

Addressing Indigenous Disadvantage in Cape York - "Fight for Life"

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Australians are hearing much now about the level of disadvantage and social dysfunction and the concomitant damage being done to women and children in many remote indigenous communities in many parts of Australia. For some it is too gruesome and painful to even read about so imagine what it is like to live it?

Whilst Cape York has its own identity and different culture and in some ways appears to not be so beset by these problems on the surface, all of those on the ground, including many of the Cape York people and almost all of the children know about the hell that lies just beneath the surface for so many Cape York families.

It is a shameful contrast that some of this country's most disadvantaged people are in the very backyard of one of the world's premier tourist destinations and the playground of the rich – Cairns and the Far North. One drives through places like Port Douglas where Presidents and movie stars holiday on the way to these disadvantaged communities with third world conditions and widespread abuse and neglect of women and children.

Some of the issues that need to be urgently addressed are:

- Child abuse and neglect
- Domestic violence
- Alcohol and drug abuse
- Poor nutrition
- Poor school attendance
- Housing
- Poor health - with children suffering from the diseases of social disadvantage that are rarely seen in mainstream Australia anymore such as:
 - Malnutrition
 - Anaemia in childhood
 - Chronic ear disease and resultant deafness
 - Fetal Alcohol Syndrome
 - Nephritis (kidney disease) from skin sores and scabies
 - Rheumatic fever

For some of these diseases of social disadvantage and the third world, Cape York has the dubious honour of having some of the highest rates in the world.

So much of the damage done and that is being done is intergenerational and potentially permanent and we are faced with a time in history where we believe we have one last opportunity to provide the platforms needed to give Cape York people the choices they are entitled to as human beings.

The people of Cape York have developed their own agenda in conjunction with the Cape York Institute for Policy and Leadership. At the heart of their agenda is the aim for their people

to have the capabilities to choose a life they have reason to value.

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That is not asking any more or less than what we the general Australian community wish for ourselves and our children. They simply want the same opportunities and choices that most of us have. Not everyone will make the 'right' choices but everyone should have the capability of making that choice themselves in a fortunate country such as ours. This is not much to ask and in a time of prosperity should be something that we as Australians, who pride ourselves on a 'fair go' should be willing to invest heavily in before it is too late.

“Choice” is the key. A choice to stay in their community or to come back after time away needs to be a choice based on capability, not because there is no other choice as is so often now the case for a range of reasons. For example a child who reaches Grade 10 and still cannot read or write, tell time, read a calendar or even measure with a ruler and has been emotionally scarred by trauma that he/she was never protected from is left with very little in the way of choices for his/her life.

Welfare economist Amartya Sen defines the concept of disadvantage as 'capability deprivation'. Capabilities are.....the capability to:

- Meet nutritional requirements.
- Escape avoidable disease
- Be sheltered
- Be clothed.
- Be able to travel.
- Be educated
- Live without shame
- Participate in activities of the community.
- Enjoy self-respect.

For those who know Cape York we understand that people there do indeed suffer from capability deprivation that we would never wish our children to suffer.

Evidence shows that policies to address indigenous 'disadvantage' need to include education, physical and mental health and social development. Focus on human capital development and development of these capabilities is particularly important for disadvantaged children, early in life.

Miles Corak said “the capacity of children to become self-sufficient and successful adults is compromised, not only by monetary poverty, but by poverty of experience, influence and expectation.”

According to Miles Corak some of the non monetary factors that determine outcomes of children :

- Dysfunctional cultural norms³
- The demoralising impact of passive welfare and labour market exclusion.
- Influence on cognitive development of children by maternal smoking, alcohol and poor nutrition.

Reading this list is like reading a description of life for the majority of Cape York children who are increasingly becoming, if not already, a generation who are robbed of the capacity to become 'self sufficient and successful adults' or to 'choose lives they value'.

3 “Break the cycle of dysfunction” Lara Wieland, www.theaustralian.news.com.au/story/0,25197,23222116-5013172,00.html

In a similar vein, Secretary to the Treasury Ken Henry's three foundations underpinning Indigenous disadvantage are

1. Poor economic and social incentives.
2. ***Under development of human capital and capability.***
3. Absence of effective engagement of indigenous people in design of policy frameworks.

