Submission to the

House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs.

Needs of Urban Dwelling Aboriginal and Torres Strait Islander Peoples - Commonwealth Parliamentary Inquiry.

Prepared by:

Central Australian Aboriginal Congress
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Terms of Reference.

The Committee will inquire into and report on the present and ongoing needs of country and metropolitan urban dwelling Aboriginal & Torres Strait Islander peoples. Among other matters, the Committee will consider:

1. the nature of existing programs and services available to urban dwelling indigenous Australians, including ways to more affectively deliver services considering the special needs of these people;

2. ways to extend the involvement of urban indigenous people in decision making affecting their local communities, including partnership governance arrangements;

3. the situation and needs of indigenous young people in urban areas, especially relating to health, education, employment, and homelessness (including access to services funded from the Supported Accommodation Assistance Program);

4. the maintenance of Aboriginal and Torres Strait Islander culture in urban areas, including, where appropriate, ways in which such maintenance can be encouraged;

5. opportunities for economic independence in urban areas; and

6. urban housing needs and the particular problems and difficulties associated with urban areas.

Introduction.

The particular needs of the urban dwelling Aboriginal population of Alice Springs are often overlooked or ignored. The reasons for this are both varied and complex. Often policy makers exhibit a rather simplistic view of what constitutes a community. Aboriginal communities in remote areas are relatively easily defined both spatially and socially. The problems faced by Aboriginal populations living in the larger metropolitan urban centres, in terms of both services and identity, have been well documented in the Committee's previous report on this matter [House of Representatives Standing Committee on Aboriginal & Torres Strait Islander Affairs 1992]. Similar recognition for the distinct community characteristics of regional urban Aboriginal communities is still to come.

The Aboriginal residents of Alice Springs are often, incorrectly characterised as itinerants- fringe dwellers in the pre-reconciliation term or, alternatively, as assimilated urban dwellers who lack a sense of community (not the real Aborigines who live "out bush"). The first characterisation is currently being used by the Northern Territory Government in its unfair focus on Aboriginal people in the debate around alcohol availability in Alice Springs. This leads to the incorrect assertion that the alcohol problem in Alice Springs is only created by people who are seen as being outside the urban (read white) structure, that is the "true" town. The second characterisation is commonly reinforced by non-Aboriginal residents and visitors. Frequent examples can be found in requests from policy makers of all political persuasions when arranging meetings. The approach used can be paraphrased thus, " the Minister/Shadow Minister will be in town on Thursday and would like to meet with the organisations, after s/he has been out bush to meet with communities". The coded message is that after meeting with the real Aborigines, the policy makers will talk to the town trouble makers about the services they run, but not about town community concerns. It galls to hear non-Aboriginal people in Alice Springs saying that they want to go to a community, when in fact they are living in one, a community that is ignored because they host a large non -Aboriginal population.

The Aboriginal resident population of Alice Springs is a distinct community that has its own dynamic and cohesion based upon traditional and contemporary affiliations. This is also a population that faces particular issues because they live in an urban environment.

Community profile.

There are approximately 4,000 Aboriginal people resident in Alice Springs.[1] The town area is situated on the land of the Mparntwe-arenye. The Mparntwe-arenye are Central Arrernte people. It is estimated that between two-thirds to three-quarters of the resident population are of Arrernte descent with some connection to the land in the area. Although the Aboriginal population now comprises many different groups, the sense of community is maintained through a complex array of familial and organisational relationships. While it is a recognisable community, this does not mean that it is necessarily a unified community on all issues. It is a spatially dispersed community when compared with those in remote areas, in part because of the at times overwhelming presence of the non-Aboriginal community. These factors often mask the existence of the community to non-Aboriginal observers.

The issue of identity is further complicated by the considerable number of Aboriginal organisations present in Alice Springs and the lack of any single representative body. Existing organisations can be categorised as:

• Organisations located in Alice Springs but not established to service the Alice Springs population- eg. Nganampa Health, the Pitjantjatjara Council, NPY Women's Council and Ingkerreke Outstation Resource Centre.

• Community Controlled Organisations based in Alice Springs that serve the whole Central Australian Region, including the Alice Springs population- eg. Central Australian Aboriginal Congress (Congress) and the Central Australian Aboriginal Legal Aid Service (CAALAS).

• Organisations established under Parliamentary Act, that cover an area larger than the town- eg. Aboriginal & Torres Strait Islander Commission (ATSIC) and the Central Land Council (CLC).

• Organisations that provide specific functions for the town population- eg. The Aboriginal Housing Associations, the Housing Association resource centre Tangentyere Council, Yipirinya School and Arrernte Council.

The presence of organisations in the first category, although not servicing or representing Aboriginal Alice Springs residents, help create an impression that there are a large number of organisational resource options available to the Aboriginal people of Alice Springs.

The second group, which includes Congress, have a mandate to represent all Aboriginal people in the Central Australian region on issues of their sectoral expertise ie health, legal issues etc. Historically it is mainly organisations in this category that have been active on behalf of the Alice Springs Aboriginal community on issues that are covered by this inquiry. These organisations have strong links to the local community, (and claims to speak on its behalf), because they were established by the community and are Aboriginal controlled through their senior management and elected boards.

The third category of organisations have been established by Acts of Parliament and therefore do not have the same independence of action as the second group of community controlled organisations. The CLC was originally envisaged to cover the land interests of both the remote and urban communities. However upon the passing of *the Aboriginal Land Rights (Northern Territory) Act 1976* (ALR(NT) Act), its role in covering the land interests of the town population was seriously limited. Claims over Crown Land within the Alice Springs Town Boundary were excluded from the scope of the ALR(NT) Act. It is only since the passing of th*e Native Tile Act 1993* that the CLC, as a recognised representative body under the Act, has established an active role in representing town residents on land issues within the town boundaries. The Alice Springs native title holders association will become a powerful representative body in any negotiations affecting the town.

