace centre staff saw had the potential to evolve into partnerships

There is huge demand to increase the frequency, stability and consistency of these partnerships, seen as a way to improve engagement with the local community, and/or run outreach services.

headspace is seeking to further build and strengthen these structures, through:

- building formal partnerships, by:
 - undertaking stakeholder mapping and implement a **stakeholder engagement plan** which includes Community of Peaks, NACCHO, ACCHOs and broader Aboriginal Organisations (e.g. The Healing Foundation, Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)); the Australian Government Department of Health and Aged Care (Primary & Community Care - Indigenous Health, Mental Health); PHNs and Lead Organisations.
 - actively supporting and attending **events and activities** led by First Nations people and organisations that promote social and emotional wellbeing approaches to intergenerational healing.
- embedding shared decision-making, by:
 - convening a **First Nations Cultural Governance Board Subcommittee** to support the board to ensure the cultural safety of First Nations young people and families as our First Nations Wellbeing & Engagement Strategy is being implemented.
 - developing a **First Nations Cultural Governance and Participation Framework** through consultation with headspace National, the centre network and key external stakeholders.

¹ Lead agencies are commissioned by Primary Health Networks to operate local headspace services under a Trademark Licence Deed, and in accordance with the headspace Model Implementation Framework (hMIF)).

- developing **divisional cultural governance frameworks** within headspace National to guide the work of all Divisions with First Nations young people, communities, and organisations.
- strengthening **cultural governance mechanisms** in the headspace Model Implementation Framework (hMIF) including how cultural governance is assessed.
- coordinating a **First Nations Advisory Group** to provide critical guidance and advice on the work of the First Nations Wellbeing and Engagement Division.
- engaging an **Elder in residence** at headspace National to advise and support the First Nations Wellbeing and Engagement Division and provide cultural guidance.

Priority Reform 2: Building the community-controlled sector

headspace supports the Agreement's commitment to building formal Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap and acknowledges that Aboriginal and Torres Strait Islander community control is an act of self-determination.

We acknowledge through our formal engagements to date with the ACCHO sector that Aboriginal and Torres Strait Islander community-controlled services are better for First Nations people, achieve better results, employ more First Nations people, and are often preferred over mainstream services.

In line with the Agreement's commitment to increase the proportion of government services delivered by Aboriginal and Torres Strait Islander organisations, particularly community-controlled organisations, headspace will advocate for more ACCHO's to become lead agencies of headspace centres. In doing so, we seek to:

- advocate for Federal and State government commitments to increase funding to grow the ACCHO led headspace centre network
- explore and support innovative ways of broadening headspace services in partnership with peak bodies and the ACCHO sector.

This includes an understanding of integrated care in the context of First Nations approaches to Social and Emotional Wellbeing (SEWB). For example, strong referral partnerships with ACCHOs (which include co-location of services); First Nations leadership including engagement with Elders; and knowledge and resources of local initiatives which would benefit First Nations young people and families (i.e., on-Country).

- rebuild the headspace model as a service that ACCHOs want to operate and see as relevant and appropriate to support young people in their communities.

Central to this is strengthening the headspace model by aligning with First Nations approaches to SEWB and developing service delivery in response to what First Nations young people and families need, and what First Nations communities want for their young people. This may include how services and supports are branded to be attractive, safe, and welcoming to First Nations young people.

In achieving this, we acknowledge the Agreement's focus on ensuring dedicated, reliable, and consistent funding models developed in partnership with NACCHO and the Coalition of Peaks. headspace agrees that any funding decisions on the provision of services to First Nations peoples should preference ACCHOs and other First Nations organisations. In addition, where funded initiatives are intended to service the broader population, a meaningful proportion of funding should be allocated to Aboriginal and Torres Strait Islander organisations.

Priority Reform 3: Transforming government organisations

Whilst headspace is not a party to, or accountable under, the National Agreement on Closing the Gap, and is in the formative stages of understanding how we will align with the Agreement, we are committed to the Priority Reforms.

headspace is a government established, mainstream, not-for-profit organisation that is 95 percent funded by national, state and territory health departments. As such, we consider it incumbent on us to work with government to model leadership in systemic and structural transformation within government and government-funded organisations. This includes identifying and eliminating racism and embedding and practicing meaningful cultural safety.

headspace commits to implementing the transformation elements listed under Priority Reform 3 by taking the following actions:

