



***Submission
to the Senate Select Committee***

Regional and Remote Indigenous Communities

"There are two principles that any definition of democracy includes. The first principle is that all members of the society (citizens) have equal access to power and the second that all members (citizens) enjoy universally recognized freedoms and liberties." [Wikipedia, < <http://en.wikipedia.org/wiki/Democracy>>]

Sunrise Health Service Aboriginal Corporation

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Note

The authors would like to acknowledge the importance of the Senate Select Committee on regional and remote Indigenous communities. We believe that the enclosed submission provides some information about the most pressing and urgent impacts of the Australian Government policies following the Northern Territory National Emergency Response.

This submission focuses on Sunrise/Eastern Katherine remote and very remote Indigenous Communities. An area map is available in the attachments.

Preamble

Sunrise Health Service Aboriginal Corporation (Sunrise) main purpose is to improve the health and wellbeing of the people in the region east of Katherine in the Northern Territory.

Sunrise delivers Primary Health Care services over some 112,000 square kilometres in eight locations in remote and very remote areas of the Northern Territory. Services are delivered through an integrated multi-disciplinary approach through established health centres and specialist programs to people living in Barunga, Wugularr, Manyallaluk, Bulman, Mataranka, Jilkminggan, Minyerri, Ngukurr and Urapunga. Specialist health education and promotional programs are also undertaken in the communities mentioned above in the areas of Nutrition, Women's and Maternal Health, Men's Health, Child Health, Aged Care, Physical Activity and Aural Health.

The outstations associated with these communities also have access to the services. Sunrise is also undertaking some further processes to support the expansion of direct service delivery in Weemol, Werenbun and Kewulyi. Sunrise became a fully-fledged service in mid-2005 after successfully completing a Coordinated Care Trial.

It would take 15 hours to do a round trip by road from Bulman to Ngukurr and back—two of the communities that Sunrise delivers Health Services in.

That assumes you have a car and—and that during the Wet Season—that you can get through by road at all.

In fact, the people of our region do this trip regularly for ceremonial reasons: for initiations as well as well as major religious rites which can be attended by hundreds of people from our region and beyond.

The most common reason for such cross country travel, however, is to attend funerals. For us—all of us—funerals are an all too present fact of life.

Funerals for our children.

Funerals for our young people.

Funerals for our old people.

For us, the ritual of death and funerals is the most prominent aspect of social life.

Indigenous Affairs Minister Mal Brough said the situation in the Northern Territory was “akin to a national emergency”. Prime Minister Howard called it “Australia's Hurricane Katrina”. Yet despite the efforts of Government through the NTER there has not been an increase in the numbers of Aboriginal people enjoying the same status or quality of life on comparables ratios as other Australians.

Executive Summary

In 2008 the Australian Parliament and the Australian nation heard the Prime Minister, the Hon Kevin Rudd, deliver a formal apology to the Stolen Generations—those Aboriginal¹ and Torres Strait Islander people who were forcibly removed from their families and communities through the actions of past governments². However, the apology—as important as it was—was but a first step. The current Senate inquiry has the potential to advance understanding, and seek new solutions. We can not afford to waste any more time, nor can we can not afford to make further mistakes when it comes to Aboriginal health.

It is important for the Senate Select Committee to further inquire into the measures associated with the Northern Territory National Emergency Response (NTER). Initial public claims were been made that the NTER was a direct response to the *Ampe Akelyernemane Meke Mekarle* “Little Children are Sacred” Report³. Yet, clearly, there was always a broader agenda. There were key linkages to many of the activities that were undertaken as a component part of the Indigenous Community Coordination Pilots (ICCP) conducted under the Council of Australian Governments (COAG)⁴. The former Australian government had also been moving towards attempting to increase the participation of Indigenous Territorians in the economy. That approach acknowledged that “a broader policy approach was needed as progress in any one area, such as increasing Indigenous employment and participation in the economy is dependant on progress in other areas, such as improving standards of education, delivering skills training, achieving better health outcomes and providing additional housing to reduce overcrowding⁵.” Among the agreed priorities was “a commitment to building on Indigenous wealth; employment and entrepreneurial culture, as these are integral to boosting economic development and reducing poverty and dependence on passive welfare⁶”.

This could provide some explanation for the economic basis for the legislative framework that encompasses and governs the NTER⁷. It was never as simple as “looking after the children”.

¹ The terms Indigenous and Aboriginal are both used in this submission – no disrespect is intended to the correct use of the terminology. Sunrise notes Aboriginal is the preferred term.

² Closing the Gap on Indigenous Disadvantage: The Challenge for Australia

http://www.facs.gov.au/indigenous/closing_the_gap/forward.htm

³ Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, *Ampe Akelyernemane Meke Mekarle* “Little Children are Sacred” Report. 2007.

⁴ An example of a partnership system is the Indigenous Communities Coordination Pilot. This pilot is based on the Council of Australian Governments (COAG) agreement that all governments would work together to improve the social and economic well being of Indigenous people and communities. Governments agreed that: they must work together better at all levels and across all departments and agencies; and Indigenous communities and governments must work in partnership and share responsibility for achieving outcomes and for building the capacity of people in communities to manage their own affairs. Partners, the community, the Commonwealth and NT governments, have signed a Shared Responsibility Agreement articulating the issues identified by the community and detailing the contribution of each of the partners to meeting and sustaining the priorities and outcomes.

⁵ 2005 Indigenous Economic Development Strategy Launch – Australian Government

⁶ 2005 Indigenous Economic Development Strategy Launch – Australian Government pp 6

⁷ Some information about elements of the legislative framework is included in this submission.

As this submission will argue, the chief and most obvious failure of the NTER—whatever its motivations and intentions—has been its attempt to impose a “one size fits all” approach to Aboriginal affairs in the Northern Territory. Such an approach does not work in non-Indigenous society: there is no coherent reason why it should work in Aboriginal society. It does not take into account the diversity of history and current circumstances of different families, groups, communities or townships.

Sunrise asserts that a blanket approach will never work, and it is absurd to suppose that it might. This is echoed in the literature and has been said by other Indigenous Australians including 2009 Australian of the Year, Mick Dodson.

From the experience of Sunrise, implementing and sustaining a successful strategy that has tangible health outcomes for the Sunrise/Eastern Katherine communities population involve dealings with multi-faceted and complex issues, many of which are inter-related and some of which are unique to each community and their representative, organisations. Placed-based cultural processes and protocols must be respected and observed. It also requires a demonstrable commitment and meaningful partnership with all relevant stakeholders.

The NTER legislation promotes a one size fits all approach in flat opposition to other policy initiatives of the Australian government. It is an approach that is confusing and contradictory, and runs to broader approaches under, say, the *Close the Gap on Indigenous Disadvantage* program.

The aspects of the NTER that we welcome—such as the increased resources that are starting to flow through to health and housing—were all possible without the existence of the NTER. The “new” resources that have come from the NTER are no more than have been subject of Indigenous demands over at least three decades. The poor health, education, housing and employment outcomes we experience in the Sunrise region is not new—it didn’t just arise as a result of the *Little children are sacred* report. Indeed, it is the sort of material poverty that has been well documented by many inquiries and reports over many decades—including previous inquiries carried out by the Senate.

From our perspective, the chief failure of the NTER—its attempt to depict *all* Aboriginal people and *all* their organisations and communities as backward and dysfunctional—is the most offensive aspect of the Intervention and its associated legislation.

The vast majority of families in our region are strong and loving. Despite considerable material poverty—a poverty which is intergenerational—Aboriginal people of the Sunrise region work hard to maintain family and community life. The existence of Sunrise itself is evidence of widespread desire to improve living conditions for our people.

This submission aims to be practically focused, rather than an applied research project. It tries to make sense of relevant research on the policy impacts of the NTER interventions in the Katherine East region and highlights comments from Aboriginal people living in prescribed communities in the Sunrise/Katherine Region.

In summary, the NTER is a complex measure that combines both good and bad policies. This submission will attempt to unravel the elements and make comment on some of the impacts.

1. Introduction

1.1. Indigenous affairs funding: the current backdrop

Sunrise notes that at a ministerial council meeting of treasurers and health ministers last year, issues were raised about funding of services to Indigenous People (14 January 2008).

As an important first step in delivering a new era of federal-state cooperation, a meeting of Treasurers and Health Ministers in Brisbane today took important decisions towards ... developing improved reporting systems for the funding of indigenous initiatives.

Funding of Services to Indigenous People

Commonwealth and State and Territory treasurers today further affirmed the importance of measuring the cost-effectiveness of Indigenous programs as a means of informing better policy making in Indigenous affairs. To facilitate this, Treasurers agreed that all jurisdictions will cooperate in the development of a national framework for reporting expenditure on Indigenous services.

The national framework will comprise expenditure by all jurisdictions, at both Commonwealth and State/Territory levels and will seek to include both Indigenous specific and mainstream spending on services for Indigenous Australians in areas such as: education; justice; health; housing; community services; employment; and other significant expenditure. In so doing, the focus will be in relation to on-the-ground services.

The national framework will cover spending in relation to all funding sources, not just funding arising from the Commonwealth Grants Commission equalisation process. A report in accordance with the national framework will be provided to COAG annually, and an initial 'stock take' report will be provided for the first COAG meeting in 2009.

The ministerial council statement went on to say the Commonwealth will consult with agencies such as the Productivity Commission, the Australian Institute of Health and Welfare, and the Australian Bureau of Statistics to determine their interest and possible contribution to developing the national framework, as well as possible ongoing involvement in the process.

There is yet to be a final resolution of the issues raised at this ministerial council meeting, but it is clear that the Commonwealth, along with the states and territories, are moving towards getting a clear idea about the nature and scope of Indigenous affairs expenditure as a move towards getting a better measure of the cost effectiveness of this expenditure.