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[1] ABS 1996 Census Usual Resident Population, 1998 ERP figures.

ATSIC, born out of a union of the Commonwealth Government's policy of self-management and the structure of the old Commonwealth Department of Aboriginal Affairs, has always suffered from its heritage in trying to gain legitimacy as a body representative of the local community's aspirations. The Alice Springs Regional Council covers many communities outside of the town, which may be up to 80km away. The voter turn out for Alice Springs ATSIC Regional Council elections in 1999 was 35.83% of the estimated eligible voters. Of these, some were counted as invalid with the result that the current Regional Council was elected by only 27.78% of the estimated eligible voters[2]. These factors combine to place ATSIC in a comparatively weak position when speaking on behalf of the town population.

The fourth category represents organisations that have particular sectoral responsibilities to the town population. For example the Housing Associations are representative of the residents of the Town Camps, Tangentyere is the resource centre for the Housing Associations, Yipirinya School is a community controlled primary school and Arrernte Council is a resource centre set up to serve the Arrernte community. Both the Arrernte and Tangentyere Councils administer CDEP Schemes among their other activities. None of these organisations has a whole of community portfolio of responsibility.

The roles of some of these organisation will be further considered under the specific terms of reference of the inquiry.

When dealing with the Aboriginal organisations in town it is very important for policy and decision makers to understand how the organisations are defined and their different roles. During the 1970s and early 80s many of the key Aboriginal organisations would meet under the banner of the Combined Aboriginal Organisations but such a forum doesn't function at the moment. It is vital that people don't attempt to take short cuts when trying to find representative bodies and organisations to deal with. Misinformed approaches when seeking community consultation or attempts at establishing bilateral agreements within this environment may be, or be seen to be, meddling in local Aboriginal political and community processes.

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[2] AEC Electoral Newsfile No93 May 2000 & Commonwealth of Australia Gazette No S 319 9 July 1999. Valid votes include both informal and formal ballot papers.

<u>Central Australian Aboriginal Congress.</u>
For close to thirty years since its establishment in 1973, Congress has been a strong advocate for the rights and needs of the Aboriginal population of Alice Springs. Congress is an organisation of Aboriginal people for Aboriginal people, controlled by Aboriginal people. Congress established a health service in 1975, and now runs a comprehensive primary health service that includes: a medical (clinic) service, community health programmes, a women's health service and birthing centre (the Congress Alukura), a dental clinic, a child care centre, an education and training branch for Aboriginal Health Workers, a social and emotional wellbeing centre, a youth outreach programme and a bush mobile medical service (servicing outstations within 150km of Alice Springs). Congress is currently seeing over 6,000 clients a year.

<u>Aboriginal health status</u>

Aboriginal Australians continue to experience worse health than the rest of the Australian Population [AIHW 1999]. The statistics vary greatly across Australia, but generally are worse in the Northern Territory than elsewhere.

- Aboriginal males in the Northern Territory have a life expectancy of 56.7 years, this is 20 years less than their non-Aboriginal counterparts. Northern Territory Aboriginal females have a life expectancy of 61.1 years which is 22 years less than non-Aboriginal women in the Northern Territory [THS 1998].

- Nationally death rates for young Indigenous males were 2.8 times higher than for other young males in 1995-97 (278 per 100,000 compared with 101 per 100,000). The differential for young females was smaller, with Indigenous females twice as likely to die than their counterparts (70 per 100,000 compared with 35 per 100,000). These national statistics are based on data collected from WA, SA & NT and thus are likely to reflect the situation in the Northern Territory [NATSI Health Clearinghouse 2000].

- Since the early 70's Aboriginal infant mortality rates have been declining. Rates have dropped from a yearly average of 120 deaths per 1,000 live births to about 15 per 1,000. The death rate is still over three times that for of non-Aboriginal babies [ABS 1999]. More recently the positive changes in the rate of survival of infants have been less dramatic as the impact of medical intervention approaches its peak.

- Diabetes is 12-17 times more common among Aboriginal people compared to the non-Aboriginal population, while renal disease is 17.4 times more common [Devitt & McMasters 1998]. In 1998, 63 of the 64 clients of the Alice Springs Renal Dialysis Unit were Aboriginal [CAAC & AMSANT 1998].

These alarming health statistics for Aboriginal people, as Mick Dodson has stated have been, *"(so frequently quoted that) most Australians tend to accept statistics such as these as being almost inevitable"* [Aboriginal & Torres Strait Islander Social Justice Commissioner 1995:99]. It is vital that both our community and the broader non-Aboriginal community remains alert to the appalling suffering, social disadvantage and ongoing discrimination that these statistics represent.

<u>What is health?</u>
For many years Congress has been arguing that Aboriginal health needs to be considered within a holistic framework. We see that the needs of the population must be addressed with due consideration to the conditions in which Aboriginal people are living. Congress has argued that the debilitating effects of the physical, cultural, economic and emotional environments in which many Aboriginal people live must be considered in health planning if there is to be any prospect for creating long term improvements in the health status of the Aboriginal population [George & Liddle 1991, CAAC 1991, Bell 1995a & b, CAAC & AMSANT 1998].

This position is supported by the recommendations and findings of a considerable body of research conducted over several decades, including work by the National Aboriginal Health Strategy, the World Health Organisation and the Royal Commission Into Aboriginal Deaths in Custody:

> *"Health" to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity*
>
> *Health is not just the physical well-being of the individual, but the social, emotional and cultural well-being of the whole community"* [NAHS 1989: ix].
>
> *"Health . . . includes attributes of social justice, well-being and equity"* [NAHS 1989: 219].