And his seven platforms for development are:

1. ***Protection from violence.***
2. ***Early childhood interventions – pre-birth to school.***
3. ***Home environment conducive to regular patterns of sleep and study free from overcrowding and distraction***
4. ***Access to suitable primary health care.***
5. ***Disincentives and incentives in welfare system – get them right.***
6. ***Real job prospects.***
7. ***Governance systems to support political freedom and social opportunities of local people to be engaged in policy development.***

So many of these factors are related to childhood either directly or indirectly as cause and/or effect. Most of the evidence says that the time period zero to five years of age sets your course for life. The evidence is that the biggest gains made intervening in these years is with disadvantaged families. There are big savings on welfare payments and the justice system alone, not to mention the human costs which are sometimes immeasurable, but there are no savings if applied to families whose children are unlikely to end up on these anyway. Therefore there is a strong impetus for government to use its wealth and resources to invest heavily in the early childhood period for the most disadvantaged in our society. On most measures this is the Indigenous children of Australia and in particular Indigenous children in remote communities.

We know that much disadvantage exists in larger urban indigenous populations as well and this of course needs to be addressed at the same time and not forgotten about. However as Ken Henry rightly points out, in urban areas disadvantaged children are at least likely to have one or two of the seven platforms that allow them some chance of developing the capability to choose even though it may be difficult or unlikely. However in many remote communities, and I believe this to be true of Cape York, many of the children do not have even a single one of the platforms on which to build a life they have reason to value and this is a desperate, urgent, soul-destroying situation.

Whilst the right policies are important, implementation is just as important. All the best policies in the world are worthless if they are not implemented in the right way or even at all and do not bring about change. This is a long standing frustration for many workers in the field and communities themselves – that much of what is written in policy or in program documentation and the budgets that go with it often do not make it to the ground except in trickles or droplets that often do not even resemble the original intentions.

NGO's, the private sector and community based organisations are often valued for their ability to overcome some of these problems although this must not be a blanket assumption as some NGO's can become a bureaucracy just as cumbersome and ineffective as governments. I believe that most of the successes, small or otherwise that one encounters in dealing with social disadvantage and poor health are ones that have somehow harnessed or understood the concept of social entrepreneurship

What is social entrepreneurship?

Social entrepreneurs are individuals with innovative solutions to society's most pressing social problems. They are ambitious and persistent, tackling major social issues and offering new ideas for wide-scale change. Social entrepreneurs often seem to be possessed by their ideas, committing their lives to changing the direction of their field. They are both visionaries and ultimate realists, concerned with the practical implementation of their vision above all else.

Each social entrepreneur presents ideas that are user-friendly, understandable, ethical, and engage widespread support in order to maximize the number of local people that will stand up, seize their idea, and implement with it. In other words, every leading social entrepreneur is a mass recruiter of local change makers—a role model proving that citizens who channel their passion into action can do almost anything.

Andrew Mawson is arguably the world's best known advocate of 'social enterprise' and has written a book on this topic. He has visited Cape York and worked with Noel Pearson and many of his ideas around social enterprise and how to effect change on the ground are directly relevant to the Cape York situation.

He writes:

“social enterprise suggests that power and decision-making in disadvantaged communities might be more productively vested in individuals or groups who' can deliver', rather than in representative elected committees and boards.”

“bureaucrats and government departments can actively draw practical people and organisations away from the real work of change to the vacant land of questionnaires, audits and points scoring.”

“innovators on the ground are very difficult for bureaucrats and managers to deal with. All too often they are avoided, ignored or regarded as the enemy.”

All of these comments resonate loudly with all I know who work on the ground in Cape York communities as do the following suggestions that Peter Botsman has gleaned from Andrew Mawson on

“how governments and disadvantaged communities can operate better”:

1. Give community the ability to build the road as they walk it. Provide space for responsible experimentation, led by community entrepreneurs who live and breathe in poor and indigenous communities. If you want to engage with communities, you need to build long-term relationships and gain the trust of the people, and the best way to achieve this is to get on with practical project work based on the realities of people's daily lives.

2. If it works, it works, no matter how you are defining it.

3. Support the social venture capital movement from wealthy individuals, companies and corporations who want to move beyond government and traditional philanthropic models of funding.

