



Submission to the Northern Territory Emergency Response Review Board

The Australian Indigenous Doctors' Association (AIDA) welcomes the opportunity to contribute to the Northern Territory Emergency Response (NTER) Review.

AIDA is a not-for-profit, non-government organisation dedicated to the pursuit of leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education and workforce. There are approximately 125 Indigenous medical graduates and a similar number of Indigenous medical students in Australia.

AIDA is represented on over 30 government and non-government health, education and workforce groups, including the newly appointed National Indigenous Health Equality Council, the Aboriginal and Torres Strait Islander Health Workforce Working Group and the Australian Medical Association Taskforce on Indigenous Health.

As Indigenous medical practitioners, we offer a special combination of clinical and cultural competence and expertise, and have a unique and central role in advocating for, and improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. We are keen to ensure that the needs of Indigenous communities and their respective health needs are articulated, protected, advocated for and respected.

AIDA has been a key partner in the Close the Gap Steering Committee which led the National Indigenous Health Equality Campaign, and which recently handed the *"Close the Gap National Indigenous Health Equality Targets – Outcomes from the national Health Equality Summit, Canberra, March 2008* to the Minister for Health and Ageing.

AIDA also works closely with Medical Deans Australia and New Zealand, the Committee of Presidents of Medical Colleges and the Australian Medical Council to ensure that the medical education and training system is inclusive of Indigenous health content, is culturally appropriate and recruits, supports and graduates Aboriginal and Torres Strait Islander people into medicine and medical specialties.

Leadership, Partnership, Scholarship



Indigenous Health in Australia

AIDA endorses the National Aboriginal Health Strategy (NAHS) definition of health, which is:

“Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.”ⁱ

Indigenous health interventions need to take account of the holistic nature of Aboriginal health. This includes an understanding of social and emotional wellbeing as an integral part of Aboriginal and Torres Strait Islander peoples' health.

Social and emotional wellbeing should be understood within the holistic concept of health and not seen as separate from physical health.


Issues of social and emotional wellbeing cover a broad range of problems which can result from unresolved grief and loss, trauma and abuse, inter-generational trauma, domestic violence, issues associated with the legislated removal of children, incarceration, family breakdown, cultural dislocation, mental illness, and social disadvantageⁱⁱ. The role of racismⁱⁱⁱ and discrimination^{iv} as a factor in the poor health of Indigenous Australians should not be overlooked or underestimated. AIDA urges the NTER Review Board to seriously consider these matters in its review of the NTER.

Given the layers of trauma that exist in many Indigenous communities, it is important that a healing approach be considered in addressing communities issues. A healing approach should also be seen in the context of the holistic nature of Aboriginal health.

Healing can happen in a range of different ways for individuals, families and communities.

A range of practices and programs that occur outside the direct responsibility of the health sector, such as family reunion services, art and cultural activities, memorial and ceremonial practices may all contribute to healing. The Prime Minister's Apology to Indigenous Australians early in 2008 was an essential step towards healing for Indigenous Australians and indeed, the whole nation.

At the time of the announcement of the NTER, AIDA questioned the notion that poverty, dispossession, marginalization and despair (the root causes of substance misuse and sexual, physical and emotional abuse) could be treated with interventions that further contribute to poverty, dispossession, marginalization and despair.^v Health and illness do not exist in a vacuum. They are intimately connected with access to sanitation, clean water, adequate housing, education, transport and access to appropriate health facilities^{vi}. It is absolutely vital that Indigenous health as well as child abuse issues, be addressed in measured, far-reaching and sustainable ways.



The appalling state of Indigenous health is well known and evidenced by the 17-year life expectancy gap; high incidence of infant mortality; and high incidence rates of co-morbidities. The 2008 AIHW Report *Australia's Health 2008*^{vii} states that the top five causes of Indigenous deaths were (i) diseases of the circulatory system, (2) external causes of morbidity and mortality (mainly accidents, intentional self-harm and assault); (iii) neoplasms (including cancer), (iv) endocrine, nutritional and metabolic diseases (including diabetes) and (v) diseases of the respiratory system. Many of these diseases could be improved (and thus inequities and disparities eliminated) through better access to primary health care.