This definition is very similar to that adopted by the World Health Organisation:
> *"Health . . . is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity . . .[it] is a fundamental human right"* [WHO 1978: declaration 1].

<u>The Social Determinants of Health</u>
Through its experience in delivering primary health care services Congress has identified eight pre-requisites for health,
> *"1/ Identity. Knowing who you are, relationship with others, relationship with land and culture.*
> *2/ Access to health services – primary health care, hospitals, and specialist services.*
> *3/ Economic activity. Being active in the process of living. Looking after country, having a job, caring for family and community.*
> *4/ Infrastructure. Having appropriate infrastructure that suits the way people live (housing / shelter, good water for drinking, washing, sewerage, garbage disposal, power, transport)*
> *5/ Education. Appropriate to community need and culture.*
> *6/ Good nutrition. Access to bush tucker and healthy store food. This is especially important for children to grow up to be healthy adults.*
> *7/ Active Men's and Women's culture.*
> *8/ Political leadership able to negotiate with colonial authority imposed on Aboriginal people"* [CAAC & AMSANT 1998: 2].

This position is now also appearing in a growing body of academic literature on the social determinants of health [Marmot & Wilkinson 1999; Marmot 2000; Oldenburg, McGuffog,& Turrell 2000; Royal Australian College of Physicians 1999]. These studies have identified social determinants as being the underlying causes of health and illness. Thus scientific evidence can be added to the pre-existing knowledge that Aboriginal people have been attempting to share with policy makers for years.

Ten social determinants of health that need to be considered in health planning have been identified in the literature. These are:

The Social gradient: people's social and economic circumstances strongly affect their health throughout life, so health policy must be linked to the social and economic determinants of health.

Stress: stress harms health.

Early life: The effects of early development, including in pregnancy, last a lifetime; a good start in life means supporting mothers and young children.

Social exclusion: social exclusion creates misery and costs lives.

Work: stress in the workplace increases the risk of disease.

Unemployment: job security increases health, wellbeing and job satisfaction.

Social support: friendship, good social relations and strong supportive networks lead to an improved health at home, at work and in the community.

Addiction: individuals turn to alcohol, drugs and tobacco and suffer from their use, but their use is influenced by the wider social setting.

Food: healthy food is a political issue.

Transport: healthy transport means reducing driving and encouraging more walking and cycling, backed up by better transport.

Source: adapted from Marmot and Wilkinson 1998

As can be seen there are many parallels between these categories and the key issues affecting people's health identified by Congress. The needs of the Aboriginal people of Alice Springs under the Terms of Reference of the Inquiry will, in part, be considered using the framework provided by these categories. Other issues will also be raised as they relate to the Terms of Reference.

Terms of Reference:

1/ the nature of existing programs and services available to urban dwelling indigenous Australians, including ways to more affectively deliver services considering the special needs of these people;

2/ ways to extend the involvement of urban indigenous people in decision making affecting their local communities, including partnership governance arrangements;

The Social Gradient & Stress:

> *"The insight from social gradient research is that health for all of us is critically related to our social position.*
>
> *The health differential between Aboriginal and other Territorians reflects both poverty as well as social inequality. The health of Aboriginal Territorians will improve when they achieve greater levels of real control over the circumstances of their lives and their communities"* [Devitt, Hall & Tsey in press:24].

Absolute poverty has for some time been recognised as a contributing factor in poor health status [Devitt, Hall & Tsey in press:18]. The research undertaken as part of "the Whitehall Studies", has shown that the relative position of individuals in a hierarchy also contributes to poor health. Those at the lower end of the hierarchy had the highest level of disease. The findings of this study suggest that social inequality itself, independent of poverty, affects health. The research argues that the level of control that individuals have over their lives has a direct relationship to the how they can deal with the stresses that they encounter [Brunner 1997]. Thus the level of individual control becomes a determinant of an individual's health status.

Many Aboriginal people in Alice Springs experience extreme levels of poverty and very limited individual control over their social and economic environment. In Australia, the gap between the rich and the poor has widened over the past two decades [Baum 1998]. This gap is most extreme between Aboriginal and non-Aboriginal Australians. In Alice Springs this has been documented in the Quality of Life in Alice Springs Report commissioned by the Alice Springs Town Council. The extreme poles of the social gradient can be clearly seen in urban centres like Alice Springs. *"Overall the median individual weekly income is $460 which is $260 higher than the median individual weekly income of $200 of Indigenous residents"* [Alice Springs Town Council 2000: 83]. This scenario must be addressed as a population health issue.

The challenge, therefore, is how to empower Aboriginal people through the policy development and programme implementation process. Programmes need to do more than attempt to address social (or other forms of) disadvantage. They must also actively engage people in the development and implementation of the programmes and in so doing strengthen the control people have over their lives. How to achieve empowerment through programme planning and implementation must become a guiding principle in programme planning and development. This is a critical issue for governments and community organisations. Both have a role to play in addressing these issues.

> Aboriginal community controlled organisations

The power that can be exercised through Aboriginal controlled community organisations is most often apparent as collective power. By exercising collective power, communities exercise their rights and can mobilise themselves to achieve political change. In the area of health this collective power is effective because: Aboriginal people identify what the issues are; which programmes or approaches are best suited to tackle problems, the nature of the programme, how, when, where and

by whom it will be implemented and how the community will learn from its mistakes [George & Liddle 1991].

