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Submission to the NT Emergency Response Review

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1. Overview

Central Australian Aboriginal Congress believes that there is an urgent need to reform the racially discriminatory aspects of the emergency response while continuing to implement the large investment in new services and programs across a broad range of social determinants of health.

There is a need to **reform** and not roll back the intervention and we believe this latter term creates the impression that all aspects of the intervention should be reversed and this is not what is needed.

Sexual abuse has not been found at anything like the prevalence that was anecdotally suggested in the "Little Children are Sacred" report. Although Congress believes that any sexual abuse is abhorrent and should be stopped we are concerned that the reputation of all Aboriginal men has been tarnished in a way that cannot be now justified. We call on governments to publicly reveal the details of the few cases of abuse that have been found and whether the perpetrators were Aboriginal or non Aboriginal men and rectify the publicly perception that all Aboriginal men are abusing their children. In the experience of Congress this has seriously affected the collective self-esteem of Aboriginal men and made them feel inferior. We urge the Prime Minister and the Chief Minister of the NT to make a joint statement correcting the public perception of a high prevalence of sexual abuse by Aboriginal men in our communities.

These concerns prompted the historic "Inteyerrkwe" statement from Aboriginal men at the recent Aboriginal Male Health Summit (see the Summit report attachment 1):

> "We the Aboriginal males from central Australia and our visitor brothers from around Australia gathered at Inteyerrkwe in July 2008 to develop strategies to ensure our future roles as husbands, grandfathers, fathers, uncles, nephews, brothers, grandsons, and sons in caring for our children in a safe family environment that will lead to a happier, longer life that reflects opportunities experienced by the wider community.
>
> We acknowledge and say sorry for the hurt, pain and suffering caused by Aboriginal males to our wives, to our children, to our mothers, to our grandmothers, to our granddaughters, to our aunties, to our nieces and to our sisters.
>
> We also acknowledge that we need the love and support of our Aboriginal women to help us move forward"

Congress is concerned that all forms of sexual behaviour amongst our young people has been wrongly labelled as abuse. Across Australia we are aware that 30% of young people below the age of 16 are engaging in consensual sexual activity – more than ever before. This is also what is occurring in our communities and while we are concerned about this, it is not sexual abuse but an issue of inappropriate sexual behaviour that needs to be addressed through a range of strategies including education at home and at school.

In the experience of Congress the intervention has led to increased levels of racism as some non Aboriginal people have internalised the negative stereotypes about Aboriginal people and have begun to treat Aboriginal people as "inferior beings who cannot even care for their children". This also needs to be addressed through the re-

instatement of the Racial Discrimination Act (RDA) because unless the Federal government is prepared to act to outlaw racial discrimination why should the average citizen care about being racist.

The major problem with the intervention is the racially discriminatory aspects which are causing much anger and hardship and include:

- The quarantining of welfare payments to all people of one racial group living in certain areas irrespective of their behaviour or record in caring for their own children
- The forced prohibition of alcohol to all people of one racial group living in certain areas. This is coupled with the introduction of extraordinary police powers that allow the police to enter any house in a prescribed community without a warrant if they suspect alcohol is being consumed
- The forced removal of land title without compensation
- The negative stereotypes of Aboriginal people, especially Aboriginal men

All of these problematic measures have been made possible by the suspension of the Racial Discrimination Act and Congress calls for its immediate reinstatement.

There are more appropriate alternatives to these measures which are not racially discriminatory including:

- The quarantining and income management of welfare payments for all Australian families who are not appropriately caring for their children as determined by FACS or some agreed measure of school attendance
- A comprehensive approach to alcohol including supply reduction, demand reduction and harm minimisation measures especially a minimum price benchmark and reduced take away trading hours. Prohibition should only be implemented at the request of Aboriginal communities.
- Ensuring land title is with either traditional owners or native title holders in all cases in accordance with the Land Rights Act
- Exploration of further alternatives for reform of infrastructure ownership on the land drawing on models of best practice for housing cooperatives and ensuring the infrastructure on the land remains in Aboriginal control

For many years Aboriginal people have identified the need for essential services and programs and we have been advocating for governments to act. In this context, Congress welcomes the large increased investment in services and programs that has now emerged from the emergency response. The Australian Government has now made a total commitment $1327.9 million over 4 years. The funding is provided on the basis that the NT Government agreed to certain conditions including a radical overhaul of the way it delivers Commonwealth funded housing programs. The Northern Territory Government will ensure that sufficient classrooms, equipment and teachers will be provided to cope with an anticipated increase in school enrolments and attendance as welfare reform measures are introduced. The Australian government funding will provide much needed police in remote Aboriginal communities, a large injection of funding into housing, a large boost to primary health care services and the conversion of more than 2000 CDEP positions to real permanent jobs.