In relation to diseases of the circulatory system, it is important to note the evidence regarding the link between heart disease and 'psychosocial stress', induced by social isolation, poverty, hopelessness and lack of empowerment and control over life opportunities.^{viii}

The Northern Territory Emergency Response

When the NTER was announced, AIDA urged for a measured, far-reaching and sustainable approach in implementing the Australian Government's plan to tackle child abuse issues in the Northern Territory. AIDA cautioned against a rushed approach that did not include consultation with Indigenous people or the medical community^{ix}


AIDA believes that any Indigenous health intervention or program should be guided by the following principles:

- Land, culture and connectedness are important for Indigenous health;
- Take a strengths-based, healing approach, which incorporates kinship care and builds on the resilience of Aboriginal and Torres Strait Islander people;
- Genuine partnership with Indigenous people;
- Learn from existing good practice in Indigenous health;
- Value existing Indigenous health expertise and engage Indigenous health workforce.

AIDA'S engagement in the Northern Territory Emergency Response

A number of AIDA members have been engaged in the NTER in a range of capacities, for example:

- In July 2007, Drs Mark Wenitong (then AIDA President) and Marlene Kong provided input into the first orientation program for the Emergency Response Medical Teams;
- Drs Mark Wenitong, Helen Milroy, Marlene Kong, Alex Brown, and Ngiare Brown were members of the Department of Health and Ageing (DoHA) Interim Medical Advisory Group (IMAG);
- Dr Peter O'Mara and Mr Romlie Mokak (AIDA CEO) were members of the DoHA NTER Health Expert Panel;

- 
- Associate Professor Noel Hayman and Dr Latisha Petterson are members of the DoHA Advisory Group for the Evaluation of the Australian Government's Northern Territory Emergency Response Child Health Check Initiative.

The commitment made in terms of clinical, cultural, organisational and human resources was a significant investment by a relatively small organisation to advocate for improved Intervention outcomes.

Dr Wenitong is a member of the Northern Territory Emergency Response (NTER) Review Board Expert Group.

The AIDA delegation to Central Australia

In July 2007, Drs Mark Wenitong, Marlene Kong, Ngiare Brown and Alex Brown spent time consulting with a number of Indigenous communities and stakeholders across Central Australia about their primary concerns and difficulties during the rollout of the NTER. AIDA has drawn on the findings of the delegation in this submission.

AIDA Health Impact Assessment (HIA) into the NTER measures


AIDA, in collaboration with the Centre for Health Equity Training, Research and Evaluation (CHETRE), is conducting a Health Impact Assessment (HIA) of the NTER. The HIA project is jointly funded by AIDA and The Fred Hollows Foundation. It is overseen by a Steering Committee chaired by Dr Tamara Mackean, AIDA President.

The HIA is not an evaluation of the NTER. It is a structured method for assessing the potential positive, negative and unintended health impacts of a proposed (or existing) policy, program or project. We will gather information using a combination of community consultations, key stakeholder interviews and expert reviews to capture a broad range of perspectives. We are hoping to contribute to the future development and implementation of policy and programs as it relates to the NTER.

AIDA's HIA findings are in the interim stage. While the complete set of findings from the HIA is not yet available, the preliminary analysis of some of the community visits identifies important messages for the NTER Review. The Steering Committee decided it was especially important to allow community voices to be heard in the review process. Where possible, the voices of the community members have been used to express concerns and communicate the impacts of the NTER on Indigenous people and communities in the Northern Territory.

WHAT IS WORKING?

1. It is difficult to assess with certainty what is working for the following reasons:
 - The main aim of the NTER 'to protect Aboriginal children' is highly emotive and broadly defined;
 - There are no clear baseline measures; and

- 
- Some potentially negative impacts on health and wellbeing may not be realised until further down the track.
2. AIDA supports in principle some elements of the NTER. Measures that lead to better health, educational and social outcomes are certainly welcome and have long been called for by Indigenous communities and organisations.
 3. However these measures; for example providing more police in remote communities, providing extra teachers and classrooms, conducting health checks, and establishing school breakfast and lunch programs should be provided as part of ordinary citizenship entitlements. A key stakeholder put it this way: ***“Communities have wanted this for a long time – they shouldn’t have to put aside their civil liberties for a police man.”***¹
 4. AIDA notes that the NTER has directed some much-needed Government attention to, and led to increased public awareness of, the poor status of Indigenous health in this country.
 5. Furthermore, the NTER seems to have increased awareness of the problem of child abuse within Indigenous communities. An encouraging sign of this was where a group of more than 400 Indigenous men recently issued a collective Statement of Apology to Indigenous women, which is a testament to Indigenous strength and leadership^x.