Aboriginal community controlled organisations also provide an important role in maintaining an environment that encourages people to take control over key aspects of their lives within the broader community context. Community controlled organisations have the decision making power and legitimacy within the community to ensure that individuals take a level of responsibility for their lives where, and in ways. they can. It is vital that the dynamic between collective and individual power is maintained. Aboriginal organisations must ensure that there is active community involvement and control of the organisation. Unless this occurs, community controlled organisations run the risk of replicating the organisational systems they were meant to supplant, through an elitist (top down) or welfarist (dependency) approach. This is particularly the case for the Aboriginal Resource Agencies, which end up being the empowered stake holders, rather than this occurring for the people that they were set up to serve.

Recently Noel Pearson and the Cape York Health Council have drawn public attention to the debilitating impact that welfare dependency has had upon their communities [Pearson 2000; Arabena 2000].

> "The welfare paradigm has been particularly destructive in the governance of Aboriginal society. The passive welfare mentality results in: People thinking that solutions to our problems lie outside of ourselves. We think that 'somebody else' will address the problems, be it the Government, white people or other indigenous people but not ourselves"
> [Arabena 2000:4].

In 1991 Congress cessed the operation of the Town Camp Health Programme. The Programme, characterised by some as the "Medical Mr Whippy", fostered a process of dependency by people using it. Many Town Camp residents were not taking responsibility for their own health, they waited for the van to come to their door to get medical hand outs. The medical van was primarily giving out medication but was not equipped, or able, to deal with the chronic disease problems facing many of the patients it was seeing on site. Congress Cabinet decided that people living on town camps needed a quality service and needed to be encouraged to accept greater responsibility for their own health problems in order to break the welfare dependency cycle. Congress decided to establish a community standard that required people to attend the Clinic when they are sick and in need of care for chronic health problems, with transport assistance provided if needed. The underlying principle was that there must be limits to the level of outreach if the delivery of a quality service is to be maintained and people are to be empowered to take ownership of their health.

The recognition that there is a need for individual empowerment through accepting individual responsibility is not universally accepted amongst Aboriginal organisations in Alice Springs. An over emphasis on the individual as victim of historical process has lead some organisations to adopting a welfarist approach to their service delivery. The approach calls for agencies to do things for people rather than with them. Such an approach perpetuates a cycle of dis-empowerment and despair. Welfarist approaches tend to keep people in a state of suspended childhood unable to make decisions over their lives- similar to the process fostered during the Protectionist Era. It creates a compliant population, dependent upon the trickle of handouts from those agencies that have their hand upon the welfare tap.

Government policy and individual control.

Governments can have an impact upon the empowerment of Aboriginal people in two ways:
- Directly, through policy and programmes, and
- Indirectly, through the processes involved in community consultation.

Direct government policy has ongoing impacts upon the Aboriginal population.
Aboriginal people have experienced directly and painfully the imposition of colonisation [Bell 1995a]. The massacres that accompanied colonisation in Central Australia, in what has been described as the rifle time, are within the living memory of Aboriginal people. The removal of the stolen generation children continues to have an impact upon communities today. Aboriginal people also experience the discriminatory hand of colonisation through the current policies of governments. In the Northern Territory the Mandatory Sentencing Policy is a stark example of a current discriminatory government policy, while the Collins Review of Indigenous Education in the Northern Territory has highlighted the deficiencies of the government's education policy.

Indirect policy implications are more subtle, but still destructive. "*Colonisation continues in many subtle, and not so subtle, ways. Being side-lined and ignored by the mainstream is a depressingly common experience for the Aboriginal community*" [Bell 1995a:4].

Many inquiries, including: the RCIADC, the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children, the Independent Review of Indigenous Education in the Northern Territory and the recent House of Representatives Standing Committee on Family and Community Affairs report on the Inquiry into Indigenous Health have identified a wealth of policy recommendations for Government. While these recommendations are laudable, the reality of their implementation does not always meet the intent of the authors. This in itself creates a sense of dis-empowerment in those Aboriginal people who make the effort to contribute to the consultation process in the first place.

Currently Aboriginal health planning in the Northern Territory occurs under the *Agreement on Aboriginal and Torres Strait Islander Health* (the Framework Agreement). This Agreement is a partnership agreement between four bodies which consist of, the two Government agencies with responsibility for Aboriginal health; the Territory Health Service (THS) and the Commonwealth Office of Aboriginal and Torres Strait Islander Health (OATSIH), and the two representative Aboriginal bodies with health responsibilities; the Aboriginal Medical Alliance of the Northern Territory(AMSANT) and ATSIC.

Under the planning agreement AMSANT represents the Community Controlled Aboriginal Health Services, with responsibility for providing primary health care (PHC) services, and ATSIC has the primary responsibility for funding environmental health issues.

Since the transfer of health funding from ATSIC to the Commonwealth Department of Health & Aged Care in 1995 and the establishment of the Framework Agreements, which Congress was a prime mover in creating, we have seen a four fold increase in the level of funding available for primary health care. The new Primary Health Care Access Programme is going to further increase resources for primary health care in Central Australia, especially for remote communities, up to a level of about $2000 per person. This should also mean a significant increase for PHC resources within Alice Springs. This will be a vast improvement as Congress is currently under-resourced for the population we endeavour to serve receiving only about $700 per person based on last years client population. Overall to date this process has been a positive outcome of Government collaboration with the Aboriginal community regrading primary health care.

Implementation of health strategies.
In order to see improvements in Aboriginal health, the Commonwealth and Northern Territory Governments must honour their funding commitments despite any problems that maybe experienced in implementing policy planning in the Northern Territory. This will involve an increase in funding in both the primary health care and environmental health areas.

