

Wednesday 1 March 2023 (please see comment)

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Email: community.affairs.sen@aph.gov.au

AMSANT SUBMISSION
Inquiry on The Extent and Nature of Poverty in Australia

To the Senate Standing Committees on Community Affairs
Australian Parliament

AMSANT welcomes the opportunity to provide this submission to the Commonwealth's Senate Inquiry on the extent and nature of poverty in Australia. We note the Inquiry's terms of reference as follows:

Terms of Reference

The extent and nature of poverty in Australia with particular reference to:

- (a) the rates and drivers of poverty in Australia;
- (b) the relationship between economic conditions (including fiscal policy, rising inflation and cost of living pressures) and poverty;
- (c) the impact of poverty on individuals in relation to:
 - (i) employment outcomes,
 - (ii) housing security,
 - (iii) health outcomes, and
 - (iv) education outcomes;
- (d) the impacts of poverty amongst different demographics and communities;
- (e) the relationship between income support payments and poverty;
- (f) mechanisms to address and reduce poverty; and (g) any related matters.

About AMSANT

AMSANT is the peak body for the Aboriginal Community-Controlled Health Service (ACCHS) sector in the Northern Territory¹. Established in 1994, AMSANT has played a major role for the last 29 years advocating for Aboriginal people's right to control their own health services and to have those services funded securely and adequately.

We aim to grow a strong Aboriginal community controlled primary care sector **by**:

- supporting our members to deliver culturally safe, high quality comprehensive primary health care that supports action on the social determinants of health, and
- representing AMSANT members views and aspirations through advocacy, policy, planning and research.

AMSANT is also an affiliate of the National Aboriginal Community-Controlled Health Organisation (NACCHO), the national peak body for ACCHS.

Our vision is that Aboriginal people live meaningful and productive lives on our own terms, enriched by culture and wellbeing. Our mission is to improve the health of Aboriginal people in the Northern Territory through promoting and extending the principle of local Aboriginal community control over primary health care services to Aboriginal people.

AMSANT and its member services have played a pivotal role in addressing the burden of ill health carried by Aboriginal people in the Northern Territory. Around two thirds of patient contacts in the Aboriginal primary health care sector in the Northern Territory are provided by Aboriginal Community-Controlled Health Services (ACCHSs). (NTAHKPI Report 2022).

It is from the perspective of Aboriginal sector's long history of providing health services to, and under the direction of, Aboriginal communities, and working alongside Government to meet those needs, that we provide the following responses² to this **inquiry**.

Introduction

AMSANT urges a holistic view of life that includes the social determinants of health and recognises the wider physical, social, spiritual worlds and their impact on the emotional and physical health and wellbeing of people. People's experience of poverty needs to be viewed within this framework.

Commented [VR2]: Taken from latest Annual Report.

Commented [VR3]: The vision statement on the website differs from the one in the Annual Report. Have emailed Bonner to request web update.

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The Northern Territory has the highest Aboriginal population in remote and very remote locations of any jurisdiction³. In the Northern Territory, Aboriginal people are in the majority, the only remoteness category in the country where that is the case. And yet on every social, health and economic indicator, the Northern Territory has the worst outcomes for Indigenous people in remote or very remote locations of any state or territory in Australia⁴.

Commented [DC5]: We use the term Aboriginal rather than Indigenous by preference in our sector.

In this inquiry into poverty and its drivers in the Northern Territory, it is important to recognise the connection between daily living conditions, the inequitable distribution and access to goods and services across the Northern Territory for those most disadvantaged, and their impact on health, social and economic outcomes for individuals, families and communities.

Social Determinants of Health

Since 2008 when the World Health Organisation (WHO) released its ground-breaking report *Closing the Gap in a generation – health equity through action*⁵, there has been increased attention on the social determinants of health, and their influence on health trends and outcomes for individuals and families across different cohorts of communities, societies and nations from the very rich to the very poor and disadvantaged.

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Cumulative impacts > the cumulative impacts of multiple policies and service failures which contribute to poverty and lessen the capacity for people to stay in remote communities > this in turn means more people moving to centres where they don't have family supports, housing etc and the result is to increase poverty and the causal factors of poverty.

Disempowerment > refer to social determinants evidence - WHO / Michael Marmott...David

Commented [VR7R6]: Add Cumulative Impacts under legacy heading

The social determinants of health are the conditions in which people are born, grow, work, live, and age, and the economic policies and social norms and forces and political systems shaping the conditions of people's daily life⁶. Poverty, as expressed in daily living conditions such as, housing, income, unemployment, working conditions, food insecurity or hunger, and poor education access is a social (and structural) determinant of health⁷. It is well established that poverty can have a significant influence on health inequities and outcomes.

The social determinants of health apply universally across countries and peoples. However, the 2008 WHO Report acknowledges the special circumstances that impact Indigenous Peoples, particularly on their distinct languages, cultures and connections to land, through the effects of colonisation and continued imposed social, political and economic structures without their consultation, consent or choice. The report concludes that:

Indigenous Peoples have distinct status and specific needs relative to others. Indigenous Peoples' unique status must therefore be considered separately from generalized or more universal social exclusion discussions⁸

³ Peter Gregory, August 2022, The Territory Gap: comparing Australia's remote indigenous communities, Analysis Paper 39, Indigenous Research Forum, The Centre for Independent Studies.

⁴ Ibid

⁵ Commission on Social Determinants of Health (CSDH) (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization

⁶ Ibid

⁷ Ibid

⁸ P.36, Ibid

Three distinct but interrelated themes frame contemporary discussion about the situation of Aboriginal peoples in Australia: the centrality of including languages and connection to land; the fundamental importance of control and empowerment; and the corrosive impacts of racism, discrimination and social exclusion

Evidence shows that the social determinants of health - all the elements visible in disadvantaged and marginalised communities in deep poverty - can be more important in influencing and impacting health outcomes⁹. In a nutshell, the lower the socio-economic¹⁰, the worse the health¹¹.

As AMSANT noted in its 2012 submission to the Senate Community Affairs Reference Committee on the WHO's Report on the Social Determinants of Health, "unless the breadth of the social determinants of the health of our people are acknowledged and tackled, the gains we have achieved may plateau and even decline"¹².

