

AASW SUBMISSION TO THE SELECT SENATE COMMITTEE ON REGIONAL AND REMOTE INDIGENOUS COMMUNITIES

EXECUTIVE SUMMARY

The Australian Association of Social Workers (AASW) is the peak representative body for Social Workers across Australia with currently 6,000 members working in the health, education and welfare services sectors including representatives working in a range of administrative and community development roles in regional and remote Indigenous communities. The Social Work profession is committed to the pursuit of social justice, the enhancement of the quality of life and the development of the full potential of each individual, group and community in society.

The AASW welcomes the opportunity to provide input to the Senate Select Committee inquiry on Regional and Remote Indigenous Communities. The AASW considers the issues relating to regional and remote Indigenous communities to be complex and that various policy approaches and program delivery models adopted by all levels of government to date have not been effective and have impacted negatively on regional and remote Indigenous communities.

THE WAY FORWARD

The AASW considers there is a need to focus on new ways of doing things. Options for the way forward are to:

- a) Provide long term commitment to address gaps between indigenous and non-indigenous Australians
- b) Adopt a partnership approach to working with Indigenous communities to meet needs flexibly
- c) Provide greater support to Indigenous communities rather than a punitive model
- d) Collect good base line data with on-going monitoring and evaluation

- e) Stop working in silos – all issues in indigenous communities are interrelated
- f) Support initiatives that are working well in indigenous communities and adopt flexible approaches to improving the overall health of indigenous communities
- g) Make quarantining of welfare income voluntary

RECOMMENDATIONS

The AASW recommends the inquiry be cognizant that:

1. Past approaches have not worked and generic programs must have sufficient flexibility to adapt to the cultural dynamics of individual Indigenous communities.
2. Environmental conditions, such as housing, infrastructure, availability of clean water and fresh healthy options for food and hygiene need to be addressed as a precursor to improvements in the overall health status of indigenous communities
3. Indigenous health, housing, education, child care, employment, environment and economic development need to be amalgamated rather than address these issues in separate silos
4. A longer term needs based funding approach to be adopted.
5. A Cost/benefit approach will work in the long term.
6. Good baseline data collection, monitoring and evaluation of government policies, initiatives and programs is essential to know what works and why and to judge whether desired outcomes have been met.
7. Governments need to consult with Indigenous communities in a true partnership approach rather than adopt a top down, bureaucratic approach that often instills fear and distrust in indigenous people based on previous interventionist approaches.

AASW SUBMISSION TO THE SELECT SENATE COMMITTEE ON REGIONAL AND REMOTE INDIGENOUS COMMUNITIES

INTRODUCTION

The Australian Association of Social Workers (AASW) is the peak representative body for Social Workers across Australia with currently 6,000 members working in the health, education and welfare services sectors including representatives working in a range of administrative and community development roles in regional and remote Indigenous communities. Social Work is a profession committed to the pursuit of social justice, the enhancement of the quality of life and the development of the full potential of each individual, group and community in society.

Two of the AASW's key objectives pertinent to this inquiry are:

- (1) To advocate on behalf of clients
- (2) To actively support social structures and policies pursuant to the promotion of social justice for all Australians.

CURRENT SITUATION

The AASW believes the issues relating to regional and remote Indigenous communities are complex and that there is "no quick fix", one size fits all solution for all Indigenous communities. Multiple research studies, reports and feedback from Indigenous communities over the past 10 – 20 years indicate that various policy approaches and program delivery models adopted by all levels of government to date have not been effective and have impacted negatively on regional and remote Indigenous communities. There are a number of serious concerns regarding the health and well being of indigenous Australians and indigenous communities. These include:

- There still is a high infant mortality gap, a high life expectancy gap and a high literacy and numeracy gap between Indigenous and non-Indigenous Australians. (Hon Kevin Rudd, 7 April 2008).
- There is an unacceptable 17 year health gap between Indigenous and non - Indigenous Australians. (Holt, Y., 16 May 2008).
- Aboriginal deaths from smoking are 20% higher than the rest of the community as anti-smoking messages are not targeting Indigenous communities (Thomas, D., April 2008).
- Indigenous women are three times more likely to die during pregnancy than the rest of the population due to poor health and diseases such as rheumatic heart disease (King, J., April 2008).
- Aboriginal men are ten times more likely to be sexually abused than non-indigenous men due to factors such as overcrowding, unemployment and drug abuse. (Adams, M., 9 May 2008).
- There are 7,500 Indigenous children from early childhood to senior secondary age missing out on schooling in the NT. There are not enough classrooms or facilities for the current enrolment of students in remote communities, including bilingual teachers and assistant teachers. There are not enough qualified and experienced staff in remote schools to provide a quality learning environment and the turnover of teachers is increasing due to short term contract employment, lack of housing and stress. Engaging Indigenous parents and local staff is vital to improve school attendance. (Australian Education Union, 26 April 2008).
- 94% of indigenous communities in the NT have no pre school, 56% have no secondary school and 27% have a local primary school more than 50km away. (The Combined Aboriginal Organisations of the Northern Territory, 10 July 2007, p18).
- Remote Indigenous communities have the highest rates of unemployment, widespread violence, endemic alcoholism and substance abuse, lowest levels of education and lifelong morbidity for heart disease, nutrition and lifestyle disease such as diabetes (Langton, M., 2007, p14).

THE WAY FORWARD

The AASW considers it is time for all Governments to rethink their policy approaches to the needs of rural and remote indigenous communities, with a focus on a whole of government approach, working across Governments and departments, to manage and resolve the multiple challenges and disadvantages facing Indigenous Australians. This involves:

a) **A long term commitment to address the gaps between indigenous and non-indigenous Australians**

The AASW believes there is a need for a long-term approach and long-term commitment to addressing the gaps between Indigenous and non-indigenous Australians. Indigenous communities need a major commitment of funding to redress the gaps in services, and recurrent rather than one-off funding is required to break the cycle of poverty and violence.

This view was supported by delegates at a Women's Issues Focus Group held during the NTCOSS Conference 16 – 18 April 2008 who stated that short-term 6 month pilot projects without on-going funding and proper evaluation mechanisms in Indigenous communities should cease. Instead the AASW believes there is a need for commitment to on going funding for long-term social and economic improvements on Indigenous communities.

The AASW view is also supported by the Combined Aboriginal Organisations of the Northern Territory (CAO) who state in their 2007 Report:

“There is a severe shortage of concerted long term action by Governments working in partnership with Indigenous communities. Government needs to set a timetable for transitioning the emergency intervention from a stabilisation phase to a community development phase with the development of comprehensive plans with costed financial commitment to address the underlying issues within specific

timeframe. In order for alcohol bans and other emergency interventions in Indigenous communities to be effective in the long term they must be accompanied by significant investment in programs and infrastructure in the health sector.” (CAO, 2007, pp 1-7).

b) Adopt a partnership approach to working with Indigenous communities to meet needs flexibly

The AASW considers that Governments need to adopt a partnership approach to working with indigenous communities to achieve long-term social and economic improvements on regional and remote Indigenous communities. The AASW supports the view of Liz O’Brien from the National Association of Community Legal Centers who recommended at the NTCOSS Conference on 17 April 2008 that Indigenous communities be consulted and “put in a position of designing what will work for them.”

The AASW believes that Indigenous people should be involved in decisions about service development and policies that impact upon them and supports the views of Professor Dan Finn, Associate Research Director at the Center for Social and Economic Inclusion and Professor of Social Policy at the University of Portsmouth UK that consumers should be involved from inception of the policy process and not just at the evaluation stage. The AASW considers that services must be constructed to meet needs flexibly and Governments should identify what works in consultation with Indigenous communities to strengthen local Aboriginal governance and capacity of communities to pursue their own solutions.

