

30 October 2019

The Hon Selena Uibo MLA
Minister for Aboriginal Affairs
GPO Box 3146
Darwin NT 0801

Email: minister.uibo@nt.gov.au

Dear Minister,

RE: Draft Everyone Together Aboriginal Affairs Strategy 2019-2029

Thank you for the opportunity for AMSANT to provide comment on the draft *Everyone Together Aboriginal Affairs Strategy 2019-2029*. We understand there is agreement from the Chief Minister's Department that AMSANT, along with Aboriginal Peak Organisations NT (APO NT) and the national Coalition of Aboriginal and Torres Strait Islander Peak organisations (Coalition of Peaks) were provided with an extended deadline of 31 October.

AMSANT agrees with the points raised by the submission made by APO NT and the Coalition of Peaks, in summary:

- That Closing the Gap (and its refresh) is central to achieving self-determination for Aboriginal people in the Northern Territory and needs to be more centrally included within the strategy.
- That Aboriginal organisations, including the Northern and Central Land Councils and the Aboriginal community controlled sector, must be properly engaged in the development of the Strategy and that the Strategy will not be sustainable without us
- That the Strategy is silent on the involvement and resourcing of the Aboriginal community controlled sector and that it is critical that the Strategy recognises our sector and the need for much more support as we carry the burden in delivering services to Australia's most disadvantaged population
- The need for mainstream institutions to be radically reformed to make a stronger contribution to Closing the Gap.
- **That the strategy should not be taken to Cabinet at this stage but its finalisation should await the outcome of negotiations for a new National Agreement on Closing the Gap.**

In addition to the points above, AMSANT provides the comments below specifically relating to the section on 'Health'.

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AMSANT is supportive of the objective to improve access to quality health services, as this is consistent with a human rights and equity-based approach to health. However we are concerned that the objective in its current form – that is, to ‘Improve the access to quality health services **within Aboriginal communities**’ (emphasis added) – limits the scope of the Strategy and excludes the needs of Aboriginal people living in urban centres and not specifically within ‘Aboriginal communities’. Aboriginal people living in non-remote areas have a higher burden of disease when compared with both Aboriginal populations in remote areas, and non-remote non-Aboriginal populations (Zhang et al, 2018).

Recommendation 1: AMSANT proposes the objective is amended to the following: *Improve access to acceptable, quality health services for all Aboriginal people in the Northern Territory.*

The strategy outlines in the health section – two key policy documents. These are 1) Pathways to Community Control and 2) National Strategic Framework for Chronic Conditions. AMSANT does not think the second framework should be prioritised – rather we suggest that the National and Torres Strait Islander Health Plan 2013-2023 and the accompanying implementation plan should be the second key policy document referenced, as the NT should be working to this plan as well as to CTG health targets.

AMSANT supports the definition of Aboriginal health that is holistic and community-focussed, rather than individualistic:

“Aboriginal health” means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life. (NACCHO, 2011)

This is not reflected in the Strategy under the statement ‘Why health is important’, which focuses on health from the perspective of the individual. This is not consistent with the widely accepted definition of Aboriginal health as provided above and AMSANT urges that this be reconsidered.

Recommendation 2: AMSANT proposes the NACCHO definition of Aboriginal health is adopted by the Strategy and the statement ‘Why health is important’ is amended to reflect this holistic, whole-of-life, community-centred definition of Aboriginal health.

It is well recognised that there is a heavy burden of reporting experienced by, and expected of, the Aboriginal community controlled sector. For ACCHSs working in the comprehensive primary health care space, this is especially so and the burden of reporting is characterised by complex agreements across fragmented funding programs to multiple levels of government and other funding bodies, each with their own reporting requirements. In the NT context, both government and non-government health services provide information to report on Aboriginal health through the indicators established by the

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Northern Territory Aboriginal Health Key Performance Indicators Information System (NTAHKPI). AMSANT notes that there is some – but not complete – alignment with measures 6.1 to 6.3 set out by the Strategy with corresponding NTAHKPIs which will result in an increased burden of reporting for our sector, as illustrated in the table below:

Everyone Together Aboriginal Affairs Strategy Measures	NT Aboriginal Health Key Performance Indicators	Comment
<p>Measure 6.1</p> <p><i>Percentage of mothers delivering Aboriginal babies who have had their first antenatal visit within 13 weeks.</i></p>	<p>NTAHKPI 1.2 Timing of first antenatal visit for regular clients delivering Indigenous babies</p> <p><i>The number and proportion of regular clients who are residents, who gave birth to Indigenous babies during reporting period and who attended first antenatal visit (at any health service locality) before 13 weeks gestation, disaggregated by age group, Indigenous status and locality.</i></p>	<p>Alignment of indicators – no additional reporting requirements</p>
<p>Measure 6.2</p> <p><i>Number of children between 6 months and 5 years of age who have been tested for Anaemia</i></p>	<p>NTAHKPI 1.6 Anaemic Children</p> <p><i>Number and proportion of children between 6 months and 5 years of age who are anaemic</i></p>	<p>Non-alignment of indicators. Measure 6.2 reports on coverage/screening whilst NT AHKPI 1.6 reports on number and proportion of children with anaemia. Whilst the coverage ratio is used to calculate NT AHKPI 1.6, the coverage ratio is not reported on separately. Additional reporting will be required.</p>
<p>Measure 6.3</p>	<p>NTAHKPI 1.20 Ear Disease in Children</p>	<p>Non-alignment of indicators. Measure 6.3 includes screening and treatment,</p>

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<p><i>Increase early screening and treatment for conductive hearing loss of Aboriginal children</i></p>	<p><i>Number and proportion of Aboriginal clients aged from 3 months to less than 6 years at the end of the reporting period who have had an otoscopy ear examination during the reporting children and the proportion of children examined who have ear discharge.</i></p>	<p>whilst NT AHKPI 1.20 measures screening and presence of ear discharge only (not rates of treatment). Additional reporting will be required. This should either be changed or the NT Hearing Health program should report on the treatment aspect of this indicator.</p>
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Recommendation 3: AMSANT recommends that the relevant indicators (6.1 to 6.3) are completely aligned to the corresponding NTAHKPIs to reduce the burden of reporting for both government and ACCHO health services.