Structural racism as a driver of poverty

It is important to acknowledge that poverty in remote communities is often and substantially the result of structural drivers such as government policies, laws and the inequitable distribution of resources and the consequential unfairness in access and lack of options. This includes insufficient and substandard housing, inadequate community services and infrastructure, lack of access to adequate and appropriate education and employment opportunities, and the denial of the right of communities to be self-determining.

These drivers, clearly the primary responsibility of government, constitute structural racism and stand as the principal barriers to addressing the poverty experienced by Aboriginal people in the NT.

Deepening poverty for Aboriginal populations in the Northern Territory is visible in people's daily living conditions and the impacts on their lives and health that are detailed in this submission. Structural barriers sustain

The Closing the Gap National Agreement and agenda signals a genuine desire for better outcomes and a brighter future for the nation's Aboriginal children, youth and families. Importantly, the Agreement acknowledges that addressing the structural barriers are a

⁹ Ibid

¹¹ Ibid

¹² AMSANT Submission to the Senate Community Affairs Reference Committee Inquiry: Australia's domestic response to the World Health Organisation's (WHO) Commission on Social Determinants of Health Report "Closing the Gaps within a Generation", 2012.

Commented [VR8]: Note to self - do we need to add more here from p.7-8 of the 2012 AMSANT Submission. If it helps explains drivers of poverty and impacts of SD.

Commented [VR9]: AMSANT's 2012 Submission on the WHO Report [sub57_AMSANT.pdf](#)

priority in achieving progress¹³ It is still early days. However, in the meantime, data shows that ¹⁴.

Impact on Aboriginal Life Expectancy

The estimated Aboriginal population is more than 30 percent of the Northern Territory's population with more than 76 percent living in remote or very remote areas of the region.

Aboriginal and Torres Strait Islander men and women in the Northern Territory have a life expectancy that lags 15.4 years behind non-indigenous men (81 years) and women (85.1 years) ¹⁵. Even though there have been improvements, the gap remains significant and is forecast to take decades, almost a lifetime for Aboriginal people.

Unfortunately, the chronic disease epidemic that is fuelled by lack of action on social determinants is accelerating. Central Australian Aboriginal people have the highest rate of type two diabetes in adults and also during pregnancy in the world(Hare et al, 2022, Hare et al, 2020). A study examining prevalence in a population of around 7000 found a prevalence of 4,000. Poverty, food insecurity and poor housing are driving these incredible rates of chronic disease. Rates of diabetes in children and young people are growing with diabetes characterised as a “ disease of poverty (Titmuss , 2019)

The NT unfortunately has very high rates of diseases such as rheumatic heart disease and trachoma that have been eradicated outside of Northern Australia due to improved living conditions. The NT with 1% of the total Australian population has 42% of all the cases of rheumatic heart disease in Australia and that is almost exclusively in Aboriginal people|

Impact on Aboriginal Infant and Child Mortality

[The] survival of infants in their first year of life is often regarded as an indicator of a population's general health and wellbeing. The child mortality rate is defined as the number of deaths among children aged 0-4 years of age. It is a proportion of the total number of children in that age group, represented as a rate per 100,000 population.

- The Closing the Gap Report 2020 shows that the national indigenous child mortality rate was 141 per 100,000, twice the rate for non-Indigenous children (67 per 100,000)¹⁶.

¹³Closing the Gap reference

¹⁴ OECD Data Poverty Gap, Income Distribution, 2021

¹⁵ Yuejen Zhao, Shu Qin Li, Tom Wilson and C Paul Burgess, 2022, Improved life expectancy for Indigenous and non-Indigenous people in the Northern Territory, 1999–2018: overall and by underlying cause of death, The Medical Journal of Australia (MJA) <https://www.mja.com.au/journal/2022/217/1/improved-life-expectancy-indigenous-and-non-indigenous-people-northern-territory>

¹⁶ Closing the Gap Report 2020, Child Mortality, Australian Government Source: Steering Committee for the Review of Government Service Provision 2019, National Agreement Performance Information 2018–19, Productivity Commission: Canberra.

Commented [GU10]: i didnt realise I was tracking , there is a section on disease burden below where this could go , I will aim to read the disease specific part of it

Commented [VR11]: I am just wondering if we include this section. Could this be used and misconstrued by polis against Aboriginal people etc?

Commented [DC12R11]: I think it's important to include as it's a sentinel impact as well as an indictment on the lack of progress on addressing poverty and other social determinants.

Commented [VR13R11]: Thanks David

- By jurisdiction, the Northern Territory continues to have the highest indigenous child mortality rate in Australia, at 305 per 100,000¹⁷.
- The gap is also the largest in the NT.
- This indicates the overall poor health and wellbeing and the poor socioeconomic disadvantage in those communities.

Eighty-five percent of Aboriginal child deaths from 2014-2018 were babies less than one year old. The main causes of Aboriginal child deaths from age 0 to 4 years old for the identified period are listed as perinatal conditions (49 percent). For infants, it was 57 percent. Perinatal is the period of pregnancy and the first 12 months of infancy.

- Examples of perinatal conditions include pregnancy complications, respiratory and cardiovascular conditions, birth trauma and foetal growth disorders.

Research shows that child mortality rates are higher in more disadvantaged areas with higher poverty rates¹⁸, overcrowded housing, lower school engagement and higher rates of developmental vulnerability.

A general set of life circumstances marred by a legacy of generational trauma, colonisation, land dispossession perpetuated by a lifetime of discriminatory government policies and processes and structural racism.

Impact on Food and Water Insecurity

Poverty and inequality is one of the underlying causes of food insecurity. Poverty takes away basic human rights to food, housing, health, safe drinking water, quality education¹⁹ and so much else. The right to food is crucial to the enjoyment of all other rights including the right to life, the right to water, the right to health, the right to adequate housing, and the right to education²⁰.

Since 2011 when AMSANT conducted its first Food Summit, which was held in Tennant Creek, food security for remote Aboriginal communities in the Northern Territory, and elsewhere, continues to be an issue of poverty and land dispossession that demands attention. **AMSANT has previously submitted on food security inquiries and.....food summit report.** [Reference AMSANT subs here.](#)

Remote Aboriginal and Torres Strait Islander communities often experience high and prolonged rates of food insecurity for a range of reasons. High food costs, availability and accessibility are key factors and for remote Aboriginal communities, there are added supply chain costs due to their geographical isolation and poor road infrastructure that limit community options for food storage and transportation.