The new government has announced that CDEP will no longer be abolished but will be reformed so that it provides more meaningful employment. They have also announced that the permit system will now be retained with modification to exempt journalists and contractors. This is also a reform that Congress supports. More recently the announcement of the funding of 200 additional teachers will substantially add to the increased investment in education.

The Northern Territory Government has also committed $286 million over 5 years. This funding will greatly enhance child protection services, alcohol and other drug services, legislation and alcohol management plans, enhanced remote area police, community corrections and courts and family violence programs, enhanced primary health care, additional housing. They have also made an additional contribution to Aboriginal education but this will need to be substantially increased if the unmet need is to be properly addressed. They have given a commitment to the Australian government to provide the necessary education resources to meet the need. They have also funded enhanced employment programs and have committed to establishing new consultative structures to ensure that Aboriginal people have a greater input into policies and programs in future.

There needs to be adequate systems in place to ensure that the new funds are being spent in an accountable and transparent manner and reach the people who they are intended to help. This will require accrual accounting procedures and the establishment of an independent statutory body, like the Productivity Commission, that can monitor the expenditure and make governments accountable.

In addition to this there needs to be a focus on unintended consequences of the intervention. For example it may be that the intervention is causing a significant population shift into the regional centres and if this is the case it needs to be further considered and understood. It may also be that in spite of the large financial investment the opportunity to substantially improve the economic base and average income of Aboriginal people may not be realised as funds flow into non Aboriginal businesses, especially large food retailers.

2. Issues on the Implementation of specific measures

Congress will provide detail of two key aspects of the NTER in which we have considerable experience and expertise. The Expanded Health Service Delivery Initiative (EHSDI) and the alcohol reforms. We will not go into any detail about eh child health check initiative as if the EHSDI is properly implemented these will become a routine part of normal service delivery which is what is needed in the longer term. IT is vital however that the additional primary health care resources are made recurrent as at this stage they are only committed for 2 years.

1. Expanded Health Service Delivery Initiative (EHSDI)

The new funding available under the EHSDI has the potential to strengthen the primary health care sector building its capacity to undertake child health checks as

part of normal comprehensive primary health care. At current levels of resourcing vey few health services are able to offer appropriate interventions such as Child Health Checks as routine service delivery. This could change if the EHSDI funds are allocated in accordance with need to ensure that the core functions of primary health care can be delivered across the NT (see attachment 2)

1.1 Principles underpinning the expansion of PHC services

The new Commonwealth investment in primary health care in the NT must be used as a lever to require reform of the NT Aboriginal Primary Health Care system so that the core functions of primary health care can be fully implemented. This will enable the original vision of the Primary Health Care Access Program in the NT to be realised (see attachment 3). The key components of this model include:

- Needs based population health funding weighted for morbidity and remoteness
- Funds pooling
- The implantation of the core functions of primary health care leading to expanded services
- A commitment to the development of Aboriginal community control

The success of the current larger regional Aboriginal community controlled health services in the NT has been partly due to the fact that funds pooling was achieved to create a single large non government provider of primary health care services. In most of the NT this has not occurred and there are multiple small providers in the one Health Service Delivery Area or two or three providers trying to work in the one clinic. This is inefficient and unworkable for example there have been major difficulties in getting health professionals employed by the DHF to work in partnership with health professionals employed by our sector to create a functioning multidisciplinary primary health care team.

There must be a requirement on the NT government to funds pool in this process otherwise cost shifting will continue and the NTG will reduce services as the Commonwealth increases their funding. Without funds pooling to a single community controlled provider in each Health Service Delivery Area there can be no effective transparency and accountability. Untied grants to the Northern Territory government do not all get spend on improved services to Aboriginal people.

With this new investment the Commonwealth will be funding about 75% of the total Northern Territory Aboriginal primary health care system and it is time that the NT government were required o participate in a genuine process of reform. This cannot simply be about new positions in existing service structures without adequate accountability.

Historically through the Primary Health Care Access program there was a large additional investment of Commonwealth funds but there was no outcome in terms of the establishment of new Aboriginal community controlled health services, Much of the new funding went to the DHF and they have retained it without any reform of the health system.

In contrast, through the Aboriginal Coordinated Care Trials, which implemented funds pooling from day 1, we have seen the emergence of two large and effective regional Aboriginal community controlled health services: Katherine West Health Board and Sunrise health service. There is clear evidence that these two health services have significantly improved health outcomes in a manner that no DHF clinic can demonstrate.