WHAT ISN'T WORKING?

6. AIDA contends that the NTER has had a considerably negative effect on the health and social and emotional wellbeing of communities, families and individuals.


Initial impact

7. Data collected during community field visits thus far show that an overwhelming majority of participants spoke of feelings of immense shock and grief upon first learning of the NTER.
8. In a medical context, shock is an emergent situation. It is somewhat paradoxical that one ‘emergency’ should provoke another emergency that is not responded to.

Inadequate communication

9. The AIDA delegation that met with communities in Central Australia in July 2007 found that there was profound lack of communication across all levels, and between all key stakeholders involved in the NTER^{xi}.

¹ key stakeholder interviewed as part of AIDA HIA

- 
10. There was little explanation of the rationale linking the various NTER measures with reducing child abuse, as well as how these measures would be rolled out.^{xii}
 11. This contributed significantly to misinformation, confusion, frustration and fear within communities and health services. Furthermore, this lack of clarity and communication also contributed towards paranoia and anger within communities.
 12. AIDA notes that the NTER Taskforce has since met with communities to explain how the NTER measures would be implemented and how this would affect community members.^{xiii} We also note that the NTER Taskforce Report states that initial suspicion and distrust has lifted. In contrast, AIDA's findings have indicated a hardening of mistrust towards the Australian Government and dominant Western culture in Australia, due in large part to inadequate consultation and communication with communities. As one community member put it: ***"We have been waiting but there has been no information. Didn't know what Intervention meant. People wanted to stand up to speak but no one has been listening."***²
 13. We note that the Taskforce has conceded cross-cultural communication issues. An interview with a key stakeholder has highlighted the lack of culturally-appropriate communication strategies and tools to accommodate Aboriginal languages. This is a 'first principle' of working with Aboriginal and Torres Strait Islander people, and a strategy that Indigenous health organisations continue to highlight.


Social and emotional health and wellbeing

14. From the interim results of the HIA, it is also clear that the NTER has compounded disempowerment and feelings of powerlessness due to:
 - the disregard for the principles of self-determination;
 - the discriminatory nature of the NTER; and
 - the negative impact on culture and social structures.

These themes are further detailed in the next section on 'unintended consequences of the NTER'.

15. As medical professionals, we are deeply concerned about the impacts of the NTER on health and wellbeing. Community members, as well as key stakeholders have consistently highlighted their feelings of shock, grief, despair and fear when the NTER was initially announced. This, together with the concerns outlined in point 8 above, has seriously compounded the negative effects on individual, family and community wellbeing.

² Community member interviewed as part of AIDA HIA

- 
16. Furthermore, our interviews with communities and stakeholders very powerfully evoked a sense of regressing to the 'old days': many people referred to the feelings of shame, humiliation and loss of dignity that particularly characterised an earlier 'protectionist' period in history when the Government controlled every aspect of Indigenous people's lives.
 17. The HIA interim results indicate that the NTER has created a feeling of "collective existential despair". This is a feeling that is characterised by a widespread sense of helplessness, hopelessness and worthlessness, and experienced throughout entire community(s). It is a sense that has been felt by the majority of Indigenous stakeholders that we have consulted with – people who are not directly affected but who have family (or even non-family acquaintances) who are. It is a silent but far-reaching impact of the NTER, with profound implications for resilience, social and emotional wellbeing and mental health of Indigenous people in the Northern Territory, and throughout the country.

Health checks


18. While AIDA welcomes additional funding announcements in relation to Indigenous health, we believe that funding into the health checks could have been used more effectively and that the child health checks have largely been an exercise in duplication.

Income management

19. AIDA asserts that the blanket approach to income management has led to the further loss of dignity and disempowerment of Indigenous people in the Northern Territory.
20. AIDA does not support the compulsory quarantining of welfare support payments. As medical professionals, we believe that this is akin to medically treating patients without their consent 'for their own good'; this breaches medical ethics as well as international human-rights principles.
21. Further, HIA data collected in a recent field visit indicates that the income management measure has made life very difficult for community members. A community member has put it this way:

***Going to Centrelink every day to find out what's happening with her income management, then going to the shop and finding there is no money on the food card. There is constant pressure to find out what's happening and it's making her frustrated and tired – trying to look after her children and her partner and herself.'*³**

³ Community member interviewed as part of AIDA HIA

- 
22. Many community members have also experienced difficulty with the income management delivery system:

'They have no money for travel, and some have not been paid for three weeks since the Shire took over the governance of the community.'