¹⁷ Ibid

¹⁸ Australia's Children, 2020, Infant and Child Deaths, Gaps and opportunities, Australian Government Australian Institute of Health and Welfare (AIHW)

¹⁹ Office of the High Commissioner, 2023, Poverty the right to food and social protection, United Nations Human Rights.

²⁰ Ibid

Commented [VR14]: Aboriginal or indigenous...is there are preference here. I am using the terms interchangeably.

Commented [VR15]: Can I say this word.

Commented [DC16R15]: yes!

Commented [VR17]: Food Security Definition. "In 2010, Menzies School of Health Research along with a number of NT Aboriginal communities using the four domains of food security developed their own definition of food security. They defined food security as:

"The land and the sea is our food security. It is our right. Food security for us has two parts: food security is when food from our ancestors is protected and always there for us and our children. It is also when we can easily access and afford the right non-traditional food for a collective healthy and active life. When we are food secure we can provide, share and fulfil our responsibilities, we can choose good food, knowing how to make choices and how to prepare and use it." (Menzies School of Health Research, 2010/9)"

Research shows that food insecurity is often associated with increased risks of extreme stress levels, depression, smoking, drinking and malnutrition.

Prolonged food security in remote indigenous communities, for example, can lead to dangerous and health-damaging addictions to harmful and toxic substances in order to replace the lack of food in the body. For example, in some communities, there may be a reliance on chewing tobacco to cope with periods of hunger and starvation in the Northern Territory. One of our member services, Miwatj

Lack of Safe Drinking Water

Another marker of poverty in many remote Aboriginal communities is the lack of safe and palatable drinking water²¹. This has historical context connected to land dispossession and significant inequities over decades, and worsened by unfair and unjust distribution of basic and essential services²² that fails to recognise the basic human rights of Aboriginal people on their own country. It is another example of ongoing and neglectful government practices with essential infrastructure services funding and push back in the Northern Territory that are structurally racist in practice, if not by intent.

As a result, soft drinks are seen as safer than drinking tap water in many indigenous communities. It is often cheaper to buy soft drinks than a bottle of water or a box of water.

Northern Territory Government data show many remote communities from Central Australia and the Top End record marginal drinking water quality. This includes many of the 73 remote Aboriginal communities and Alice town camps subject to government control under the NT Intervention laws, and continued under Stronger Futures legislation.

Consider the following three examples in Northern Territory in Alpururulam and Laramba.

Alpururulam Fight for Safe Drinking Water

The near 13 year struggle by Alpururulam, otherwise known as Lake Nash in the Barkly on the Queensland NT border, offers a sobering case study of the continuing impacts of colonisation and land dispossession. It further highlights the structural inequities and poor government policies and processes in the Northern Territory that specifically exclude Indigenous people in the provision of essential services including efforts to secure safe drinking water.

Commented [VR18]: Acknowledge the work of Land Councils, and defer to their submission and recommendations on this.

²¹ [Northern Territory community's clean water struggle... | NIT](#)

²²

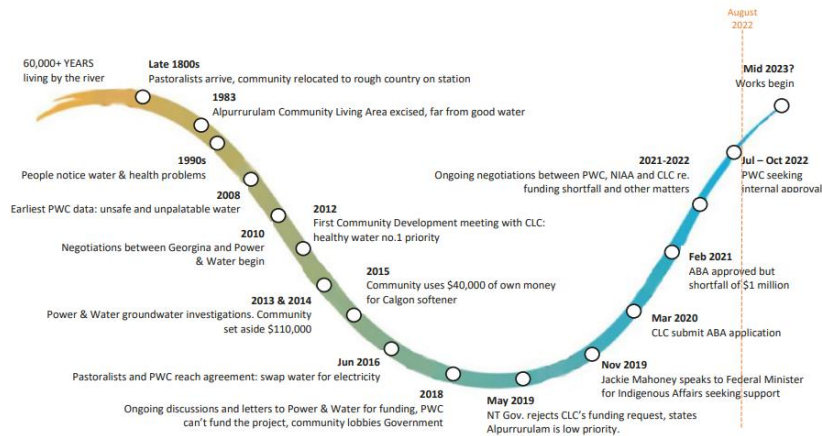


Figure 1 The Struggle for Good Quality Drinking Water in Alpururulam. Case Study Prepared by Central Land Council for Closing the Water for People and Communities Gap. Improving Water Services to Remote First Nations Remote Communities. Credit Source: CLC via WSAA, 2022

Alpururulam, west of the Queensland border, is country of the Alywarre people.

Alpururulam lies on an important water source. In the 1970s, an American pastoral company submitted what was ultimately an unsuccessful lease proposal which would have pushed the local Alywarre people off country. But while the American company's lease proposal failed, it did succeed in separating Alywarre from their access and cultural connection to the Georgina River.

With the support and assistance of the Central Land Council (CLC), Alpururulam has been engaged going on 13 years in drawn-out negotiations with the Northern Territory for safe drinking water. As far back as the 1990s, people noticed problems with the water and their health²³.

Ali Curung and Ampilatwatja are also Alywarre communities with marginal water quality. This issue isn't confirmed to Alpururulam, but many remote Indigenous communities in the Northern Territory²⁴.

Central Land Council CEO Les Turner: "Only in remote communities must Aboriginal people fund essential services themselves that other Australians take for granted."

²³ Water Services Association of Australia (WSAA) & Central Land Council (CLC), 2022, The Struggle for Good Quality Drinking Water in Alpururulam: Case Study Prepared by Central Land Council for Closing the Water for People and Communities Gap – Improving Water Services for First Nations Remote Communities, WSAA.

²⁴ Bradley J. Moggridge, Associate Professor in Indigenous Water Science, University of Canberra; Cara D. Beal, Associate Professor/ Principal Research Fellow, Griffith University, and Nina Lansbury, Senior Lecturer, School of Public Health, The University of Queensland, 2022, Countless reports show water is undrinkable in many Indigenous communities. Why has nothing changed?, The Conversation.

The structural racism and unjust government practices with funding and allocation of essential resources keep First Nations people living on their lands in dire poverty.

Water quality data show that other NT remote Aboriginal communities, homelands, town camps and living areas in the Northern Territory are also affected with similar anecdotal stories. There is a suspicion, a belief even, among families and communities that the unsafe drinking water has contributed to their sickness, including kidney disease with people as young as early 20s requiring kidney dialysis in Central Australia's Utopia and the Barkly region, for example.