What will logically flow from this would be a move towards "evidence-based" policies, that is, support to approaches that actually work on the ground.

1.2. The current Australian health policy environment

In the Prime Minister's Close the Gap Report, Kevin Rudd adopted a broad principle, that "unless there are relationships anchored in mutual respect and articulated through mutual responsibility – then the great enterprise of reconciliation on which we embark will fail"⁸. That had not been the case in the establishment of the NTER, under which there was an explicit refusal to engage with or consult Aboriginal people as to its design or operations, although the Rudd Government has decided to continue the NTER process for another three years.

The exception to this—as the child health checks began to be rolled out—was in the health sector. The Commonwealth—through OATSIH; and the Aboriginal-controlled health sector, through AMSANT and its membership—has endeavoured to "make the NTER work" with at least some measure of success.

The overarching goal of the Australian Government's Department of Health and Ageing is to "ensure that Aboriginal and Torres Strait Islander people enjoy a healthy life equal to that of the general population that is enriched by a strong living culture, dignity and justice"⁹.

Detailed analyses undertaken by the Australian Institute of Health and Welfare were used to support the policy report *The Aboriginal and Torres Strait Islander Health Performance Framework*, 2008 report. The report was the second report against the Aboriginal and Torres Strait Islander Health Performance Framework (HPF) produced by the Department of Health and Ageing which provides a baseline to monitor progress against the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003 to 2013.

The Health Performance Framework monitors progress of the health system and broader determinants of health in improving Aboriginal and Torres Strait Islander Health. The HPF comprises three tiers of performance as follows:

Tier 1—health status and health outcomes. This Tier covers measures of prevalence of health conditions (e.g. circulatory disease, diabetes), human function (e.g. disability), life expectancy and well-being and deaths. This Tier aims to provide an overall indication of current health status and recent trends in the health status of Aboriginal and Torres Strait Islander peoples on a range of health issues. These issues include child and maternal health, chronic diseases, injury, communicable diseases, social and emotional wellbeing and overall health status.

Tier 2—determinants of health. This Tier consists of measures of the determinants of health which focus on factors outside the health system that impact on the health of Aboriginal and Torres Strait Islander peoples. The domains covered in this Tier include socioeconomic status (e.g. income and education), environmental factors (e.g. overcrowding), community capacity (e.g. child protection), health behaviours (e.g. risky alcohol consumption and dietary behaviours) and person-related factors (e.g.

⁸ 26 February 2009 – Kevin Rudd Prime Minister of Australia – *Closing the Gap Report* Parliament House Canberra

⁹ National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013

prevalence of overweight and obesity). Such factors have been shown to have a strong association with both disease and ill-health.

Tier 3—health systems performance. This Tier includes measures of the performance of the health system including population health, primary health care and secondary/tertiary care services.

Six domains are covered: effectiveness of health services, responsiveness of health services to Aboriginal and Torres Strait Islander communities and individuals, accessibility of services, capability and sustainability. This Tier includes measures that deal with a range of programs and service types including child and maternal health, early detection and chronic disease management, continuous care, access to secondary/tertiary care, the health workforce and expenditure.¹⁰.

1.2.1 National Indigenous Health Equality Summit outcomes: closing the gap

The Council of Australian Governments “agreed to a partnership between all levels of government and Indigenous Australian communities to achieve the target of closing the gap on Indigenous disadvantage”¹¹.

Public health interests in closing the gap on Indigenous disadvantage are outlined in the National Indigenous Health Equality Summit Outcomes – proposed Set of Close the Gap Targets to Achieve the COAG Commitments:

- Partnership - to enhance Aboriginal and Torres Strait Islander community engagement, control and participation in Indigenous Health policy and program development, implementation and monitoring,
- Health Status- to close the Aboriginal and Torres Strait Islander life expectancy gap within a generation and halve the mortality gap for Aboriginal and Torres Strait Islander children under five within a decade
- Primary Health Care – Improve the responsiveness of mainstream health services and programs to Aboriginal and Torres Strait Islander peoples health needs
- Infrastructure – Provide an adequate workforce to meet Aboriginal and Torres Strait Islander health needs by increasing the recruitment, retention, effectiveness and training of health practitioners working with Aboriginal and Torres Strait Islander health settings and build the capacity of the Indigenous health workforce

¹⁰ Aboriginal and Torres Strait Islander Health Performance Framework Measures P 2

¹¹ National Indigenous health Equality Summit Outcomes – Proposed set of Close the Gap targets to achieve COAG commitments.

1.3. The Northern Territory Emergency Response

The Northern Territory Emergency Response (NTER) was, if nothing else, a dramatic intervention into the lives of Northern Territory Aboriginal people and their organisations—not to mention the Territory in a broader sense. It arguably led to the ultimate resignation of Chief Minister Clare Martin, and was greeted with a range of responses by the media, nationally and locally. Until the Review of the NTER was held a year after its inception, there was precious little disseminated about the response of Aboriginal people on the ground.

In 2008 Claire Smith and Gary Johnson conducted a community based review of the Northern Territory Emergency Response and gathered a number of important comments that reflect how people feel about the governments' current policies and approach. It is a valuable document insofar as it carried a number of responses from people on the ground.

For example, the following comment is from a women living at Wugularr in the Northern Territory.

To me, I've gone backwards. It's like me living back in the sixties, when I grew up. It's like taking my rights back. It reminded me of waiting in the line for flour, rice, sugar, tea rations. We are heading backwards not forwards¹².

This is a dramatically different viewpoint than that expressed through the media, which was largely laudatory of the NTER, and rarely carried voices critical of the Intervention. The challenges now—of listening to Aboriginal people—are significant. A very first challenge is to remind governments of their fine words¹³ and to ensure the underpinning laws and policies that govern responses and intentions match the rhetoric¹⁴.

On 21 June 2007 the Northern Territory Emergency Response was announced by the former Minister for Families, Community Services and Indigenous Affairs¹⁵, the Hon Mal Brough.

The Northern Territory Emergency Response is governed under a legislative framework that parcels up a number of complex legislative mechanisms.

A snapshot of the powers under the legislative framework that impacts on the health of Australian Aboriginal and Torres Strait Islander people includes; but is not limited to three main components:

¹² 2008 Claire Smith & Gary Jackson, *A Community Based Review of the Northern Territory Response*, Institute of Advanced Study for Humanity University of Newcastle, p 100

¹³ 26 February 2009 Kevin Rudd Prime Minister of Australia Closing the Gap Report Parliament House Canberra, "To speak fine words and then to forget them, would be worse than doing nothing at all."

¹⁴ 9 August 2007 Submission to the Senate Standing Committee on Legal and Constitutional Affairs: - "The Law Council of Australia condemns the initial timetable for considering this proposed legislation as disgracefully inadequate and an affront to democratic principles."

¹⁵ Hon Mal Brough MP- was the Minister for Families, Community Services and Indigenous Affairs and the Minister Assisting the Prime Minister for Indigenous Affairs between 28 January 2006 and 3 December 2007.

The Northern Territory National Emergency Response Act 2007; the Social Security and Other legislation Amendment (Welfare Payment Reform) Act 2007; and the Families; Community Services and Indigenous Affairs and Other Legislation Amendment (Northern Territory National Emergency Response and Other Measures) Act 2007.

The legislative framework also interacts with a number of other complex legislative measures, including the; *Aboriginal Land Rights (Northern Territory) Act 1976*; the *Racial Discrimination Act 1975*, the *Native Title Act 1993*, the *Northern Territory (Self-Government) Act 1978* and related legislation, the *Social Security Act 1991* and the *Income Tax Assessment Act 1993*.

As pointed out by Doctor Sarah Prichard in her presentation to the Human Rights and Equal Opportunity Commission, however, “The devil is, notoriously, in the detail”¹⁶.

1.3.1. The Northern Territory National Emergency Response Act 2007

A key element of the Northern Territory National Emergency Response (NTER) includes the designation of prescribed areas. Prescribed areas are set out in Schedule 1- part 1, 2, 3 and 4 of the Act¹⁷ and include all freehold land held by a Land Trust under the *Aboriginal Land Rights (Northern Territory) Act 1976*¹⁸. Sunrise delivers primary health care services in the following prescribed areas; Barunga, Bulman, Jilkminggan, Manyallaluk, Minyerri, Ngukurr, Urapunga, Weemol and Wuglarr.

The *Northern Territory National Emergency Response Act 2007* includes the following parts:

Part 1 contains preliminary information, the definitions and the object of the Act. Part 2 provides for Alcohol restrictions, modifications and regulations. Part 3 outlines the requirements for publicly funded computers

Part 4 details information about the new arrangements for the acquisition of rights, titles and interests in land including the granting of a lease¹⁹; special provisions relating to particular land²⁰; the effect of other laws in relation to land, and miscellaneous items dealing with compensation.

Part 5 provides information about Business Management Areas including the power of the Commonwealth to vary or terminate Funding Agreements; give directions relating to services and asset²¹s, including the seizing of non- fixed assets, appoint

¹⁶ 2007 Dr Sarah Prichard – Notes for the Seminar NT National Emergency Response Legislation – Human Rights and Equal Opportunity Commission.

¹⁷ *Northern Territory National Emergency Response Act 2007* pp 96-204

¹⁸ 2008 The Senate Select Committee on Regional and Remote Indigenous Communities- *First Report 2008*

¹⁹ Part 4 – Division 1 Subdivision A – Grant of lease

²⁰ Part 4 – Division 1 Subdivision B – Special Provisions relating to particular land

²¹ In the briefing prepared for Senator Siewert – the following question arose about assets; Senator Siewert asked for clarification about assets and if that included assets owned by an NGO but not funded by the Commonwealth? The response was that the provision covers **any** asset that belongs to

observers²² and the commonwealth management of incorporated associations. Division 5 of part 5 deals with enforcement and notes that the Federal Court may order a person to pay financial penalty for contravening civil penalty provision.