In spite of the investment plan unless the Commonwealth is prepared to use it s leverage through vertical fiscal imbalance it is very unlikely that new Aboriginal health services will emerge over the next two years.

1.2 Governance processes for rolling out Expanded PHC Services: the roles of the CEO's Group and the NT Aboriginal Health Forum

The NT Aboriginal Health Forum (NTAHF) needs to be given the responsibility to oversee the implementation of the reform agenda. This will ensure that the agreed reform process in the investment plan is implemented. Joint governance of the process through the NTAHF will ensure that the activities of each partner are accountable and transparent. This requires the CEO's group, which has been a useful group in the development of the investment plan, needs to now hand over to the NTAHF and the representation at the NTAHF needs to be senior enough to oversee the implementation. Improving primary health care for Aboriginal people in the NT is the major task of the NTAHF and it has been doing this well since its inception. Aboriginal health services are represented in this forum through our peak body AMSANT and this will ensure the active participation of our sector in the implementation.

1.3 AOD and mental health funding: Needs-based funding rather than competitive tendering and the role of the NT Aboriginal Health Forum

The comprehensive primary health care model that has been developed to guide the implementation of the reform process includes the integration of AOD and mental health services. These services are needed to address critical aspects of what the intervention is trying to address. With the new funding that is now available under the EHSDI there is not enough money to fund AOD and mental health services compared with more fundamental core services. Thus there is a need to ensure that new AOD and mental health funding is added to the funds pool for comprehensive primary health care. This is beginning to occur with the AOD funds allocated through COAG but is not occurring with the mental health funds. There needs to be a policy directive given to FAHCSIA to ensure that the NT mental health allocation is pooled and allocated to primary health care services according to need through the NTAHF. FAHCSIA should also become part of the NTAHF for this purpose. Competitive tendering is not leading to a planned integrated health system and needs to be stopped. We have attached the AMSANT position paper on these issues (attachment 4)

1.4 The role of AMSANT and the larger Aboriginal health services in PHC reform to establish regional Aboriginal community controlled health services in the NT

Significant funding has been allocated for capacity building to assist in the development of large, robust Aboriginal community controlled health services across the NT. Congress believes that AMSANT along with the larger more established Aboriginal health services are in the best position to lead this process under the governance of the NTAHF. If this process is not successful then a more effective and efficient health system will not emerge and the DHF will continue to deliver the same old services without pooling their funds into new providers that can provide services at the same quality as existing large, well resourced Aboriginal health services such as Katherine West, Sunrise health, Wurli Wurlinjang and Central Australian Aboriginal Congress – all single providers in large Health Service Delivery Areas.

The essential requirements for success based on the recent experience of the Katherine West and Sunrise are:

- Aboriginal leadership from an Aboriginal person employed in the prospective health service delivery area who knows people well
- A person with extensive primary health care and public health expertise who can assist in planning a new Aboriginal community controlled primary health care service
- These key staff being employed by an organisation that has the support of the people in whose area they are going to work.

Congress believes that AMSANT is the only organisation that can successfully lead this development and that it should be given the resources to employ that necessary staff in each of the Health Service Delivery Areas to make this happen as quickly as possible.

1.5 Funding for ACCHS infrastructure and staff accommodation: Investment Plan funds ($6 million) are grossly inadequate to meet these needs.

The need for staff housing is urgent and large and cannot be addressed through the small allocation in the EHSDI investment plan. This is a major barrier to increasing primary health care services in nearly all remote communities including those remote communities auspiced by Congress. For example, an Australian trained GP who is committed to working in a remote Aboriginal community long term is being evicted by the Education Department from her house as the increased school attendance in the community since the intervention is requiring new teachers to be recruited and the education department is going to take back their previously unused houses. This should be a good news story but there is not other house in this community for the GP and the GP is being forced to leave because of this. This situation has been allowed to develop because requests for funding for staff housing have not been met for many years. This cannot be allowed to continue

1.5 Aboriginal PHC Workforce: some solutions

As more funds are invested in primary health care the ability to recruit and retain a quality workforce is becoming the key barrier to improved service delivery. There is a fundamental problem with the Australian health system which needs to be addressed in order to rectify this situation. Unlike many other health systems where there is much greater equity in the distribution of the health workforce outside of capital cities this is not the case in Australia and the problem appears to be getting worse rather than better. The more health professionals that are trained, the more they work in areas that are already well supplied and the greater the inequity that is created. This especially affects Aboriginal people in the NT because of the remoteness but it cannot and will not be addressed as an Aboriginal health issue only – it requires mainstream reform and no government has been prepared to do what is needed. There needs to be a sticks and carrots approach to this issue. Workforce substitution is also not an acceptable solution for remote communities we need GPs and nurses and not nurses because government is not prepared to do what is needed to ensure there is access to GPs. If there is a role for nurse practitioners in the Australian health system then it needs to include Sydney and Melbourne which will enable the GP population ratio to increase freeing up even more GPs to come to remote areas.

