



Public Health Association
AUSTRALIA

**Submission by the Public Health Association of Australia on
*Stronger Futures in the Northern Territory Bill 2011, Social
Security Legislation Amendment Act 2011* and the related bill**

Senate Standing Committees on Community Affairs

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Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

PHAA is a national organisation comprising around 1800 individual members and representing over 40 professional groups concerned with the promotion of health at a population level. This includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

The PHAA has responded to a number of government and parliamentary inquiries and is pleased to have the opportunity to express an opinion on the issues raised by the *Stronger Futures in the Northern Territory Bill 2011*, the *Stronger Futures in the Northern Territory (Consequential and Transitional Provisions) Bill 2011*, and the *Social Security Legislation Amendment Bill 2011*.

Background

In November 2011 the Senate jointly referred *the Stronger Futures in the Northern Territory Bill 2011*, the *Stronger Futures in the Northern Territory (Consequential and Transitional Provisions) Bill 2011* and the *Social Security Legislation Amendment Bill 2011* and for inquiry and report. The PHAA will respond to the several pieces of legislation jointly.

The PHAA notes that the object of the Act in the *Stronger Futures in the Northern Territory Bill 2011* is to 'support Aboriginal people in the Northern Territory to live strong, independent lives, where communities, families and children are safe and healthy'.

The *Stronger Futures in the Northern Territory Bill 2011*, and its related Bill, which are specifically directed towards Aboriginal people in the Northern Territory, address such issues as 'Tackling Alcohol Abuse', 'Land Reform', 'Food Security' and 'Other Matters'. The wording of the Bill includes language such as "reducing alcohol-related harm to those Aboriginal people", "promoting food security for Aboriginal communities" and "measures are aimed at facilitating the granting of rights and interests, and promoting economic development". However, some aspects of the Bill are likely to entrench discrimination and to undermine the self-determination that so many Aboriginal people have struggled to achieve and which solid research evidence suggests is vital to good health (Anderson, Baum, & Bentley 2007; W.H.O Alma-Ata Declaration 1978; AHRC 2003; Reading, Wien 2009).

The original NTNER Bill of 2007, which was fundamentally discriminatory to Aboriginal people and required the suspension of the Racial Discrimination Act in order for it to be passed, was repealed in 2010. The PHAA welcomes the reinstatement of the Racial Discrimination Act but is concerned that there are some remaining discriminatory aspects to the new Bills which may not meet the criteria for positive discrimination and therefore may still be racially discriminatory. All forms of racial discrimination undermine the health of populations (UN Economic and Social Council 2009).

The greatest criticism arising out of the NTER intervention is the failure of the former Federal Government to engage and negotiate with Aboriginal communities to which the NTER measures were to be applied. This approach exacerbated mistrust towards government services, undermined community leadership and ownership, and created a sense of disempowerment (ACOSS 2008:4; AIDA 2010ⁱ). The haste with which the NTER intervention was introduced contributed towards an unplanned, ad hoc and confusing implementation process resulting in service duplication and a lack of coordination with existing services (ACOSS 2008:4). Funding has seen the development of sustainable programs and services that will impact on health and wellbeing in the short and longer term; but bandaid strategies have, in some instances, led to funding being used for excessive bureaucracy and administration, with a subsequent loss of funding to direct service delivery. This is especially true in the critical area of early childhood programs where there has been no significant investment prior to pre-school.

Interventions designed and developed in partnership with Aboriginal people, and which reflect greater Aboriginal leadership and control, would ensure funding would be better directed and used more efficiently and effectively.

PHAA acknowledges that the government has engaged with Aboriginal leaders, Aboriginal organisations and Aboriginal communities as part of developing the *Stronger Futures Bills*. While this has been a step in the right direction there has been quite widespread criticism from Aboriginal leaders and organisations in the Northern Territory that the time frame for consultations were too short and that there has not been sufficient negotiation about the new Bills. As a consequence, aspects of the new Bills remain of critical concern, including the lack of community ownership of and responsibility for the implementation of the measures, the lack of flexibility to respond to local needs, and the absence of mechanisms for ongoing discussion and negotiation with individuals as their circumstances change.