- 4. If someone in a disadvantaged community comes forward with an idea, back them and tell them to get on with it don't make them fill out a hundred application forms.*
- 5. Government should be clear on what it will and won't fund. Then everyone will feel confident about what funds will actually be spent on.*
- 6. Power and decision-making in disadvantaged neighbourhoods and communities should be productively vested in individuals or groups, 'who can deliver' rather than in representative, elected committees and boards.*
- 7. Entrepreneurs smell success, they do not write reports about it.*
- 8. Develop smarter ways of engaging with the private and public sector.*
- 9. Don't buy process, buy results.*
- 10. Produce evidence of what is effective.*
- 11. Being clear about what government is doing, what it is not doing and having individuals visibly responsible for more clearly defined tasks– as well as efficient, effective measurement of outcomes – mean less paperwork, less confusion and more accountability.*
- 12. Politicians must send out absolutely clear messages that strong community entrepreneurship must not be diluted with bureaucracy and the culture of committees that imagines everyone should be consulted about everything. In return, community entrepreneurs must take responsibility for their successes and failures.*
- 13. Genuine community and a sense of trust can only be created and social capital created when people stop thinking in terms of the lowest common denominator.*
- 14. Government often knows the shape of the forest but has no idea what is actually going on under the trees.*

I would not be able to find a single person who has worked on the ground in communities in Cape York who does not agree with nearly all of the above or could word their thoughts any better than this. Accountability is vital at all levels and I would support Professor Fiona Stanley's call for bureaucrats to be more accountable for their areas of responsibility. How is it that in our work we can meet bureaucrats who proudly announce for example that they have been responsible for Cape York Health for nearly two decades when in that time health outcomes have deteriorated whilst they have gone from one promotion to the next? This would be unheard of and indeed absurd in the private sector.

As Peter Botsman also stated there needs to be more weighting on “higher salaries for highly skilled 'doers' and practical thinkers to be encouraged to set up camp for longer periods of time in the middle of the battleground where they can be of practical use, rather than an army of public servants who are really not achieving a lot in most instances.”

Reform of the way things are done is vital. As Wesley Aird has said:

“Indigenous policy is controlled by a sub industry of bureaucrats who move between governments and departments, serving up soft social programs hopelessly incapable of solving complex technical problems.”

“sadly, there is an industry built around indigenous affairs and many of the stakeholders will fight tooth and nail to keep the status quo.”

This is well known to all those on the ground as has been clearly demonstrated in many attempts to achieve reform in Cape York, particularly in health. It is particularly true when he states:

“To make any real gains Ms Macklin has to cut through layers of senior bureaucrats who refuse to change direction, make hard decisions about under performing or redundant aboriginal organisations ..”

.. although we would add that it is not only senior bureaucrats who refuse to change direction or let go of their control and self-interest and indeed even some NGO's and service providers can fall into this category and this needs to be managed too.

The following eight areas of suggestions through which to address Indigenous disadvantage in Cape York are a synthesis of Ken Henry's seven platforms for addressing Indigenous disadvantage, the Canadian Aboriginal Horizontal Framework and Dr Richard Heazlewood's 2020 summit submission on an intervention into Cape York communities as all three have a large degree of overlap. It also contains personal thoughts gleaned from observation and thousands of conversations over years with people in Cape York ranging from specialist doctors, principals, elders and police through to parents struggling with alcoholism and children of all ages who speak frankly and honestly from their heart. I have found people's thoughts and hopes and aspirations in private are astonishingly similar across this range.

Colleagues who work closely with Northern Territory (NT) communities have stated that the rhetoric surrounding the NT intervention and its implementation was damaging and hurtful, disempowering and not well thought out, but the flow of resources and a lot of what has been done has been very positive.

Surely there is room for an 'intervention' that is done 'right', that has the sense of urgency and cuts across bureaucratic barriers but without being threatening, hurtful, disempowering and poorly implemented?

We propose a bipartisan state and commonwealth 'intervention' for Cape York that covers these eight areas.