Part 6 outlines matters to be considered in certain bail applications and sentencing. Part 7 deals with the licensing of community stores and Part 8 outlines delegations, the modification of Northern Territory laws, the NT Self- Government Act and the Racial Discrimination Act

1.3.2. The Social Security and Other legislation Amendment (Welfare Payment Reform) Act 2007

This Act provides for the quarantining and control of Centrelink Income Support Payments. Income Management is a key part of the NTNER²³. It remains one of the most contentious elements of the NTER Income management means that after deductions like child support payments and government debt repayments, half of a persons regular fortnightly Centrelink and/or Department of Veterans' Affairs payment, and all of any advances and lump sum payments, will be managed.

The most striking aspect of Income Management is that it applies to all people within prescribed areas that receive any form of welfare payment as a blanket rule. Although allegedly designed to control the incomes of people from dysfunctional families characterised by substance abuse and so on, the measures apply to all, no matter how effective they might be in managing their incomes *without* substance abuse and the like.

As the Social Justice Report 2007 pointed out “income management is based upon removing the right of a person to make their own decisions about expending their income, and removes their right to dignity”²⁴.

The comment is from a women living at Barunga highlights this point.

When I see people lining up with that store card, I feel ashamed.

It makes me feel sad. White people think that black people don't work. But we do and we have a lot of people who are well educated. But the store card gives white people a picture of Aboriginal people on welfare all the time. That's not fair.

*We're all human beings*²⁵.

the service whether purchased with Commonwealth funding or not. The Government can seize or direct the use of the asset and that asset does not have to be funded by the government – (e.g. they can seize an asset funded by say Fred Hollows). An asset merely has to be in the possession of an organisation operating in a prescribed area.

²² Section 72 Division 3 – Minister may appoint observers

²³ Australian Government – Department of Families, Housing, Community Services and Indigenous Affairs http://www.facsia.gov.au/nter/income_mngmt.htm

²⁴ 2007, Aboriginal and Torres Strait Islander Social Justice Commissioner, Social Justice Report 2007, HREOC Sydney pp 278

1.3.3. *The Families; Community Services and Indigenous Affairs and Other Legislation Amendment (Northern Territory National Emergency Response and Other Measures) Act 2007*

This aspect of the legislation creates offences in relation to the possession and supply of pornographic material in prescribed areas. It also allows for additional police powers for the seizure and forfeiting of prohibited material²⁶. (Schedule 1) Powers under the legislation boost the power and functions of the Australian Crime Commission and the Australian Federal Police²⁷. (Schedule 2) and provide for changes to the Aboriginal lands permit system, notably the removal of the obligation for people to obtain permits to enter or remain on common areas of townships; road corridors; airstrips and boat or barge landing sites. It also allows extra rights afforded to government officials and members of Parliament which allow them to enter or remain on Aboriginal lands. (Schedule 4)

There have been a number of concerns raised about the way the legislation was introduced²⁸ and the apparent lack of consultation. Labor agreed with the then-government, and allowed the passage of 500 pages of legislation on 6 August 2007, just 47 days after the announcement of the emergency response and less than 24 hours after providing it to peak and other bodies. The bill was passed in the House in a single afternoon. The Senate was given less than one week to perform its function as a house of review.

At no point, despite the prime recommendation from the *Little children are sacred* report, was there any consultation with Aboriginal people in the Northern Territory. This is still largely the case, with the exception of the health sector.

As the Northern Territory Emergency Response Review Board Report the authors' pointed out, "the intervention diminished its own effectiveness through its failure to engage constructively with Aboriginal people it was intended to help"²⁹. Sunrise asserts that the special measures contained within this legislative parcel are discriminatory³⁰ and disempowering to Aboriginal Traditional Owners.

Larissa Behrendt in her response to a *Quarterly Essay* piece by Paul Toohey, "Last Drinks" made the point:

*In many ways; the intervention in the Northern Territory is a text book case of why government policies continue to fail Aboriginal people. - The policy approach is paternalistic and top down – rather than collaborative and inclusive*³¹.

²⁵ 2008 Claire Smith & Gary Jackson – Institute of Advanced Study for Humanity University of New Castle – *A Community Based Review of the Northern Territory Response*. Pp 54

²⁶ Schedule 1 to the FACSIA Act inserts a new part 10 into the *Classification (Publications Films and Computer Games) Act 1995*

²⁷ amends the Commonwealth law enforcement legislation- the *Australian Crime Commission Act 2002*, and the *Federal Police Act 1979*

²⁸ August 2007 Submission to the Senate Standing Committee on Legal and Constitutional Affairs -*The Law Council of Australia* pp 1

²⁹ 2008 – Commonwealth of Australia - Northern Territory Emergency Response - Report of the NTER Review Board pp 10

³⁰ http://www.ntreview.gov.au/subs/nter_review_report/156_hr_eoc/156_HR_EOC_4.h

³¹ 2008 Tim Flannery; *Now or Never, A Sustainable Future for Australia Quarterly Essays* (31) pp 73

2. The Sunrise/Eastern Katherine Region Aboriginal Population

For the purposes of this submission, a practical approach to defining a population has been adopted.

2.1. Population size

2.1.1. Census Population

Based on a Northern Territory Government analysis of 2006 ABS Census data, there were about 41,130 people living in what were to become prescribed NTER communities. (including town camps and significant numbers of outstations) in 2006. Of these people 35,929 or 87% were Indigenous.

In 2006, 2.4% of the national population (or 455,000 people) were Indigenous Australians. Of these, 89.6% were Aboriginal, 6.5% were Torres Strait Islander and 3.9% were both Aboriginal and Torres Strait Islander³²

Indigenous people in the Northern Territory comprised about one third (32%) of the total Northern Territory population, and 13% of the Australian Indigenous population³³.

Of the states and territories, Northern Territory had the largest proportion (45%) of its population living in Remote and Very Remote areas, with four-fifths (79%) of its Indigenous Population living in these areas³⁴.

2.1.2. Sunrise Demographic Data

The communities where health centres operate have permanent population groups ranging from 200 to more than 1000 people, with outstations with much smaller populations also served by Sunrise.

The majority of communities are traditionally-oriented Aboriginal communities, although the township of Mataranka is an open Northern Territory town with a population base of 500 non-Indigenous and 130 Indigenous people.

Additionally, there is also a number of pastoral properties with a total non-Indigenous population of 100-200 people who also access the services of the community health centres. Please see the section eleven for information about demographics.

2.2. Population mobility

³² ABS www.abs.gov.au/ausstats/abs@nsf/Product Document Collection

³³ ABS 4713.0 Population Characteristics, Aboriginal and Torres Strait Islander Australians 2006 pp13

³⁴ ABS 4713.0 Population Characteristics, Aboriginal and Torres Strait Islander Australians 2006 pp13

Population mobility is an important aspect of regional demographics in the Sunrise region, and has a significant effect on planning within the region, although data can be sparse.

... the occurrence of frequent population movement is widely acknowledged, there are no data available to indicate the frequency, extent and pattern of movement, either within the region or to and from other regions.

Though some sense of the spatial scope of inter-regional social links is available, largely through ethnographic research often associated with land claims processes (Merlan 1998), and while it is readily observed and acknowledged that population levels in each community fluctuate considerably over short periods of time, none of these phenomena are adequately quantified for the purposes of planning³⁵.

³⁵ 2002 Taylor and Westbury A Scoping Framework for the Nyirranggulung Nutrition Strategy

3. Socioeconomic Characteristics

3.1. Households

3.1.1 Living Arrangements

Living arrangements vary with geographic remoteness. Among Indigenous households, multi-family³⁶ households were the most common in Very Remote areas where 20% were multi-family.

The condition of houses in Indigenous Remote communities is deteriorating. Between 2001 and 2006, the percentage of houses requiring major repairs in remote communities increased from 19% to 23%. One in four houses needing major repairs is currently inhabitable³⁷.

3.1.2 Household Size

Indigenous households tend to be larger than other households (average of 3.3 persons per household, compared with 2.5 respectively). One of the major factors contributing to this difference is the higher number of dependant children in Indigenous household—for all Indigenous family types the average number of dependant children was 1.1 compared with 0.5 for other households³⁸.

For Indigenous households, household size tended to rise with increasing remoteness, from an average of 3.1 persons per household in Major Cities to 4.9 in very remote areas³⁹.

The average occupancy per dwelling in remote areas is estimated to be 8.8 persons per dwelling, while the average National occupancy rate is almost 2.6 persons⁴⁰. Local observations and anecdotal evidence suggests that the average occupancy per dwelling in remote areas in the Sunrise region is estimated to be up to 17 people per household.

3.2. Income

3.2.1. Employment

Of the Indigenous people who were employed in the 2006 Census: 93% were employees, 6% worked in their own business and 1% were contributing family workers. 74% were employed in the private sector, and one quarter (26%) worked in the public sector, and more than half (59%) worked in low skill occupations, while

³⁶ two or more families pp 21 ABS 4713.0

³⁷ Council of Australian Governments National Partnership Agreement on Remote Indigenous Housing.

³⁸ ABS 4713.0 Population Characteristics, Aboriginal and Torres Strait Islander Australians 2006 pp 21

³⁹ ABS 4713.0 Population Characteristics, Aboriginal and Torres Strait Islander Australians 2006 pp 21

⁴⁰ ABS Community Housing and Infrastructure Needs Survey 2006

one in five (22%) were in medium skill occupations and one in seven (15%) in high skill occupations⁴¹

Of Indigenous CDEP participants counted in the 2006 Census, the majority were in Very Remote areas (76%) and a further 14% were in Remote areas. The largest proportion were in the Northern Territory (37%) Three-quarters (75%) worked part time. Two in five (40%) worked between 16 and 24 hours per week in the week prior to the Census⁴².