Laramba's Legal Fight For Safe Drinking Water

In 2018, Laramba took the NT Government to court over their contaminated domestic water supply seeking safe water supply and filters to improve future water safety. The issue was the concentration of uranium in their water supply, higher than the maximum safe levels²⁵. In 2020, Laramba lost their case²⁶. A year later, the NT Government announced

funding to improve water quality across a number of remote communities²⁷, selecting Laramba, Engawala, Yuendumu, Epenarra, Imanpa, Atitjere, Warruwi, Angurugu, Beswick and Numbulwar for water quality and supply projects with funding over four years. Other than Laramba, it is unclear whether water quality projects have begun for the other communities. But still begs the question, what about the many other Aboriginal communities with unsafe drinking water?

XXDATE, the Commonwealth announced new funding, some of which will go into addressing water quality and drinking supply. This is on top of the amount announced in 2021. However, the announced funding goes directly to the NT Government therefore it remains to be seen whether communities including Alpururulam's fight for safe drinking water will benefit from the announcement.

Water quality also impacts access to health services for people with kidney disease and other chronic diseases, including communicable diseases. Some living areas have no access to drinking water or basic infrastructure. In at least one community in the Barkly, they rely on shower and drinking water facilities from a local church group with a nutritious meal thrown in once a week.

Safe clean drinking water is a basic right for all human beings in Australia, except it seems

²⁵ Northern Territory Civil and Administrative Tribunal, 2020, Various Applicants from Laramba v Chief Executive Officer (Housing) [2020] NTCAT 22 (1 July 2020)

²⁶ Ibid

²⁷ ABC News, 22 April 2021, New funding to improve water quality in remote NT communities as data shows high contamination levels [New funding to improve water quality in remote NT communities as data shows high contamination levels - ABC News](#)

for remote Aboriginal communities in the Northern Territory²⁸. Unsafe drinking water as a way of life would be unacceptable in any of Australia's mainstream cities like Melbourne, Canberra, or Sydney. Residents in any suburbs, especially the well-heeled neighbourhoods in those cities, would simply not tolerate a situation of this kind. But it seems to be acceptable for Aboriginal people in Australia to tolerate these kinds of daily living conditions. It is unacceptable that for decades, Aboriginal families have tolerated the most intolerable situation, including limited or no access to clean and safe drinking water.

Working Kitchens in Remote Aboriginal Homes

Another issue that impacts on food security is working kitchens and access to the normal things that most people take for granted in their homes. If a house does not have a working kitchen, due to ongoing delays to repairs and lack of maintenance service, or unsafe drinking water, that means a family may not use them. The Northern Territory has the highest rate of substandard housing for remote Aboriginal people of any jurisdiction in Australia (Aboriginal and Torres Strait Islander Health Performance Framework 2020, AIHW).

Lack of secure power also affects the ability of remote families to store perishable food.

Impact on Homelessness

The Northern Territory has the highest rate of homelessness in Australia²⁹. Aboriginal and Torres Strait Islander people make up 88 percent of NT's homelessness population³⁰ with overcrowding identified as one of the key drivers.

Severe overcrowding in remote areas account for more than 70 percent of the homelessness rate. This is due to people living in severely crowded dwellings at 483.5 per 10,000 people. Compare this to the national average of 21.8 per 10,000. The homeless rate for Australia is 49.8 per 10,000 people, compared to the Northern Territory's 599.4 per 10,000 people. These comparisons show the staggering inequity in housing and homelessness for Aboriginal and Torres Strait Islander people.

Of great concern is the cohort of homeless Aboriginal children under the age of 12, and Aboriginal youth aged 12 to 18 years old. But the Northern Territory's homelessness services are woefully under capacity, according to the Bilateral Agreement. For example, 9187 people accessed a homelessness service in the Northern Territory in 2016-2017, with 47.3 per cent reporting domestic and family violence as a reason for seeking assistance.

²⁸

²⁹ P.3, Bilateral between the Commonwealth and the Northern Territory Government. Northern Territory National Housing and Homelessness Agreement, Schedule E*

https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-07/NHHA_NT_BILAT.pdf

³⁰ Ibid

Commented [VR19]: insert sections from housing paper on housing refers to the following:

-unsafe housing and inadequate infrastructure
-overcrowding is also a driver of homelessness and infection spread/disease burden including ARF, Strep A infections

Demand for housing help far outstripped the Northern Territory's support services' capacity.

If homelessness is to be addressed to support the most vulnerable and marginalised, there is a need to provide services tailored to the needs of Aboriginal and Torres Strait Islander women and children. In the Northern Territory, more than 45 percent of homeless requests were left without assistance. At least 72 percent of those unmet homeless requests for help were on behalf of women and children³¹ with domestic violence a key driver.

Inadequate and Substandard Housing

The quality of housing impacts a person's life through every aspect of their daily lives from the time they are born, to schooling, employment, sustaining healthy relationships, even happy home lives.

Substandard housing in Aboriginal communities has been connected to a host of physical health problems mental health issues, educational underachievement and criminal offending³²[RACGP - Overcrowding leads to poorer health outcomes for Aboriginal and Torres Strait Islander peoples](#). Such conditions are exacerbated by underfunded primary health care services which are struggling to meet the burden of illhealth caused by many decades of failure to invest in social determinants and to listen to Aboriginal people. The health impacts including physical, medical, and psychological effects upon the mind, body and heart. The evidence is clear and overwhelming throughout the literature, as well as anecdotal evidence from indigenous tenants living in remote public housing.

Chronic overcrowding leads to social and psychosocial stress and strain including domestic violence and is a well-established setting for infectious diseases to spread and flourish, including the deadly Strep A infections³³.

Research analysing the school attendance records of 6,500 children born in the Northern Territory between 1994 and 2004, found a strong correlation between overcrowding in housing and school attendance³⁴.