In the primary health care sector the Primary Health Care Access Programme (PHCAP) in the Northern Territory must be fully funded. There is currently a $64 million submission with the Commonwealth Government to implement PHCAP for the whole of the Northern Territory. This programme will benefit both remote and urban Aboriginal communities. For a more detailed discussion of the PHCAP see the attached paper presented by AMSANT, the Commonwealth Department of Health & Aged Care & THS, at the recently held Public Health Association Australia Conference 2000 in Melbourne.

In environmental health, the implementation of the NAHS was costed at $2.5 billion. Until this strategy is fully funded environmental health conditions for Aboriginal people will continue to be poorer than for other Australians.

Other matters that relate to the Northern Territory Government's service delivery to Aboriginal people:
1/ The adequacy of the Northern Territory Government's financial reporting. This has been criticised by the Auditor General of the Northern Territory on a number of grounds. There are inadequate Performance Indicators against many of the Government's policy areas, making it difficult to consider whether programmes are achieving their goals. There is a lack of transparent accrual accounting measures [Auditor General of the Northern Territory 2000].

2/ The use of the Commonwealth untied funds by the Northern Territory Government. The untied funding provided by the Commonwealth to the Northern Territory Government at a rate of 2.7 times per capita to compensate for the extra cost of service delivery due to remoteness and population size and dispersal is not fairly distributed across government expenditure areas. The Auditor General of the Northern Territory has highlighted the disproportionate amount spent by the NT on government administrative services- including the Chief Minister's Office and the Legislative Assembly (5.1 times the national average), compared to other services that would be more heavily utilised by Aboriginal people such as health (2 times the national average) and housing and community amenities (1.3 times) [Auditor General of the Northern Territory 1999:34].

3/ The high administration levy on funds administered by the Northern Territory Government. The NT Government levies the Commonwealth special purpose Indigenous Education Strategic Initiatives Program at a rate of 46.1% for administration fees. This compares to other state's levies ranging from 4% to 18.6%. this represents a considerable reduction in these funds that are available to Aboriginal students [Northern Territory Department of Education 1999]. In one reported case the Territory Health Service levied a grant-in-aid health service 54% oncosts for salaries [Scrimgeour 1997].

4/ Freedom of Information legislation. Because the Northern Territory does not have Freedom of Information legislation it is very difficult of Aboriginal people to seek information regarding Government policy and expenditure. This restricts the opportunity for Aboriginal people to be fully informed of all factors influencing government policy when making decisions affecting their local communities. This situation is further compounded by the lack of a Northern Territory upper house of parliament to act as a house of review.

Recommendations under Terms of Reference 1 & 2.

1/ All governments and policy makers need to recognise that the Aboriginal resident population of Alice Springs is a distinct community with its own dynamic and cohesion based upon traditional and contemporary affiliations. Further, they must recognise that members of this community face particular issues because they live in an urban environment.

2/ All governments and policy makers should recognise that the Aboriginal community in Alice Springs is organised sectorally and ensure that they negotiate at all times with the appropriate forums. When such a process is not established, they should consult with the Aboriginal organisations that have specific sectoral expertise. They should not attempt to take short cuts when trying to find representative bodies and organisations to deal with, and they should not establish bilateral agreements within this environment which may be, or be seen to be, meddling in local Aboriginal political and community processes.

3/ The Commonwealth Government must fully fund the Primary Health Care Access Programme (PHCAP) in the Northern Territory. The $64 million submission currently with the Commonwealth Government to implement PHCAP for the whole of the Northern Territory must be supported in this year's budget. There must also be full implementation of the NAHS.

4/ The Commonwealth and Northern Territory Governments should bring all matters covered by the NT Agreement on Aboriginal & Torres Strait Islander Health ('the Framework Agreement') to the planning forums established under this Agreement.

5/ The Commonwealth and Northern Territory Governments should seek to establish Agreements, similar to the quadrilateral agreement in place in Aboriginal health, in other service delivery sectors, in order to develop a high level of transparency, accountability and monitoring of all agencies responsible for the delivering of services to Aboriginal people. These Agreements should ensure that this planning is based upon a needs based planning process.

6/ All governments and policy makers need to adopt the reduction of socio-economic related health inequalities as a policy goal.

7/ The Commonwealth Government needs to act on the disproportionate level of expenditure of the Commonwealth's untied grant monies by the Northern Territory Government on government administrative services compared to other services more heavily utilised by the Aboriginal population of the NT. They must gain an agreement from the Northern Territory Government to equalise this allocation across all areas of government expenditure.

8/ The Commonwealth Government should raise through the Ministerial Council for Commonwealth-State Financial Relations the need for all governments to establish clear performance indicators for all areas of government policy.

9/ The Commonwealth Government should seek to establish, through the Ministerial Council of Attorney Generals, a set of agreed principles for the implementation of Freedom of Information legislation in each State and Territory.

10/ The Commonwealth Government should request that the Northern Territory Government reduce their administrative levies and oncost charges to levels commensurate with other jurisdictions.

Terms of Reference:

3/ the situation and needs of indigenous young people in urban areas, especially relating to health, education, employment, and homelessness (including access to services funded from the Supported Accommodation Assistance Program);

It is widely recognised that our young people face many problems.[3] The fact that in 1995-97 the death rate for young Indigenous males aged 15-24 years was 2.8 times higher than for their non-Indigenous counterparts, is a stark example of the severity of the problem. At risk behaviour is common. This behaviour, often culminating in tragedy, is the obvious and extreme expression of the daily suffering that our youth experience.

This experience includes: few employment opportunities; continued adverse and disproportionate contact with the judicial system; poor access to appropriate education; low self esteem; a lack of effective links into the world of Aboriginal culture; daily experiences of racism and lack of opportunity offered by the white world, leading to lack of respect for self, family and community; substance misuse and other at risk behaviours [AMSANT 1999].