Feedback from a range of Indigenous leaders speaking at a Panel titled “A Considered Response to the Intervention” at the Northern Territory Writers Festival, Darwin 15 -18 May 2008 indicates many Indigenous people view the intervention measures as a short term, top down, politically motivated approach with little genuine involvement of Indigenous communities in seeking solutions that will work in the long-term for each particular community. Indigenous speakers also expressed the view that many Indigenous people

still do not understand what is happening and why and interpret the Northern Territory intervention measures as another form of the Stolen Generation.

c) Provide greater support to Indigenous communities rather than a punitive model

The AASW believes that punitive approaches do not work in the long term and that approaches aimed at strengthening and supporting the community will have longer-term benefits.

This view is supported by John Adams from Tangentyere Council in Alice Springs who recommends indigenous communities need “more supportive rehabilitation and family support programs to tackle high youth offending, high rates of recidivism and high numbers of youth in the Juvenile Justice System.” This view is also supported by The National Aboriginal Community Controlled Health Organisations (NACCHO) who recommend improvements in education, housing and economic development alongside improvements in health services.

At the same time as the Northern Territory Intervention measures were introduced some communities experienced funding cuts to CDEP programs, women’s centres night patrols, on-the job training for Adult Educators and Early Childhood programs run through CDEP. These programs were viewed as highly successful in addressing many of the socio-economic problems endemic in some indigenous communities.

The AASW has found that when CDEP programs have been axed without community consultation and no training programs or relevant jobs on the community to replace these programs, young men in particular are left in a vacuum often leading to despair, drug abuse, violence and suicide. The AASW believes that if CDEP is to be replaced then a well planned, transitional program needs to be in place alongside training in new skills relevant to each community.

The AASW also notes that a number of issues raised in the 2007 Anderson/Wilde Report have not yet been addressed by the Australian Government Intervention response. These are pertaining to the role of communities in the community justice process, reform of the legal processes, education/awareness campaigns in relation to sexual abuse, employment, and the introduction of offender rehabilitation and family support services.

These are the preventative support strategies that the AASW believes will have more positive impact in the longer term on the social and emotional health and well being of indigenous communities.

d) Collect good base-line data with on-going monitoring and evaluation

The AASW considers that Governments need a commitment to ongoing monitoring and evaluation of programs as also recommended by the Wilde/Anderson "Little Children are Sacred" 2007 Report, the 2007 HREOC Social Justice Report and NACCHO. Linked to this is the importance of collecting good baseline data to be able to judge whether initiatives are working or not.

The AASW notes that Governments acknowledge the paucity of good baseline data to undertake proper analysis of the success or otherwise of the current intervention measures. A rigorous monitoring system is needed to gather evidence to ascertain if stated objectives are being met. Governments must work alongside Aboriginal communities to independently assess the effectiveness or otherwise of not only the intervention measures but all government policies and approaches for working with Indigenous communities across Australia.

Good data collection, monitoring and evaluation mechanisms should be able to answer the following questions. Do the strategies of the Northern Territory Emergency Response match its objectives and desired outcomes? How do we know whether there is less child abuse, less incarceration, less

overcrowding, less violence, less disease and healthier communities since the intervention strategy? What is each Aboriginal community's perception of a healthy, functioning community?

e) Stop working in silos – all issues on indigenous communities are interrelated

The AASW considers that Governments have been working in silos in relation to Indigenous issues for too long as it is widely recognised that health, housing, employment, law and order and economic development are all interrelated. Improvements in one area, such as Indigenous health do not necessarily occur until there are improvements in other areas such as hygiene, housing and education.

This view is supported by Professor Steven Garnett from Charles Darwin University who stated on the ABC Television 7.30pm Report in April 2008 that “the Government is still working in silos in relation to Indigenous issues. There are still separate departments of health, environment, housing, infrastructure and education.”