Overcrowding and lack of functioning housing infrastructure contributed to psychological stress and mental health with reports finding crowded conditions led to family violence.³⁵

In a collaborative research study on housing and health in the Barkly and Tennant Creek between one of our member services, Anyinginyi Health Aboriginal Cooperation and the University of Queensland Global Change Institute, they found the following:

³¹ Ibid

³² Pattra, Elly --- "Cuts Both Ways: Tenants' Rights And The Doublesided Consequences Of 'Secure Tenure' In Remote Aboriginal Communities" [2016] IndigLawB 8; (2016) 8(23) Indigenous Law Bulletin 3 <http://www5.austlii.edu.au/au/journals/IndigLawB/2016/8.html>

³³ Phillipa J May, Asha C. Bown and Jonathan R Carapetis, September 2016 [The inequitable burden of group A streptococcal diseases in Indigenous Australians | The Medical Journal of Australia \(mja.com.au\)](#)

³⁴ Sven Silburn, 2014, How crowded homes can lead to empty schools in the bush, Menzies School of Health Research, The Conversation.

³⁵ Page 15 of *Piliyi Papulu Purrakaj-ji (Good housing to prevent sickness): a study of housing, crowding and hygiene-related infectious diseases in the Barkly Region, Northern Territory* [UQaed175a_OA.pdf](#)

Commented [DC20]: This statement not clear and also needs a reference

Commented [GU21R20]: RACGP has a reference for many physical problems associated with over crowding

-
- Overcrowding
 - a. The research study³⁶ of remote indigenous housing in the Barkly investigated the relationship between housing, crowding, and infectious diseases. It referred to unintended household crowding.
 - b. It found higher levels of overcrowding/crowding than official records which show upwards of 7.3 and 10.8 people respectively, including in the Census. Compare this with maximums of 22 and 20 people reported in household surveys.
 - c. Houses were designed for 4 or 5 people are being used by an average of 10 people, but some had up to 25 family members living in it. Initial housing stock promised in 2002⁷ has yet to be built.
 - d. This impacts health hardware and puts enormous strain on domestic hot water system and washing machines, where they do have working ones in the home.
 - e. Infection spreads more as people share the same bedding, clothes, food utensils, benchtops.
 - f. Psychological stress in crowded homes contributed to family violence
 - Lack of maintenance and general disrepair of basic health hardware in many remote indigenous homes:
 - g. Many of the social housing was built around 40 years ago and has suffered from the harsh environment.³⁷
 - h. Examples like broken fly screens, missing louvres, toilets, sinks and hot water systems that haven't been repaired or replaced. This lack of functioning health hardware leads to preventable hygiene-related infections by creating a home where infections are much more transmissible.
 - Housing and interior maintenance repairs and replacements by suppliers/government can be delayed for months, even though there is a mandatory maintenance manual.
 - Limited access to hot water. This means residents are left without access to hot water for showers, cleaning hands or washing clothes. In some locations, a communal laundry has been set up with brand new washing machines and dryers, however, maintenance was given little priority so that the community were left without washing machines and dryers. Charities have stepped in to fill the gap with portable laundries but this is not a sustainable solution
 - Some communities(? Outstations) have no access to drinking water or basic infrastructure and will often go into town and shower at the local church for example.

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³⁶Ibid

³⁷ Ibid

Despite government promises, it notes that no new housing has been built in the Barkly region for Aboriginal people for at least 12 years.

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Chronic overcrowding is a pervasive issue that also contributes to a number of severe and serious health conditions including Group A Streptococcal/ Streptococcus diseases, as well as social and psychosocial events brought on by the stresses of the condition of the home .

The Northern Territory Government set up the Healthy Homes Program across three or four communities, funded to 2027. The program is based on the well-established Heath Habitat program. Its purpose was to “promote preventative repairs and maintenance models.” Clearly such a program needs to be implemented at scale. However, If history is an indicator, the NT’s remote Indigenous communities can expect to wait years, despite the funding announcements, before the government funds the implementation of the Healthy Living Practices across more communities.

Even though Commonwealth and Northern Government remote housing agreements stipulate performance measures for the construction of remote Indigenous housing, regular maintenance, inspections and audits³⁸, the Santa Teresa community court case against the Northern Territory Government shows that these measures often fail to be followed. Their situation is representative of many other remote Aboriginal communities seeking maintenance and repairs to public housing that they are paying rent for.

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Serious deficiencies have been found in accountability, record keeping, and action, even after storms have damaged roofs or taken off doors. These housing situations would be intolerable in any city or suburb of Australia in any other state.

Severe Power Insecurity

Indigenous communities in remote NT face some of the highest extremes in temperature that increase the need for electricity use to heat or cool homes, and in turn, increase the risks of disconnection when households are unable to afford electricity cards³⁹. These temperature extremes are associated with increased risk of mortality and poor health⁴⁰. In some remote NT communities, research shows nearly 91 percent have experienced a disconnection from electricity for the 2018-2019 financial year. Almost three quarters of households or 74 percent were disconnected more than 10 times.

“Poor quality housing, low incomes, poor health and energy insecurity associated with prepayment all exacerbate the risk of temperature-related harm.

Access to secure power and electricity is a significant issue that plunges families further into disadvantage and worsening health and economic outcomes when access to power is

³⁸ NT Implementation Plan – National Partnership Agreement on Remote Indigenous Housing https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-01/remote_indigenous_housing_nt.pdf

³⁹ Thomas Longden, Simon Quilty, Brad Riley, Lee V. White, Michael Klerck, Vanessa Napaltjari Davis, Norman Frank Jupurrurla, 2021, Energy insecurity during temperature extremes in remote Australia, Nature Energy.

⁴⁰ Ibid

denied⁴¹. This also contributes to food insecurity and exacerbates hunger and health issues.

Disease Burden in Disadvantaged Aboriginal Communities

Add my section on diabetes here,

Evidence shows the significant disease burden on Aboriginal children leading to adult diseases. May et al. (2016) note that: “Indigenous people have not benefited from improvements in the social determinants of health that resulted in the virtual elimination of these conditions in the non-Indigenous population⁴².”