Governments have a duty to provide adequate resources to programmes and to ensure that their programmes and legislation assist, rather than compound the problems faced by Aboriginal youth.

The Northern Territory Government maintains an antagonistic attitude in its dealings with Aboriginal people and organisations in most sectors. Learning Lessons, the report of the Independent Review of Indigenous Education in the Northern Territory by Bob Collins, has outlined the appalling failure of the government to provide a fundamental human right to Aboriginal People.

Early Life:

> *"Slow growth and lack of emotional support during this period (childhood) raise the life-time risk of poor physical health and reduce physical, cognitive and emotional functioning in adulthood"* [Wilkinson & Marmot 1998:12].

The physical and emotional environments that children are reared in have long term effects upon their physical, as well as mental health as adults. Thus the social environment leads to physical changes - and thus becomes literally embodied. In this view social and emotional health greatly influences physical health and to understand class related health inequalities we need to see the physical and the social influencing each other, with the foetal and the childhood period being particularly salient to subsequent outcomes.

Educational and social intervention programs in childhood that have focused on a range of basic ways of coping, cognitive skills and reinforcement of self esteem have proved far more successful

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[3] Most statistical models consider youth to be between the ages 15-24 years. This age cohort is based upon the World Health Organisation's definition. There are many problems with this definition when considering Aboriginal society. Many Aboriginal people are considered adult during this period of their lives with their communities having activated their initiation. They have adult responsibilities in their communities. Whether initiated or not comparisons between Aboriginal & non-Aboriginal people aged 15-24 masks huge differences in their lifestyles. This is described by Colin Tatz in his study *Aboriginal Suicide is Different*: "In many respects, Aboriginal youth becomes older sooner than non-Aboriginal youth: there is earlier sexual development and experience, earlier exposure to danger, disease, and death. Their age of innocence ends much earlier" [Tatz 1999: 53]. Issues raised in this submission may apply to people younger than 15, and may not be applicable to people in their 20's.

that programs that have targeted adults who have already well established, social conditioned and supported habits which are very difficult to change [Marmot and Wilkinson 1999].

Aboriginal women in the Northern Territory, including Alice Springs, tend to have children at a younger age than do non-Aboriginal women.

Age specific fertility rates: No. of livebirths per thousand women

years	Under 15	15-19	20-24	25-29
NT Aboriginal	6.5	141.6	170.7	117.1
NT non-Aboriginal	0.2	38.5	97.2	120.5
Australia	-	20.5	66.7	121.6

source: [THS 1998:4]

Many Aboriginal children are being grown up by other children or very young mothers. These carers need specifically tailored programmes to support them in the task of child rearing, to provide information and support. Some programmes may be able to be provided in schools, but others are also required in the broader community setting to be more widely accessible. Therefore it is clear that health services need to provide home visitation and other community based services to this cohort. As many young mothers have difficulty continuing with their education it may be that they need specific support in this matter.

Social Support:

> "The existence of mutual trust and respect in the community and wider society- helps to protect people and their health" [Wilkinson & Marmot: 1998:21].

Too often Aboriginal youth in Alice Springs are demonised as an age cohort involved in a set of anti-social behaviours, rather than the future of a community's cultural survival. Government Policy regarding youth should embrace a positive image of Aboriginal Youth. This approach would express concern for both the social and emotional wellbeing of the individual and for the community in which they live.

Recommendations under Terms of Reference 3.

11/ Youth Employment opportunities
- *Strategies for creating real jobs for Aboriginal people must be developed aimed specifically to appeal to young people. They must include opportunities for Aboriginal adults to act as role models for youth.*
- *Employment strategies must include work options outside of Aboriginal organisations as well as within them. This tendency towards ghettoisation of employment opportunities, leads young people to believe that they can only get work from their own community. While some people may prefer to work in their own community organisations they need to know that they are valued in the broader workforce.*

12/ Early childhood development
- *Health professionals need to be trained to identify/recognise the link between childhood and adult health and between social and emotional health and physical health.*
- *Programmes that provide information and support for carers of young children must be developed. These programmes need to be delivered in a variety of settings, including, home visitations provided by health services, in schools and other sites where this age cohort can be accessed.*

13/ Youth Social support
- *Communities need access to programmes to support individuals, families and communities in crisis. This may include grief counselling and addressing issues of sexual abuse and substance misuse.*
- *Government policy on Aboriginal youth must take a positive approach, rather than a crime prevention approach to youth behaviours and activity.*
- *Governments must adequately address the impact of mandatory sentencing on young people. The current sentencing regime has a serious impact upon youth because it results in parents and other important adults being removed from young people's lives.*

14/ Education
- *The recommendations of the Collins Report must be acted upon in full.*

15/ Role models and goal setting
- *Young people need to be encouraged to set themselves goals. Programmes such as the Going for Goal (GOAL) programme used in New Zealand and America should be investigated for Central Australia.*

Terms of Reference:

4. the maintenance of Aboriginal and Torres Strait Islander culture in urban areas, including, where appropriate, ways in which such maintenance can be encouraged;

Social exclusion and social support:
Being excluded from the social fabric of society has been identified as a particular contributor to ill health through the work of researchers investigating the social determinants of health [Wilkinson & Marmot 1998].

For too long Aboriginal people have been written out of the history of Australia and consequently excluded from the social identity of the country. In Alice Springs Aboriginal people were also physically excluded from the town area - their own country.

The general community, both Aboriginal and non-Aboriginal, must take up the role of addressing the racism that is still prevalent today, whether this be at an individual level or at a structural level. Initiatives through the Reconciliation process can assist in this, but are often limited in their scope.

An important start to this process would be to honestly confront the colonial history of the Alice Springs region. Many Aboriginal people could not help but be offended during the national expression of grief that occurred in response to the Port Arthur massacre when they compared it to the silence surrounding acts perpetrated against their own people.