14 years prior to this Select Senate Committee Inquiry the Commonwealth Office of Northern Development in its March 1994 Final Report *Towards the Development of a North Australia Social Justice Strategy* recommended the pooling of funding on Indigenous communities by using a regional or local community model to plan for funding expenditure on a needs basis. The AASW urges this Inquiry to consider how this strategy can be adapted today to meet the specific needs of regional and remote Indigenous communities?

f) Support Initiatives that are working well in Indigenous communities and adopt flexible approaches to improving the overall health of indigenous communities

The AASW believes there needs to be sufficient flexibility in all funding to Indigenous communities to be able to listen to and support what individual

communities say is working well in their communities. Yipirinya School near Alice Springs where Aboriginal language and culture is taught alongside the Northern Territory Curriculum and the elders actively support school attendance achieves good school attendances. Community run Arts Centre Enterprises supported through CDEP in communities such as Titjakala in Central Australia and Yirkala in Arnhem Land have worked well in promoting a sense of community and purpose. Even though the activities may not be considered mainstream employment they have been shown to assist in curbing the sense of hopelessness and despair that often lead to high rates of domestic violence and suicide experienced in many indigenous communities.

g) Make quarantining of welfare income voluntary

The AASW considers the quarantining of welfare income should be voluntary, as compulsory quarantining as adopted by the Australian Government Northern Territory Intervention does not take into account each person's circumstances and is discriminatory on the basis of race rather than need. The AASW believes such an approach is more likely to work with the consent of the person or community concerned.

Although the AASW acknowledges some Aboriginal people have welcomed the quarantining of welfare income, it also acknowledges that many, including some non-indigenous Australians, have questioned why it is only limited to the Northern Territory and only to Indigenous welfare recipients and believe that this action contravenes Racial Discrimination legislation.

The AASW notes that many Indigenous people have reported income quarantining has led to urban drift to the larger centers such as Alice Springs and hence created further problems in these centers and report also that the elderly have to travel large distances to shop in the larger centers where they can purchase goods under the welfare quarantining system. The AASW considers that the quarantining of welfare income is only a short-term measure, as it does not offer Indigenous people choice or long-term skills in money management. The Western Australian Department of Child Protection

will commence using income management as a case management tool on 1 July 2008 in cases where child neglect is an issue and the same blanket approach manner will not be used as in the Northern Territory Intervention.

RECOMMENDATIONS

In summary, the AASW recommends the inquiry be cognizant that:

1. Past approaches have not worked and generic programs must have sufficient flexibility to adapt to the cultural dynamics of individual Indigenous communities.

- Identify what works well on a community by community basis – One size does not fit all.
- Focus on new ways of doing things
- The community must design what will work for them
- Have voluntary quarantining of benefits if the community decides this is what will work for them.
- To be effective anti smoking and other health messages need to be culturally specific to Indigenous communities.

2. Environmental conditions, such as housing, infrastructure, availability of clean water and fresh healthy options for food and hygiene need to be addressed as a precursor to improvements in the overall health status of indigenous communities

- The combined effects of poor health, alcohol and drug abuse, unemployment, gambling, pornography, poor education and housing and a general loss of identity and control have contributed to violence and sexual abuse. (Little Children are Sacred Report)

3. Indigenous health, housing, education, child care, employment, environment and economic development need to be amalgamated rather than address these issues in separate silos

- Better coordination of government and non-government services is needed
- Less duplication of services between many levels of government trying to work in Indigenous communities
- A need for more flexibility of funding for programs – would it be better to add value through funding NGO's, for example Fred Hollows Foundation, World Vision and other community based programs that have a much better relationship with communities rather than government.

4. A longer term needs based funding approach to be adopted.

- Cease short term pilot projects that close down regardless if successful or not.

5. A Cost/benefit approach will work in the long term.

- Concentrate on the first 2 years to close the gap on infant mortality and mortality of children up to 5 years, close the life expectancy gap and close the literacy and numeracy gap between indigenous and non-indigenous Australians.