'Centrelink started the food card allotments before the store was ready on line. The baby bonus was now taken over by income management – need permission to spend it now.'

'Can't use food cards in other communities – when we go to another community we need to pay \$6 for a new one to use there.'

23. AIDA is concerned about the evidence that shows some community members have experienced extreme hunger or 'starvation' (a term used by the community members) in the transition period between the removal of CDEP and new welfare arrangements. It is highly unacceptable that an Australian citizen should experience hunger because of inadequate government service delivery.

Drug and alcohol measures

24. An expert on drug and alcohol issues engaged as part of our HIA has reported that while there is good evidence that restricting the availability of alcohol in remote and regional communities will reduce the misuse of alcohol, there are important qualifications which may limit the potential to affect change. These qualifications include (a) the need for community support for such measures, (b) the availability of demand reduction and harm reduction strategies and attention to the social determinants of harmful drinking practices.^{xiv}
25. There is no evidence that the NTER initiative of 'local dry areas' have been or will be effective ('local dry areas', unlike 'dry community' declarations, relate not to whole communities but to restrictions on alcohol in designated public places in Darwin and Alice Springs).
26. Restrictions on the availability of alcohol need to be included as part of a broad, complementary strategy tackling supply, harm and demand reduction measures. Chronic alcohol misuse will not significantly change unless the social and structural determinants of unproblematic use are in place (eg quality child care and early intervention, parenting support, adequate housing, transition to school support, appropriate education and training, realistic employment options, proper governance and alternatives to drinking and other substance misuse for children young people and adults.)

Housing

27. HIA data collected during a recent field visit shows that the Government's promise of additional housing has not yet been delivered.

HAVE THERE BEEN ANY UNINTENDED CONSEQUENCES?

28. AIDA foreshadowed that a number of unintended negative consequences could result from the NTER measures. In our submission to the Senate Legal and Constitutional Committee on the Northern Territory National Emergency Response Legislation in August 2007, we outlined the potential unintended consequences on mental health; social and emotional wellbeing; physical health; and culture and identity^{xv}. AIDA cautioned against taking any measures that would invoke the grief, loss and trauma associated with the forced removal of Aboriginal people from their land and culture. We were joined by other organisations^{xvi} in articulating the dispossession and disempowerment that would occur when people's sense of control and decision making were taken away.
29. AIDA also argued against racially-based legislation that would contribute towards negative stereotyping of Indigenous people; result in increased racism and discrimination; and negatively impact upon the identity and self-esteem of Indigenous people.

HIA Evidence

30. As predicted, our research shows that the NTER has caused immediate and lasting harm to Indigenous people.
31. Community members expressed feelings of loss of responsibility, loss of control, loss of power, and a hardening of mistrust towards the Australian Government and dominant Western culture in Australia. This has resulted in feelings of anger and powerlessness, it has caused cultural, social and emotional harm, and many community members feel that the NTER is discriminating against Aboriginal people:

'All my money goes into income management. I got angry... Maybe you trying to rob me. It made me very angry.'


Cultural harm

Culture is an important determinant of health. Community consultations emphasise that disrespect for [x]^{xvii} language, culture and law, evident within the Intervention, has and will continue to lead to poor health outcomes for Aboriginal Australians. This is also supported by international evidence.^{xviii}

'People are getting tired and sick with the breaking down of [x] community culture and law, with the lack of respect for our people and our culture'

"No-one should appoint themselves with the authority to destroy our culture"

"Death – the death of our spirituality. We may be physically able but culturally socially spiritually dead, empty"



'Young people are more disobedient to their elders because they are becoming dependent on [Western] laws and cultures. Not wanting to learn customary law, ways and culture. The Intervention will make this worst if they keep taking away responsibilities from elders of the tribe.'

Leadership, Partnership, Scholarship



Social harm

Many community members report that the Intervention was imposed on Aboriginal people and therefore causes social disruption and harm:

‘Governance and community law here has been strong usually – but it breaks down when [non-Indigenous/Government] impose on them and tell them what to do and our systems disrespected’.