They further state that: “Given the ongoing mortality and morbidity from chronic kidney and heart disease due to GAS(Group A strep) infection in Indigenous Australians, we must address more effectively the treatment and prevention of the precursors, GAS impetigo and pharyngitis. The NT Aboriginal population has one of the highest rates of rheumatic heart disease in the world. Skin infections as well as pharyngitis caused by GAS can precipitate acute rheumatic fever which in turn can cause rheumatic heart disease (permanent damage to the heart valves.The NT (with 1% of the Australian population) comprises 42% of all the cases of rheumatic heart disease in Australia- nearly all in Aboriginal people) Mortality rates from RHD in indigenous Australians are the highest reported in the world

GAS can also cause kidney inflammation (glomerulonephritis) which can cause permanent kidney damage. Diabetes and GAS are key drivers of chronic kidney disease which occurs at extraordinarily high rates in the NT. Numbers of people on dialysis are growing at 6% a year – causing immense grief and hardship to many Aboriginal people and families as people need to relocate for very burdensome treatment. T

In the broader Australian population during the 20th Century, Group A Streptococcal (GAS) infection largely declined as a result of improved standard of living and housing conditions⁴³.

But this was not the case for Indigenous Australians. In Indigenous communities, Group A Streptococcal (GAS) contribute to the excess burden of ill-health. GAS infections continue to remain at unacceptably high rates in remote Australia, on par and higher than those in international low-income settings⁴⁴. This in turn is driving very high rates of rheumatic heart disease with the NT (with 1% of the Australian population) comprising 42% of all the cases of rheumatic heart disease in Australia- nearly all in Aboriginal people) Mortality rates from RHD in indigenous Australians are the highest reported in the world.

Rheumatic Heart Disease Australia (RHDAustralia), based at Darwin’s Menzies School of Health Research, refers to Group A Streptococcus (Strep A/GAS) is one of the deadliest of infections on this planet⁴⁵. Yet it is one of the most neglected infections in terms of burden of

⁴¹ Sydney Morning Herald, 17 June 2022, Heat, Shoddy Homes and Unreliable Power Leave People Weak in Remote NT

⁴² Phillipa J May, Asha C. Bown and Jonathan R Carapetis, September 2016 [The inequitable burden of group A streptococcal diseases in Indigenous Australians | The Medical Journal of Australia \(mja.com.au\)](https://www.mja.com.au)

⁴³ [Ibid](#)

⁴⁴ Ralph AP, Carapetis JR. Group A streptococcal diseases and their global burden. *Curr Top Microbiol Immunol* 2013; 368: 1-27.

⁴⁵ [An Australian effort to accelerate a Strep A vaccine candidate into clinical trials in Australia. | Rheumatic Heart Disease Australia \(rhdaustralia.org.au\)](https://rhdaustralia.org.au)

disease. In the Northern Territory in Aboriginal communities, May et al. (2016) note that poverty, household overcrowding and distance from health care services are the main drivers⁴⁶.

I have explained above, it is more logical to explain it earlier, I would delete below paragraph

A strep bacterium causes strep throat which can lead to rheumatic heart disease, rheumatic fever and impetigo. People cannot catch rheumatic fever from someone else because it is an immune response and not an infection⁴⁷. However, people with a Group A strep infection can spread the bacteria to others. These infections can be a precursor to acute rheumatic fever, heart disease and chronic kidney disease in later life.

A holistic perspective/approach is needed to ensure that housing promotes health and wellbeing and helps to reduce the burden of disease for Aboriginal communities.

"The lack of available and affordable housing creates crowding, that in turn impacts on the functionality of housing infrastructure and on the mental health of the householders. A 2016 report noted that psychological stress from living in crowded conditions contributed to family violence" (Nash and Memmott, 2016).⁴⁸

The research shows that to support clinical advances, the top priority remains the need to improve the quality of housing and access to health care that continue to disadvantage remotely living Indigenous Australians. These are the underlying reasons for the inequity in Group A Strep outcomes that continue today.⁴⁹

Diseases of Poverty: Group A Streptococcus Bacteria

Most of this could go as it is explained above but it stuffs up the reference

Acute Rheumatic Fever and subsequent rheumatic heart disease (RHD) are the most severe and life threatening post-streptococcal diseases. Mortality rates from RHD in indigenous Australians are the highest reported in the world⁵⁰. This association is significant as post-streptococcal glomerulonephritis (PSGN) and rheumatic fever can lead to chronic kidney disease (Garcia-Garcia et al., 2017) and rheumatic heart disease (Kerdemelidis et al., 2010) respectively.

Acute post-streptococcal glomerulonephritis (APSGN) in childhood increases the risk of chronic kidney disease later in life⁵¹. In the Northern Territory, 32.4 percent of Indigenous

⁴⁶ Ibid, Phillipa J May, Asha C. Bown and Jonathan R Carapetis, September 2016 [The inequitable burden of group A streptococcal diseases in Indigenous Australians | The Medical Journal of Australia \(mja.com.au\)](https://www.mja.com.au)

⁴⁷ USA Centers for Disease Control and Prevention, 2022, Group A Streptococcal (GAS) Disease, Rheumatic Fever: All You Need to Know.

⁴⁸ Page 15 of *Pilyji Papulu Purrakaj-ji (Good housing to prevent sickness): a study of housing, crowding and hygiene-related infectious diseases in the Barkly Region, Northern Territory* [UQaed175a OA.pdf](#)

⁴⁹ Ibid

⁵⁰ [The inequitable burden of group A streptococcal diseases in Indigenous Australians | The Medical Journal of Australia \(mja.com.au\)](https://www.mja.com.au)

⁵¹ [The inequitable burden of group A streptococcal diseases in Indigenous Australians | The Medical Journal of Australia \(mja.com.au\)](https://www.mja.com.au)

adults had chronic kidney disease (CKD) (12,000 adults), compared with 7.9 percent of the total adult population in NT (KHA, 2016).

Indigenous adults living with signs of chronic kidney disease in remote (28 percent) and very remote areas (37 percent) are higher than their Indigenous counterparts in major cities (12 percent) (KHA, 2016).

Unless there is some point to below, i would take out - tennant creek does have very overcrowded housing so could be linked bt otherwise not clear why here?

Earlier research on end-stage renal disease noted in 2001 that the highest incidence in the NT was Tennant Creek, Aputula and Jabiru (Cass

Increased spread of infectious diseases including hygiene-related and respiratory. Definition of pathogenic microorganisms e.g. bacteria, viruses, fungi and parasites).

- a. Prevalence of infectious skin diseases such as scabies, boils, impetigo.
- b. Impetigo is most common in children aged 2 to 5 years old⁵².
- c. Also scabies, crusted scabies.

Repeated infections develop into chronic diseases that limit growth with stunting and wasting, blindness, rheumatic heart disease, renal failure, anaemia and kidney disease (Foster, 2017, Bailie and Wayte, 2006, DPMC, 2017).