3.2.2. Family and Household Income

An important unit for assessing income, especially in the context of assessing links to health status, is at the family and/or household level.

Equivalised Household Income

In 2006 the mean (average) equivalised household income for Indigenous people was \$450 per week, compared with \$740 for non-Indigenous people. Mean equivalised income was lower in remote areas compared with non-remote areas for Indigenous people \$539 per week in Major Cities and \$329 in Very Remote areas. This pattern differed for non-Indigenous people, where mean income was higher in Major Cities (\$779) and Very Remote areas (\$812)⁴³

3.2.3. Socioeconomic Measures

According to the ABS the most disadvantaged areas of Australia are located in remote areas of Northern Territory⁴⁴

Indigeneity is highly correlated with relative socio-economic disadvantage at an area level. It has been shown that on average, Indigenous Australians have significantly lower levels of income, employment and education than the rest of the population⁴⁵

3.2.4. Distance and Languages spoken at home

Distance from Katherine NT

<i>Community</i>	<i>Distance</i>
<i>Barunga</i>	<i>82. km</i>
<i>Manyallaluk</i>	<i>105.5 km</i>
<i>Wugularr</i>	<i>112.2 km</i>
<i>Bulman</i>	<i>370.5 km</i>
<i>Mataranka</i>	<i>106 km</i>
<i>Jilkminggan</i>	<i>144 km</i>
<i>Minyerri</i>	<i>265 km</i>
<i>Ngukurr</i>	<i>320 km</i>
<i>Urapunga</i>	<i>297km</i>
<i>Weemol</i>	<i>368.6 km</i>
<i>Werenbun</i>	<i>58 km</i>

⁴¹ ABS 4713.0 Population Characteristics, Aboriginal and Torres Strait Islander Australians 2006 pp 37

⁴² ABS 4713.0 Population Characteristics, Aboriginal and Torres Strait Islander Australians 2006 pp 39

⁴³ ABS 4713.0 Population Characteristics, Aboriginal and Torres Strait Islander Australians 2006 pp 48

⁴⁴ Socio-Economic Indexes for Areas (SEIFA) – media release March 2008

⁴⁵ ABS Socio-Economic Indexes

Languages spoken at home

Languages spoken in all the Katherine East Region are as follows:

Alawa
Kriol
Marra
Mayali
Ngalakgan
Ritharrngu
Rembarrnga
Nunggubuyu
Mangarrayi
Ngandi
Dalabon
Warndarrang
Jawoyn

4. NTER-Impact on Health

4.1. Aboriginal Male Health

The mortality rate for Indigenous Males is disturbing and is further evidence for the need to close the gap on life expectancy.

The health of Aboriginal and Torres Strait Islander men is worse than any other subgroup in Australia. Life expectancy of Aboriginal and Torres Strait Islander men is estimated at approximately 17 years less than average life expectancy for all Australian men (59 years and 76 years respectively for the period 1996-2001). There is also a 6 year gap in life expectancy between Indigenous men (59 years) and Indigenous women (65 years).

The National Men's Health Policy will have a special focus on Aboriginal and Torres Strait Islander men's health and well-being. During the period 2000-04, using data available from Western Australia, South Australia, Queensland and the Northern Territory, the mortality rate for Aboriginal and Torres Strait Islander peoples from mental health conditions was 1.8 times higher than for other Australians (2.5 for males and 1.3 for females). Excess mortality was highest for the 35-54 years age-group.

A framework for improving Aboriginal Male health was developed through the Queensland Aboriginal & Islander Health Forum (QAIF) the framework acknowledges the importance of recognising that for many years Aboriginal males their identity and self-esteem has been significantly diminished in the last 200 years. A cornerstone of policy development in the Male Health area must include this recognition and the need to rebuild cultural and spiritual strength, which define Aboriginal Male's identity and provide.

Sunrise asserts that Indigenous male access to mainstream and indigenous specific health services must be improved across all settings and take into account the particular needs of those influenced by physical, psychological and or other factors. A gender specific approach is essential to enhancing health. A holistic approach also needs to be implemented which recognises male health across the health span.

4.2. Infant and Child Health

Infant Mortality

Australia's infant mortality rate is amongst the lowest in the world on a par with the UK and Norway and lower than NZ and the USA. For Aboriginal children it is 3 to 4 times higher. The perinatal mortality rate is 4.2 times higher⁴⁶.

⁴⁶ 2008 Mick Dodson – *The Luck Country & the NT Emergency Response* – International Conference on Child Labour and Child Exploitation

Anaemia

The aim of the Northern Territory Government's Growth Assessment and Action (GAA) program is to improve the growth and nutritional status of children in the Northern Territory. GAA Data indicates that anaemia is at 25% in the Northern Territory – Sunrise notes that the coverage is stated at 67% - this is of concern and indicates that the rate could be higher than 25 % as information is not recorded for up to 33% of children. According to the NT GAA data during the period April 2007 – October 2008 there was 45% who were recorded as anaemic in the 0.5-1 age group.

According to the World Health Organisation, iron deficient anaemia

... affects more than 3.5 billion people in the developing world, stealing vitality from the young and the old and impairing the cognitive development of children. Iron deficiency has a massive, but until recently almost totally unrecognised, economic cost. It adds also to the burden on health systems, affects learning and school performance, and reduces adult productivity. The World Bank, WHO and Harvard University have described iron deficiency as having a higher overall cost than any other disease except tuberculosis. The consequences of iron deficiency, and especially iron deficiency anaemia are many. For infant and children they include impaired motor development and coordination, impaired language development and scholastic achievement, psychological and behavioural effects (inattention, fatigue, etc) and decreased physical activity. In adults of both sexes iron deficiency anaemia causes decreased physical work and earning capacity and decreased resistance to fatigue.⁴⁷

Anaemia in children is most commonly due to iron deficiency, and iron deficiency is associated with the following:

1. Low birth weight – especially if pre-term birth
2. Child not receiving enough solid food or late starting of solid food
3. Child not receiving enough good food
4. Early stopping of breast feeding without the provision of formula milk
5. Recurrent infections – especially diarrhoea
6. Hookworm infestation in the child

Generally iron deficiency leads to poor growth and development.

From the list above it can be seen that anaemia in children may be the direct result of poor nutrition—if the diet does not contain foods that contain iron then the child will become anaemic.

This suggests that if the family is not able to afford good foods or if these foods are not available in community stores then the child will become anaemic and his/her growth and development will slow down.

The following measures may help prevent the development of anaemia in children:

⁴⁷ World Health Organisation Regional Office for the South Pacific at http://www.wpro.who.int/health_topics/micronutrient_deficiencies/general_info.htm

1. Eat regular meals and health snacks – avoid junk food and lollies
2. Encourage eating lots of different foods every day
3. Encourage eating:
 - Baby rice cereal from the age of 4 months
 - Meat (especially liver and kidney), fish
 - Bush tucker (including bush berries)
 - Vegetables such as green leafy vegetables, broccoli, tomato, cauliflower, pumpkin
 - Fruits such as citrus fruits, pawpaw
4. Encourage drinking fruit juice and milk or Milo with meals and avoid giving tea with meals to children

In addition to these measures it may be necessary to give the child de-worming medicine periodically. While the issue of “health hardware”—including cooking and food storage facilities, water supply, ablution and so on—has long been subject of research, comment and action, the same cannot be said of the “community store”.

Discussion of the role of the community store has been sporadic and perfunctory at best. In the Northern Territory, government abandoned an activist approach to stores back in the 1980s other than a handful of pilot projects related to health and nutrition.

In fact, it is arguable that the community store is at the front line of health hardware.

The Intervention has refocussed attention on community stores. It is the view of Sunrise that any recommendations with respect to community stores arising from the current Senate Select Committee Inquiry must be sustained—and sustainable.

Community-controlled stores are often the only commercial operation on communities, especially smaller ones, and hence effectively the only private sector source of employment for Aboriginal people on those communities. While this is less true of some larger communities in which other private sector employment is available, the role of community stores in establishing or building other economic activities on communities is vital.

We recommend that the long term goal in working towards improving cost, quality and culturally appropriate food to remote communities needs to have a focus on the control of community stores being placed with the right senior people and traditional landowners as appropriate to each community location.

Further consideration about the links that community stores form with others and other agencies must be examined. The real issue that has to be faced is what the post-Emergency Response landscape might look like. It is important that people have every possible opportunity to ensure the foods they are purchasing are of good quality and at a competitive and fair price. The entire food supply chain needs to be investigated.

Consideration needs to be given to the existing or potential role of community stores to be the lead tenant in town business centres which would also house other

enterprises and government agencies as a process of broader economic development on Aboriginal towns and communities

Many people living in the communities where Sunrise provides primary health services do not have access to, or own adequate white goods to support a healthy life style that includes good nutrition. This coupled with overcrowded environments and low incomes can make the storage of food and preparation of meals very difficult.

A functioning community-controlled store provides the best model for a strong future in access to healthy and culturally appropriate food. It is essential to support the communities to take control of the management of their store and increase the community awareness of nutrition so that they can see a reason for the importance of healthier food options in their community store and demand that these recognised foundations of an active and enjoyable life can be met.

