POLITICAL DETERMINANTS OF HEALTH IN AUSTRALIA

A PLANETARY PERSPECTIVE

EDITED BY MARGUERITE C. SENDALL, ALLYSON MUTCH
AND LISA FITZGERALD

Political Determinants of Health in Australia

Exposing the explicit and implicit relationships between politics, political decisions, and public policy within a planetary perspective, this book focuses on the importance of the political environment as a determinant of population health outcomes.

Political Determinants of Health in Australia brings together a team of experts in public health, health policy and planetary health in Australia to examine the political factors that determine population health outcomes. It takes a student-centred approach, explaining complex concepts in an interactive, engaging, and thought-provoking way within a logical, easy to navigate structure. Each chapter takes on key contemporary public health issues, such as family, work, diversity, housing, energy, education, food, and waste, examining it within the context of politics, policy, and health outcomes from a planetary perspective.

There is a comprehensive suite of learning activities in each chapter, catering to diverse learning styles and prior knowledge to encourage critical thinking. An essential text for students of public health, health promotion, and health policy.

Marguerite C. Sendall is an Associate Professor in the Department of Public Health, College of Health Sciences at Qatar University, Qatar, and a Visiting Fellow in the School of Public Health and Social Work at the Queensland University of Technology, Australia.

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Lisa Fitzgerald is an Associate Professor in the School of Public Health, Faculty of Medicine at the University of Queensland, Australia.

This book is an invaluable resource to examine the powerful impact politics has on our own and the planet's health. A must read for everyone studying or working in public health.

Fran Baum AO, Professor of Health Equity,
The Stretton Institute, The University of Adelaide, Australia

If you are concerned about planetary health equity, read this book. A fantastic line-up of editors and authors unpacking the politics of planetary health inequity.

Sharon Friel, Professor of Health Equity and ARC Laureate Fellow in
Governance for Planetary Health Equity, Australian
National University, Australia

Located within the context of our planet's perspective, this textbook stands as Australia's pioneering effort, aimed at equipping the upcoming cohort of public health scholars to comprehend the intricate ways in which politics and governmental choices influence not just the social and various factors shaping our well-being, but also the ecosystems we rely upon. Readers will grasp the concept that health is a complex construct, intricately interwoven with the dynamics of power and political influences. The book serves as a guide for readers to thoughtfully navigate the political determinants that contribute to the prospective health of our planet, subsequently impacting our individual health and overall wellness. I wholeheartedly extend my recommendation of this book to all of you.

Pranee Liamputtong, Professor of Behaviour Science, College of
Health Sciences, VinUniversity, Vietnam

This important book offers accessible insights and learning opportunities across a range of intersecting complex topics, to give readers an anchor point for evidence as well as pathways to action - it's an important text that deserves wide distribution.

Fiona Armstrong, Founder, Climate and Health Alliance, Australia

The editorial team have produced an outstanding interactive student-centred resource to equipe the next generation of public health students with the tools to better understand the political perspective of key determinants of health that impact the lives of Aboriginal and Torres Strait Islander people in Australia.

Ray Mahoney, Professor of Aboriginal and Torres Strait Islander Health,
College of Medicine & Public Health, Flinders University, Australia

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Preface

Daryle Rigney and Simone Bignall

In the current era of late capitalism and post-imperial globalisation, planetary problems with systemic and interconnected causes threaten the health and wellbeing of all humanity. Global patterns of climate crisis, structural poverty, violent conflict and perpetual famine – resulting in processes of mass displacement and statelessness – at the same time also impact disproportionately on particularly vulnerable human populations and non-human lifeforms. The worst affected not only suffer mounting and intractable health deficits that reduce their potential for thriving; for many, their survival as such is at stake. Taking a planetary view to address such issues is both urgent and vital. It is increasingly apparent that the world's peoples need to work collaboratively to pursue the massive restructuring of social and cultural formations inherited from Western colonial capitalism, which rely on inequalities that enable the exploitative extraction of wealth and consequently tolerate the systematic production of global health disparities. It is, then, well accepted that good health is not simply a consequence of a person's robust biological constitution or lifestyle choices, but also is an outcome of beneficial social and cultural determinants. Connection to a supportive community, access to social resources, and shared participation in the intergenerational transmission of cultural practices, languages and values, all provide crucial scaffolding for healthy and happy lives. Conversely, poor health is commonly linked to negative societal influences and stressors including isolation, alienation, poverty, racism, sexism, gender-bias, domestic violence, precarious employment, excessive workloads, and chronic environmental hazards such as pollution (CSDH 2008; Fleming et al. 2019; Carson et al. 2020). Yet, to date, there has been relatively little consideration how political will, political decision-making, governance structures and political systems impact health care and health outcomes by determining the socio-cultural fabric of life. This important new book is especially significant for the direct attention it gives to the notion that health and wellbeing are significantly influenced by political factors.