The RACGP reference lists conditions associated with overcrowding, perhaps some of the above could be taken out, or put in that section,

Disease of Poverty: Trachoma

Australia is the only developed high-income country in the world where trachoma is endemic⁵³. This is a communicable disease, a disease of the eyes, found in the poorest areas in the world and usually facilitated by inadequate housing and overcrowding.

Trachoma is the leading cause of preventable infectious blindness and a significant health issue for Aboriginal communities. Trachoma exists in endemic rates in Aboriginal communities. Blindness from trachoma is irreversible⁵⁴.

The daily living conditions for many remote communities, as outlined in this submission, may often include a lack of infrastructure in homes and remote communities to support infection control measures, such as safe clean water for face washing. Unlike urban centres, there is a lack of community facilities (chlorinated) to support efforts to reduce infection spread.

Benefits of Housing Maintenance Programs

Maintenance programs are noted as the fastest and most practical way to reduce health impacts. But high levels of crowding also reduced potential beneficial outcomes.

⁵² CDC USA [Impetigo: All You Need to Know | CDC](#)

⁵³ Australian Trachoma Surveillance Report 2020, Aboriginal and Torres Strait Islander Health Program Global Health Program, The Kirby Institute, UNSW Sydney WHO Collaborating Centre in Trachoma, 2022

⁵⁴ World Health Organization, Fact Sheet on Trachoma, 5 October 2022

Some housing maintenance programs have had limited success in reducing hygiene-related infections for a number of reasons (DPMC, 2017). There have been calls for cyclical housing maintenance programs to be implemented (Ali et al., 2018, Foster and Hall, 2019a, Habibis et al., 2018). Evidence from the national Fixing Houses for Better Health program (McPeake and Pholeros, 2006) showed that 66 percent of health consequences could have been prevented by routine maintenance.

It was further detailed in Pholeros and Phibbs (2012) that cyclical maintenance programs may be successful if the target community is involved in the planning and implementation of the program."

Impact of Antimicrobial Resistance

There is a very high rate of antibiotic usage in NT Aboriginal communities. It is likely that most of this is appropriate given the very high rate of bacterial infections that require antibiotics. Unfortunately this high usage is driving antibiotic resistance. The rates of MRSA (Multidrug resistant Staphylococcal aureus) are significantly higher than other areas in the country(57). When standard antibiotics do not work, more toxic and expensive antibiotics are required. This increases the need for hospitalisations and increases the risk of poor outcomes. Recently approved NT clinical guidelines are now suggesting that these antibiotics be placed in remote communities to reduce the risk of death from severe sepsis. As a prominent infectious disease specialist said at a recent lecture to doctors working in remote communities, we are treating the failure to invest in social determinants with antibiotics and this is unsustainable.

The rest could probably be deleted.

Antimicrobial resistance, and the conditions that give rise to it, is another consequence of deep poverty but one which has received scant attention. This is an urgent situation and highly problematic. Unless you address the social determinants of health including housing and people's daily living conditions that give rise to poor health outcomes, this situation will remain so.

Antibiotic or antimicrobial resistance in remote Aboriginal communities is more challenging than elsewhere, given the deep burden of disease arising from Group A Strep bacteria and the impact of poor housing conditions.

"At any one time, 45% of children will have impetigo, up to 80% of infants aged under 1 year will be hospitalised for a lower respiratory tract infection, 66% of children will present with otitis media before 5 years of age, and 75% of all community members present with skin and soft tissue infections each year..."⁵⁵

When the bacteria Staphylococcus aureus, which causes skin and soft tissue infections,

⁵⁵ Asha C Bowen, Kathryn Daveson, Lorraine Anderson and Steven YC Tong, 2019, An urgent need for antimicrobial stewardship in Indigenous rural and remote primary health care, Med Journal of Australia; 211 (1): 9-11.e1. | | doi: 10.5694/mja2.50216

becomes resistant to the antibiotics regularly prescribed to treat these Group A Strep infections, it leads to methicillin resistant *S. aureus*, or MRSA⁵⁶ in patients.

The prevalence of MRSA, most predominant in remote Aboriginal communities in the Northern Territory, means that people cannot be treated with the standard simple antibiotics for treatment. Instead, they require heavy duty antibiotics for common skin and soft tissue infections and that comes with serious side effects.

Antimicrobial resistance can cause common infections, that would have normally respond to simple antibiotics, to spread to the bone, lung, heart or other organs and take longer to heal or lead to other health problems. If sickness persists, it can result in a remote patient being flown far from home for treatment, a situation that separates a person from their family and their cultural supports and is not easy for Aboriginal families to make.

The rates of MRSA in the Northern Territory are significantly higher than elsewhere in the country⁵⁷.

Lack of Family and Support Services

Remote Aboriginal communities, often with English as a second or third language, are severely disadvantaged when it comes to receiving family support in their times of need. The urgent needs of families, including men, women and children, are simply not adequately addressed on country because there are usually no essential support services to address family needs, addiction or mental health issues.

For example, when incidents of domestic and family violence, or drug addiction, or mental health and self-harm such as suicide arise, the only service available is police and the local clinic. They are expected to be all things to the community. There are limited drug and alcohol services available to remote communities in their own country.

When a suicide takes place or women and children need protection, there are limited options for remote communities to seek support in a timely way. This is compounded by the lack of essential infrastructure. There are finite police resources and access to emergency services may be difficult due to a lack of internet connections. homelands may not have internet connection. In the case of domestic violence or child protection, a police officer will drive women and children to the nearest women's refugees which is three or four hours away.

The closure of some Northern Territory Government health clinics in Central Australian remote communities due to staffing issues, along with the withdrawal of policing services, has caused many to move to regional centres.

Lack of Essential Infrastructure in Remote Communities

In addition to the lack of family and support services for support services, and the poor drinking water quality in many remote communities, many communities experience inadequate sewage systems that flood during the Wet Season, for example. The pattern of

⁵⁶ Ibid

⁵⁷ Ibid

under-investment in the infrastructure of remote Aboriginal communities is troubling to see.

Many communities have inadequate public services and infrastructure at the most basic levels. One example is the unsafe roading conditions on unsealed roads in the Northern Territory on route to remote communities is another safety hazard for remote communities. These conditions are worsened during the Wet Season often cutting off access to remote communities.