- develop a **headspace First Nations Wellbeing and Engagement Strategy** to ensure a coordinated approach to embedding cultural governance and safety into service delivery and building the cultural capability of the headspace workforce.
- develop a **headspace National Cultural Safety Framework**.
- map intersections of diversity across headspace National staff (including First Nations, LGBTQI+, disability, refugee and migrant background) and assess opportunities to **build cultural capability and workforce confidence** through targeted professional development and training.
- develop and implement **First Nations cultural capability training program** for headspace National staff and centre network.
- develop and deliver a **Cultural Supervision Pilot Program** to strengthen the social and emotional wellbeing approach of non-Indigenous clinical workforce working with First Nations young people.
- establish a **First Nations Clinical Cultural Advisory Group** to provide guidance to the First Nations Wellbeing and Healing team.
- Working in partnership with ACCHO led-headspace services to undertake headspace model innovation in alignment with First Nations approaches to social and emotional wellbeing
- enhance and maintain the **headspace Aboriginal and Torres Strait Islander staff network**.

Case study (Priority Reform 3) headspace National and headspace centre network approach to aligning with the National Agreement

Context

This case study summarises three formative examples of how headspace National—as the licencing body responsible for headspace service model integrity—is leveraging the National Agreement to advocate for Primary Health Networks to work towards delivering the Priority Reforms.

The focus of this case study is on progress being made against **Priority Reform 3: Systemic and structural transformation of mainstream and government organisations to respond to the needs of First Nations people in a culturally safe way.**

It is our conviction that Priority Reform 3 should extend to a transformation in the services that governments fund. This belief is central to the work headspace National is doing with the 31 Primary Health Networks commissioning headspace services across the country.

The case study showcases early progress towards aligning with the National Agreement by:

- advocating for partnerships between headspace centres and Aboriginal and Torres Strait Islander community-led organisations where they are located; and
- working to support key stakeholders such as Primary Health Networks, government departments and the agencies that run headspace centres to understand the importance of aligning with the National Agreement and meeting Priority Reform 1 by increasing the number of ACCHO-led headspace services.

These examples have been selected to illustrate practical changes made in headspace National's approach and specific work to support and influence key stakeholders towards alignment.

Example One: Adapting the headspace National licensing approach

This example outlines how headspace has advocated for a PHN to fund a partnership approach between a Lead Agency and a local ACCHO to deliver a headspace service. The proposed service will require headspace model innovation and development, contingent on the funding, establishment and sustainability of a place-based partnership.

headspace National has a key role in the establishment of new headspace services.² Lead Agencies are commissioned by PHNs to deliver headspace services in their local community. Once headspace National is satisfied that the Lead Agency is able to fully meet the headspace Model requirements, the Lead Agency will be issued with a Trade Mark Licence Deed (TMLD) to operate the headspace service.

In this instance, headspace, a PHN and an ACCHO are building a foundation for alignment with **Priority Reform 2 – Building the community-controlled sector.** For this partnership to be successful, headspace has had to change how it supports the commissioning and establishment process to ensure that the headspace Model requirements for the development of this service are contingent on partners aligning with the National Agreement. Changes include:

- a. Adapting the key milestones so that foundational relationship building work is valued in the *Identification and Planning* and *Procurement* phases. headspace National will adjust our licencing approach to accommodate a partnership agreement between the mainstream current Lead Agency and the local ACCHO.

² As defined by the Department of Health and Aged Care, headspace National holds responsibility for commissioning the design and establishment of new and existing headspace services, in partnership with PHNs. These responsibilities are being revised to ensure our approach to service commissioning and establishment aligns with the National Agreement.

- b. Expanding the review of procurement documents to formally check that the new headspace service alignment with the headspace model and TMLD also includes alignment with:
 - the National Agreement
 - the recommendations from the headspace Embedding Cultural Practice and Safety Report
- c. Reviewing and updating the headspace model as the partnership is established and the new service is developed, to ensure the needs of the community and the ACCHO delivering this service are met.

Example Two: Aligning accountability with the Agreement

This example demonstrates challenges faced in aligning accountability. Where stakeholders are not accountable under the National Agreement, scope to leverage the Agreement is limited. As a result, service establishment has slowed down.

In this instance, a new model of care has been proposed by a PHN for delivering a region-wide outreach service. However, headspace has slowed its commitment and progress to establishment of the proposed model as the commissioning body is not yet aligned with the National Agreement.

Before progressing this project and approving key activities, headspace has asked the PHN and the current Lead Agency to provide further advice on their current and future approach, including how it will align with the National Agreement; specifically, how they are partnering with ACCHOs and how First Nations leadership and the National Agreement partnership principles will underpin planning and delivery of this project.