In terms of the application of the Northern Territory intervention to other populations, amendments under the *Social Security Legislation Amendment Bill 2011* aim to provide greater flexibility in the roll out of income management and school attendance measures in five new sites in SA, NSW, Victoria and Queensland (2 sites) . Under the amendments, income management may be entered into on a voluntary basis, or may be triggered by referrals from State and Territory agencies, such as child protection authorities, Centrelink social workers, and other statutory authorities such as the Alcohol and Other Drug Tribunal in the Northern Territory, who determine the terms of the income quarantined and the amount of income deducted. The amended legislation does allow income management to respond to changes in residence, and recipients are not automatically subject to additional measures implemented in the NTER.

In spite of these positive attempts, by the Government, to make income management more targeted, the new Bill does not repeal the current Northern Territory Income Management model, i.e. universal and compulsory income management in prescribed communities. This broad, population level requires statutory authorities to quarantine welfare payments of people in receipt of government benefits in prescribed communities. This approach, in its original application, had no regard for individual circumstances or levels of personal responsibility. The model continues to represent, overall, a 'one-size fits all' approach, in which the capacity to make determinations about who will be coopted into income management continues to rest with the government and statutory authorities.

There is no opportunity for community ownership in the design of the scheme, no clear commitment between Indigenous and government for capacity building, no role for Aboriginal community controlled organisations or other community organisations in the five new sites in the delivery of the scheme, no established criteria for entry or exit from the scheme, no transparent method of decision making, no prior communication with the affected individuals, no defined appeals process, no negotiation with individuals selected by the authorities about their inclusion in the scheme, and no opportunity for individuals to agree the terms of their participation based on individual circumstances.

It is the view of the PHAA that there is never a case for universal, compulsory income management, for moral, ethical, and legal reasons and for reasons of cost (particularly,

social and health costs). In addition to undermining autonomy and self-determination, which are pre-requisites for good health and wellbeing, universal compulsory income management violates Australia's human rights commitments and the principles of citizenship.

The PHAA supports voluntary income management, with informed consent, and on an 'opt-in' basis, and emphasises the importance of control over one's life circumstances as crucial to good health (see for example, Marmot, M., 2005; Wilkinson RG, Pickett KE. *The Spirit Level: why more equal societies almost always do better*. March 2009. However, for Aboriginal and/or Torres Strait Islander People, voluntary schemes need to be governed by Aboriginal community controlled organisations. These are the non-government organisations within these communities, and by community organisations in the five new sites, with agreed entry and exit criteria and clearly specified processes and with the terms of the scheme negotiated and agreed according to individual circumstances.

In addition, the efficacy and effectiveness of voluntary income management measures, including its cost effectiveness, should be evaluated rigorously.

The findings of the evaluation of the NTER have not yet been made publically available, so the impact of measures implemented in the intervention remains unknown. It appears that no comprehensive prospective evaluation framework is in place to evaluate the amended legislation, or its roll out in the five new sites. Important questions remain unanswered including the cost effectiveness and opportunity cost of the NTER, whether people have opted to discontinue income management as their circumstances change, and whether income management has increased people's capacity to take control of their own lives. Other aspects of the intervention that have not been evaluated include the proportion of income to be quarantined, and the use of cash transfer payments.

The PHAA acknowledges that there may be a case, in some limited instances, for compulsory income management for targeted individuals, where transparent, priority criteria have been established, such as child abuse or neglect, or alcohol-related violence. If compulsion is to be applied, there should be legal and ethical criteria to govern the process, including transparent methods of decision making, defined criteria to determine 'entry' and enable 'exit' from the scheme, and the right to appeal and review. Compulsory income management should only be implemented as a last resort and as part of a case management program, implemented by a properly consisted non government organisation, with safeguards against arbitrary decision making.

The evidence is also clear that without substantial investment in comprehensive interventions to reduce the prevalence of problems such as alcohol abuse and child neglect, or to improve education, housing and employment opportunities, by strengthening of partnerships with communities, there is no rationale for expecting long term improvement in health and wellbeing.