During all seasons, phone and internet outages are common experiences, sometimes for days and weeks at a time, putting people's lives and health at risk during health emergencies and when a domestic incident arises⁵⁸. Compounding these realities are the economic hardships facing communities paying for services they do not receive⁵⁹.

Furthermore, Internet connection is not a reality for most households. The digital divide is starkly illustrated with only 18 percent of very remote indigenous households connected to the Internet, and only 41 percent of all Indigenous households in the NT⁶⁰.

Employment and Income Support

The Community Development Program (CDP) has directly deepened poverty in remote Aboriginal communities through its coercive and punitive implementation that has penalised breaches and caused many to drop off benefits and not reengage. The income being lost to individuals and communities is significant. This needs urgent action as a matter of priority to ensure people are identified and signed up to the benefits they should be receiving.

Currently the CDP includes two core services: Work for the Dole and "Basic Service". Three quarters of the approximately \$268.5 million invested in CDP goes into payments to providers to deliver Work the Dole. The Work for Dole is clearly not work, and often participants are paid at a lower rate, far less than the minimum wage⁶¹. There is great injustice in forcing people, among the poorest in the country, to work for \$11 per hour or less.

Indigenous people across remote Australia are often locked out of employment and opportunities to upskill. But there is an enormous amount of work to do in remote communities. Existing policy systems keep people in the welfare system, rather than employing them to do this work.

Government data shows that Aboriginal people in very remote NT have the lowest median personal weekly income of any state. In the 2016 Census, NT was 28.5% lower than the average for other states. Non-indigenous people in very remote NT have 25.1 percent higher

⁵⁸ ABC Alice Springs, 9 June 2022, Phone, internet outages in remote Central Australia leave residents without access in emergencies.

⁵⁹ ABC Alice Springs, 12 July 2022, Outback Australians say they're being ripped off by phone and internet plans that don't deliver

⁶⁰ Bruce Wilson, 2013, A share in the future. Review of the Indigenous Education in the Northern Territory,

⁶¹ APONT 20017 Submission on Fair Work Strong Communities Proposal.

median weekly personal income. The Northern Territory ranks the lowest in the unemployment and economic participation rates in 2016⁶².

As advocated through APONT's 2017 submission on Fair Work Strong Communities proposal, the Aboriginal sector offers a new approach, an Indigenous-led development of remote communities. We recommend APONT and Central Land Council recommendations in their submissions to the Committee. We also refer to AMSANT's 2017 submission to the Senate Finance and Public Administration Committee in relation to the Community Development Program (CDP).

This is one of the shortest sectors yet this is on poverty - should it be expanded what about increasing unemployment benefits? They are below the poverty line.

There is a very strong emphasis on remote communities, many of our services operate in towns where there is also poverty

Education

Neglect, under-funding and undermining of bilingual and cultural programs have impacted **disastrously** on the educational outcomes for generations of Aboriginal children, particularly in remote communities.

Culture and language should be embedded in the NT Education system given that 30 percent of the total population are Aboriginal, 58 percent of the Northern Territory Aboriginal population live in very remote areas and many Aboriginal children speak two or three other languages.

Language is a vehicle that allows a culture to exist. The importance of culture is highlighted in the observation that "in the context of societies with dominant and minority cultures, such as Australia, the widespread and persistent suppression of minority cultural practices causes severe disruption, making our communities susceptible to trauma, collective helplessness and endemic maladaptive coping practices."⁶³

Conclusion

Should we have a few key recommendations

Immediately increase unemployment benefits

CDEP

Upscale housing investment and increase Aboriginal input /control over housing

The Northern Territory ...final closing sentence that pull it all together e.g.legacy of unjust government policies, laws, mistreatment and social determinants of health.

AMSANT thanks the Senate Committee for this opportunity to submit on this Inquiry. We welcome the opportunity to discuss any part of this submission, if required.

⁶² Peter Gregory, 2022, The Territory's Gap: comparing Australia's remote Indigenous communities, Analysis Paper 39, Indigenous Research Forum, The Centre for Independent Studies.

⁶³ Cooper, David, 2011, 'Closing the gap in cultural understanding: social determinants of health in Indigenous policy in Australia', Aboriginal Medical Services Alliance NT, Darwin.

Commented [VR25]: 1st paragraph is from David/Liz.

Commented [VR26]: I haven't included these in the submission after reading CLC's SUB. Justice and Impact of Incarceration and Policing

We refer to previous AMSANT submissions to provide a fuller response to this. We cannot consider poverty and health without considering the impact of incarceration and policing on health, housing and employment. It is a multi-faceted and complex space.

Legacy of Unjust Government Policies and Laws

"Policies and investment patterns reflecting the urban-led growth paradigm (Vlahov et al., 2007) have seen rural communities, suffer from progressive underinvestment in infrastructure and amenities, with disproportionate levels of poverty and poor living conditions." (p.4, Ibid)

ENDS

Appendix 1 Members

AMSANT's full members are Aboriginal Community-Controlled Health Services with an incorporated Board and a sole focus on primary health care service delivery, as follows:

Member	ACCHS	Region	Geography
Full	Ampilatwatja Health Aboriginal Corporation	Alyawarr – Utopia	Central Australia Ampilatwatja and 2 outstations: Irrultja, Atnwengerrp
Full	Anyinginyi Health Aboriginal Corporation		Barkly region & Tennant Creek
Full	Central Australian Aboriginal Corporation (CONGRESS)		Alice Springs and 6 remote communities: Amoonguna, Ntaria (and Wallace Rockhole), Ltyentye Apurte (Santa Teresa), Utju (Areyonga) and Mutitjulu.
Full	Danila Dilba Health Service Aboriginal Corporation		Darwin region
Full	Katherine West Health Board		Katherine West
Full	Mala'la Health Service Aboriginal Corporation		Maningrida and homelands
Full	Miwatj Health Aboriginal Corporation		East Arnhem
Full	Peppimenarti Health Association		Peppimenarti and outstations
Full	Pintupi Homelands Health Service		Walungurru/Kintore
Full	Red Lily Health Board Aboriginal Corporation		West Arnhem
Full	Sunrise Health Aboriginal Corporation		Katherine East
Full	Urapuntja Health Aboriginal Corporation	Alyawarr Anmatyerre, Utopia	Urapuntja, Utopia and homelands