‘If the intervention continues people might go back to the outstations, eat bush food and die out there – but making their own decisions’.

Emotional harm

Community member comments demonstrate that the Intervention has caused emotional harm to many Aboriginal Australians:

‘I feel sad in my heart’

‘Not happy. Tired’

‘Feelings of betrayal and of being let down by government’

‘I feel as if this intervention will destroy me and lead to the breakdown of the relationship with my partner’

Discrimination

The blanket application of legislation such as the suspension of Part II of the Racial Discrimination Act is seen as discriminatory and racist:

‘[Non-Indigenous people] have the same issues of problems, gambling, abuse, violence but they are not subject to the same controls’


‘We should have had the same opportunities and protection and services as [non-Indigenous people]’

‘If this is happening to us why isn’t it happening to other races – should be equal opportunity for all people’

‘We’ve become frustrated waiting for money to go onto the food card. They think we are not as good as white people.’

Drug and alcohol measures

31. Some unintended consequences of the drug and alcohol measures include:
- (a) The possibility that measures may cause displacement of drinking to unsafe environments;
 - (b) The possible substitution of other harmful substances than alcohol;

- 
- (c) that there will be negative community sentiment; resentment by Indigenous drinkers and non-drinkers about the discriminatory nature of the measures.
 - (d) Deteriorating relations between Indigenous communities and police because of the way in which enforcement of the measures are allegedly taking place in some communities.^{xix}

HOW IS EACH NTER MEASURE PERFORMING AND HOW SHOULD EACH BE TAKEN FORWARD?


General comments

- 32. Information collected from community field visits overwhelmingly concurs that the 'one size fits all' approach does not work⁴.
- 33. In deliberating on how to take the Intervention forward, AIDA strongly urges the Government to consult with Indigenous people about their specific needs and aspirations, while acknowledging local knowledge, strength and expertise in the process.
- 34. From our perspective as Indigenous doctors, we urge the Government to commit to the necessary long term focus involved in tackling the multi-dimensional health and wellbeing issues that have built up over time.
- 35. As Indigenous men, women, professionals and citizens of this country, we strongly advise the Government to adopt a healing approach and truly consider whether the current measures will empower communities and support them in dealing with the complex causes and consequences of child abuse.

Health measures

- 36. AIDA does not consider the NTER's implementation of child health checks as an achievement in and of itself. The right to health is a citizenship right that should be available to all Australians and should include equity of access to quality primary health care and child and maternal services. We do not support the linking of the health checks to the wider rationale of the NTER.
- 37. HIA investigations to date show that community members are consistent in their view that the child health checks are seen as duplicative and what is needed is follow-up treatment for well-known problems and Government commitment to long-term resourcing.

⁴ Community member interviewed as part of AIDA HIA




Ways forward – health measures

38. It is vital that the attention that has been directed to Indigenous health and the momentum that has built up from the NTER continues on and leads to sustainable long-term health and wellbeing outcomes.
39. AIDA believes that a sustainable approach to health is one that:
- incorporates community engagement and capacity building;
 - is developed at the local level;
 - has a focus on building a local workforce through educational and employment opportunities;
 - considers continuity of care important in building trust and relationships with communities;
 - upholds communication and relationship building as integral between all key stakeholders; and
 - aims for efficient and effective planning and coordination.
40. AIDA wishes to comment on one aspect of the follow-up services offered in phase 2 of the NTER – in particular, ENT services as we feel that the issues surrounding it are symptomatic of broader health issues.
41. The terminology surgical ‘blitz’ seems problematic and inappropriate as it implies a quick solution - as opposed to a well-considered, sustainable solution - to a serious chronic health condition. Surgery is only one aspect of ear health, and ideally should be seen as the last phase. The development of preventative and education programs about the risk factors, as well as primary health care are important aspects of achieving good ear health. Ear disease and loss of hearing has serious implications for education and employment options.
42. The focus on ENT surgery blitz is also narrow as there are opportunities to make real improvements to Indigenous health, which are not being taken up. For example, empowering communities to ‘own’ and manage ear health would be more effective than (or even augment) a fly-in-fly-out program. With appropriate support, community members could work alongside ear health specialists with a view to establishing a career pathways in ear health, as an Aboriginal health worker.

Income management

43. Data collected during community visits thus far has revealed significant concerns with this particular measure.
44. While the responses from community visits relating to income management are mainly negative, there is some positive feedback from community members about the income management scheme:



'Income mix means that there has been less humbug for cash on some people have been able to save money.'