Example Three: Advocating for empowerment of ACCHO-led organisations

This example indicates headspace's commitment to increasing the number of ACCHO-led Lead Agencies of headspace services.

headspace National recognises the current commissioning process is not set up to empower ACCHO-led organisations to tender for headspace services. This is evidenced by the fact that no ACCHO has been commissioned to deliver a headspace service since 2016, when the role of commissioning headspace centres was transferred to PHN's.³

Following recent Department of Health and Aged Care funding for a new round of services, headspace has undertaken advocacy work with a PHN to consider a different commissioning approach, to align with Priority Reform 2: Building the community control sector.

headspace National has commenced foundational work with the PHN and an ACCHO focussed on the guiding question: *"what does a journey of a young person attending a culturally safe headspace service look like?"*

The parties will work in partnership to adapt the approach to service commissioning and delivery, actively practicing alignment with **Priority Reform Area 1: Formal partnerships and shared decision-making**.

Summary and future directions

These examples demonstrate how headspace National is seeking to leverage and respond to the National Agreement priorities in our partnership work with PHNs and Lead Agencies.

The examples above demonstrate the implications of having no mechanism for accountability of organisations to align with the National Agreement, how progress can be delayed when partner agencies are not aligned, and the limitations of relying on goodwill in the absence of accountabilities.

Whilst our initial focus is on Priority Reform 3, this work will enable us to work towards all four priority areas.

³ Coombs, D. (2018). Primary Health Networks' impact on Aboriginal Community Controlled Health Services. *Australian Journal of Public Administration*, 77(S1), S37-S46.

Priority Reform 4: Shared access to data and information at a regional level

headspace has one of the largest national data sets relating to the mental health of First Nations young people with approximately 8,000 First Nations young people in FY2021/22 accessing a headspace service.

headspace is in the preliminary stages of understanding how to align with Priority Reform 4 in the way we collect and share data with First Nations communities so those communities can make informed decisions about how service delivery will meet the social and emotional wellbeing needs of their young people. As part of this preliminary understanding, questions we are considering include:

- how do the ACCHOs we currently partner with capture data?
- in what ways can our data systems be strengthened to capture relevant data on First Nations young people? How do we determine what relevant data is?
- how can data be captured in way which foregrounds and reinforces the value of First Nations approaches to social and emotional wellbeing including outreach or 'meeting young people where they are at'? ⁴
- how can data be captured, shared and governed in a way that honours the self-determination of First Nations people in alignment with the National Agreement? What are the ethical considerations are currently practical and policy limitations in doing so?

These questions will inform the way the headspace model is strengthened to ensure the cultural safety of First Nations people and in the way we evaluate and capture service delivery as we work in partnership with ACCHOs to innovate the headspace model of care.

⁴ See Embedding Cultural Practice and Safety Project Report

Themed responses to specific Review questions

Rather than repeating points across the questions provided by the Productivity Commission, we have collated headspace's responses under themes detailed below:

Appetite to align with the National Agreement

In headspace's engagement and work with key stakeholders including PHNs, Lead Agencies and headspace centres, it is evident there is immense appetite to work with First Nations people and deliver culturally safe services, yet this appetite is not matched by an awareness or knowledge of the National Agreement on Closing the Gap.

As the case study above demonstrates, headspace has had some success in leveraging the National Agreement to advocate for commissioning processes to be informed by **Priority Reform 2: Building the ACCHO sector**. To date, the uptake of the National Agreement in commissioning has been overwhelmingly ad hoc and relied on the goodwill of individual commissioning staff and agencies. A key challenge remains in supporting mainstream organisations, including commissioning bodies, to understand the relevance of, and their accountability to, the National Agreement in the way services are commissioned, established and delivered.

Barriers to aligning with the National Agreement

In the experience of headspace, barriers to aligning with the National Agreement are related to practical considerations around resourcing, in addition to the development of organisational cultural capability.

headspace has had to do an immense amount of work, as guided by *Priority Area 3: Transforming Government Organisations*, to build and embed cultural governance within the organisation, as well as the cultural capacity of staff in leadership. As well, to build understanding across the organisation more broadly of the importance of the National Agreement, and its practical implementation for 'business as usual'.

Building the organisational cultural capability of mainstream organisations is imperative to undertaking the work needed to respond to and align with the remaining Priority Reforms. This has been evident in headspace's engagement with stakeholders with a limited understanding of not only the National Agreement, but also of key principles of First Nations self-determination, historical power and resource imbalances in the way ACCHO and mainstream services have been supported, inequity in partnerships, and a lack of value or recognition of the efficacy of ACCHOs in servicing First Nations communities. In our engagement with stakeholders a lack of confidence has also been evident.