Human Rights

There are a number of key rights that should be taken into account by the Senate Committee on Community Affairs in consideration of the legislation under inquiry. These include:

- The right of citizens to make decisions for themselves and to shape the structures which govern their lives
 - **Article 7. Universal Declaration of Human Rights**
 - All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.
 - **Article 2 United Nations Declaration on the Rights of Indigenous Peoples**
 - Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their indigenous origin or identity.
- Rights based approach emphasises the rights of people to pursue their development in keeping with their own needs and aspirations.
 - **Article 4 United Nations Declaration on the Rights of Indigenous Peoples**
 - Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.
 - **Article 18 United Nations Declaration on the Rights of Indigenous Peoples**
 - Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.
- Obligation of society to provide
 - **Article 25. Universal Declaration of Human Rights**
 - (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control

Guiding Principles for Senators and MPs

In determining the appropriateness of supporting these pieces of legislation it is important to understand the principles that should guide Senators and MPs. The following guiding principles are adapted and taken from the NSW Aboriginal Justice Council, (2003:9) and the Combined Aboriginal Organisations of Northern Territory, (2007) and will assist Senators and MPs in their decision about whether or not to give their support to the legislation.

1. Relationships and engagement with Aboriginal communities must be built on trust and mutual respect. Therefore, the scheme must be negotiated in equal partnership with relevant communities and in a culturally appropriate manner.
2. The negative impact of past government policies, practices and philosophies on Aboriginal people must be recognised and acknowledged.
3. A fully inclusive community centred approach to the program design and implementation must be adopted. As those affected, whether Aboriginal or non-Indigenous people, know their problems and are better placed to find creative ways to address them.
4. The cultural diversity amongst all communities, Aboriginal communities in particular, must be recognised and respected, along with their differing needs being acknowledged.
5. A holistic approach to the design and delivery of programs must be adopted, that is inclusive of Aboriginal and/or Torres Strait Islander people and their community cultural and family norms, belief and practices.
6. Actions should draw from and at the same time strengthen community governance and community capacity.
7. Programs must build on existing evidence and on the service systems already in place in communities and localities.
8. The adoption of a long-term commitment and outlook with a shared vision is an imperative.
9. All people, and in particular Aboriginal people, have an inherent right to equality before the law, a right to self-determination and a right to live free from discrimination.

Key Indicators of Effective Program Design and Delivery

There is a long-standing and growing body of evidence of the critical importance of Aboriginal leadership and control and government working respectfully together to

determine priorities for action and to oversee program implementation. This is more than 'program management'. It is, rather, an explicit form of governance that is concerned with the relationships between communities and government institutions and how they operate within the laws of the nation, and not just how the Commonwealth Constitution implements a formal framework to implement their own laws (Reilly 2006; Sullivan 2007; Hunt and Smith 2007). With little or no community consultation between government and the affected communities, the health and wellbeing of those people is diminished.

The key indicator would be to assess whether Aboriginal communities, and the communities in the 5 new sites, have greater political power, including but not limited to specific programs such as income management schemes. Indicators of effective programs should encourage empowerment and include:

1. Evidence of mechanisms which support continual community engagement and negotiation in the design and delivery of programs, and participation in decisions concerning recommendations about actions or sanctions afforded to adults who are subjected to an income management regime (eg. The Cape York community panels that sit alongside the Family Responsibility Commission).
2. Evidence of a well-established and inclusively operational Indigenous leadership and governance mechanism that is linked to local, regional, state and national policy forums.
3. Evidence of key leaders in Aboriginal communities working directly with governments and supported by them, to inform and direct agreed community centred actions.
4. A well-resourced public sector including a genuine whole-of-government commitment to improving service provision to Aboriginal communities, and other prescribed communities, with the necessary organisational capacity, and a well-informed and culturally competent and skilled workforce.
5. Evidence of a well-established and existing service system that has the capacity to provide the necessary support services to individuals and families in regards to such issues as health, education, or housing matters.
6. A well planned and integrated service delivery model with clear referral pathways to support services aimed at providing the necessary programs for Aboriginal people, and for people in the 5 new sites, who are required to address issues such as mental health, parenting, drug and alcohol, and anger management issues.
7. A well planned and clearly articulated payment procedures and guidelines to inform processing of payments as well as communication channels to inform Aboriginal people of the procedures and requirements. This needs to be linked to a commitment to Aboriginal leadership and implementation (cf. the Cape York

example) and to community leadership and implementation in the new prescribed sites.