1.5.1 Broader government regulation for where doctors work and non financial incentives

There needs to be a new system of regulation of where GPs and other health professionals work. For example if geographic provider numbers were implemented we could achieve about one GP for every 1200 people and about 1 for every 600 Aboriginal people. The most sought after provider numbers could then be offered first to GPs who had worked the longest in areas of need creating a powerful non financial incentive. The Commonwealth government would regulate the sale of provider numbers in a similar way to pharmacy licenses. Similar regulatory arrangements could be applied to other health professionals. In addition to this preferential access into specialist training positions could be offered to doctors who have worked the longest in areas of need.

1.5.2 Increased funding for Aboriginal PHC to rebase health professional salaries to competitive levels

Financial incentives are also important and currently Aboriginal health services do not have the necessary funds to offer competitive salaries in many cases. Following the transfer of funding for Aboriginal health from ATSIC to DoHA there was meant to be a major rebasing exercise for all Aboriginal health services based on an analysis of current salaries and what is needed relative to market rates. This process was never completed and is still required. This has become even more urgent in the NT given the new investment.

1.5.3 Incentive payments for nurses working in PHC

Has the Minster made a decision on the issue of these retraining incentive payments being allowed for nurses who wish to retrain and work in the primary health care sector?

1.5.4 An independent review of Aboriginal health worker training, recruitment and retention

The AHW profession is in crisis in the NT with very few new AHWs graduating each year and then joining the workforce. There needs to be an urgent review of AHW training, recruitment and retention issues.

2. Alcohol measures (see attachment 5)

The "Rivers of Grog" was a key aspect of the Little Children are Sacred Report and Congress supports the fact that alcohol has been identified as a priority issues to be addressed through the NTER. However, the strategies that have been implemented are not evidence based and are likely to be ineffective.

It is important to note that there have been major improvements in alcohol consumption and in alcohol related harms in Alice Springs but it is unlikely that these improvements are due to any aspects of the intervention. It is not possible to be definite because there has still not been a properly funded independent evaluation of the alcohol measures in Alice Springs. However, it can be stated that:

- Population pure alcohol sales and consumption have declined by at least 10% since the introduction of alcohol restriction on October 1 2006
- There has been at least a 50% reduction in the combined murder and manslaughter rate in Alice Springs
- Suicides in Alice Springs have declined by at least 50% as well
- Admissions to the Emergency Department for selected alcohol caused conditions have declined
- There has been more than a 50% decline in admissions for stabbings in Alice Springs Hospital.

Congress believes that these improvements have occurred due to effective price based supply reduction along with increased preventative policing. The supply reduction measures apply to all Alice Springs residents and not just to some Aboriginal people. Such measures have been shown to work all over the world and they appear to now also be working in Alice Springs. The forced prohibition of alcohol on the town camps is a misnomer as there is not element of prohibition of supply in these measures and this is how the term prohibition is used. Limiting where people can physically drink without altering the supply of alcohol simply shifts the problem from one place to another. There is police evidence that this ahs occurred in Alice Springs.

3. Recommendations

Racial Discrimination

1. The Commonwealth Racial Discrimination Act needs to be immediately re-instated and the racially discriminatory aspects of the NTER need to cease
2. The Australian Constitution needs to be amended to include the rights of Aboriginal people so that our rights can never again be removed by Parliament

Sexual Abuse

3. Governments need to publicly reveal the number of confirmed cases of sexual abuse found since the intervention and whether the perpetrators were Aboriginal or non Aboriginal men
4. Assuming the numbers are as low as Congress believes them to be the Prime Minster and the Chief Minister should issue an apology to Aboriginal men in the Northern Territory for creating the impression that many Aboriginal men were perpetrators of sexual abuse
5. Sexual abuse of children should be a national issue not just an issue for Aboriginal people in the Northern territory