The issues arising from the loss of traditional subsistence and the resultant disproportionate reliance on external food supplies are common to many Aboriginal communities across northern Australia. Missionaries and government welfare agencies historically operated market gardens, piggeries, poultry farms and pastoral enterprises to supplement food supplies in many remote communities. At both Barunga and Wugularr local annual production figures for the 'welfare period' from 1957-1969 confirm significant levels of production of meat, fruit and vegetables and eggs. For example, in 1968-9 Wugularr produced 29,100 lbs of meat and 224 dozen eggs and shared with Barunga a total production of 24,682 lbs of fruit and vegetables. Over the same period Barunga produced 9,672 lbs of meat and 300 dozen eggs (Ellanna et al. 1988).

Sunrise recommends that important social determinants affecting food security such as such as poverty, overcrowding, infrastructure and education in remote communities must be addressed otherwise the health of Indigenous people living in Remote and Very Remote areas will not improve.

In a further recommendation, Sunrise is of the view that for long term health improvements to be sustained, consideration should be given to food freight subsidies.

Some comment collected through Community Based Review conducted by Claire Smith and Gary Jackson in 2008 is below;

FOOD

'We want to get good food here, so people can shop here, not Barunga or Katherine', female pensioner, Wugularr.

'They [Outback Stores] don't employ Aboriginal people. That's why we don't want them', adult male, Wugularr.

'And the meat you get out here, you only get two little chops, but too expensive. Meat's cheaper in Katherine', adult female Barunga

‘We want different kind of meat- assorted meat- Rump steak, T-Bone steak - All sorts of meats’, female pensioner, Barunga⁴⁸.

Also maternal malnutrition⁴⁹, failure to thrive and poor nutrition in infancy and childhood are all implicated as possible causal factors in the development of chronic, life threatening illness later in life⁵⁰. Diseases such as diabetes, heart disease, and hypertension are linked and many people suffer from two or more of these conditions.

Indeed we know the Intervention, and its hand-maiden of Income Management, has had a direct impact on nutrition. As Income Management first arrived in Katherine in late 2007 we documented a number of instances in which the roll out affected people’s capacity to purchase food at all. This included diabetics, with no local store access, being unable to access managed income for days at a time in the period leading up to Christmas 2007.

For those here who do not know about diabetes, regular intake of food is required to maintain safe blood sugar levels. The response of people in this situation was to sleep until food became available.

In 2004-05, Indigenous people living in remote areas reported significantly higher rates of diabetes/high sugar levels (9.2 per cent), heart and circulatory diseases (14.1 per cent), and kidney disease (3.0 per cent) than Indigenous people living in non-remote areas⁵¹.

The collection of evidence under the Child Health Check initiative will cease at 30 June this year⁵². This means that set of evidence will no longer be collected in a coordinated way and this is of concern as an appropriate accurate evidence base is central to case management.

Sunrise supports the implementation of provisions for wrap around service being provided to children and notes the following as taken from the 2020 Summit Response; Sunrise is committed to working towards improving the patient journey.

Health and Learning Compacts	• Health and Education – introduce individual learning and health compacts (case management) for each Aboriginal or Torres Strait Islander child to ensure that children who need help receive it promptly and effectively.	Agree. In the 2008–09 Budget, the Government committed \$56.4 million over four years to expand intensive literacy and numeracy programs in schools. This funding will include support for teachers to enable them to prepare and maintain individual learning plans for every Indigenous student up to Year 10.
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⁴⁸ 2008 Claire Smith & Gary Jackson– *A Community Based Review of the Northern Territory Response*, Institute of Advanced Study for Humanity University of Newcastle.

⁴⁹ Malnutrition in pregnancy is known to be one of the causal factors in low birth weight babies.

⁵⁰ National Health and Medical Research Council Nutrition in Aboriginal and Torres Strait Islander Peoples July 2000 pp20-23.

⁵¹ 2007 Commonwealth of Australia Steering Committee for the Review of Government Service Provision (SCRGSP) *Overcoming Indigenous Disadvantage Key Indicators* 2007.

⁵² 2009

In 2008 the Aboriginal and Torres Strait Islander Health Performance Framework Report noted about Antenatal care. While a high proportion of Aboriginal and Torres Strait Islander women access antenatal care (around 96% of Indigenous mothers attended at least one antenatal care session in 2005 in the four jurisdictions for which data are available), data suggest that it occurs later and less frequently than for other women.

Between 2003 and 2005 there were 769,587 births recorded in the Perinatal National Minimum Data Set (excluding Tasmania) of which 27,722 (3.6%) were to Aboriginal and Torres Strait Islander mothers.

Low birthweight

The following presents the number and proportion of live-born low birthweight babies by Indigenous status of the mother and state/territory for the period 2003–2005. Over the period 1998–2000, there were 3,087 live-born babies weighing less than 2,500 grams birthweight born to Indigenous mothers in Australia (not including Tasmania).

Babies of Indigenous mothers were twice as likely to be of low birthweight as babies born to non-Indigenous mothers (12% compared with 6%).

Over the period 2003–2005, there were 3,601 live-born babies of low birthweight born to Indigenous mothers in Australia (not including Tasmania). Approximately 13% of babies born to Indigenous mothers were of low birthweight, compared with 6% of babies born to non-Indigenous mothers.

When multiple births are excluded, approximately 12% of babies born to Indigenous mothers are of low birthweight compared with 5% of babies born to non-Indigenous mothers.

Also the Aboriginal and Torres Strait Islander Health Performance Framework Report noted that about access to health care. In 2004–05, a slightly higher proportion of Aboriginal and Torres Strait Islander peoples than other Australians reported accessing health care in the last 12 months (42% compared to 47%). There were differences in the types of health care accessed, for example, Indigenous Australians were twice as likely as other Australians to visit casualty/outpatients but half as likely to see a dentist. In the same report barriers to accessing health care were sited as including: cost, transport, availability and sustainability of services. In 2004–05, 15% of Indigenous people did not visit a doctor when they needed to, with transport/distance being a major reason, especially in remote areas⁵³.

5. NTER-Impact on Welfare

A group of women from the Northern Territory recently travelled to Sydney and attended a conference – they were unable to use their basics card as there was no approved store for them to access food.

⁵³ <http://www.aihw.gov.au/publications/ihw/aatsihpf08r-da/aatsihpf08r-da.pdf>

5.1. Compulsory Income Management

5.1.1 Case Study

Christmas Spirit in the Northern Territory by Rachel Willika⁵⁴

The children at Eva Valley community had no Christmas presents this year. No Santa Claus, no decorations, no Christmas spirit, nothing. Christmas Day, we had lunch at the Women's Centre. The Fred Hollows Foundation provided and paid for all the food. It was good food. We had salad, ham, turkey, prawns, Christmas cake, chips, lollies for the children. We all helped with getting that food ready. It was a quick lunch because a family member had passed away.

We couldn't buy presents ourselves because that quarantining has come in. We got that store card just before Christmas. That store card is just for Woolworths, Big W, and Caltex. There is no Big W in Katherine, only Target, so we couldn't buy toys. Only the little toys that are in Woolworths. We could only buy food with that store card. What about presents, and Christmas decorations and streamers, and stuff like that? Those things are important, too. You can't choose where to spend your store card. You can only spend it at those places that they say. Woolworths, Big W, Caltex. There's pictures' showing on the card. Woolworths, Big W, Caltex.

My friend and I were walking around Eva Valley yesterday and we said 'No-one's been listening to us. Nothing has changed'. We've told those intervention people about our worries, but nothing has changed. When we go to town some of us share the cost of that taxi, but it is a lot of money, even when you share the cost. Last Thursday I went to town to get my store card, to buy food. When I went to that Centrelink there was a sign 'There are no store cards in the Katherine office until 1pm today.' Centrelink was running out of store cards. They could only give me a store card for \$50 to buy food, and one for \$200 for clothing. I've still got \$94 that they have to give me for food. Now, I'll have to pay another taxi ride to get back to Katherine. I think they won't give me a taxi voucher. I'm a bit worried, because they might not have enough store cards again. There were a lot of people lined up at Centrelink, and some of them were getting upset. They said 'This is no good' and 'I don't like standing in line all day.' Some people had come in from a long way. One old lady from Beswick said: 'Oh, hurry up. I've got to get my voucher so I can go back and the water might be up over the bridge. I might not be able to get in, if I go back too late.' There were over 500 or 600 people at Centrelink. They were from Barunga, Beswick, Eva Valley, Walpiri Camp, Gorge Camp, Binjari, Long Grass, some from Hudson's Downs, some from Roper. Some were inside, and some were waiting outside. There was a big, long waiting line. Everyone was complaining about the time. There were only six or seven workers. I counted them.

A lot of people only got a store voucher for a little bit of money, like me. I think maybe some of them didn't get anything. That Centrelink was running out of store cards. One woman had a problem getting her ID card. You have to have your ID card with you all the time. We got our ID cards from legal aid. We paid \$5 to get that card. Centrelink said we had to get our ID card. It has our photo on it. We had to go right back, walk over to legal aid, walk back to Centrelink, and wait in line again. At Katherine Centrelink, there is a toilet but it is not in use. Some people have to wander off to find a toilet and they miss out when their names are called. They have to wait in line again.

Just before Christmas we were stranded in Katherine. That mini bus driver said 'Wait. I can't travel at night. I'm going to have to take you mob in the morning now.' We were stranded, and we had bought all our food. We didn't know where to sleep. I know that Christian Brother from church, and I saw him, so I asked him 'Can you help us out? Do you have a vehicle that can take us to Eva Valley?' He went to ask his friend and his friend wasn't there. He was on holiday. He said to me 'This is not fair on you. You have to travel a long way. You should talk to your local government, write a letter.' He said 'When you come into town next time, you and me can sit down and write a letter. We can go to that local government together and talk to them.' This has been a hard Christmas for us at Eva Valley.

The case study – *Christmas Spirit in the Northern Territory by Rachel Willika* highlights a number of important issues that relate to some of the issues raised in this submission. An extract of the publicly available information has been developed into a case study to support the evidence put before the Inquiry.