Indeed, it seems strange that such factors have been so far neglected in health sector discourse. One explanation could be that international institutions concerned with planetary outlooks and the protection and advancement of human rights, such as the World Health Organization and the United Nations, have developed their programmes for action based upon a hierarchical separation between two 'generations' of rights. The Universal Declaration of Human Rights, established by the United Nations General Assembly in 1948, prioritises fundamental 'first-generation' rights that are concerned with civil and political liberties and mandate government obligations to avoid interfering in the personal or private sphere of citizens' lives. 'Second-generation' rights, then, describe the more amorphous set of basic social and economic requirements a person needs to secure their essential human dignity. They typically call for some degree of positive action on the part of governing states: to guarantee citizens access to a basic income, education, housing, health care and so forth. The right to health

appears in international legal instruments, including the 1946 Preamble of the World Health Organization; the 1948 Universal Declaration of Human Rights; and the 1966 International Covenant on Economic, Social and Cultural Rights. The globally dominant paradigm of Western liberalism entrenches a distinction between conceptions of 'the political' and 'the social' realms of life, with the majority designation of the right to health as a 'second-generation' socioeconomic right. This has had the effect of sidelining the ways in which health and wellbeing are directly linked to political factors.

In fact, the World Health Organization increasingly understands the social determinants of health encompass political elements at play in the 'wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems' (WHO n.d.). Yet, this perspective also illustrates the tendency of health sector discourse to subsume political determinants within the wider category of social determinants. Accordingly, the World Health Organization observes:

> [the] unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics. Together, the structural determinants and conditions of daily life constitute the social determinants of health.
>
> (CSDH 2008, p. 1)

This reduction of political determinants to socio-cultural determinants is problematic because it can shift attention away from the distinctive political situations of many minority populations and how these can have systemic impacts that, in themselves, bear upon the health and wellbeing of individuals within those communities. For example, Indigenous peoples who are subject to settler-colonial domination have usually suffered the loss or reduction of their sovereignty and associated rights to self-government and self-determination; this affects the capacity of Indigenous people to enjoy the culturally safe and strong social conditions they require for their good health and wellbeing. Globally, colonisation remains a primary political consideration negatively affecting the health and wellbeing of Indigenous peoples. This highlights how the political determinants of health should not be viewed simply as elements appearing within social and cultural frames for understanding the holistic quality of wellbeing; rather, the prerequisite political status of self-governing self-determination is a foundational condition for peoples seeking to create and sustain the culturally distinctive social conditions in which their lives can flourish. Such primary political factors must therefore be addressed directly (Rigney et al. 2022).

There is strong evidence for connecting political considerations more closely with health and wellbeing programmes. One example is a recent study that shows how the lack of political self-determination can negatively impact health in the Micronesian island of Guam, which is an unincorporated territory of the United States of America. The study argues that political activism for collective self-determination can play an important role in promoting and improving health (Diaz, Ka'opua, & Nakaoka 2020). Other international studies have also found a positive correlation between collective empowerment, civil rights and increased life expectancy (Garces-Ozanne, Kalu, & Audas 2016). Furthermore, research suggests that when individual civil and political rights are enhanced, collective empowerment is also increased. This can enable communities to have a more effective political voice and advocate for better access to culturally appropriate medical services, thereby improving the health and wellbeing of both individuals and communities (Bobba 2019; Litalien 2021). Collective empowerment is

particularly important for marginalised groups, as it enables them to articulate culturally specific health needs and demand appropriate services from governments. This is crucial for creating relevant and effective social and institutional frameworks that can address the health costs of societal breakdown resulting from war, colonial dispossession, and forced migration; and promote healing and reconciliation within communities (Little & Maddison 2017; Vivian & Halloran 2021).