8. A well-resourced and robust monitoring, reporting and evaluation framework that is able to measure the effectiveness of an income management and school attendance schemes and determine whether financial investment is value for money, effective and efficient and meets public expectations that health and wellbeing of the affected communities is advanced by interventions.

(Taken and adapted from the Human Rights and Equal Opportunity, Social Justice Report, 2007:203-204 & 228-231 and the ACOSS submission to the NTER review, 2008:4-18)

Key Issues

Based on these principles and elements there are a number of key issues that ought to form part of the deliberation of Senators. They include:

1. There is no evidence of the impact of mandatory income management. Initiatives currently in place in other states are being monitored and evaluation has not been completed.
2. There is no comprehensive prospective framework in place to evaluate implementation of the amended legislation, or its roll out in the five new sites. There have been no cost effectiveness studies of this investment and no evaluation of its comparative benefit compared to investment in other programs such as primary care and early childhood.
3. Addressing income management as a stand-alone issue fails to address structural and/or systemic barriers to improved Indigenous health such as poor educational attainment, lack of pathways into training and employment, high unemployment rates, and a lack of job security.
4. Anecdotal evidence suggests that mandatory income management discriminates against and disempowers individuals and communities, adding to significant mistrust of government, and to greater dependence on government and contributes to the already significantly high levels of chronic disease and premature mortality; leaving people with insufficient resources to manage their own lives.
5. There is anecdotal evidence that, in some Aboriginal communities, community-led income management programs can assist families and individuals to achieve greater financial stability be determined through a comprehensive engagement process in suburbs, communities and/or towns where people will be directly affected. Currently there is no process which allows for local needs.
6. There is support for voluntary income management – for an opt-in model that allows individuals/families to seek support in managing their income on their terms.
7. Mandatory income management takes a punitive approach, and focuses on compliance and sanctions rather than rewards that encourage motivation and autonomy. This type of income quarantining deprives young people of opportunities to shape their own development, by not equipping them to

participate in the economy in the future, continuing the cycle of intergenerational dependency.

8. Family support services to provide the necessary case management should be funded through existing Aboriginal community controlled organisations.

In summary

The PHAA is opposed to mandatory income management at a population level for any community for the following reasons:

1. It is a violation of human rights.
2. There is no evidence of its leading to the achievement of the outcomes being sought by government. There is no logic pathway that sets out how compulsory income management will contribute to supporting Aboriginal people, in particular, to live strong, independent lives, where communities, families and children are safe and healthy.
3. It is an approach that inflicts harm on the health and wellbeing of communities and individuals. It creates greater dependence on government, reduces control individuals and families have over their own decisions and lives; and exacerbates distrust of government.
4. It is expensive to establish and administer and there is no defined end point; how long the government intends to commit to this intervention has not been specified.
5. There are no clear and or substantial evidence to say that it contributes to taking people off welfare dependency or encourages autonomy.

The PHAA supports the implementation of a voluntary opt-in income management model in the first instance, combined with ongoing investment in social, economic, and environmental development initiatives under community leadership.

This may then be supported by, and only as a last resort, a conditional income management model, that includes peer review of the extent to which people/families have met pre-determined, well defined criteria, supported by a personalised, case management model.