⁵⁴ <http://www.womenforwik.org> (extract)

The following quotes taken from Claire Smith's and Gary Johnson's community based review of the Northern Territory Emergency Response indicate how many people feel about compulsory Income Management under the NTER.

5.1.2 Income management

Has income management been good for you?

It was good at first, but I started deducting \$20 to BP, Katherine for powercard. I though I had \$100 [in that BP account] but only \$20. I'm not sure if the rest was deducted, and I can't check this, adult female Barunga.

That long grass mob got no fixed address so they aren't managed (quarantined), adult female Kalano.

I reckon it's unfair. You can only use the money in certain stores, not where you want to buy stuff. And sometimes you might have enough food but you want to buy house ware things, or [put down] furniture deposits, but you can't, adult female, Barunga.

I reckon they should take it out. You've got to go into town to get that, but sometimes it's hard in a community to get a car, adult female, Barunga.

People with the Basics Card have considerable difficulties checking their balances at Woolies. They need to go to Centrelink or ring a hotline. The confusion and bureaucracy surrounding the basic store cards echoes discrimination and disadvantage – for example Sunrise has heard about many cases where people travel in from the community in which they usually live and do not realise they can't check their balances. With no available public transport system and high costs of taxi fares people are further disadvantaged.

Sunrise is concerned that this one-size fits all approach that is embraced through the NTER and it measures is not best practice, and is potentially discriminatory. It should be noted that the great majority of people living in the Sunrise/East Katherine communities are not suspected of child abuse, the ostensible primary target of the NTER, and the apparent motivation for Income Management. Similarly, the vast majority of families in the Sunrise/East Katherine region are not involved in alcohol and drug abuse, again one of the subsidiary targets of the NTER. It is recommended that Managed Income be applied on a case by case or voluntary basis rather than as a blanket approach.

It should also be noted that Aboriginal people of the region have lived under conditions of significant poverty all their lives. To this extent, they have always been effective at individual and family budgeting in ways only similarly poor people can contemplate. The removal of discretionary budgeting for these people *reduces* rather than enhances people's capacity for personal and family budgeting. Its infantilising effect is deeply resented by many people, especially women, in the Sunrise/East Katherine region.

The impact of this at a personal and family level cannot be overestimated. It is strongly suggested that the Senate Select Committee consider this impact.⁵⁵ In addition we ask that the Committee consider the fact that at the heart of the intervention is the three year process is for which there is almost no evidence of benefit at all.

Compulsory and universal income management was introduced and designed, according to its proponents, to protect our children. Half of welfare income is now effectively quarantined for 70 per cent of the Aboriginal population of the Northern Territory on Aboriginal land, as well as community living areas and town camps. The regime is designed to prevent that half of the money being spent on alcohol, pornography or cigarettes, with the money therefore available to be spent on food for the kids, as well as rent and power. It allegedly will prevent people being humbugged for money for grog and drugs.

One hundred per cent of baby bonus money is also quarantined—and made available over three months, unlike its lump sum availability for other Australian mothers.⁵⁶ It includes aged pensioners without children—the so-called beneficiaries of income management. It includes functional families. It includes those who neither drink nor take drugs. It includes families in which school attendance is high.

Access to quarantined money is controlled through the issue of the Basic Card a form of debit card which is only available to be used at approved stores, and for approved purchases. If people want to buy items outside these stores—such as white goods, furniture or children's toys—they must obtain a written quote, with the government paying for such goods directly with the supplier.

It's a bizarre and bureaucratic system, with an annual cost—mostly through the employment of hundreds of public servants to “manage”—up to \$90 million a year.

\$90 million to “manage” some \$270 million of quarantined income is of concern.

It's hard to imagine a more inefficient government program ... and there is *no* evidence that it will work as claimed. Indigenous Affairs Minister Jenny Macklin said women in some Aboriginal communities had pleaded with her to maintain quarantining as a compulsory measure. Sunrise suggests that for those who want income management there could be a voluntary measure in place to meet this need – however compulsory income management is a punitive and distressful approach that merely ensures Aboriginal people are not given an opportunity to be self determining and make their own choices about how they wish to spend/save their money. It is extremely distressing to witness first hand that it has set up two worlds: one for white Australians and one for Aboriginal Australians.

⁵⁵ Personal testimonies to this effect can be listened to at <http://www.abc.net.au/rn/backgroundbriefing/stories/2008/2416248.htm>, accessed 19 February 2009 and http://news.bbc.co.uk/1/hi/programmes/crossing_continents/7773558.stm, 19 February 2009

⁵⁶ According to Jenny Macklin, 21 October 2008: “... it's why payments like the Baby Bonus are being re-structured in the best interests of children. Currently, income managed recipients of the Baby Bonus in prescribed Indigenous communities have 100 per cent of the Baby Bonus income managed and paid in instalments. These decisions are not always popular but we will continue to make them to protect Australian children.”

The ANU's Jon Altman has also pointed out:

Anecdotal evidence is one thing and we have to recall that Mal Brough also based this intervention on a comment he had from women in remote communities ... that does not constitute evidence and it's not transparent.

Income Management has *not* reduced alcohol or drug consumption, indeed the alcohol restrictions on prescribed communities has led to the migration of hundreds of Aboriginal people into regional towns and centres such as Darwin chasing grog. They are often accompanied by children. It has *not* stopped humbug, or the conversion of Basic Card purchases into cash for grog. Nor has it increased the supply of fresh food, for example, which as noted elsewhere in this submission is vital to fighting anaemia.

Minister Macklin stated in a press release on 11 July 2008,

At the moment we don't have all the evidence in yet but there is evidence that there has been an improvement particularly in the consumption of fresh food.

Shortly afterwards, that evidence was discussed in the Senate by Senator Siewert and Tom Calma

Senator SIEWERT: Are you aware that in conducting that research [on the fresh food], they phoned 10 stores and asked if their sales had increased - six said "yes" but they did not provide any evidence of it; one said "no" and there I think three were "unknown"? In your opinion, is that a satisfactory basis for an evaluation of whether the intervention has been successful and people are getting fresh fruit and vegetables?

MR CALMA: Firstly I am not aware of the survey or the review, and I have not seen the outcomes. If it was just a phone call to the store manager, I would suggest a more rigorous process might be more beneficial.

Income Management does nothing to assist people budget. It shames those who live under it; it infantilises us and takes us back to the days of the mission; it sets Aboriginal people apart from their fellow Australians.

The following is a quote from an Aboriginal female living in Wugularr:

Now we are lining up at Centrelink - You never see white people lining up for store card - Only Aboriginal people.

Centrelink only has one toilet, for male and female – we need another toilet – this intervention forces us in to town and everyone is still confused about balances – I know people who throw the cards away even though they have money on them cause you can't check your balance. I don't know any white people who can't check their balance.

6. NTER-Impact on Education

6.1. NTER-Impact on Education

In his address to the National Press Club in Canberra (17 February 2009), Australian of the Year Mick Dodson pointed out that:

all children have the right to the best education this country can deliver ... Education is something we've let slide in recent decades. We've failed a lot of children in that time. And many of those children – a disproportionate number – are Indigenous children. We've been failing them for a lot longer.

Our organisation has witnessed first hand the failures of the existing education system in the Katherine region. Many of our young people have been led to believe that they can achieve their dreams if they complete their education. Some dreams have already been shattered. The hard, cold reality is that a Year 12 education in a remote Northern Territory community is not of the same standard as a Year 12 education enjoyed by a student in the eastern states. Our students are being disadvantaged on a grand scale.

In recent times, six potential trainees with Sunrise, all with a Year 12 education, were unable to pass a basic Literacy and Numeracy assessment. One, a very keen young lady, was unable to correctly spell the name of her own community. She had graduated from school in 2008. Our staff has also identified a disturbing trend where numeric skills such as simple addition, subtraction, division and multiplication are sadly neglected.

The statistics may reflect that many regional students have a Year 12 Certificate but some of them cannot read, write or comprehend simple mathematical sums. To once again quote Professor Dodson, try to

the responsible officers have decreed that teachers will only spend five or six days a fortnight in the classroom. Now try to imagine if your children in a suburban or rural school were missing out like this – if it was your children whose life opportunities were being squandered, their chance at happiness ebbing away day by day, week by week, year by year”.

Mick Dodson also spoke of the need to invest in the professional development of our teachers and the need to have curricula that can be understood by “teachers, pupils and parents”. This observation is an astute one.

While Sunrise congratulates the Australian government on its intent to assist Indigenous children to attend school, we are deeply concerned about the methods proposed to achieve this.

Thus far, the NTER has had no discernible effect on improving educational outcomes for children in prescribed areas, despite the punitive measures now proposed to enforce attendance through the School Enrolment and Attendance Measure (SEAM) now being rolled out in the Territory and elsewhere.

SEAM involves the potential control of virtually all welfare payments to parents or usual carers of children through being linked to attendance. Failure of the child to attend can result in the suspension of payments for as much as 13 weeks.

Given the poor health outcomes already experienced by Aboriginal people—exacerbated by poor nutrition, the notion of removing capacity to purchase the necessities of life through welfare payments seems at best contradictory, if not outright punitive.

It is as yet unclear whether people affected will have access to appeals processes.

Professor Larissa Behrendt and Ruth McCausland have pointed out; there is scant evidence that linking income management to school attendance and educational outcomes. In fact, in the areas where such approaches have been trialled in the East Kimberley, there was *no evidence* that it boosted school attendance.

The use of SEAM, therefore, flies in the face of existing evidence about school attendance, and is more likely to lead to deterioration in health outcomes.