Another reason why the political determinants of health and wellbeing have been so far neglected in health sector discourse likely concerns the way Western liberalism (and its international politico-legal frameworks) privilege a state-centric framework of 'the political'. Accordingly, governmental activity is seen to be focussed in the institutions of the sovereign state, which is considered the ultimate source of legitimate authority and jurisdiction over a society. Because health essentially refers to the 'private' realm of the body, it is conventionally understood as an area beyond or exceptional to the 'public' domain and responsibilities of the state. Clearly, there are some aspects of health and wellbeing that rely upon individuals enjoying fundamental civil and political rights to non-interference by the state in their personal lives. The control of sexuality through the criminalisation of homosexuality is an obvious case in point, having dire consequences for physical and mental health of LGBQTI+ people whose sexuality and gender identifications are disavowed as 'deviant'. In liberal societies, then, the powers of the state must not infringe upon the 'private' sphere of the individual or their family life; the duty of the state with regard to health is limited to the provision of the societal conditions required for citizens to pursue healthy lives as a matter of personal choice and self-definition. Furthermore, while some liberal democratic governments understand their public responsibilities include provision of citizen 'safety nets' such as free primary health care and a basic income, these remain issues of policy discretion dependent on citizenship status and the particular economic capacity, political will and ideological persuasion of each individual state. International principles of justice and equity, such as those enshrined in the United Nations Conventions, have no mandatory sway over these domestic matters within sovereign state jurisdiction.

Yet, in recent decades, scholars and activists alike have criticised the dominant Western liberal conception of 'the political' for its limited understanding of the scope and operation of power. Particularly as an outcome of feminist, queer, anti-racist and Indigenous struggles against patriarchal, heterosexist, racist, settler-colonial oppressions, 'the political' has increasingly become reconceived as a domain of intricate and multi-directional 'force-relations' that extend and intersect across the entire social network. Significantly influenced by anti-colonial theorists in the post-war period, by feminist assertions that 'the personal is political', and by the critique of state sovereignty led by French philosophers in the 1970s – notably including the wide-ranging scholarship of Michel Foucault – power is now often considered to operate through a wide array of social relations that bear directly, albeit often covertly, upon bodies and identities (Foucault 1980; see Bignall 2010). Rather than being the *source* of power, the liberal democratic state is then seen to be an effect or an end-point of these diffusely networked power-relations, which become institutionalised over time as they are habituated and entrenched into regular patterns of domination and social control and thereby reflected in policy-making and public discourse.

This revised conceptualisation of the scope and social operation of 'the political' in turn has implications for our emerging understandings that individual, communal and planetary health is subject to political determinants just as much as it is dependent on social and cultural conditions. Of course, it remains the case that governing states have certain responsibilities for the oversight of public health measures and the provision of primary health care services; and

governmental political will, political economy, decision making, policy programmes and law clearly impact health care and health outcomes. Bearing as they do on all areas of law and policy governing how citizens' lives are lived – in their family relations, work conditions, embodied and cultural diversity, housing, energy use, environment, technology, education and agriculture – these state-controlled political determinants are the key subject matters of this book's chapters. Yet the notion that politics also concerns the social practices through which identities, subjectivities, ideologies, and cultural frameworks are formed and invested with normative powers, entails that health and wellbeing are additionally subject to political determinants wider than the powers of state. Awareness of this important point is likewise threaded throughout this book. In fact, the governing state is but one focal point (albeit a major one) for multiple sites of political action that exist within any single society. These various extra-state political agencies and authorities include, for example, the patriarchy (with feminism as a counter-authority that contests misogynist and masculinist justifications for male privilege and power); the normative institutions and cultural structures of settler-colonial Whiteness (contested by First Nations that assert their own sovereign authority in refusal of colonial domination and racial discrimination); and heterosexist religious orthodoxy (countered by queer subjectivities that assert the authority of their equal right to humanity, dignity and spirituality). Consequently, an individual's enjoyment of good health and wellbeing is not only politically determined by their ability to access crucial services provided by the state, nor solely by how well the specific needs of diverse and complex life situations are met by state policy that is required to have a general application across the entire body of the citizenry. Good health and wellbeing also are linked to the power (or capacity) of individuals, as well as the collectives they form, to exercise social agency and negotiate their positions within – and often against – the social relations in which they participate. Together, these complex operations of governmentality and agency constitute the major political determinants of health.