Recommendations

The PHAA urges Senators to take into account the following recommendations:

- The PHAA recommends the implementation of voluntary income management, with informed consent, with clear and transparent processes, and with the terms of the scheme negotiated and agreed according to individual circumstances.
- The PHAA recommends that compulsory income management be implemented only as a last resort, such as in cases of child abuse, neglect, or alcohol related violence, and as part of a case management process.
 - It should be implemented by a properly constituted non-government organisation, being an Aboriginal community controlled organization or non-Indigenous non –government organization dependent on the people involved.
 - Implementation should only proceed when there are established legal and ethical criteria to govern the process, with safeguards against arbitrary decision making, including transparent methods of decision making, defined criteria to determine 'entry' and enable 'exit' from the scheme, and the right to appeal and review.
- The PHAA recommends that funding be allocated to support a rigorous independent evaluation of the effectiveness and acceptability of voluntary income management and of compulsory income management as a last resort. Further roll out of income management in the NT and in the five new sites should be delayed until current evaluation of existing initiatives is completed. New initiatives should be supported by a prospective evaluation framework and an external evaluation which includes the views of those directly involved or affected.

Conclusion

The PHAA is committed to working towards the best possible health outcomes for all Australians. With an understanding of the significance of the social determinants of health it is incumbent upon our Association and our members to raise issues with Senators that we believe will undermine equitable and stronger health outcomes for communities, groups or individuals.

Our submission reflects the concern of the PHAA with the Northern Territory Emergency Response (NTER) intervention, which was developed without engaging with the Aboriginal communities to which the NTER measures were to be applied. This approach exacerbated mistrust towards government services, undermined community leadership and ownership, and created a sense of disempowerment.

It is the view of the PHAA that there is never a case for universal, compulsory income management, for moral, ethical, and legal reasons and for reasons of cost (particularly, social and health costs). In addition to undermining autonomy and self-determination, which are pre-requisites for good health and wellbeing, universal compulsory income management violates Australia's human rights commitments and the principles of citizenship.

We are delighted to have had this opportunity to provide input to this inquiry by the Senate Standing Committee on Community Affairs and we trust that the information we provide is of assistance to the Inquiry.

Please do not hesitate to contact either of the signatories below if you require additional information with regard to this submission.

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Terminology:

'Aboriginal and Torres Strait Islander', 'Aboriginal' and 'Indigenous' are used accordingly and interchangeably throughout this submission and refers to the Aboriginal and Torres Strait Islander peoples of Australia.

References:

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United Nations Declaration on the Rights of Indigenous Peoples
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United Nations Universal Declaration of Human Rights
<http://www.un.org/en/documents/udhr/>

UN Economic and Social Council. *Non-Discrimination in Economic and Social Cultural Rights*, pp6. 2009.

Wilkinson R.G., Pickett K.E. *The Spirit Level: why more equal societies almost always do better*. Penguin. March 2009.

W.H.O. Declaration of Alma-Ata. World Health Organization. 1978
http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf

Additional Reading

Voices of Aboriginal people

In making its decisions about the legislation it is important that the Committee be cognisant of the voices of Aboriginal people on issues that have so much impact on their daily lives:

The case against the NT Intervention – 3 Dec 11

Dr Rev Djiniyini Gondarra's very important response to the 'second Intervention'.

<http://www.youtube.com/watch?v=vrEWMHTvexY>

Yananyul Mununggurr, Chief Executive Officer of the Laynhapuy Homelands Association:

http://stoptheintervention.org/past-events/3-dec-2011-alp-conference#audio_intervention

“Ramingining Elders say No to the Second Intervention!” – MR 28 Nov 11

Read their Statement <http://rollbacktheintervention.wordpress.com/media/>

No More! Enough is Enough! – Statement by NT Elders and Community Representatives – 4 Nov 11

Central Land Council Statement, Kalkaringi – 26 Aug 11

Elders Statement - 7 Feb 2011

<http://www.concernedaustralians.com.au/>

Information about Stronger Futures

The following excerpts provide an insight into the issues facing Aboriginal people

Intervention to continue for 10 more years!

The Labor Government, under Julia Gillard and Indigenous Affairs Minister Jenny Macklin, has introduced “Stronger Futures in the Northern Territory” legislation that extends the racist Northern Territory Intervention for a further ten years. This comes despite its recent community consultations that had demonstrated overwhelming Aboriginal opposition to the Intervention. The Government’s promise to work in partnership with Aboriginal people has once again rung hollow...