6. Good baseline data collection, monitoring and evaluation of government policies, initiatives and programs is essential to know what works and why and to judge whether desired outcomes have been met.

- Independent evaluations need to be carried out to inform government with input from all relevant stakeholders.

7. Governments need to consult with Indigenous communities in a true partnership approach rather than adopt a top down, bureaucratic approach that often instills fear and distrust in indigenous people based on previous interventionist approaches.

- Most Indigenous communities know what works for them and many are trying to introduce initiatives to improve the overall health of their communities. Support these approaches on a community by community basis in partnership with indigenous communities.

RESOURCES USED FOR PREPARATION OF THIS SUBMISSION

1. Aboriginal and Torres Strait Islander Commissioner, *Social Justice Report, 2007*, Human Rights and Equal Opportunity Commission, Sydney.
2. Aboriginal Rights Coalition, 27 April 2008
3. Anderson, P and Wilde, R Ampe Akelyernemane Meke Mekarle '*Little Children are Sacred*' Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007
4. Australian Education Union, 26 April 2008
5. Barry Hansen, President NTCOSS, NTCOSS Conference, 17 April 2008
6. Barry Sullivan, Chair, AASW NT Social Justice Sub-Committee
7. Centre for Remote Health, April 2008
8. Combined Aboriginal Organisations of the Northern Territory, *A Proposed Emergency Response and Development Plan to Protect Aboriginal Children in the Northern Territory – a Preliminary Response to the Australian Government's Proposals*, Darwin, 2007
9. Council of Government Schools, April 2008
10. David Thomas, Menzies School of Health Research, April 2008
11. Dr Mick Adams, Chair, National Aboriginal Community Controlled Health Organisations, 9 May 2008

12. Ian Anderson, Director, Centre for Health and Society and Onemda Vic Health Koori Unit at University of Melbourne
13. Indigenous Leaders speaking at *Wordstorm*, 2008 Northern Territory Writers Festival, 15-18 May 2008.
14. John Adams, Tangentyere Council, NTCOSS Conference, 18 April 2008
15. Ken Langford-Smith Principal, Yipirinya School, NTCOSS Conference 17 April 2008
16. Kevin Rudd (Hon), Prime Minister of Australia, *Northern Territory News*, 7 April 2008
17. Leah Bonson, Director, Individual and Family Support Policy and Planning, WA Department for Child Protection
18. Liz O'Brien, National Association of Community Legal Centres, NTCOSS Conference, 17 April 2008
19. Marion Scrymgour, Northern Territory Minister for Family & Community Services and Deputy Chief Minister, 18 April 2008
20. National Welfare Rights Group, April 2008
21. Office of Northern Development, Darwin, Commonwealth Department of Housing and Regional Development *Towards the Development of a North Australia Social Justice Strategy*, Final Report, March 1994
22. Professor Dan Finn, Associate Research Director at the Centre for Social and Economic Inclusion and Professor of Social Policy at the University of Portsmouth UK, April 2008
23. Professor James King, Australian Institute of Health and Welfare, 2 May 2008
24. Professor John Altman, Australian National University, April 2008
25. Professor Johnathan Carapetis, Menzies School of Health Research, April 2008
26. Langton, M, "Trapped in the Aboriginal Reality Show" 2007, "Re-imagining Australia" in *Griffith Review*. Edition 19, Griffith University & Author.
27. Professor Steven Garnett, Charles Darwin University, April 2008
28. Professor Sue Kilday, Charles Darwin University, April 2008

29. Tony Fitzgerald, Anti-Discrimination Commissioner, NTCOSS Conference, 18 April 2008
30. Wayne Morgan, Australian National University, NTCOSS Conference, 17 April 2008
31. Women's Forum, NTCOSS Conference, 16 April 2008
32. Yvette Holt, Lecturer in Aboriginal Women's Studies, Queensland University, 16 May 2008