Understanding the political determinants of health in this way is important because it expands possibilities for orchestrating the social and cultural conditions needed for individual thriving and collective wellbeing, as well as for planetary survival. When power is not simply centred in state institutions but also extends across social networks and resides in alternative sites of authority, then political responsibility likewise is multiplied and shared amongst a great variety of non-governmental agents having capacity for socio-cultural influence and determination. Citizens, then, need not think their health provision needs are solely dependent upon the political will and good policy decisions of the governing state, although these remain significant factors in the political determination of healthy lives. Rather, individuals can look to a wider variety of powerful entities with determining agency. In some instances, such determining sources will be alternative governing bodies acting independently or alongside the formal powers of the state, such as the sovereign structures of First Nations who have assumed control of health services provision for their citizen communities. Indeed, in the settler-colonial jurisdictions of Australia, Aotearoa-New Zealand, Canada, the United States and the northern Arctic regions, mounting decades of state government policy failure correlate with the ever-deepening disadvantage of Aboriginal people; this dire situation has prompted a resurgence of First Nations governing authorities acting independently of settler-colonial state governments, intent on restoring the health and confidence of their people by self-determining the positive social conditions in which culturally distinct Indigenous communities can thrive.

Through their programmes of nation resurgence, Indigenous groups are working to rebuild their own ways of self-governance and government. This involves Indigenous nations asserting their collective identities, as polities that have persisted regardless of the harms caused by colonial invasion. Settler-colonial control, dispossession, institutionalised racism and the

denial of Aboriginal sovereignties are widely discussed negative political influences affecting the health and wellbeing of Indigenous peoples. They cause well-known negative impacts, such as damage to social bonds, disruption of intergenerational knowledge transfer, and dispossession of lands and resources leading to systemic and intergenerational disadvantage. While it is important to recognise these negative impacts, it is also important to focus on positive political factors that can help Indigenous collectives exercise self-determination and improve their health and wellbeing. These positive factors include having decision-making power, being able to define and pursue goals, using Aboriginal laws to maintain order within communities, having self-governing institutions, having freedoms of political association, having independent economies and jurisdictions with decision-making powers over resources and services, and authorising access to cultural property (Fforde et al. 2020; Rigney et al. 2022). Globally, Indigenous groups are reclaiming these positive political conditions, which are crucial if First Nations are to successfully protect their environmental lands and waters from further damage. By rebuilding their cultural institutions and governance structures, First Nations are working to regain their authority and autonomy, and so to heal their societies and safeguard their Countries (see Jorgensen 2007; Cornell 2015; Hemming et al. 2019; Nikolakis et al. 2019). Thus, whereas settler-colonial governments tend to assume they are the only relevant political authority in their jurisdictions, Indigenous nation building enables Aboriginal peoples to (re) develop their capacities for sovereign self-rule. This often involves reinstating ancient institutions expressed in new forms through the creation of culturally matched governance structures that fit the current context.

Through nation rebuilding, Indigenous collectives aim to achieve effective leadership, equitable partnership, and genuine self-determination as they strive to maintain cultural, social, economic and political connections to Country and the resources necessary for supporting healthy lives, and thus sustain themselves over time. Having international relevance and application, the 'Indigenous nation building' paradigm is a theoretical and practical framework that was developed through long-term research involving Indigenous nations in the United States and Canada and further elaborated in Australia and elsewhere (Jorgensen 2007; Nikolakis et al. 2019). The research evidence shows that effective, legitimate and culturally-specific Indigenous governance is essential for the realisation of Indigenous nations' self-determined goals and ultimately, for healthy citizens and flourishing communities. Indigenous self-governance is a necessary precursor for economic prosperity and effective service delivery in policy areas including health, education, natural resource management, and housing (see Jorgensen 2007; Hemming et al. 2019; Smith et al. 2021; Rigney et al. 2022). In general, Indigenous nations progress towards their self-defined economic, health and community development goals when they exercise genuine decision-making control over their internal affairs and resources. This requires them to have effective and legitimate mechanisms of self-governance; reflect and represent the values of their citizenry; base their actions on long-term systemic strategies; and have community-spirited leadership engaged in creating positive partnerships and stable political institutions (Cornell & Kalt 2007). Indigenous nation building is a holistic framework that involves four interrelated stages: identifying politically as a cultural collective, strategising to achieve the nation's purpose, organising for self-governance, and acting sovereignly to realise collective goals (Cornell 2015). By mindfully following these steps, Indigenous nations can progress towards their self-defined economic, health, and community development goals. Often partnering strategically and effectively to maximise their capacity to reach these goals, First Nations leaders are establishing authoritative pathways towards healthier futures for their citizens (Hemming et al. 2020; Rigney et al. 2022).

