EXECUTIVE SUMMARY

In 2006, the 17-year gap in average life expectancy between Indigenous and non-Indigenous people, the extreme poverty in which Aboriginal people in the Northern Territory were living, and problems of abuse and violence towards children, women and other members of communities had been the subject of multiple reviews and reports by governments and communities over decades. In August 2006 the Northern Territory Government established another review to report on ways that all tiers of government and non-government agencies might contribute to preventing and tackling child sexual abuse among Aboriginal children.

The final report of that inquiry was entitled *Ampe Akelyernemane Meke Mekarle* 'Little Children are Sacred' (Wild, Anderson 2007) and was presented to the Chief Minister of the Northern Territory Government on 30 April 2007. The first recommendation of the *Ampe Akelyernemane Meke Mekarle* 'Little Children are Sacred' report was:

> *'... that child abuse and child sexual abuse be designated as an issue of urgent national significance by both the Australian and Northern Territory Governments, and that both governments immediately establish a collaborative partnership with a memorandum of understanding to address specifically the protection of Aboriginal children from sexual abuse. It is critical that both governments commit to genuine consultation with* ***Aboriginal people in designing initiatives for Aboriginal communities.'*** *(emphasis added) (Wild, Anderson 2007, p. 7)*

However, the response of the Northern Territory Government was limited. The report was released publicly on 15 June 2007. The Federal Minister for Families, Community Services and Indigenous Affairs, Mal Brough MP, announced his commitment to working with the Northern Territory Government to reduce violence and child abuse in the NT (Brough, 15 June, 2007).

But on 21 June 2007 (less than a week later), the then Prime Minister, John Howard MP, said that the Australian Government was unhappy with the response of the Northern Territory Government. On that day, the Minister (Mal Brough) announced, on behalf of the Australian Government, a 'national emergency response to protect Aboriginal children in the NT' (Brough, 21 June 2007). Among the eleven emergency measures to be included in the response were compulsory child health checks and significant welfare reforms.

This announcement was followed, in August 2007, with the passage of five Acts:

- the NT National Emergency Response Act 2007;
- the Families, Community Services and Indigenous Affairs and Other Legislation Amendment (Northern Territory National Emergency Response and Other Measures) Act 2007;
- the Social Security and Other Legislation Amendment (welfare payment reform) Act 2007 and
- two Appropriation Acts - Appropriation (Northern Territory National Emergency Response) Act (No. 1) 2007-2008; and Appropriation (Northern Territory National Emergency Response) Act (No. 2) 2007-2008.

It was possible for the Australian Government to enact such legislation under Section 122 in Australia's Constitution that gives full plenary power to them in relation to the Territories. Provisions in three of the Acts were deemed by the Government to be special measures, and therefore, a rationale for the suspension of Part II of the Racial Discrimination Act (RDA), 1975 (Magarey, Spooner, et al, 2007, p 22 - 26).

There was some general support for the levels of political commitment and resources linked to what was called the Northern Territory Emergency Response (NTER). However, many people and organisations were concerned about the processes through which the NTER was developed and implemented, and some of its major provisions. Major concerns included the use of the Army to lead implementation, the suspension of sections of the Racial Discrimination Act (1975), compulsory income management for all adults in prescribed communities who were receiving welfare payments, and compulsory health checks for children.

The Australian Indigenous Doctors' Association (AIDA), in collaboration with the Centre for Health Equity Training, Research and Evaluation (CHETRE)

at the University of New South Wales (UNSW) and with financial support from the Fred Hollows Foundation, undertook a health impact assessment (HIA) of the NTER.

The purpose of the HIA is to predict what are likely to be positive, negative and/or unintended health consequences of the NTER, using a combination of evidence from a variety of sources.

The measures of the NTER outlined in the legislation, in associate media releases, and the *NTER: One Year On* report (Department of Families, Housing, Community Services and Indigenous Affairs, 2008) were assessed for their predicted health impacts based on the findings of community meetings with more than 250 Aboriginal people living in the prescribed communities, interviews with 25 Aboriginal and non-Aboriginal stakeholders, and a series of commissioned expert reviews.

DEFINITION OF HEALTH

In undertaking the assessment the HIA team acknowledged the importance of working within an Aboriginal understanding of health and wellbeing and a global human rights approach.

In 1978 the Declaration of Alma-Ata had established international agreement

> *'that strongly affirmed that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector.' (Declaration of Alma-Ata, 1978).*

The National Aboriginal Health Strategy (National Aboriginal Health Strategy Working Party, 1989) went on to define Aboriginal health as:

> *'... not just the physical wellbeing of the individual but the social, emotional, and cultural wellbeing of the whole community. This is a whole of life view and it also includes the cyclical concept of life-death-life.'*

This was expanded upon in a definition developed by Swan and Raphael (1995).

> *'The Aboriginal concept of health is holistic, encompassing mental health and physical, cultural and spiritual health. Land is central to wellbeing. This holistic concept does not merely refer to the 'whole body' but in fact is steeped in the harmonised inter-relations which culturally constitute wellbeing. These inter-relating factors can be categorised largely as spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially it must be understood that when the harmony of these inter-relations is disrupted, Aboriginal ill-health will persist.'*

In this HIA a contemporary Aboriginal definition of health has been used. The Dance of Life was developed by Professor Helen Milroy[2] and consists of five dimensions – cultural, spiritual, social, emotional and physical – within which are a number of layers that reflect historical, traditional and contemporary influences on health. This concept emphasises the intersection of both the layers and dimensions which creates the interconnectedness for a whole of life approach to Aboriginal wellbeing.