The Strategy’s headline statement on health is that *Aboriginal Territorians lead healthy lives, achieve social and emotional wellbeing and have access to appropriate health services*. AMSANT supports this statement, but is concerned that the Strategy is silent on Aboriginal Territorians with disability. In its 2017 *NDIS Market Position Statement – Northern Territory*, the National Disability Insurance Agency notes that 43.5 per cent of people living in the Territory aged 0 to 64 years with a need for assistance with the core activities of daily living are Aboriginal and Torres Strait Islander Australians (NDIA, 2017). For Aboriginal people with disability, there are likely to be compounding factors of disability, socioeconomic disadvantage and remoteness that increase their vulnerability. Therefore they face multiple barriers to accessing appropriate care relevant to supporting their needs. The Strategy also makes no mention of the NDIS. The *UN Declaration on the Rights of Indigenous Peoples* article 22 (United Nations, 2007) urges that ‘particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities’. In light of this statement, and the particular vulnerabilities experienced by Aboriginal Territorians with disability, we believe there should be attention made to addressing equity for Aboriginal Territorians with disability in the Strategy. We are concerned that the NT Government has withdrawn too quickly from disability service provision and left a fragmented and poorly implemented system which in some cases, is worse than what was provided previously.

Recommendation 4: AMSANT recommends that the Strategy addresses inequities experienced by Aboriginal Territorians with disability, in light of the UNDRIP article 22. This should include measures that address – and support the increase of – access to the NDIS for Aboriginal Territorians, and that

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bolster the Aboriginal community controlled health sector to provide accessible and culturally appropriate support services to Aboriginal people with disability.

AMSANT supports the inclusion of measure 6.5 that seeks to address the alarming rate of incidences of suicide of our people which, across Australia, is approximately double the non-Indigenous suicide rate (AIHW & AIFS, 2013). We agree with Calma et al (2017) that at the foundation of improving Aboriginal and Torres Strait Islander mental health is ‘the need to heal trauma in a context that is culturally appropriate and includes not only individuals but families and communities’. We support suicide prevention training that is trauma informed and that addresses the social determinants of mental health through a social and emotional wellbeing, whole-of-community lens. Such training programs must be culturally appropriate and must place Aboriginal self-determination at the core. In addition to increasing access to suicide prevention training for NT Health staff is the need to expand and better resource the capacity of the Aboriginal community controlled sector to increase access to specialised culturally informed areas of practice (Calma et al, 2017).

Recommendation 5: AMSANT recommends that suicide prevention training must take a trauma informed, social determinants, SEWB, community-wide approach that places Aboriginal self-determination at the core. AMSANT recommends that, in addition to such training for NT Health staff, that the ACCHS sector must be better resourced to increase access to culturally appropriate training and services.

There are a couple of additional comments on the Strategy that don’t relate specifically to the section on ‘health’ that AMSANT would like to raise.

Neither the ‘Languages & Cultures’ nor the ‘Education’ sections make reference to bilingual education. Article 13 of the *UN Declaration on the Rights of Indigenous Peoples* upholds Indigenous peoples’ right to ‘revitalize, use, develop and transmit to future generations their histories, languages, oral traditions, philosophies, writing systems and literatures’, and directs States to take effective measures to protect this right. AMSANT supports the view that children learn best when taught through their mother tongue (Simpson et al, 2009). Internationally, bilingual education programs have been adopted in schools in minority cultures to address disadvantage that arises from limited access to the dominant language (Simpson et al, 2009). There is a strong will and aspiration in our communities for bilingual education to be prioritised and strengthened as a means to strengthen the traditional identity, language and literacy of our children. That the Warlpiri Triangle bilingual education program has endured through decades of inconsistent governmental approaches to bilingual education in the Northern Territory is just one example that gives testament to Aboriginal people’s determination to protect their right to retain and revive language. The Strategy should include specific commitment to support bilingual education.

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Recommendation 6: AMSANT supports the right for Aboriginal people to have a say in how our children are educated, and support bilingual education that strengthens traditional language, identity and culture, and supports literacy in the dominant language, giving our children the best opportunity for development and success, and that this should be included in the Strategy along with a statement of the Government’s commitment to bilingual education.

Also to note is that the Strategy makes reference to ‘five regions’ (under the section ‘Strengthening the way we work’) but does not provide explanation of what these five regions are. The Strategy also does not have page numbers or a table of contents which makes it difficult to reference the Strategy.

To discuss this submission further, please contact:

- David Cooper, Manager Research Advocacy Policy, on 08 8944 6649 or by email david.cooper@amsant.org.au

Yours sincerely,



John Paterson
Chief Executive Officer

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Closing the Gap Clearinghouse (AIHW & AIFS) 2013. *Strategies to minimise the incidence of suicide and suicidal behaviour*. Resource sheet no. 18. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

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