When health is understood as a holistic measure of quality of life or wellbeing (which is both individual and collective, and ultimately concerns planetary environmental forces), it involves having capacity for successful integration of the full range of positive elements and relationships that constitute a healthy self. Because they are centrally about agency and capacity, health and wellbeing are also primarily about power, empowerment, and the politics of self-determination. We have indicated how Indigenous self-determination and self-governance are positive political determinants that enable the social and cultural conditions required for the good health and wellbeing of First Nations citizens and communities; and we have explained how Indigenous nation building supports these important political determinants of health and wellbeing. Nonetheless, First Nations governments with majority responsibility for the provision of health care to their citizen populations continue to face problems of inadequate funding, shortfalls in their own institutional capacity, uneven information provision and data-sharing, unequal citizen access to comprehensive health care services, and unstable political governance by nation-states in which policy frameworks continually change, depending on who has formed a government at a particular point in time. This situation frequently leads to a lack of trust that state and federal governments will not step back from their ongoing responsibilities towards First Nations as communities assume increased control over their own affairs (Rainie et al. 2015). These challenges draw our attention back to an important aspect of the idea of 'the political' as a domain of intricate and multi-directional 'force-relations' that extend and intersect across the entire social network.

According to this view of the nature and operation of power, one of the most crucial determining features of political society concerns the ways in which multiple authorities (or agencies) coexist within society and are required to relate to one another so as to negotiate their overlapping influences and perceived jurisdictions. That is, individuals and cultural communities alike do not exist in isolation but rather are relationally constituted; and these local and wider relationships are vital sites for the political determination of health and wellbeing, both for individuals and collectives. The quality of the relationship between coexisting (and sometimes competing) powers defines whether the relationship is 'toxic' or 'healthy': that is, whether it is uneven or is fairly negotiated; whether the form of interaction is unilaterally imposed by one party on another or is managed collaboratively through agreed principles of engagement. Such considerations determine the wellbeing of the participants in the relationship and also define the potential of the relationship for generating positive and healthy outcomes that can be materialised more widely or collectively (Bignall 2014; see Hemming et al. 2019). This principle of healthy co-determination applies just as much to individuals negotiating power relations in intimate settings, such as the family, as it does to First Nations governments and settler states coexisting within a political federation, such as Australia or the United States of America (Bignall 2010; Vivian et al. 2017; Hemming et al. 2019).

An important implication is that the political determination of the social and cultural conditions supporting healthy lives then significantly concerns relationship-building for positive partnerships able to influence the good governance of health. This awareness can create subtle shifts in the way power is channelled through policy planning processes. Leaders in the health sector (as is the case for other public sectors) often find themselves in the role of supplicant, advocating for the implementation of health measures at the mercy of an overriding state authority having the necessary will to prioritise public health initiatives in its budgetary decision-making. However, equipped with a sound knowledge of the relational nature of power, strategic leaders might alternatively direct their energies towards building the sectors' own centres of authority and use these to amplify key messages requiring policy attention. Ultimately, this may enable representative organisations arising from civil society

to partner more effectively with the state in collaborative policy-making. The role and duties of the state would then be subtly reconfigured away from the monopoly of power and jurisdiction and towards the obligations of constructive partnership, including the enhancement of governmental facilities for listening and for coordinating the centres of authority arising from civil society.

Indeed, this kind of coordinating role is crucial for the political determination of health and wellbeing since, as this book comprehensively details, a healthy life is a multifaceted affair. Good health not only requires access to primary medical care and allied services, but also concerns identity and subjectivity; access to justice, employment and social capital; appropriate housing; well-rounded education opportunities; security of food and water; beneficial environmental conditions; agency in the context of planetary processes; and freedom from socio-cultural forces of bias and hatred such as racism and sexism. The effective political determination of health requires the coordinating input of good governance to bring these elements into balance and resonance, just as much as it needs citizens to engage actively and conscientiously in the cultivation of positive relationships that will help shape the cultural fabric of healthy societies and contribute responsibly towards the future health of the planet.

