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Senate Legal and Constitutional Committee
Department of the Senate
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9th August 2007

# Submission to the Senate Inquiry into the Appropriation (Northern Territory National Emergency Response) Bill (No. 2) 2007-2008

The Aboriginal Medical Services Alliance of the NT (AMSANT) is the umbrella organisation representing Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory. ACCHSs focus on Comprehensive Primary Health Care delivery based on an holistic approach to health. They are developed and managed by Aboriginal people to provide culturally appropriate health care programs for Aboriginal people and communities.

The Aboriginal community-controlled health sector provides the majority of primary health care services to Aboriginal people in the Northern Territory and the sector's key role has been acknowledged in recent improvements in Aboriginal health outcomes.

The need for access to comprehensive, quality primary health care (PHC) and the strengthening of PHC provider roles in protecting children from harm are highlighted in the recommendations of the *Little Children are Sacred* report.

AMSANT expresses broad support for the recommendations of the *Little Children are Sacred* report. We are therefore concerned and dismayed that the government's proposed legislation now before the Senate not only ignores the recommendations of the report, but proposes sweeping changes which are counter to the intent of those recommendations. Further, the current legislation creates two sets of rights for Aboriginal people depending on their place of residence. In most respects, the proposed legislation is totally unrelated to and lacks any basis of evidence with respect to the protection of children from sexual abuse.

AMSANT does not believe that an approach which sidesteps the *Racial Discrimination Act* and applies racially discriminatory measures to Aboriginal communities in the NT is appropriate or likely to be effective in addressing the fundamental causes of child sexual abuse. We do not believe that measures which take away the ability of Aboriginal people to take responsibility for, and have control over, their lives can possibly contribute to overcoming the dysfunction and disadvantage that have been identified

as determinants of such abuse. There is overwhelming evidence that improving the health and well-being of people is linked to having control over their lives and meaningful participation in decision-making processes. Indeed, the government's own arguments identify the need for Aboriginal people to take increased responsibility, yet their proposed legislative measures will have the opposite effect.

We are concerned that the proposed welfare changes indiscriminately target all on welfare, rather than only those individuals who are not behaving responsibly. Moreover, the measures impose punative conditions on Aboriginal people, including removing their right to appeal, while not applying the same measures to non-Indigenous Australians. A discriminatory system which fails to reinforce and reward good behaviour will be counter-productive.

The scrapping of CDEP is a hasty and ill-conceived measure which will severely impact a range of essential services in communities, including health services, as well as reducing the incomes of many individuals. This will affect the ability of individuals and families to remain in their communities.

We are concerned that the sweeping and abrupt restrictions on alcohol availability have not been matched with the resources necessary for addressing the immediate need for a significant increase in alcohol treatment and rehabilitation services that the restrictions will trigger. Neither are the proposed changes integrated with or accompanied by appropriate complementary alcohol control measures in regional centres, or with existing alcohol management plans developed by local communities.

We note that there is no evidence linking the control of land to child sexual abuse. We therefore are opposed to the removal of the permit system for access to communities on Aboriginal land and to the Commonwealth take-over of community areas.

We are further dismayed that the estimated $500 million cost (not including the health checks and follow up care) of largely inappropriate and counter-productive intervention measures represents a lost opportunity to direct those resources to areas of urgent need that would directly contribute to reducing the incidence of child sexual abuse in Aboriginal communities.

Further details relating to AMSANT's position with respect to the key elements of the government's Emergency Response are contained in the attached position paper which was prepared by AMSANT prior to the introduction of the draft legislation.

AMSANT is deeply concerned that legislation proposing fundamental changes affecting the lives of Aboriginal people and communities is being rushed through parliament with virtually no debate and with no consultation with the Aboriginal communities to be effected by the changes. A central recommendation of the *Little Children are Sacred* report was the need for consultation with Aboriginal communities and it is regrettable that the government has chosen to ignore this.

We urge the Senate Committee to recommend that the proposed legislation not proceed and that the government urgently embark on a detailed process of consultation with the Indigenous community and the NT Government regarding measures arising from the *Little Children are Sacred* report.

Yours sincerely

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# AMSANT position paper on the Australian Government's Emergency Response to Child Sexual Abuse in the Northern Territory

## August 2007

The Aboriginal Medical Services Alliance of the NT (AMSANT) is the umbrella organisation representing Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory. ACCHSs focus on Comprehensive Primary Health Care delivery based on an holistic approach to health. They are developed and managed by Aboriginal people to provide culturally appropriate health care programs for Aboriginal people and communities.