We propose appointing people on the ground to manage such an 'intervention' who are “Type A personalities and problem solvers” for example Senior Rural Medical Practitioners who think on their feet, are adaptable and smart. As an added bonus they are also more likely to be caring listeners.. Indeed there are vocations that tend to attract the practical thinkers and problem solvers and even social entrepreneurs and may explain some of the choices for some of the head people in the NT intervention e.g. Rural doctors, army generals and so on and perhaps it is here that we should be looking for people to head up such measures. We propose this senior 'taskforce head' identifies functional local agencies and persons in the community, excluding community members who are 'part of the problem' .

'Functional' locals must be included and can be asked who else to include in subgroups who will then be tasked to tackle these main areas with access to the resources to do so.

So many times there are individuals battling to better the lives of those in their community with some great ideas but they are powerless and voiceless and overwhelmed by the noisy majority who may be preoccupied with something like their 'right to drink'. These people need to be involved in this proposal.

This proposal would need to be accompanied by appropriate police support for protection and safety and army support for initial logistics.

This proposal has many merits when considered in the context of:

- the need for reform of the way policies are implemented in Cape York and
- recognition that the social entrepreneurship model of operating has application for the Cape York situation and
- the urgency of the situation as we see generations being irreparably destroyed before our very eyes.

Another model to take into account which is currently commencing a trial in four Cape York communities is of course the Welfare Reform trials developed by the Cape York Institute for Policy and Leadership. These cover many of these areas and in fact this dovetails nicely with all of this paper's suggestions. We have long been supporters of the aims of the Welfare Reform proposals from their early development and the represent detailed community research and thinking from some of the best minds this country has. However as years have progressed and on the ground we and others have watched a rapid acceleration in the decline of families in Cape York in many ways we are inclined to think that perhaps on it's own it has come a little too late and that such measures need to be backed up by perhaps even more radical and widespread measures that are implemented without too much delay.

1. Health

- Ensure *development of streamlined coordinated, well funded comprehensive primary health care – a community controlled, funds pooling model as per the Cape York Health Reform Proposal*⁵ -a well researched model put to governments in 2004 that was put off course by 'competing interests' despite some of the best intentions.

- There could also be a statewide statutory indigenous health body that pools Commonwealth and state funds for health and provides expertise in indigenous health, with reduced bureaucracy and increased efficiency. Evidence increasingly points to a move to more regionalised community controlled health services, as per the Katherine West health board which the above Cape York proposal was largely modeled on. Many of the other health initiatives below fit in nicely with this model and it improves efficiency, reduces wastage and duplication and all evidence suggests it leads to better outcomes.

- *Focus on early intervention and prevention.*

- *One stop Early Childhood centres* (preferably incorporated into Comprehensive Primary Health Care centres/community centres⁶ and working in conjunction with

⁵ Available on request from author or from Cape York Institute for Policy and Leadership

⁶As per Andrew Mawson's Bromley by Bow or expansions of successful Aboriginal Medical Service models e.g. Central Australian Aboriginal Congress

schools) in all Cape York communities— including parenting programs and support, playgroups, nutrition programs, kindergartens, daycare, antenatal care, child health nurses, home visiting, school nurse, early childhood education, visiting specialists and therapists.

- **Early intervention teams for schools** to address the large numbers of children being left behind with speech and developmental delay before they even reach school.

- One team for bigger communities or working in clusters for smaller communities out of the Early Childhood Centre and attached to the school as above. Consisting of occupational therapist, speech therapist, physio psychologist etc as needed.

- **The Early Childhood/Community centre to be the hub** for health education and general primary health care as well as other community activities.

- Locally trained teams working with environmental health worker input to do repairs on houses, make sure taps are running etc. to **address health hardware in houses** and assist in ensuring food security and good hygiene including education for families around this.

- The 'Baby Bonus' has been extremely damaging for dysfunctional Cape York communities in anecdotally increasing the number of teenage pregnancies, increasing substance abuse in young parents, and increasing domestic violence with some men assaulting their partners to force them into going off contraception or handing over their baby bonus, or becoming intoxicated on the proceeds. One option is that rather than lump sums of cash the **'Baby Bonus' could provide for baskets of 'baby goodies' for different stages** that consist of things like nappies, blankets, bottles/formula where not breastfeeding, vouchers for baby related items, wipes, soap etc.