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Introduction

Marguerite C. Sendall

In Australia, state governments collect taxes from people and entities and allocate these funds to resource a socially just, fair and equitable healthcare system. But is it that simple? Healthcare is much more than just a system and health is determined by more than just access to healthcare. There are clear and inseparable links between health, healthcare and politics which makes public health inherently and fundamentally political, as this quote from Baum (2015) articulates:

> Public health is a political activity because it is about change, and its history shows that public health actions are expressions of prevailing political ideologies, the beliefs of those in government and the extent to which formal power holders are influenced by interest groups.
> (p. 79)

Short-lived and precarious political cycles, party agendas and ideological positions, political decisions and policy agendas (e.g., food, industrial relations, trade) are critical factors that influence and determine the health of people, communities and populations (Sundin, 2019). In this way, politics is a determinant of health, directly and indirectly influencing all other determinants of health. As a new age public health student, you will practise in an increasingly complex day-to-day working environment imbued with political overtones. You will require sophisticated knowledge and advanced skills to address ever more challenging determinants of health, including the political determinants. As such, you will need the critical mind of a humanitarian, the creative mind of an entrepreneur, the communication skills of an expert writer, the passionate spirit of an artisan and the strength to argue for silenced voices. This book will help you gain a sound understanding of the complex relationship between health, healthcare and politics and how politics influences health outcomes from a planetary perspective.

This introductory chapter provides foundational knowledge about the political determinants of health and outlines the underpinning concepts required for each chapter. The first section covers the *Australian political system* acknowledging pre-colonial systems used by First Nations people and post-colonial systems embedded in British traditions, specifically the three levels of government, the Constitution and Australia's federation of states. Public policy is defined before discussing the relationship between politics, public policy and policy processes. The next section covers the *Australian healthcare system* including the international context, the World Health Organization (WHO) and Australia's role in the WHO Western Pacific Region. Australia's healthcare system will be discussed considering the three levels of administration, public and private healthcare provision and within the context of healthcare costs, the government's responsibility to provide health services and people's right to access

healthcare. The next section introduces the *political determinants of health* commencing with the fundamental concepts underpinning the political and all other determinants of health. Building on this, advocacy, the notion of power, political will and capital will be discussed before considering public policy, healthcare taxes and the impact of trade and globalisation. The last section introduces a *planetary perspective* which acknowledges climate change science and the unrefuted connection between human and planetary health. The term planetary health is defined before discussing the Australian and global context.

Throughout this introductory chapter, you will be asked to pause at specific junctures. **Let's think** will ask you to think about an idea in more detail by posing a question. **Let's do** will ask you to do a short activity. **Let's refresh** will ask you to refresh your knowledge about an idea. These junctures will help you think more deeply about the idea being discussed and prepare you for more complex learning activities in the following chapters.

The Australian political system

To understand the political determinants of health within the Australian context, let's begin by developing a sound understanding of the Australian political system and the policy process embedded through these systems.

Our system of government

Aboriginal and Torres Strait Islander peoples have lived on the continent of what we now know as Australia for over 60,000 years. Aboriginal and Torres Strait Islander peoples came from over 250 distinct language groups, practiced traditional land and water cultures and used sophisticated systems of law and order. After colonisation, Australia was progressively established as six separate British colonies, which came together in 1901 to form a federation governed by the Australian Constitution. The colonies handed legislative powers to the newly created parliament to form the Commonwealth of Australia, which is made up of six states and two self-governing territories, and over 500 local councils (Parliamentary Education Office, Commonwealth of Australia, 2022a).

Australia has a mixed system of government inherited from the British Westminster system. Firstly, Australia is a representative liberal democracy, one of the oldest and most stable in the world. In this democratic system, Australian citizens vote for political candidates who, as elected Members of Parliament, represent and enact laws on behalf of the constituency. Almost anywhere you live in Australia has three levels of government – the national government, the state or territory government and the local council or shire. Each level of government is elected by the people they represent (voting is compulsory in all but local council elections) and has particular responsibilities and provides certain services. The Prime Minister is Head of the national government, also referred to as the Federal or Commonwealth Government The national government has certain legislative and other powers, although some are shared with the states and territories (Parliamentary Education Office, Commonwealth of Australia, 2022a). Each state and territory government has an elected head, the Premier (or Chief Minister in the territories). States and territories have considerable autonomy because the national government does not have legal power to influence decisions (Department of Foreign Affairs and Trade, Australian Government, n.d.), although there are examples of how the Federal government has overruled decisions in the territories. Local shires and councils, known as Local Government Areas or LGAs, consist of suburbs or localities and have limited jurisdiction.