The Aboriginal community-controlled health sector provides the majority of primary health care services to Aboriginal people in the Northern Territory and the sector's key role has been acknowledged in recent improvements in Aboriginal health outcomes:

- The life expectancy of Aboriginal women has started to improve and the rate of rise of major chronic diseases has slowed and is likely to begin to reduce in the near future.
- Mortality rates from some chronic diseases, such as obstructive lung disease, are already declining.
- There has been a steady decline in infant mortality, perinatal mortality and improvement in the health status of children.

AMSANT expresses broad support for the recommendations of the *Little Children are Sacred* Inquiry and urges the Australian Government to ensure its Emergency Response plan is consistent with these recommendations. In particular, AMSANT seeks to draw attention to the following issues in addressing child sexual abuse in the Northern Territory:

### Health

- AMSANT implores the Australian Government to ensure that its Emergency Response health measures are adequately resourced to provide for both immediate follow-up care as well as the provision of long-term, sustainable primary and other health care needs arising from the health checks.
- AMSANT requests that COAG reconsiders the way in which its mental health initiative is being implemented in the NT using competitive tendering rather than a collaborative needs-based planning approach as the basis of funding. AMSANT supports the latter approach, which seeks to build the comprehensive primary health care response to

mental health issues at the community level (see attached letter to Minister Abbott, dated 17th April 2007). This has become urgent because of the need to be able to assist Aboriginal people to recover from addictions given that access to alcohol and other drugs is being further restricted.

- In order to achieve an immediate reduction in confirmed sexual abuse cases amongst young children, the NT jurisdiction should be fully funded to roll out the Health @ Home program recently announced in the Federal Budget. This program is based on level 1 evidence for the effective prevention of sexual abuse of children and decreased sexual activity in early adolescence. The NT Aboriginal Health Forum has estimated the cost of full implementation of this program at $18.5 million recurrent (as per the submission from the NT Aboriginal Health Forum).
- Positive services for Aboriginal males need to be resourced, including the establishment of Men's sheds which create a space for males to support each other and learn positive behaviours. There is also a need for specialist psychological services to work with males exhibiting violent behaviours who want assistance to change.
- The Federal Government needs to recommit to the provision of comprehensive primary health care through the full funding of the PHCAP initiative in the NT which will require an additional recurrent funding base of $67.6 million per annum (see Appendix 1 for details). This will be at least partly achieved by providing the additional "tied funding" for the comprehensive primary health care initiatives detailed in Appendix 2. This will also ensure that primary health care services have the necessary population staffing ratios for GPs, nurses, AHWs and other professional staff to be able to deliver comprehensive primary health care. To determine how well the current PHCAP per capita funding formula is able to meet current need, an urgent health economist review of the PHCAP figures needs to be undertaken taking into account what is now known about per capita expenditure to persons with multiple chronic diseases (which is up to 12 times the national Medicare per capita average), along with issues such as cultural security.

**Law and order (police and FACS)**

- AMSANT welcomes the increased allocation of police to remote communities as we have been calling for this for many years. It is imperative that long term funding be allocated to ensure this initiative can be maintained.
- The increased police presence should enable perpetrators of all forms of violence to be apprehended and brought to account as well as better policing of illicit drug and petrol dealing and the current alcohol prohibitions on remote communities.
- There needs to be immediate crisis intervention teams capable of responding to the increased number of referrals expected from the child health checks. Such teams should at least include a social worker, child psychologist and Aboriginal liaison worker capable of visiting remote communities and developing a case management plan with the family in the community.
- The joint NT Police and FACS Child Abuse Taskforce (CAT) needs to be permanently funded and expanded and better integrated into local Police/FACS responses. CAT should be given the role of overseeing the above crisis response teams until permanent resources are allocated to enable the continued provision of improved services to the families of children in crisis.
- The NT Police requires a dedicated capacity to deal with interpersonal violence, including domestic violence units in the key regional areas and specialist training in dealing with domestic violence issues.
- There needs to be an adequate population staffing ratio developed for police in all parts of the NT of at least 1 police officer to 200 people, which should at least ensure a permanent police station in communities or regions of 400 people or more.

- AMSANT supports the recruitment of more Aboriginal police officers, Aboriginal Community Police Officers and Police Auxiliaries and to station more female officers in remote communities with a preference for Aboriginal female police officers (Recommendation 28, Anderson/Wild Report).
- AMSANT supports the government committing to the establishment and ongoing support of Community Justice Groups in all those communities which wish to participate (Recommendation 73, Anderson/Wild Report). Community Justice Groups need effective powers to enable them to contribute to maintaining law and order in communities, including through the recognition and incorporation of aspects of Aboriginal law within Northern Territory law and legal processes.