The ongoing denial of the policies and attitudes of the past denies the reality of Aboriginal people's lives. The assimilation policy was an attempt to destroy Aboriginal culture. It has not only resulted in trauma for individuals of the stolen generation, but also for their descendants and the communities from which they were taken. There is a clear need for the Commonwealth Government to say 'sorry' on behalf of non-Aboriginal Australians to the Aboriginal community for that policy.

It is with both the Aboriginal and non-Aboriginal community that Justice Brennan's message that, *"reconciliation is an obligation of justice not a manifestation of benevolence"*[Brennan 1999], must find resonance. It is this approach that will send a message to young Aboriginal people that reconciliation is about respecting Aboriginal culture, admitting that attacks on that culture are wrong and therefore reinforcing cultural value and identity rather than attempting to undermine it. Whether the Reconciliation process can deliver on this promise is a challenge that must be placed before the whole community.

Many young Aboriginal people live between two worlds, their Aboriginal community and the dominant non-Aboriginal mainstream. They need to find the balance to survive these pressures. They need to be strong and confident in their cultural identity in order, *"to balance the conflicting messages and demands created where the Aboriginal and non-Aboriginal worlds meet"* [Aboriginal & Torres Strait Islander Social Justice Commissioner, 2000:49]. It is clearly the role of the Aboriginal community to find the mechanisms to link youth to their culture and to provide a framework for making sense of the inter-cultural pressures. Governments have a role in supporting Aboriginal communities in cultural maintenance, through funding and policy support and by ensuring that the messages sent by Government don't contradict this process.

Recommendations under Terms of Reference 4.

16/ The Northern Territory Government should continue to support the work of the State Reconciliation Committee of the Northern Territory and the Commonwealth Government should act upon the four main strategy documents developed by the Australian Council for Reconciliation.

17/ The Commonwealth Government should formally apologise to the Aboriginal community for the Stolen Generations policy.

18/ The Northern Territory Government should support the cultural maintenance work of the Aboriginal community, by:
- *extending the Arrernte in Schools programme to all schools in Alice Springs,*
- *ensuring that all new employees of the Government undertake Aboriginal cultural awareness programmes,*
- *ensuring that all development proposals for the Town of Alice Springs are supported by the recognised Native Title Holders for Alice Springs.*

Terms of Reference:

5/ opportunities for economic independence in urban areas.

The 1989 survey of Aboriginal Economic Development in Central Australia found that the opportunities for economic independence for Aboriginal people were limited by a number of factors, "*the (economic & social) characteristics of the Aboriginal population, the political environment, and the size and state of the local economy*" [Crough, Howitt & Pritchard 1989: 4].

Crough et al noted that for the Aboriginal population, the very issues that most economic development strategies attempt to address such as high unemployment, low incomes, low education levels and poor health, act as restraints upon the success of these strategies [Crough, Howitt & Pritchard 1989:4].

- The proportion of the Aboriginal working age population in the Alice Springs ATSIC Region that is not employed is 72% [Gray & Auld 2000]. Of those in the labour force only 44% are employed (this includes those on CDEP) [ABS 1996].
- The median weekly individual income for Aboriginal people in Alice Springs is only $200, compared to $460 for non-Aboriginal residents [ASTC 2000]. In all occupation categories in the NT Aboriginal people earn less on average than non-Aboriginal people [ABS 1998].
- 22.4% of households in the Alice Springs ATSIC Region live in poverty [Gray & Auld 2000].
- Most Indigenous people in the Northern Territory are employed in the Government administration and defence, and the Health and community services sectors (64.4% of all indigenous employment). The most common occupational group for Indigenous people is that of labourers (38.3% compared to 7.5% for other Territorians) [ABS 1998].
- 88.4% of the working age population in the Alice Springs ATSIC Region have no post-secondary qualification [Gray & Auld 2000].

The health implications for this employment scenario are considerable. Poverty in itself has obvious implications for health. Unemployed people are more likely to experience poorer health than those who are employed. Unemployment results in stress as well as social isolation, which has an adverse impact upon both the individual and their families health. In a continually changing economic environment employment in the government sector (or those sectors reliant upon government funding) can no longer be considered a secure work environment. There are adverse health implications for people working in an insecure employment environment as well as for those who are unemployed or employed in unsatisfying work. Unstable work options lead to stress and this increases the risk of ill health [Wilkinson & Marmot 1998].

The political barriers to providing opportunities for greater Aboriginal economic development have been discussed under the Inquiry's Term of Reference 4.

The Central Australian economy has a narrow base. Currently, employment opportunities exist only in a limited range of sectors mainly Government and Health and community services. The local economy itself is considered to be a constraint, "*.. because its narrow base limits the options for Aboriginal enterprises. Furthermore the relatively low rate for regional growth…. And the tendency for many industrial sectors in Central Australia to be controlled by well established firms makes market entry difficult*" [Crough, Howitt & Pritchard 1989:5].

Strategies to develop opportunities for economic independence for the Alice Springs Aboriginal community should be premised on:

- consideration of how to strengthen existing employment sectors and industries. Particular attention should be given to supporting the community controlled sector , as this sector employ a large proportion of the local community in jobs that are highly valued for their role in serving the community,
- supporting the expansion of options within existing markets (eg. Tourism and retailing). Due to the limited scope for developing new markets in this remote area because of economies of scale, policy should be targeted to gaining a share of those existing industries for the local Aboriginal community. Both tourism and retailing would be suitable industries as they are both heavily reliant upon Aboriginal people; tourism for its product, and retailing for some of its product (Aboriginal arts) as well as for a large proportion of its customers, and
- a community development model, to improve the community's control over their social and economic environment and to develop the community's skills in managing their own affairs and controlling the pace and manner of change that confronts them.