45. However on the whole, the response to income management has been overwhelmingly negative. Many community members see the income management regime as ineffective, discriminatory, and harmful. Income management is seen as ineffective because the scheme does not take into account the size of Aboriginal families and the high costs of food in remote Aboriginal communities. Therefore many community members reported that there is insufficient money for food and other essential items:

'It has been putting people into poverty and starvation. There seems to be more humbugging for food and money than before the Intervention'

'Self and family starving. We have no help and no support. We're not allowed to share. The new laws have been very difficult to understand – the deductions from our pension money and the food card. The card isn't always working either. There are deductions for school and other income management and money from pension for aged care e.g. meals on wheels.'

46. Income management is seen to be causing family and community conflicts:

'No money. When people are unemployed they argue with people who are working and these arguments are harming family relationship, and people aren't feeling good together.'


47. Income management is seen as inefficient. The only store in the community is expensive – it would make more sense to buy certain items in other places:

'Cards only work at certain stores. It seems that Canberra wants people stay in communities and not to go to Darwin (or other places) where clothes and other things are cheaper.'

'Shopping is too expensive at the [x] store, food is too expensive and no choice of stores.'

48. Income management is seen as limiting cash flow and therefore restricts cultural activities such as travel for ceremony and costs of funerals.

'Bad. No money coming – have no cash money. Need money for ceremony, for travel, clothes, sometimes for say a coffin. Used to be able to pool money to enable people to take part in ceremony, but now we can't because the money is in separate accounts and we don't get it in cash. Money is scarce but still have other concerns and responsibilities – cultural responsibilities, funeral, ceremony, aged care.'

- 
49. The mandatory nature of the policy is seen as unfair and as taking responsibility away from Aboriginal people:

'I don't gamble or drink, I look after my grandchildren all the time. Other parents come here to get food from us... It is foreign law and it has meant we have no money, no food. We have pay and it's good for one week and then myself and my family are starving.'

'Some of us went to school and have very good education and manage our own money. We didn't need or want anyone to tell us how to spend our own money.'


Ways forward – income management

50. Taking the income management regime forward is problematic. The exact purpose of the scheme is unclear.
51. If the aim is to support Aboriginal Australians to manage their money effectively then there are some good examples of alternative overseas approaches such as offering training courses in income management.
52. If the aim of the income management regime in Aboriginal communities is to ensure sufficient food is available for Aboriginal children in remote communities, then overseas initiatives such as food have been shown to be effective.
53. The examples of community perspectives above show that the negative outcomes of income management outweigh the benefits. Further, the benefits from income management are most clearly seen where families and communities are consulted on a case by case basis.
54. Taking away people's ability to control their own income affects their ability to learn how to manage their income. The key point here is that the path forward needs to be developed in partnership, and not imposed on Indigenous people by the Government.

Drug and Alcohol

In relation to drug and alcohol, some alternative measures could include:

- a) Adopting [best buys] for alcohol controls which would benefit both Indigenous and non-Indigenous families and communities, especially around taxation and pricing of alcohol and reducing hours and days of sales of alcohol;
- b) Consultation with individual communities to achieve ownership of alcohol controls (which has been recommended by the NTER Taskforce);
- c) Attention to the social determinants of substance misuse;

- 
- d) Work with individual communities to introduce a package of evidence-based restrictions and other strategies to reduce demand and harm;
 - e) ensure each community has adequate access to the full range of preventative and treatment options (including adequate counselling programs, night patrols, sobering up shelters; safe houses, residential rehabilitation and pharmacological therapies.
 - f) Remove bans on drinking on town camps unless specifically requested by indigenous organisations, as the bans are clearly both discriminatory and their effectiveness not established by evidence.^{xx}


WHAT PROGRESS HAS THERE BEEN IN IMPROVING THE SAFETY AND WELLBEING OF INDIGENOUS CHILDREN?

AIDA cannot deny that there are issues in relation to safety and wellbeing, but what's more important is that communities are equipped and supported to deal with this. Furthermore, there are some communities who already have measures to deal with child abuse or community safety. The community measures are being denigrated through this heavy-handed approach; which, in the process blatantly points to Indigenous men as abusers and women and children as abused.