**Welfare reform**

- AMSANT supports the need for welfare reform and agrees that long-term experience on welfare can lead to dependency and other deleterious effects on individuals, families and communities.
- Any welfare reform should only target those individuals who are not behaving responsibly. A system which fails to reinforce and reward good behaviour will be counter-productive.
- AMSANT strongly believes that any welfare reform measures must be applied to the whole Australian community equally and not in a discriminatory manner to one section of the community. AMSANT notes and expresses concern in relation to the existence of legal advice that the proposed Emergency Response welfare reforms, as currently formulated, breach the *Racial Discrimination Act*.
- Where an Aboriginal community supports particular welfare measures for their members, such measures should be supported.
- Welfare reform must be accompanied by realistic job creation strategies, including subsidies for businesses which employ people coming off welfare.
- There needs to be a rural and remote area loading on welfare payments to allow for the significantly higher costs of living, including the cost of food and other essential goods and services, especially transport. This is consistent with the loading provided to professionals working in these areas.
- The high cost of private and commercial transport and lack of public transport services in remote areas is a key issue affecting access to health services, schools and other essential services linked to improving health outcomes.

**Alcohol**

- AMSANT notes the majority of remote Aboriginal communities in the NT already have in place bans or restrictions on alcohol. However, what has been lacking is the provision of police and capacity to enforce current bans.
- AMSANT therefore welcomes the Federal Government's initiative to increase the provision of police to communities and to take other measures to address grog running.
- AMSANT supports the proposal to provide exemptions on prohibition through the NT Emergency Response Taskforce for those remote communities which have well managed on site drinking only, such as Kalkaringi Social Club. Such clubs need to be structured in a way that avoids conflict of interests in relation to revenue and management issues.
- AMSANT implores the Federal Government to ensure that the NT Government addresses alcohol control measures in regional centres through effective supply reduction and other measures. This must include ensuring that the NT Licensing Commission maintains appropriate over-sight and control over liquor outlets.
- There needs to be a return of monies generated by alcohol sales into alcohol programs, as occurred with the successful Living With Alcohol Program.

**Education**

- AMSANT supports the need to ensure that all children attend school and that pre-school education from age 3 is made accessible to all Aboriginal children. Secondary schools with boarding facilities need to be provided in larger remote communities and hostel accommodation provided in regional centres to ensure that all children can access secondary education. Parents should be financially supported through pooled ABSTUDY funds at the community level, to send their children to quality boarding schools if they so choose.
- AMSANT believes that measures to ensure school attendance should include positive encouragement to parents to ensure their children attend school.
- Measures involving the linkage of welfare payments to school attendance should not be applied in a discriminatory manner to one section of the community unless there is clear support from the community for such measures.
- AMSANT supports the recommendations of the Anderson/Wild Inquiry regarding the broader reform of Aboriginal education in the NT, especially in the area of a qualified, performance based workforce.
- AMSANT urges the re-establishment of a viable system of on-site resident adult education workers in each large community or region of small communities with emphasis on literacy and numeracy and tuition services.
- Education reform must include appropriate recognition and integration of cultural knowledge and values in schools as recommended in the *Indigenous Languages and Culture in NT Schools Report 2004-2005*.

**Land tenure and access changes**

- AMSANT notes that there is no evidence for a link between the removal of the permit system for access to community areas and reducing the incidence of the sexual abuse of children. AMSANT believes that removal of the permit system will result in adverse changes that may in fact increase the potential for the sexual abuse of children, as well as other forms of predatory and unscrupulous behaviour, through increased uncontrolled access.
- AMSANT supports the need to rationalise the way in which houses and other infrastructure are built and maintained and essential services are provided on Aboriginal land to ensure that new houses can be quickly built, well maintained and the necessary public health services provided.
- AMSANT is not convinced that the only way for these issues to be improved is for the Commonwealth government to assume responsibility for 5 years. It is possible that new houses and other infrastructure could be owned and managed by appropriate Aboriginal-controlled bodies and that this would be more effective than a Commonwealth take-over. This should be negotiated with the respective Land Councils.
- AMSANT believes that there needs to be proper resolution of land title in negotiation with native title holders for the leasehold areas (town camps) around the regional centres.
- AMSANT draws the attention of the Commonwealth government to the evidence linking improved health and well being outcomes for homelands residents and therefore recommends the homelands movement be supported as a public health initiative.

## Appendix 1: Calculations for shortfall in NT primary health care funding

NT Aboriginal population = 57,550 (E+E figure, includes 12,008 Aboriginal people in Darwin)

*Needs-based per capita allocation*
The $3000 per capita remote benchmark is based on 6x national MBS average of $500 per capita which allows for a multiplier of 3x for increased morbidity and 3x for remoteness. This is consistent with the original AMSANT proposed PHCAP funding formula (1998). Although DoHA only agreed to fund 4x the national average in the 1999 PHCAP Budget decision, in the NT with funds-pooling this equated to 6x the national average because the NT Health Dpt was spending 2x the national average on PHC already.