In line with Professor Milroy's model and in keeping with the earlier definitions of the health and wellbeing of Aboriginal peoples, this HIA has used a multi-dimensional schema to define health.

The five dimensions included in the framework are: physical health, psychological health, social health and wellbeing, spirituality, and cultural integrity.

The Australian Government's proposed intention in implementing the NTER placed heavy emphasis on improving physical health and improving the social and environmental determinants of health as a means to achieve improved child health outcomes (in particular) in Aboriginal communities in the Northern Territory. It is likely that new sustained investments in material resources including education, housing, and health care services and delivery, for example, will make a significant contribution to improved physical health for some people.

However, the ways in which the NTER was introduced and is being implemented are likely to contribute to the high burden of trauma and disease

2 Professor Helen Milroy is the Director of the Centre for Aboriginal Medical and Dental Health (CAMDH) at the University of Western Australia.

already carried by Aboriginal people across generations. The HIA predicts that any improvements in physical health may be outweighed by negative impacts on the psychological health, spirituality, and cultural integrity of almost all the Aboriginal population in prescribed communities (and, arguably, in the NT). The loss of trust in government will limit the ability of governments and communities to work together effectively in the future. The NTER does not recognise the need for all Australians to be able to value and work across Aboriginal and non-Aboriginal cultures, and has overlooked the centrality of human dignity to health (Durie, 2008).

The HIA predicts that the intended health outcomes of the NTER (improved health and wellbeing, and ultimately, life expectancy) are unlikely to be fully achieved through the NTER measures. It is predicted that it will leave a negative legacy on the psychological and social wellbeing, on the spirituality and cultural integrity of the prescribed communities. However, it may be possible to minimise or mitigate these negative impacts if the Australian and NT governments commit to and invest in taking the steps necessary to work in respectful partnership with the Aboriginal leaders and organisations responsible for the governance of the prescribed communities in the NT.

The principal recommendations arising from the HIA are based on the evidence (from communities, stakeholders and experts) that it is essential to find ways to work together as equals.

SUMMARY OF FINDINGS

Due to the complex nature of the Intervention and our limited resources we focused on issues that were identified by community members and stakeholders as being likely to have the most significant impacts on the health of the populations in the prescribed communities. These were also issues for which routinely collected data were available to contribute to the assessment. The issues were: external leadership, governance and control, compulsory income management, housing, education, alcohol restrictions, prohibited materials, and child health checks.

The following table summarises our major recommendations in three groups:

- measure should be stopped;
- measure is unlikely to be effective in the long term; and
- proceed with caution where we believe there is the likelihood of health improvement if Aboriginal people are actively engaged, there is sustained investment of resources and there are substantial changes to the implementation of the measure.

The evidence on which this is based is set out in more detail in the main report.

SUMMARY OF RECOMMENDATIONS FROM THE HIA

Rating	NTER MEASURES	POTENTIAL HEALTH IMPACTS	RECOMMENDATIONS
STOP	**External leadership, governance, and control**	- Profound long-term negative impacts on psychological health, social health and wellbeing and cultural integrity. - Profound long term negative impacts on ability of government to work with Aboriginal communities to achieve shared objectives.	- Reinstate Section 9 of the Racial Discrimination Act - Invest in Aboriginal organisations and leaders to establish Aboriginal-defined governance structures and processes - Establish respectful partnerships between communities and government
STOP	**Compulsory income management**	- Profound long-term negative impacts on psychological health, social health and wellbeing and cultural integrity.	- Stop compulsory income management - Target income management for proven abuse or neglect or non-compliance with school attendance or other welfare requirements - Provide a voluntary option for income management (opt in) - Costs to be borne by government, not families
Unlikely to work	**Alcohol restriction***	- Short-term reductions in alcohol supply may not be sustained.	- Acknowledge and invest in successful existing community-driven initiatives - Invest in evidence-based interventions developed with focus on harm minimisation and reduction in demand as well as supply.
Unlikely to work	**Prohibited materials***	- Negative impact on cultural integrity and wellbeing of Aboriginal men	- Change signage - Develop plans with communities - Implement evidence-based interventions with community leadership
Proceed With Caution	**Housing†**	- Potential for health improvement if communities are involved and if there are changes in the ways programs are implemented.	- Aboriginal communities actively involved in decisions on design, location and construction of new housing - Priority housing given to community members for a defined period - Ensure National Partnership Agreement on Remote Indigenous Housing Agreement benchmarks are met
Proceed With Caution	**Education†**	- Potential for health improvement if communities are involved and if there are changes in program implementation.	- Have all Aboriginal children enrolled in a school - Engage parents/principals/ children in school retention initiatives - Develop and mentor people on pathways to employment - Ensure that benchmarks in National Education Agreement (COAG) are met.
Proceed With Caution	**Child Health Checks†**	- Potential for health improvement if communities are involved, if funding for integrated primary health care is recurrent and long-term, and if there are changes in the processes of implementation	- Support and expand primary health care services with increased access to specialist services - Support existing initiatives - Ensure recurrent funding - Engage community leadership in service development, management and review - Continue to invest to achieve the outcomes agreed in the Indigenous Early Childhood National Partnership Agreement

*Measures unlikely to work because they are not based on evidence of (i) which interventions are/aren't effective in Aboriginal communities and (ii) what interventions are required to bring about the desired change.
†Proceed with caution and commitment to long-term investment of resources in building community and organisational capacity.