7. Measurement of the Progress – Monitoring the NTER An Analysis and Comments on the Progress Reports

7.1. Note on Data

In interpreting data across the NTER communities, it is important to note that the number of people in these communities is not particularly large. Based on a Northern Territory Government analysis of 2006 ABS Census data, there were about 41,130 people living in the NTER communities (including town camps and significant number of outstations) in 2006. Of these people 35,929 or 87% were Indigenous population⁵⁷.

Between August 2007 – 30 June 2008 there was an estimated population of 17 000 children under 16 in NTER communities.⁵⁸

7.1.1. Child Abuse Statistics

The major motivation for the Emergency Response in the Northern Territory was—in apparent response to the *Little Children are Sacred* Report—to the sexual abuse of children. Claims were made at the time that sexual abuse was rampant throughout Aboriginal communities, and that indeed there were paedophile rings operating on the communities.

The NTER contains within it a range of coercive powers to organisations such as the Australian Crime Commission designed; it has been claimed, to increase the levels of investigation, apprehension and conviction of child sexual abusers. The ACC was allocated increased financial resources to carry out this task, and the Northern Territory Police—along with Federal officers—have increased their activity in the field.

These claims had a significant impact at the time in the mind of the general public. Less apparent was the effect the claims had on Aboriginal people in the Territory—and on men in particular.

The claims—for which there was no persuasive data—demonised all Aboriginal men, the vast majority of whom are good family men.

The claims also have distorted a sensible discussion about what is undoubtedly common, that of child neglect. Neglect—a much broader category of abuse—is largely a product of poverty, poor education, low employment and chronically bad living conditions.

⁵⁷ 2007-2008 Monitoring Report – Measuring Progress of the NTER activities – Office of Indigenous Policy Coordination – Families, Housing, Community Services and Indigenous Affairs pp 11

⁵⁸ 2007-2008 Monitoring Report – Measuring Progress of the NTER activities – Office of Indigenous Policy Coordination – Families, Housing, Community Services and Indigenous Affairs pp 6

Nevertheless, it is important to address the issue of child sexual abuse, and the impact the NTER has had on the incidence of sexual abuse, and on the apprehension and conviction of perpetrators. Has the NTER helped in its major avowed objective?

The answer is, at best, equivocal.

Prior to and in the first year of the NTER, the NT Police claim that the number of sexual offences detected across the NTER communities in 2006-2007 was 155 and in 2007-2008 there were 91 offences. The NTER was enacted in the 2007-2008 financial year.

Across the NTER communities there were 9 convictions for sexual abuse in 2006-2007 and 8 convictions for sexual abuse in 2007-2008.

The number of reports to NT Police collectively known as 'Child Abuse' in prescribed communities increased from 69 in 2006-07 to 210 in 2007-08. The greatest numbers of these reports were in the 'Child Welfare' category. Of the 210 reports of 'child abuse', 192 were verified in 2007-08.

The number of people arrested or summonsed for sexual abuse offences against Indigenous children in prescribed communities decreased from 39 in 2006-07 to 26 in 2007-08.

The number of adults arrested for physical assaults against children in prescribed communities has increased marginally from 8 in 2006-07 to 9 in 2007-08.

In this Submission, Sunrise acknowledges the extraordinary difficulty in obtaining evidence and carrying through to successful prosecution in child sexual abuse cases. Nevertheless—on the face of it—there has been no detectable increase in investigations, prosecutions and convictions, or certainly not an increase that justifies the original rhetoric.

On the other hand, the welcome aspects of the NTER—increased resources to health, housing, education and so on—if sustained as part of the long term Close the Gap process—will have an enormous impact on the social conditions of poverty that underlie widespread child neglect.

7.1.2 Health data

From the beginning, child health issues were seen as central to the NTER. In the first instance, then Indigenous Affairs minister Brough announced this health intervention would be in the form of compulsory child checks for evidence of abuse. This was rapidly broadened—appropriately—to the “big picture” of Aboriginal child health in particular. A regime of (voluntary) health checks was instituted for all children in the NTER communities.

As originally constituted, the child health checks carried a number of flaws—some of which remain to this day.

First, the collective experience of practitioners in the field was largely ignored, and the checks resulted in data about health conditions that were already well known—and have been for decades.

Second, the great majority of practitioners that were brought in from outside the Territory—despite all the best intentions—were inexperienced in detecting conditions that are largely unknown in the urban/suburban environments from which they were largely drawn.

Third, even at best, the child health checks never reached more than 74 per cent of children in the NTER communities. Apart from the fact that the remaining 26 per cent are arguably those at most risk, it means the data drawn from the exercise was never going to be as thorough as the Northern Territory's GAA data set, on the one hand, nor as complete as that collected by organisations such as Sunrise (which achieved a 90 per cent plus coverage of children in its region).

Further stages of the process, including and in particular specialist follow up, has yet to be completed.

As a case study for this submission, Sunrise discusses anaemia, which has been discussed above in general terms at 4.2.

For obvious reasons, anaemia is a key measure in monitoring child health—and indeed the Intervention Child Health Checks found anaemia in 15 per cent of children they tested across the Northern Territory.⁵⁹

Child Health Check anaemia data has been collected by Sunrise since our inception, so we have been able to make direct comparisons between pre- and post-Intervention data.⁶⁰

The results belong to the Third World.

The data indicates anaemia rates in children under the age of five in the Sunrise Health Service region jumped significantly since the Intervention. From a low in the six months to December 2006 of 20 per cent—an unacceptably high level, but one which had been reducing from levels of 33 per cent in October 2003—the figure had gone up to 36 per cent by December 2007. By June 2008 this level had reached 55 per cent, a level that was maintained in the six months to December 2008.

This means that more than half of the children under the age of five in our region face substantial threats to their physical and mental development. In two years, 18 months of which has been under the Intervention, the anaemia rate has nearly trebled in our region. It is nearly double the level it was before the Sunrise Health Service was

⁵⁹ Commonwealth of Australia, Department of Health and Ageing, *Progress of the Northern Territory Emergency response: Preliminary Results from the Child Health Check and Follow-up Data Collections*, 18 December 2008. Note that this NTER Child Health checks at best reached only 74 per cent of children.

⁶⁰ Sunrise Health Service Aboriginal Corporation, Bi-Annual report, July to December 2008.

established, and more than twice the rate measured across the rest of the Northern Territory.⁶¹

According to the World Health Organisation, levels of anaemia above 40 per cent represent a severe public health problem.⁶² At 55 per cent, the Sunrise Health Service results must be seen as particularly severe. On that basis, the latest Sunrise figures can be equated to early childhood anaemia levels in Brazil, Burundi, Iraq and Zambia; and are worse than Zimbabwe, Swaziland, Pakistan, Peru, Jamaica, Indonesia, Bangladesh, Algeria and Equatorial Guinea.⁶³

As well, the figures are still early, but we have also seen a worrying rise in low birth weight amongst our kids, from 9 per cent in the six months leading up to the Intervention; to 12 per cent in December 2007. In the next six months that rose again to 18 per cent, and the figure stood at 19 per cent by December 2008—more than double the pre-Intervention rate. The national figure for Indigenous babies is 14.3 per cent; so from doing better than the national average, we are now 20 per cent worse off.⁶⁴

Low birth rate has a variety of causes—including poor nutrition amongst mothers and is, as has been mentioned, associated with anaemia.

It may well be that the data outlined in this Submission is not related to the Intervention or its effects. However, what is perfectly clear is that the Intervention has failed to address a severe health problem that appears to be further deteriorating. As a proxy for much else in children's health, anaemia is—terribly—an indicator of poor health outcomes in later life.

Responses to anaemia incidence—such as iron supplement injections are of limited and short term benefit—and no answer to ongoing issues such as poor nutrition.

⁶¹ Northern Territory Department of Health and Families, *Growth Assessment and Action Data Collection Program*, Annual Report, 2008. Note that the Northern Territory Government GAA figures for early childhood anaemia are, at 25 per cent, *60 per cent higher than NTER Child Health Check figures*.

⁶² World Health organisation and Centres for Disease Control, Atlanta, *Worldwide prevalence of anaemia, 1993-2005*, WHO Global Database on Anaemia, Geneva, 2008, p 6

⁶³ Ibid, Annex 3, Table A3.1, pp 20-25.

⁶⁴ Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, 2003, Table HPA.9

8. NTER – Impacts on Human and or Civil/Political Rights

8.1. A blanket approach: can it work?

The NTER confuses a collection of good and bad measures – this does make it very difficult to unpack the entirety of the elements under the response.

The major criticism of the NTER put forward in this Submission—and it is a point echoed by many other commentators and analysts—is that its blanket approach to resolving issues of Aboriginal disadvantage is inequitable and discriminatory.

There is a more fundamental issue: can it work?

It is difficult to sustain the idea that the NTER legislation was devised with the specific intention of tackling child sexual abuse. Indeed it is not mentioned throughout the legislation. The legislation—as it stands—is about control: over peoples' lands and lives.

The essential approach is that:

- All Aboriginal communities are essentially the same: dysfunctional, chaotic and must be subject to external control; and
- All Aboriginal people are essentially the same: incapable of running their lives; they are chronic substance abusers; they are incapable of budgeting their incomes.

It is the submission of Sunrise that this is an inherently absurd position. None of the above is true of non-Indigenous Australians—nor is it true of Aboriginal Territorians.

Income management has been discussed above. While it is applied universally, it does not take into account individual circumstances. For example, it controls the incomes of pensioners, for example, that have no dependent, school age children.