It is important to note that one year after the NTER was announced only three people have been convicted of child abuse.^{xxi} While this may not be the full story, it does cast doubt on basing the Intervention, which we have already said has negative impacts on health and wellbeing, on the main platform to 'protect Aboriginal children'.

A broader point to make is:

- 55. When the NTER measures were first announced, AIDA was not alone in questioning the link between certain aspects of the Intervention – most notably compulsory land acquisition, removal of the permits system, and the scrapping of CDEP – with protecting children from sexual abuse. We believe that the emotionally-charged public debate led to an oversimplification of the issues, the common theme of which was 'if you're not with us, you're against us'.
- 56. There was inadequate debate of the issues which resulted in poorly-conceived policies such as the introduction of compulsory child sexual abuse checks, which was then rescinded. Another example of the oversimplification of the debate is the way in which tackling ENT health was championed as a way of tackling child abuse^{xxii}. In an intelligent country like ours, we can't afford to make mistakes like this.
- 57. We note that the Australian Government has funded the establishment of a Mobile Outreach Service to work with children and families affected by sexual abuse and trauma.^{xxiii} AIDA reiterates a point made in our submission



to the Senate Legal and Constitutional Committee on the Northern Territory National Emergency Response Legislation, where we pointed to the dearth of culturally-valid programs to deal with trauma among Indigenous children and cautioned against entering into therapy in an ill-informed way.

58. Abuse does not occur in a vacuum. In Indigenous communities, the issues are complex and must be considered in the context of disadvantage, marginalization, trauma, grief and loss.

59. We also wish to highlight the neglect of Governments over decades, the consequences of which we are dealing with today.

60. The COAG and specifically the Federal Government commitment over a generation now provides an opportunity for real and lasting change.

WILL THE NTER LAY THE BASIS FOR A SUSTAINABLE AND BETTER FUTURE FOR RESIDENTS OF REMOTE COMMUNITIES AND TOWN CAMPS IN THE NORTHERN TERRITORY?

AIDA believes that the Close the Gap framework can guide a sustainable and better future for all Indigenous Australians, including residents of remote communities and town camps in the NT. This framework includes:

- Council of Australian Governments (COAG) agreement to a partnership between all levels of government to work with Indigenous communities to reduce Indigenous disadvantage;
- Signing of the Statement of Intent signed by the Prime Minister in March 2008.^{xxiv} This includes ensuring primary health care services and health infrastructure which are capable of bridging the gap in health standards by 2018;
- Close the Gap – National Indigenous Health Equality Targets – which provides a framework to measure monitor and report on health sub-targets and benchmarks.^{xxv}

We emphasize that any measures that result in feelings of disempowerment and powerlessness are not sustainable and moreover are harmful for individuals as well as communities.

ARE THERE OTHER WAYS OF WORKING THAT WOULD BETTER ADDRESS THE CIRCUMSTANCES FACING REMOTE COMMUNITIES AND TOWN CAMPS?

The voices from the community strongly convey the need to improve the overall policy approach to working with Indigenous Australians.

A review of the evidence on criteria to use to assess ‘good’ governance has been characterised as having four main attributes: legitimacy, power, resources, and accountability^{xxvi}. Pertinent examples of how the attributes of good governance have been contravened in the development and implementation of the NTER are outlined below:



Legitimacy

'We have our own brains and our own knowledge and our own aims but we were not asked about these. Some things that were already happening in programs were overlooked and ignored. We have our own ways but someone else is coming in and taking away our rights and control.'

Power

'It is taking away our self management and autonomy, disempowering us. People are feeling pain in their hearts. There seems to be nowhere to go and all the roads seem to be blocked no matter which way we turn.'

Resources

'It's too hard, no help. Prior community structures have been developed from [deidentified community] perspective but now this has been taken away and it's too difficult.'

Accountability

'There has been poor leadership from the Intervention and the new business managers have not been transparent in their decision-making or about their roles and goals.'

In addition to good governance and evidence-based policy, AIDA believes that ways of working must be underscored by a genuine partnership, in the spirit of cultural respect and collaboration. As stated by a number of community members, it is only when Indigenous and non-Indigenous people work together will it be possible to move forward:

'The question is how we can work together as equals – coming together to understand each other and work out ways to go forward together'

'There are two important views – [deidentified community] and [non-Indigenous/Government] – and we need to work together to find points of agreement and collaboration. And when we have an agreement then down the track we can review that agreement and check that it's right.'

