

Aboriginal Peak Organisations Northern Territory

An alliance of the CLC, NLC, CAALAS, NAAJA and AMSANT

NT Royal Commission Response Background Paper

2.5 Social and Structural Determinants and Vulnerability

What are social determinants and how are they relevant

The social determinants of health is a long established concept in public health and is increasingly linked to other wellbeing outcomes. The social determinants of health are defined by the World Health Organisation (WHO) as

“The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. (World Health Organisation, 2017)

Extensive international and Australian evidence has established that these structural factors have a major impact on outcomes for children. **Health and other wellbeing outcomes are not simply a matter of individual choice.**

The Closing the Gap Clearinghouse said:

- child neglect and abuse is part of a broader societal issue.
- progress won't be made in child wellbeing in Aboriginal communities unless things like poverty, discrimination, poor housing and unemployment are improved. (Higgins, 2010)

Child Family Community Australia identified social factors that protect against child abuse and neglect:

- positive social connection and support
- employment
- neighbourhood social capital
- adequate housing
- socio-economically advantaged neighbourhood
- access to health and social services. (Child Family Community Australia, 2017).

Australian researchers have looked at the pathways for children that can lead to or protect against poor outcomes including involvement in crime and violence. They found:

- the path toward or away from crime begins very early in life;

- the pathways to resilience or to negative outcomes sit in the context of the environment of the child (Zubrick, 2003).
- Looking at risks and positive factors across the development of the child and in the social determinants is a key factor to reduce offending.

Why is this important for Aboriginal families and young people?

An Aboriginal family in the Northern Territory is more likely than any other family to experience negative factors related to the social determinants of wellbeing and related risks for youth crime and child neglect and abuse. Many young people in the child protection and youth justice system come from homes where poverty, alcohol abuse, violence and dysfunctional relationships are the norm (Vita, 2015) with the majority suffering from trauma related issues (Atkinson, 2013). Data analysed in the recent Health Performance Framework report a typical family might experience (AHMAC, 2017):

- Overcrowded housing – 53% of Indigenous households in the NT are overcrowded compared to 8.7% of non-Indigenous households.
- Low income – Indigenous households in the NT have a median household income of \$430 per week compared to \$1,247 for non-Indigenous households. Indigenous households in the NT have the lowest median income compared to every other state.
- Likely to rely on pensions or benefits – Indigenous Australians nationally are almost three times more likely to rely on benefits (60%) than non-Indigenous (21%). This brings a range of additional stresses related to Centrelink requirements including frequent reporting, basics card and the risk of breaches.
- Death and associated grief and loss – Indigenous families are dealing with death in the family and the community at much higher rates than other Territorians.
- Indigenous Australians are twice as likely as non-Indigenous Australians to die as a result of intentional self-harm.
- Psychological distress – Indigenous Territorians report high levels of distress at almost three times the rate (22%) of non-Indigenous Territorians (8%).
- Challenging child characteristics – low birth weight remains high and one estimate suggests that up to 40% of children on Protection Orders suffer from FASD and 86% of children on Protection Orders had been affected in various ways by parental alcohol use. (Walker, 2013).

The combined effects of these and further social determinants of health and wellbeing mean that Aboriginal children face challenges in achieving pathways to resilience and good outcomes. The public health approach to child protection and youth justice recognises this and seeks to intervene as early and effectively as possible on the pathway. Governments, however, need to pay greater attention to structural disadvantage and disparities.

References

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