Links to various articles at: <http://www.ourgeneration.org.au/press/>

Cuts to Welfare Payments for School Non-Attendance - Requested or Imposed?

October 2011 by *'concerned Australians'*

"This paper raises a number of questions about the interpretation of consultations with Aboriginal communities across the Northern Territory concerning the link between cuts to welfare payments and school non-attendance. The Federal Government's recent report, Stronger Futures Report on Consultations, is based on the belief that Aboriginal people support the proposal to remove welfare payments in cases where children do not attend school. ...

<http://www.concernedaustralians.com.au/media/Welfare-Cuts-Requested-or-Imposed.pdf>

Info on the 2011 Consultations in NT Aboriginal communities and the “Stronger Futures in the Northern Territory” legislation

<http://stoptheintervention.org/facts/consultations-mid-2011> and
http://www.antar.org.au/issues_and_campaigns/nt_intervention

Still no evidence for Macklin’s Intervention

- A review of the Community Safety and Wellbeing Research Study
5 December 2011 by *Dr Hilary Tyler and Paddy Gibson*

At the below link is a crikey article published 5 December 2011, explaining how the latest report "community safety and wellbeing report", despite being touted as evidence for the 'second intervention' does no such thing. Instead, despite being driven by government ideology, still manages to call for further increased services and support for smaller communities.

<http://www.crikey.com.au/2011/12/05/still-no-evidence-for-macklin%E2%80%99s-nt-intervention>

The full, unedited version can be found at:

<http://rollbacktheintervention.wordpress.com/statements/>

Cox: Stronger Futures demands are un-Australian

2 December 2011 by *Eva Cox*

...There has been no announcement of the inquiry and its closing dates despite the Minister for Families, Housing, Community Services and Indigenous Affairs Jenny Macklin’s sanctimonious promise to leave time for submissions....

<http://www.crikey.com.au/2011/12/02/cox-stronger-futures-demands-are-un-australian/>

Another Intervention Is Not The Answer

14 December 2011 by *Rachel Siewert*

The Government is talking up the same old policies to tackle Indigenous disadvantage but its own evaluations show they're not working. It's time to listen closer to communities, writes Greens Senator Rachel Siewert

<http://newmatilda.com/2011/12/14/another-intervention-isnt-answer>

Stronger futures in the NT must be a product of the people

19 October 2011 by Amnesty International Australia

"Community consultations are a welcome first step towards tackling Aboriginal disadvantage in the Northern Territory, but any strategies to ensure stronger futures must be community-driven in order to be sustainable, said Amnesty International today.

<http://www.amnesty.org.au/news/comments/27043/>

Cooperation not intervention: a call for a new direction in the Northern Territory

23 November 2011 by Australians for Native Title and Reconciliation (ANTaR)

Aboriginal peak bodies, community welfare and public health groups from around the country are calling for a new direction in policies affecting Aboriginal Australians based on cooperation, not 'intervention'.

http://www.antar.org.au/cooperation_not_intervention_a_call_for_a_new_direction_in_the_northern_territory

Missed opportunity to reset policy direction and relationships with NT communities

17 November 2011 by *Australians for Native Title and Reconciliation (ANTaR)*

http://www.antar.org.au/missed_opportunity_to_reset_policy_direction_and_relationships_with_nt_communities

**Australia is failing the children of the Northern Territory – 18 Oct 11 plus
United Nations Hears that Australia Fails its Children in the NT – 11 Oct 11**

By 'concerned Australians'

<http://stoptheintervention.org/facts/united-nations/convention-on-the-rights-of-the-child>

Information about Income Management

<http://stoptheintervention.org/facts/income-management>

Basic Rights not BasicsCard

Dr John Falzon, Chief Executive Officer of St Vincent de Paul Society, National Council of Australia – 6 Oct 11

<http://stoptheintervention.org/facts/speeches/dr-john-falzon-6-10-11>