'If [non-Indigenous] politicians and Government had sat down with [deidentified community] we would have given them better ideas of how to proceed and what to do.'

'We need to teach [non-Indigenous people/Government] what [deidentified community] think is right for our people.'

ⁱ National Aboriginal Health Strategy Working Party, 1989

ⁱⁱ *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* (2004-2009), p 9

ⁱⁱⁱ McConnachie K, Hollingsworth D, Pettman J. *Race and racism in Australia*. Sydney: Social Science Press 1988, quoted in Australian Medical Association Report Card Series 2007 – *Aboriginal and Torres Strait Islander Health Institutionalised Inequity Not Just a matter of Money*

^{iv} *Social determinants of health: the solid facts*. 2nd edition / edited by Richard Wilkinson and Michael Marmot. World health organisation – The Solid Facts - Edited by Richard Wilkinson and Michael Marmot, 2003

^v Media release, Australian Indigenous Doctors Association, 22 June 2007 <http://www.aida.org.au/news.asp?id=1> accessed 20 August

^{vi} Lowitja O'Donoghue (2004), quoted in *Social Determinants of Indigenous Health*; edited by Bronwyn Carson, Terry Dunbar, Richard D Chenhall and Ross Bailie; 2007, p xxii

^{vii} *Australia's Health 2008*, Australian Government, Australian Institute of Health and Welfare

^{viii} Brown, A and Blanski G, Reprinted from *Australian Family Physician* Vol. 34, No. 10, October 2005, <http://www.racgp.org.au/Content/NavigationMenu/Publications/AustralianFamilyPhys/2005Issues/afp2005/200510brown.pdf> accessed 20 August

^{ix} Media release, Australian Indigenous Doctors Association

^x The Age, 4 July 2008, "Women offered apology for pain", <http://www.theage.com.au/national/women-offered-apology-for-pain-20080703-31a1.html> accessed 22 August 2008

^{xi} AIDA NTER Delegation to Central Australia – AIDA internal document 13 July 2007

^{xii} AIDA NTER Delegation to Central Australia – AIDA internal document 13 July 2007

^{xiii} NTER - Final Report To Government - June 2008 , http://www.fahcsia.gov.au/nter/docs/reports/taskforce_report.htm accessed 22 August 2008

^{xiv} Expert on drug and alcohol consulted as part of the AIDA HIA

^{xv} Australian Indigenous Doctors Association Submission to Senate Legal and Constitutional Committee on the Northern Territory National Emergency Response Legislation in August 2007

^{xvi} Human Rights and Equal Opportunity Commission (HREOC) Submission to the Senate Legal and Constitutional Committee on the Northern Territory National Emergency Response Legislation in August 2007 , http://www.aph.gov.au/Senate/committee/legcon_ctte/completed_inquiries/2004-07/nt_emergency/submissions/sub67.pdf accessed 22 August

^{xvii} Community de-identified for confidentiality

^{xviii} *Cultural Continuity as a Hedge Against Suicide in Canada's First Nations*, Michael J. Chandler & Christopher Lalonde, 1998;

^{xix} Expert on drug and alcohol consulted as part of the AIDA HIA

^{xx} Expert on drug and alcohol consulted as part of the AIDA HIA

^{xxi} ABC News report 'Child abuse taskforce claims three convictions' 23 June 2008

^{xxii} Interview: *New phase of NT intervention as kids get hospital treatment* ABC Lateline 14 April 2008
<http://www.abc.net.au/lateline/content/2007/s2216833.htm> accessed 22 August 2008

^{xxiii} *Northern Territory Emergency Response – One Year On* - Minister for Families, Housing, Community Services and Indigenous Affairs, June 2008 http://www.fahcsia.gov.au/nter/docs/reports/one_year_on.htm accessed 22 August 2008

^{xxv} Close the Gap National Indigenous Health Equality Targets : Outcomes from the national Indigenous Health Equality Summit, Canberra, March 18-20, 2008, Human Rights and Equal Opportunity Commission

^{xxvi} Institute of Governance 1999, Plumptre and Graham 1999; Sterritt 2001; Westbury 2002; cited in Dodson, M and Smith DE (2003) *Governance for sustainable development: strategic issues and principles for Indigenous Australian communities*. Centre for Aboriginal Economic Policy Research, Australian National University, Canberra.