Income Management shames those who live under it; and takes us back to the days of the mission; it sets Aboriginal people apart from their fellow Australians. As Sunrise has said in its Submission to the House of Representatives Inquiry into Community Stores:

*It should ... be noted that Aboriginal people of the region have lived under conditions of significant poverty all their lives. To this extent, they have always been effective at individual and family budgeting in ways only similarly poor people can contemplate. The removal of discretionary budgeting for these people reduces rather than enhances people's capacity for personal and family budgeting. Its infantilising effect is deeply resented by many people, especially women, in the Sunrise/East Katherine region.*⁶⁵

⁶⁵ February 2009, Submission: Inquiry into Community Stores in Remote Aboriginal and Torres Strait Islander Communities, Sunrise Health Service, P.7

On the other hand, there is no evidence that this blanket approach can or does work, and no government agency has produced such evidence.

Access to good nutrition is a case in point. It has been asserted—with little more than anecdotal evidence—that income management has led to increased purchasing of food, and reduced consumption of alcohol and tobacco. Yet this does nothing to guarantee access to reasonably priced fresh and nutritious food.

9.2. Human Rights – everyone’s right

The following makes some brief comment on the removal of human rights for Aboriginal people in the Northern Territory – an impact of the NTER.

It is now well known that the Northern Territory Emergency Response explicitly suspended the operation of the Race Discrimination Act for people on “prescribed communities”. Less well known is that it also quashed anti-discrimination laws of the Northern Territory, as well.

Neither measure appears to be an accident.

The Commonwealth had to do it to “manage” Aboriginal incomes and to control what happens on Aboriginal land.

The 1967 gave the Australian constitution the so-called “race power”. It was a power given to the Commonwealth that was always assumed to be for the “benefit” of Aboriginal people.

The Race Discrimination Act of 1975—based as it was on international law—led, among other things, to the Mabo judgement and the recognition of Native Title.

The Commonwealth used the race power to remove the operation of the Race Discrimination Act, and it is worth noting that this was the third time this has taken place. In each case—Hindmarsh Island, Wik, and the Intervention—the revocation of the Race Discrimination Act targeted Aboriginal people.

This action has been condemned, and its reversal was indeed one of the central recommendations of the Review of the Northern Territory Emergency Response led by Peter Yu. It is the subject of current submissions to the United Nations under the Convention on the Elimination of all forms of Racial Discrimination.

This is not un-Australian, it’s an action that has also been condemned by Australian of the Year, Mick Dodson.⁶⁶

It was the subject of a submission to the UN from Amnesty International Australia.

⁶⁶ *Awake* 14 March 2009, radio National, interview with Mick Dodson.

Amnesty's Dr Seth-Purdie told ABC radio that the Northern Territory Intervention was a "clear-cut" breach of the ICCPR, while the income management regime was "humiliating" for many Aboriginal Australians.

"There's never an excuse for breaching the prohibition against racial discrimination, even in a national emergency," Dr Seth-Purdie said.

Amnesty noted in their paper on *Northern Territory Intervention – discriminatory provisions*⁶⁷

the legislation enabling the Intervention describes its measures as “special measures” in accordance with s.8 (1) of the Racial Discrimination Act (1975),⁶⁸ but also exempts them from application of that Act. Amnesty International believes that these measures cannot constitute “special measures” as provided explicitly in Article 10(3) of the Covenant and implicitly elsewhere. As explained by the Committee, for example in its General Comment:

The adoption of temporary special measures intended to bring about de facto equality for men and women and for disadvantaged groups is not a violation of the right to non-discrimination with regard to education, so long as such measures do not lead to the maintenance of unequal or separate standards for different groups, and provided they are not continued after the objectives for which they were taken have been achieved.⁶⁹

As one prominent expert has noted in relation to the Intervention:

Many of the government's proposals – for instance, scrapping the permit system, assuming control of Aboriginal land and instituting welfare reform – are simply not raised in the Anderson/Wild report [The Little Children Are Sacred]. No reason is given as to how measures such as scrapping the permit system will address the problem of child sexual abuse. Conversely, a number of the issues that are raised in the report – in relation to community justice process, education/awareness campaigns in relation to sexual abuse, employment, reform of the legal processes, offender rehabilitation, family support services or the role of communities, for example – have not, yet, been addressed by the Australian government response.⁷⁰

⁶⁷ Amnesty International, Notes from Briefing for the Committee on Economic Social and Cultural Rights Pre-Sessional Working Group (19 to 23 May 2008) Discrimination against Indigenous Australians (Articles 2 (2), 10, 15

⁶⁸ Reflecting Article 1(4) of the Convention on the Elimination of all forms of Racial Discrimination. See for example s.132 (1) of the Northern Territory National Emergency Response Act 2007 (Cth) which says “The provisions of this Act, and any acts done under or for the purposes of those provisions, are, for the purposes of the Racial Discrimination Act 1975, special measures.”

⁶⁹ Committee on Economic, Social & Cultural Rights, General Comment 13, The Right to Education (Article 13) UN Doc. E/C.12/1999/10 (1999), Para. 32.

⁷⁰ Ian Anderson Professor of Indigenous Health and Director of the Centre for Health & Society - Vic Health Koori Health Unit at the University of Melbourne Australian Policy Online, 26 June 2007 www.apo.org.au/webboard/comment_results.chtml?filename_num=161613.

The UN Committee for the Elimination of Racial Discrimination has also called upon the Government to consult with the Aboriginal people and to 'build a new relationship' with Aboriginal Australia.

Yet some people seem determined that Aboriginal people must be discriminated against for our own good. US academic, Lawrence Mead told a conference in Cairns in 2007, only days after the announcement of the Intervention, "the solution to the Aborigines is that they must first be bound before they can be free".⁷¹

This is of concern in a global environment and an era when President Barack Obama at his inauguration could point to generational change in dealing with race. Mead—and his supporters—would wish to see Aboriginal people in chains in order that they might be liberated.

Sunrise has yet to see *any* evidence that the removal of human rights leads to better health or educational outcomes—or can protect our children.

It has been calculated that, over the next 25 years, some 30,000 Aboriginal children will be born in the Northern Territory. At a rough estimate, given 70 per cent of those kids will be born into families living on the so-called "prescribed communities", some 20,000 children will grow up in this environment.

Unless things change—and unlike their fellow Australians—these kids will grow up under a regime under which they do not enjoy the human rights the rest of us do.

Already, about 12-1400 Aboriginal kids have been born into this brave new world.

Perhaps the following quote taken from Claire Smith's and Gary Johnson's community based review of the Northern Territory Emergency Response indicates how many people feel about the NTER

I don't see why black people are getting this and white people not. The intervention made me think that black people are targeted in Australia. At Centrelink, only black people in line. There were no white people in line...I'm sure I heard Kevin Rudd say 'if anything should happen, it should happen to all Australians'. That's how it should be, white and black, together.

⁷¹ Lawrence Mead, Conference Paper, *Strong Foundations: Rebuilding social norms in Indigenous communities*, Cairns, 25-26 June 2007

10. Recommendations

There is no system of public transport for people living in the Katherine area. As stated by the Hon Warren Snowden MP on 13 March 2008. *“There is no question that infrastructure⁷² is the veins through which the lifeblood of our economy flows.*

The importance of good infrastructure cannot be assessed just in economic terms. It has a direct effect on Communities. The provision of infrastructure takes on a whole new dimension.

Vast distances between population centres and a high number of remote and rural communities create a unique set of issues in delivering reliable infrastructure and ensuring people can access the services they deserve as citizens of Australia”⁷³.

The lack of opportunities to access public transport for people living in the Katherine area is of concern. Please see information about distance available in this submission.

In addition the licensing of community stores is governed under part 7 – Section 92 of the *Northern Territory National Emergency Response Bill 2007*. The legislative framework provides for a five year response plan.

The store licensing regime was primarily introduced to affect the income management regime, with the improvement of nutrition, employment, enterprise and governance training as, at best, peripheral side effects. As an administrative imperative, government has primarily pursued a process of resuming stores and handing them over to Outback Stores as a centralised management structure.

While the community store licensing regime is governed by this legislation, there is no legislative contemplation of the long term future for such stores beyond the five year operation of the *Emergency Response*. This is a major shortcoming, and should be addressed by this Inquiry.

Furthermore we agree with the statement made by COAG – *“Housing is an essential building block in closing the gap on Indigenous disadvantage. Sub-standard and overcrowded housing has detrimental impacts on the health of tenants as well as their ability to participate in education and employment”⁷⁴.*

Many people living in the communities where Sunrise provides primary health services do not have access to, or own adequate white goods to support a healthy life style that includes good nutrition. This coupled with overcrowded environments and low incomes can make the storage of food and preparation of meals very difficult.

The essential link between housing, community infrastructure and health outcomes are well documented in Taylor and Westbury 2000 statements about *the need for healthy home hardware refers to the provision of adequate facilities to store, prepare and*

⁷² Infrastructure in this context refers to transport and roads

⁷³ www.warrensnowden.com/speeches 2008 March - Infrastructure Australia

⁶ National Health and Medical Research Council. 2000. *Nutrition Aboriginal and Torres Strait Islander People-an information paper*. National Health and Medical Research Council: Canberra

⁷⁴ Council of Australian Government National Partnership Agreement on Remote Indigenous Housing

cook food. Environmental health survey reports point to a lack of functional cooking facilities as a primary deficiency in terms of nutrition hardware⁷⁵.

Finally it is recommended that Managed Income be applied on a case by case basis rather than as a blanket approach. Managed Income strategies currently being delivered by Centrelink are disempowering to Aboriginal and Torres Strait Islander people living in Sunrise/Eastern Katherine Region and do not support important self-determination policies.

⁷⁵ 2000 Taylor, J. & Westbury, N. A Report to the Fred Hollows Foundation and the Jawoyn Association. – *A Scoping Framework for the Nyirranggulung Nutrition Strategy*

11. Attachments

Attachments to this submission are provided in a separate document entitled attachments.