These **packs could be provided as a condition of attending for various milestone checkups with the child health nurse and healthworker.**

Related models in Latin America called **conditional cash transfers** have shown increases in growth, cognitive development, language, literacy, school achievement and even maternal outcomes for families who received cash or goods conditional on attending regular child health checkups with advice.

Some critics may say this is paternalistic and that we should “teach a man to fish and he can feed his whole family” as per community development theory. We would point out though that this proposal ensures the most difficult to reach parents will at least attend opportunities to have child health check ups, learn about parenting, childcare health and nutrition and get some of the support they may need. This ensures the 'man' from community development theory actually gets to the 'fishing lessons' he needs to be able to learn to 'fish'! Similarly whilst we debate this or wait for a generation to catch up on these basics, another entire generation of children is going through it's few most crucial development years without all they need and we may be dooming even more Cape York people to future of disadvantage and despair.

2. Substance abuse

- Substance abuse must be dealt with to be able to tackle violence, improve health and maintain culture. In many communities this may mean **a period of total alcohol restriction initially**. This is an urgent situation that requires urgent radical measures. Dysfunctional communities in Cape York cannot suddenly switch to 'responsible drinking' purely by building a 'nice tavern' for example. The vulnerable in the communities, the women and the children must be listened to –

every child in Cape York (and it would be in the hundreds) that I have ever spoken to wishes for the pubs to be shut down permanently. ***The right of the vulnerable to safety must always outweigh the 'right to drink'.***

- ***The relationship between council revenue and canteens selling alcohol must be broken*** which I believe is under way.

- Colleagues in the NT report that in many communities there is nowhere near the level of Fetal Alcohol Spectrum Disorder⁷ that we have in Cape York. They put this down to many of their communities having chosen to go completely dry for sometime and having ***tough penalties for sly grog such as automatic confiscation of vehicles used for sly grogging.***

- There should be a ***community complex that provides a pleasant atmosphere, somewhere to socialise and have a meal without alcohol.*** This could contain ***a local kitchen and hospitality training facility*** in some communities that could provide training, job opportunities and catering within the community as QiTE does in Mareeba, FNQ'ld. In the distant future if circumstances change, communities may elect to develop these in to licensed premises where alcohol is served responsibly but the reality may be that communities elect to stay alcohol free.

- ***Rebuild social, cultural and spiritual and legal intolerance of alcohol and drugs and gambling.*** There needs to be more community awareness of the damage these things do including gambling. Again, ***listen to the children – give them voices.*** They will tell you that gambling means a large number of families with no food for their kids that week and no one to look after them.

- ***Strengthen laws to combat sly grogging*** – some measures have recently been taken improving powers of police to search. There also needs to be an ***appropriate police presence both in numbers and in maturity and experience*** and encourage and reward those who want to stay in communities longer term.

- ***Welfare reform*** is vital as it means less 'free' cash for substances and gambling. One can argue that if one wants the 'right' to spend money on alcohol, drugs and gambling then one has the 'right' to work to earn cash that is theirs to spend how they wish. ***Welfare that is not spent on a family's 'welfare' is not a right.***

3. Child Protection

- The connection between child abuse and neglect and substance abuse, poor parental education and social circumstances and protective factors of community connectedness, education, nurse home visiting etc is well recognised. Therefore ***child protection must encompass many of the other areas in this paper such as health, education, early childhood interventions, safe communities and substance abuse.***

⁷A range of birth defects including brain damage caused by alcohol ingestion during pregnancy