Recommendations under Terms of Reference 5.

19/ Strategies to develop opportunities for economic independence for the Alice Springs Aboriginal community should be premised on:

- *consideration of how to strengthen existing employment sectors and industries. Particular attention should be given to supporting the community controlled sector , as this sector employ a large proportion of the local community in jobs that are highly valued as they are seen to serve the community,*
- *supporting growth in areas that provide options within existing markets (eg. Tourism and retailing). Due to the limited scope of developing new markets in this remote area because of economies of scale, policy should be targeted to gaining a share of those existing industries for the local Aboriginal community, and*
- *a community development model, to improve the community's control over their social and economic environment and to develop the community's skills in managing their own affairs and controlling the pace and manner of change that confronts them.*

Terms of Reference:

6/ urban housing needs and the particular problems and difficulties associated with urban areas.

The relationship between health and housing has long been accepted [WHO 1987]. Access to housing, as well as the quality and affordability of housing all impact upon people's health [NAHS 1989].

The Northern Territory Government's privatisation of public housing.
Since the beginning of 1999 the Northern Territory Government has embarked upon a policy of privatising much of its public housing stock. Under the guise of reducing anomalies in the allocation of public housing, the NT Government announced its Housing 2003 policy. The effect of this policy has been a transfer of public housing into private investment. The near doubling of rents in Alice Springs to market value, has resulted in a huge number of notices to quit. This in turn has lead to overcrowding in other housing in town as well as the removal of Aboriginal people from the more central locations of the urban area.

There are a number of concerns with how this policy has been implemented as well as its impact upon Aboriginal people in Alice Springs.

Since August 1990 under the Housing Agreement between the States and Territories and the Commonwealth Government, Users (tenants) should have had the right to review decisions relating to their public housing tenancy. Unlike in any of the other States or the ACT, this process has not been in place in the NT. Recently, a review process has been implemented, however the review group has not been constituted in a consistent manner with other States or the ACT, where external independent Tribunals or Commissions were properly implemented. In the NT the 'panel' was appointed by the government without being bound by formal regulation. Under proposed changes to the *Residential Tenancy Act NT 2000*, the Minister for Housing will be given retrospective powers to introduce the rent increases and other changes to people's tenancy agreements without judicial review. No-where else in Australia have the rights agreements of public tenants been overturned without judicial review, to such an extent when they have existing rental agreements. As a recipient of Commonwealth funds for public housing, it is questionable whether the Northern Territory Government is meeting its obligations to receive those funds while selling the public housing stock.

Apart from those tenants who were forced to move out of their homes or into debt by the near doubling of their rents, tenants were also encouraged to purchase their homes. The market value of the houses are determined on the basis of the rents that are being levied. As these rents had just been near doubled, since January 1999 some house sales occur at an artificially inflated price. The NT Government is both the vendor and the creditor of the home ownership schemes. They are the agency that sets the value of their own property and then arrange the financing of the purchaser. In order to achieve redress of their individual circumstances, many Aboriginal people in Alice Springs have been forced to take legal action, others have lost their homes of over thirty years.

This policy has an obvious impact upon the levels of stress and social dislocation experienced by Aboriginal tenants and, consequently, upon the health of the individuals concerned and their families. Therefore the policy should be reviewed by the Northern Territory Government. The Commonwealth Government should examine the impact of the policy with regard to the Northern Territory Government's obligations under the funding structure of the national housing agreement.

IHANT

One of the issues that Congress wishes to draw the attention of the Inquiry, is the inadequacy of the funding formula under which the Indigenous Housing Authority of the Northern Territory (IHANT) operates. IHANT was established as an authority under the agreement between the Northern Territory and Commonwealth Governments with ATSIC: *the Agreement for the Provision and Management of Housing and Related Infrastructure for Aboriginal and Torres Strait Islander People in the Northern Territory.*

Under this agreement monies from the Northern Territory, Commonwealth and ATSIC are pooled. IHANT is then responsible for determining policies and strategies and the allocation of the pooled housing funds. The main limitation of this agreement is that the fund pool is inadequate for the level of demand it is attempting to meet. This process causes Aboriginal communities to be bidding against one another for these scarce funds.

Clearly, what is required is adequate funding based upon a needs formula. Currently funds available under the *Commonwealth State Housing Agreement* (CSHA) are distributed on an equal per capita figure which does not account for a variety of regional factors. Under the CSHA the Aboriginal Rental Housing Program (ARHP) funds that are allocated to each state are based on a 1987 survey. The funds from the ATSIC Community Housing & Infrastructure Program (CHIP) is also based on measures from the late 1980s. The funding formula for Aboriginal housing in the Northern Territory is in need of a major overhaul. Work undertaken by the Centre for Aboriginal Economic Policy Research has suggested that allowing for a multi-measure indicator approach (of homelessness, overcrowding and affordability), the amount needed in urban areas of the Northern Territory is $2,4000 per household and $495 per person [Neutze, Sanders & Jones 2000].

Recommendations under Terms of Reference 6.

20/ The Northern Territory Government should review the Housing 2003 policy and the impact it may have on Aboriginal People in Alice Springs and make such changes as necessary to overcome the deleterious impact it is having on the health of these people.

21/ The Commonwealth Government should examine the impact of the Northern Territory Government's Housing 2003 Policy with regard to the Northern Territory Government's obligations under the Commonwealth State Housing Agreement.

22/ The Commonwealth Government, in collaboration with the other partners in IHANT must develop a new funding formula based upon a multi-measure approach to adequately meet the housing needs of Aboriginal people in the Northern Territory.

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