*Total funding required*

| | |
|---|---|
| Darwin: 12,008 x $1500 | $18,012,000 |
| NT outside of Darwin (remote): 45,542 x $3000 | $136,626,000 |
| **Total funding required:** | **$154,638,000** |

*Existing expenditure*

| | |
|---|---|
| NT DHCS community-based PHC expenditure (2006) | $32,260,648 |
| NT DHCS community-based PHC expenditure (est. 2007) | $34,000,000 |
| OATSIH expenditure (2006) | $46,488,497 |
| OATSIH expenditure (estimated 2007) | $53,000,000 |
| **Total expenditure (estimated 2007)** | **$87,000,000** |
| | |
| **Funding shortfall** | **$67,638,000** |

**Appendix 2: Proposed Tied Funding Allocations for Existing Primary Health Care Services**

**Workforce**

1. Re-establishing each major ACCHS (Danila Dilba Medical Service, Wurli Wurlinjang Health Service, Miwatj Health Service, Anyinginyi Health Aboriginal Corporation & Central Australian Aboriginal Congress) in the NT as Registered Training Organisations. Ensure training is coordinated and integrated by developing each ACCHS as a campus of an Indigenous Health Training School established in partnership with an appropriate University and/or medical college (eg: RACGP). This should be funded through DEST and is not part of the PHCAP benchmark;

2. Funding of nationally accredited training and education courses in the major regions of the NT in order to increase the number of Indigenous people in the health, medical and welfare workforce. This should be funded through DEST and is not part of the PHCAP benchmark;

3. Improving the ability to attract and retain doctors, nurses, AHWs and allied health workers in all ACCHSs;

4. Funding to allow ACCHSs to offer terms and conditions of employment for General Practitioners, Remote Area Nurses, Allied Health Professionals, Health Service Managers and other professional staff that are (a) competitive with opportunities that exist on the eastern seaboard; and (b) offer a range of incentives to offset the personal and professional isolation of service in the remote north (eg: accommodation, CPE opportunities, reasonable on-call arrangements).

**Alcohol and Other Substance Abuse**

5. Provision of expanded support for recovering addicts and those considered "at-risk" of addictive behaviour through community based skilled counselors and Aboriginal Liaison Officers employed as part of the multi-disciplinary primary health care team with clinical supervision from regional psychologists. This should be in accordance with the AMSANT proposal for the integration of Alcohol and Other Drug and Mental Health Services with comprehensive primary health care and the workforce to population ratios contained in that proposal;

6. Development of sustainable links between residential substance abuse services and primary health care services so that residential rehabilitation clients can access pharmacotherapies and also funding through Medicare for focused psychological therapies delivered by "in house" psychologists for all clients. It will also ensure that planned after care is provided by the primary health care services SEWB teams in each community following discharge. This will require multidisciplinary mental health care plans for each resident client with case conferences, especially for those with a range of co-morbidities;

**Capital Works**

7. Extend and expand the number and capacity of clinical treatment areas and provide the extra treatment rooms needed for expanded provision of PHC services (many clinics in remote communities are now 20 years+ in age and many of those funded under the OATSIH program have had no R+M funding programmed and therefore deteriorate rapidly);

8. Recognise the extraordinary additional costs of construction in the north since the advent of the mining boom (eg: even labourers are being offered up to $45/hr to work in remote locations) coupled with the additional cost burden of construction in areas that are remote from Darwin (Note: construction on island locations can be Darwin costs x 1.5-2.0);

9. Provision of additional staff housing and visiting staff accommodation (VOQs) in all rural and remote communities

**Home Visitation Service**

10. Role out the program over several years in accordance with the Health @ Home budget initiative beginning in the regional centres.

**Social and Emotional Well Being**

11. Provision of recurrent funding to allow all major ACCHSs in the NT to establish sustainable and continuing SEWB programs. This would involve the provision of funding to employ social workers, counsellors and psychologists, including child psychologists and the funding of relevant programs to deal with emotional and social well being needs of victims of violence and abuse and their family members;

12. Provide additional Aboriginal Liaison Officers at a ratio of 2 per 800 people to ensure that local Aboriginal people can lead the development of SEWB support services to families and individuals including strengthening Aboriginal culture and traditional methods of healing social and emotional issues;

13. Provision of SEWB facilities

14. Provision of funding for accommodation of staff

**Male Health Programs**

15. Provide positive programs and service for Aboriginal males including Men's sheds, Men's hostels and male specific access points in all clinics. These programs should be additional to the PHCAP benchmark.

**Chronic Disease**

16 Provide chronic disease Peer Educators to assist clients to make positive behaviour changes and implement the goals in their multidisciplinary care plans

**Interpreter Services**

17 Provide funding for both telephone interpreting and on site interpreting in all Aboriginal languages. This should not be part of the PHCAP benchmark.