- *****Embed the UN convention on the rights of the child⁸ in State and Commonwealth law** -this would address many of the issues around child protection and health in these disadvantaged communities.***
- **Use of the Early Childhood Centres to provide support for struggling parents, education for parents and in particular intensive parenting programs for high risk teenage parents.**
- **Extension of the family responsibility commission model in the Cape York welfare reform trials to refer 'at risk' families to.** This requires the services to refer to including the early childhood centres and parenting programs referred to elsewhere and welfare quarantining to ensure money for a child's welfare is not spent on alcohol and gambling which leads to further neglect and/or abuse.
- **Ongoing education of children from an early age around protective behaviours, safety, emotional resilience, relationships, and young parenting.** This should be conducted by **a permanent school nurse in each community school** in conjunction with visiting CPIU detectives delivering some aspects of these programs and building relationships with schools and communities. This school nurse could provide a wide range of programs and health interventions and education that does not happen in reality at present.
- **Widespread open and detailed community education around boundaries and norms, laws, children's rights, what is normal behaviour and what is not, how to respond to disclosures of abuse or witnessed abuse.** Support for abuse reporters and their families, including legislative protection.
- **Alternative models of foster care in regional centres and towns such as Cairns and Tablelands to address the shortage of carers such as the Djarragun Primary Boarding College proposal currently before the Queensland government..**
Consists of primary school boarding with full health and psychological and emotional support, house parents, and cultural programs. Opportunities for parents to be involved where appropriate and engaging parents in programs that connect them with their kids and teach them about parenting. 'Foster parents' are involved with kids on weekends and special events so as to still have that consistent support but being able to engage a lot more people who are not able to be full time foster carers and avoid burning out current carers.
Having similar facilities that parents can voluntarily refer their children to would enable early intervention before children are taken into care and also give parents who want their kids to get good quality education and escape some of the dysfunction at an earlier age more options where they can still be involved as parents.
- **Ban pornography** including through satellite TV channels to avoid the permanent damage being inflicted upon vulnerable children as a direct consequence.
- **Locally based SCAN (Suspected Child Abuse and Neglect) teams** that are based in each community consisting of all the agencies and local input that provide more meaningful and

accurate feedback into the central Cairns based child protection decision making process.

- Child safety and wellbeing must override the desire to keep a child in their community where that threatens their safety.
- ***Welfare reform to ensure that money intended for children is spent on children*** and is not free to be spent on gambling, alcohol and drugs that further damages children and families.

4. Learning

- Education encompasses all aspects of learning, not just school. So much of education is taken for granted – things we learn long before we get to school – from watching our parents, from our families reading to us and interacting with us positively, from being part of a functioning society, from playgroups, daycare and kindergartens. Much of this is sadly lacking in Cape York communities. ***Therefore learning needs to start at educating parents about early learning and early life influences e.g. through playgroups and parenting groups.***

- ******Establish an Aboriginal and Torres Strait Islander Children's Development Fund⁹*** - \$1 billion of the future fund or a budget surplus could be used for this and the income from this used to fund the other community based prevention and early intervention measures mentioned here. *********

- ***Early childhood intervention as under health section.*** Activities around early childhood learning centred around the Early Childhood Centres.

- ***Comprehensive community controlled primary health care to ensure good antenatal care, health promotion through pregnancy (as brain development and learning ability starts in utero), child health checks with robust screening of developmental and hearing problems with appropriate referrals and interventions*** for these to prevent health and developmental problems interfering with learning.

- ***Remedial literacy and numeracy programs for children who have fallen way behind*** e.g., 'Every child is special' (multi- lit) , adult literacy and numeracy. Without these we will have lost at least a generation as present school age children graduate unable to read and write whilst we wait for the other measures to take effect.

- ***Primary boarding schools with lodgings for parents and programs to engage parents--*** build on successful models elsewhere and proposed models such as Djarragun Foster Care model but expand these to be voluntary. Many parents want their children out earlier to get a good mainstream education and to be equipped to orbit between their communities and the mainstream but currently there are very few options for primary school kids. Many elders have called for there to be options from grade 4 onwards. These could be based in Weipa, Cairns, and Tablelands.

9 As per submission to the 2020 summit by Andrew Penfold

- Other *measures to expand primary schooling options* as above:
 - ***Expand Assistance for Isolated Children Scheme and other education linked Centre link payments to include children from remote communities from Grade 4 onwards.***
 - Develop linkages with public housing so that families who wish to relocate for the period of their child's primary schooling get first preference for public or low cost housing in regional centres.
 - ***Encourage homestay programs where primary children can stay in people's homes to go to school*** which may be easier than being in a boarding school. This already happens informally in Cairns with a lot of PNG and Torres Strait kids.
- ***Build 'pipelines' to link programs from mid-primary right through to high school and beyond*** such as the Higher Expectations program, Cape York Institute leadership programs and other scholarship programs. If action is not taken soon to address these issues from an earlier age there will be very few high school children in Cape York capable of getting into a high school scholarship program and being successful.
- Important to ***ensure that education allows real job prospects.*** No point in having great year 12 'completion rates' when kids are leaving year 12 unable to read and write and unsuitable for any employment.
- Alternative options for some of the children who are going to struggle regardless because for example they are high school age and reading at grade 2 level and even remediation will not correct all of this e.g. Vocational training farms and schools to get basic trades and life skills, etc
- ***Alternative housing/ workshop options for seriously dysfunctional kids*** and teenagers who will never be able to function safely outside of a sheltered environment because of issues like Fetal Alcohol Syndrome, severe and intractable behaviour and mental health issues often linked to abuse.