Barriers that have emerged for headspace and in our stakeholder engagement in aligning with the National Agreement include:

- lack of value for the time needed to build trust and create sustainable and equal partnerships (e.g., in funding agreements)
- requirement to upskill non-Indigenous staff and embed at all stakeholder levels in the commissioning and establishment of services, principles and value of co-design, partnerships and engagement with local Aboriginal and Torres Strait Islander youth
- existing cultural awareness training that is not adequate to prepare individuals and organisations to meet the needs of Aboriginal and Torres Strait Islander young people, with a need to provide training that is: in a local context; face-to-face; and ongoing, recurrent and regular
- need to align core funding agreements— not just First Nations specific funding—with the National Agreement

- limited flexibility at headspace and across mental health sector to capture activities in service delivery that are valued by First Nations young people and families such as outreach, social and emotional wellbeing (SEWB) approaches, trust and relationship building
- barriers to the critical employment of Aboriginal and Torres Strait Islander people, which include:
 - skill and accommodation shortages – especially affecting remote and regional areas
 - salary/remuneration levels
 - need for specific, formal clinical qualifications at headspace centres and other mental health organisations
 - lack of formal qualifications relating to skill sets needed for activities being valued by First Nations communities to be delivered by First Nations staff (e.g. SEWB, outreach, relationship and partnership building).
 - lack of frameworks and models underpinned by partnerships where traineeships and co-funded/shared employment roles are supported by mainstream organisations with community organisations or pathways to help attract and retain Aboriginal and Torres Strait Islander workers
- need for resourcing to support for Aboriginal and Torres Strait Islander staff, given the workload, burden and stress placed upon these workers, especially if they are the only Aboriginal and Torres Strait Islander worker at a service.

Limited accountability to aligning with the National Agreement

The language in the National Agreement is focused on governments as partners, and does not encompass government-funded organisations (e.g., headspace National, PHNs). This enables limited accountability to the agreement by organisations tasked with service delivery.

More explicit language around the role of government funded organisations would enable greater accountability to the Priority Reforms beyond goodwill. This would strengthen the way the Agreement could be leveraged by staff within organisations and by local First Nations communities where services are being delivered by organisations not defined as ‘Parties’ to the National Agreement.

Shared access to data and information

Data is not neutral and often does not come from the mathematically supported analytical techniques they allow, but via the social, racial, and cultural standpoint of their creators¹. Statistically, the data engineers/designers are also likely to be from a dominant cultural background² without design input from First Nation Peoples. Therefore, the data systems do not allow for First Nation perspectives. As highlighted in Tuhiwai Smith’s Decolonization Methodologies “real power lies with those who design the tools – it always has”³.

A recent systematic of Indigenous Data Governance⁴ found that governance examples of power-sharing dynamics included:

- government partnerships to support on-reserve First Nations communities in the planning and development of their health services and models of program delivery
- community involvement in government data collection and evaluation
- First Nations communities being provided the authorization power to access to certain types of tribal government databases, e.g., sensitive information pertaining to child abuse cases, violent crimes or tribal culture, history, archaeological resources
- formal Indigenous resolutions or agreements with universities/research bodies
- data sharing agreements
- Storage of data with individual depositors setting access conditions

- Indigenous knowledges, theories, relational systems, priority areas incorporated into national initiatives.

Approaches to developing governance procedures in the management and stewardship of data found were:

- data management/research/First Nations data advisory committees
- community advisory boards
- information planning committees
- Indigenous-led governance boards.

⁴ Griffiths, K. E., Blain, J., Vajdic, C. M., & Jorm, L. (2021). Indigenous and Tribal Peoples Data Governance in Health Research: A Systematic Review. *International Journal of Environmental Research and Public Health*, 18(19), 10318. doi:<https://doi.org/10.3390/ijerph181910318>

² Knight, H. E., Deeny, S. R., Dreyer, K., Engmann, J., Mackintosh, M., Raza, S., . . . Steventon, A. (2021). Challenging racism in the use of health data. *The Lancet Digital Health*, 3(3), e144-e146. doi:10.1016/S2589-7500(21)00019-4

³ Smith, L. (2012). *Decolonizing methodologies research and indigenous peoples* (2nd ed. ed.). New York: Zed Books.

¹ Walter, M., & Russo Carroll, S. R. (2021). Indigenous Data Sovereignty, governance and the link to Indigenous policy. In M. Walter, T. Kukutai, S. C. Russo Carroll, & D. Rodriguez-Lonebear (Eds.), *Indigenous Data Sovereignty and Policy*. Abingdon, Oxon: Routledge.