EHSDI: comprehensive primary health care reform

6. The new Commonwealth investment needs to fully allocated to all of the health service delivery areas according to the agreed, equitable population funding formula and the $50 million needs to be made recurrent with further increases according to need against the core service document.
7. All primary health care funds must pooled and allocated to new Aboriginal controlled services and programs in accordance with the core functions document and in a manner aimed at closing the Life Expectancy Gap.
8. The capacity building process designed to establish large, regional Aboriginal health services needs to be led by AMSANT and the larger Aboriginal health services under the direction of the NTAHF
9. COAG AOD and Mental health funds need to be added to the primary health care pool so that all Aboriginal communities can have access to community based social health teams including skilled counsellors. In order to obtain the necessary cooperation from FaHCSIA they should be invited to become part of the NTAHF.
10. A new dental program needs to be funded to help to address the poor dental health that has been identified during the child health checks as dental health is not part of the EHSDI and cannot be funded with the available resources
11. Funds need to be made available for staff housing and pre-fabricated houses as well as quality demountables need to be used to overcome the crisis in accommodation.

Housing (see attachment 6)

12. Congress opposes the mainstreaming of Aboriginal housing and believes that the NT Dept. of Lands and Housing is not a suitable organisation to own and

administer Aboriginal housing on the town camps of Alice Springs. It is not appropriate to replace decentralised, Aboriginal controlled housing cooperatives with a centralised government agency. Aboriginal people who are living in these houses need to continue to have a way of getting input into the organisation that is making decisions about their houses otherwise the decisions will not be owned by the people and acted on.

13. Exploration of further alternatives for reform of infrastructure ownership on the land drawing on models of best practice for housing cooperatives and ensuring the infrastructure on the land remains in Aboriginal control

14. This Housing cooperative should support the ability of individuals to buy their own houses if they so desire. This would need to be supported through an expansion of the existing national subsidised Aboriginal housing loans scheme to make sure that housing loans are affordable.

15. The Housing Cooperative should provide support for income management and education in financial matters to Aboriginal people.

16. The Housing Cooperative should be constitutionally limited to these roles and should not be able to get into other areas of social services such as health, education and municipal services. These services should be provided by organisations with specialist expertise.

17. Ensuring land title is with either traditional owners or native title holders in all cases in accordance with the Land Rights and other relevant Acts

Education

The investment in education through the NTER is not in keeping with the degree of investment in other areas and will not be able to address the need.

18. There needs to be effective Adult literacy programs delivered throughout the NT to assist adults to become more employable and to ensure that adults are more committed to their children attending school
19. Pre-schools need to be available in all Aboriginal communities in sufficient numbers to ensure that all 3 year old Aboriginal children can attend
20. There needs to be supervised Aboriginal controlled boarding hostels for young people who want to go to primary and or high school in regional centres.
21. There need to be more truancy officers and other measures that ensure that all Aboriginal children are attending school.

Employment

22. Congress welcomes the return of the CDEP and this needs to continue until full time jobs are available
23. There needs to be effective training programs that lead people into full time employment

Alcohol

There needs to be an evidence based approach to addressing the problem

24. There should be no forced prohibition of alcohol in restricted areas. This should only occur on a voluntary basis
25. Supply reduction measures should apply equally to all citizens and need to include:
    - A minimum price benchmark
    - No take-away sales on Thursdays linked to all Centrelink payments on that day
    - No take-away alcohol from petrol outlets and corner stores
26. Treatment and rehabilitation services need to be part of community based comprehensive primary health care and not only as specialist residential facilities.

Police

The introduction of police into remote communities has been welcome and is long overdue

27. A population funding formula needs to be developed to ensure that NT police are distributed equitably to all citizens and not only to the larger population centres
28. The increased powers that police have been given to enter houses without warrants on suspicion of alcohol use should be removed

Welfare reform

29. Quarantining should only apply to all parents who do not send their children to school as a trial and it needs to be properly evaluated to ascertain its effectiveness. If it does not work it should be stopped.
30. There should also be voluntary access to quarantining

Transport

31. There needs to be public transport on specified routes within larger communities
32. There needs to be government subsidised, affordable public transport from Alice Springs to communities

Stores

33. Need to ensure that every community has access to an appropriate store with quality and affordable food

Communication

34. There needs to be more public telephones in Aboriginal communities
35. There should be one emergency phone in every community, including each town camp that can only ring police, ambulance, fire and health services as a free call.

Evaluation and monitoring

36. There needs to be adequate data to assess the effectiveness of particular measures and evaluation scientists need to assist to ensure the necessary data is being collected. We need to know whether income quarantining increases school attendance. We need to know whether child nutrition is improving and many other questions.
37. The Aboriginal reference group that meets with the Hon Jenny Macklin and Northern Territory government needs to be strengthened through more regular meetings and it should oversee the ongoing valuation of the intervention measures