5. Safe And Sustainable Communities

- ***The community needs to be provided with safety and justice as a basic starting point.*** Nothing else can be tackled unless there is basic protective security for all, in particular women and children. ***Police must be there to listen, enforce and protect.*** This requires adequate police numbers for workload. Police need to be the best for the job, experienced and supported and rewarded for committing to service in communities.
- ***There needs to be good community infrastructure,*** e.g. Shelters/safe houses, parks, youth centres, areas to socialise and connect.
- ***Sports programs*** that encompass social programs such as the AFL Kickstart program.
- ***Exposure of communities to Indigenous role models*** not just in sport but in all other areas of life and community.

- ***Development of social supports and a true sense of community*** in what are largely communities by name only now. For example the ***community action networks proposed by Cape York Institute which can be effectively tied in with community and health and early childhood centres.***
- ***Development of more community volunteer programs and leadership programs with education around what 'community' is.***
- ***Pairing up lower skilled locals with 'buddy's' or 'mentors' in as many jobs as possible*** to provide both on the job training and social support and friendship and connection with others in the community. Make it a condition for all jobs in community e.g. Each nurse must be buddied with a healthworker.

5. Housing

- Policies and strategies addressing housing and the related home ownership are addressed with far more detail and expertise in other people's writings. But it is clear that overcrowding is a major issue with major impacts on health, emotional wellbeing and child abuse and neglect. I see this every day in my work as a doctor.
- There needs to be options for ***low-cost practical climate appropriate housing*** that can be ***erected locally and is low maintenance*** such as used in developing countries. Cost should not be such a huge barrier to providing more housing.
- ***There needs to be options for renting and ownership*** (through carefully thought out policies that do not further entrench poverty and disadvantage) that increase pride and responsibility in home, and ***options in type of housing*** e.g., flats, family homes, duplexes etc as it is a myth that ***all*** Indigenous people wish to live together with all of their extended family and should not be assumed.
- Providing housing should be tied in with ***providing training for local youth to become tradespeople in their own communities.***

6. Economic opportunity

- Again this is better addressed by others in other arenas, but this area does impact greatly on health and wellbeing.
- ***Balance incentives and disincentives in welfare system*** to work against intergenerational welfare dependency
- ***Provide a future for men, ensure that the men of the communities have opportunities to get real jobs*** – even if they have to move out for jobs. Provide assistance and support for families who have to move for work and opportunities to return to their communities during this time. Cape York Partnerships Work Socialisation Program for youth could be adapted for adults.

9. Accountability

- *Effective implementation is as important as good policy design, it requires courage and risk taking, which requires a radical change in bureaucratic culture.*¹⁰
- There needs to be *high-level accountability*, perhaps legislative with government leadership and coordination across a wide range of government departments and programs. Perhaps a higher-level body such as the proposed Health Equity Council.
- *Strict accountability of bureaucrats* responsible for various areas as per Professor Stanley's recent suggestions
- *Strict accountability for all government AND non-government organisations receiving funding to address aboriginal disadvantage and health*
- *Accountability within the community and understanding that systems that may work in functional communities may only provide power to people to control, dominate and manipulate the lives of the more vulnerable and powerless in dysfunctional communities.*
- Robust evaluation/action research and feedback and accountability for all programs- *fund what is working or likely to work* and if it doesn't work then don't continue to fund it. A program needs to do more than just look and sound good on paper.

Taking action on the situation in Cape York requires courage, risk-taking, political will and high level leadership as well as ensuring effective implementation on the ground. Each month that goes past means more lives damaged, often irreparably. If something radical is not done soon, we will be judged far more harshly for this and the effects will be far more damaging and far-reaching than anything that has occurred in generations past.

¹⁰Also see comments earlier in this paper