



Australia's National Institute for Aboriginal and
Torres Strait Islander Health Research

**Children's Healthcare Australasia (CHA)
National Rural Health Alliance (NRHA)**

2016 Conference:
Caring for Country Kids

Building the Foundations for Better Lives for Country Kids

By

Pat Anderson

**Chairperson,
The Lowitja Institute**

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Good morning brothers and sisters, ladies and gentlemen

I begin by acknowledging the Arrernte people, traditional owners of the land on which we are meeting today.

I would like to thank Children's Healthcare Australasia and the National Rural Health Alliance for inviting me to speak to you this morning.

I have been asked to share my thoughts on how to improve the health and well-being of Aboriginal and Torres Strait Islander children in remote and regional Australia.

Obviously, there is no simple way to do this.

We need action in a whole range of areas and at all levels.

We need action at the local community level to address the health needs of our kids, such as the kind of programs that June and Emily run in Fitzroy Crossing.

We need appropriately designed research to inform service delivery and policy-making, as Kerry has been talking about.

We need integrated, high quality comprehensive primary health care – delivered under Aboriginal community control – as delivered by Central Australian Aboriginal Congress here in Alice Springs.

We need all of these things.

But today, I want to add a couple of further things Australia needs to consider if we are to see our children grow up happy and healthy as accepted and valued members of the Australian community.

The first is a consistent policy and program approach to health and wellbeing, one which is based on the evidence of what we know works, but which is flexible enough to take account of local knowledge.

And the second is the need for a process of genuine reconciliation between Aboriginal and non-Aboriginal Australia, to re-set the foundations of what has been a profoundly damaged – and damaging – relationship between Australia's First Nations and those who have come after.

In speaking today, my focus will be on the needs of Aboriginal and Torres Strait Islander children living in rural and remote Australia.

It is those kids that I, as Chairperson of the Lowitja Institute, Australia's national Aboriginal and Torres Strait Islander research organisation, know about and am empowered to speak about.

However, we should not forget the needs of non-Aboriginal children in the bush.

All children – wherever they live, whatever their racial or cultural background – have a right to good health, to a proper education, to a nurturing and safe home, and to a supportive community environment.

We know that families living in rural and remote areas have worse health than those in Australia's cities.

Their health and wellbeing needs, and their need for access to quality health services, need to be addressed as well.

In this context I should mention the importance of Aboriginal Medical Services for the health of all people in rural and remote areas.

AMSs have been set up by Aboriginal communities (not government) to provide better, more appropriate primary health care services to Aboriginal people.

However, often they are the only available medical service for anyone, as the market-driven, private GP-led model frequently breaks down once you get away from the cities and the coast.

And while their primary focus must remain on their own community, and although they are not funded to do so, some AMSs are able to provide services for non-Aboriginal people.

This is an example of true, empowered reconciliation in action.

This matter aside, the evidence tells us that the needs of Aboriginal children in remote and rural Australia are particularly acute.

You all know the health statistics and I don't intend to repeat them here.

But those statistics about low birth weight, higher rates of childhood disease and higher rates of hospitalisation are just the tip of the iceberg.

They are driven by deeper social determinants of health, and if we are going to turn around the health statistics, yes, we need access to better, more appropriate health services – especially through AMSs in my view.

But we also need to address these deeper drivers of ill health.

For example, in education, a key determinant of health over the life span: school attendance rates for all Australians are highest in the cities and lowest in very remote areas – and the gap in attendance between our children and their non-Aboriginal classmates widens as remoteness increases¹.

Another example, poverty: Aboriginal people living in remote or very remote areas are much more likely to be living in real, grinding poverty.

And again, housing: over half of Aboriginal households in remote or very remote Australia are overcrowded, and a high proportion of those houses do not have working facilities for maintaining health.

And there are other, less easily measurable factors behind the poor health statistics – discrimination and racism, and exclusion from the life of the nation.

All these issues begin acting on the life of children before they are born, and powerfully shape their health and wellbeing throughout their lives.

Of course, there are some advantages to being a young Aboriginal person in the bush.

Kids out bush are more likely to spend time with a leader or Elder in the community; they are more likely to recognise, live on or have access to their traditional country or homelands.

These 'cultural determinants', connections to culture and country, help protect our kids and young people as they grow up, giving them a sense of self and belonging and spirituality which can offset some of the other social determinants.

But overall the picture is a hard one, and addressing it is complex.

It is not easy.

It means putting programs in place, adapting them with local Aboriginal input and control, building the trust and relationships that are at the heart of success, and learning the lessons of what is working and what needs to be changed

This is why the first key thing we need if we are serious about improving the health and wellbeing of our children in country Australia is consistent, evidence-based policy from Government.

But what we don't need is, unfortunately, what we have had for the last ten years.

Over this time, we have seen increased investment of government dollars in housing and health and a range of other services.

This has been a welcome corrective to decades of under-resourcing, and has gone some way towards ensuring funding matches needs.

However, beginning with the Intervention in 2007, we have seen the rolling out of waves of policies and programs which have seemed to be driven as much by ideology and wishful thinking as evidence.

They certainly haven't been driven by Aboriginal and Torres Strait Islander communities.

The Intervention itself included numerous provisions for which there is little or no evidence and not surprisingly little support on the ground – for example compulsory acquisition of townships, punitive welfare changes, and compulsory health checks.

In addition to the lack of an evidence base, there has been constant, frenetic change.

Successive governments have continually modified and updated the Intervention, with major changes in 2008, 2012, and 2014.

Then there has been the national Close the Gap programs, which provided welcome further investment but with their own goals and targets and processes.

And finally, we have suffered under the Indigenous Advancement Strategy – the sixth major change in Indigenous Affairs in fifteen years².

This profoundly misguided attempt to centralise Federal Government funding processes for all things Aboriginal, here in the Territory led to the NT Government receiving a quarter of available funding.

We have constant change and an atmosphere of busy-ness and frantic activity.

It appears that everyone is expected to get things done before the next wave of policy and program changes roll over the horizon like a tsunami.

Lots of energy is expended, but little is achieved.

It's like government is running really, really fast ... their arms are pumping, their legs are going, but they're running on the spot, they're not getting anywhere.

On top of this, there is a profound distrust of Aboriginal people, of our communities and organisations – and of our knowledge and achievements.

In fact, the only thing that seems to be constant through all these continual changes is an underlying belief that 'self-determination' is a failed policy.

That we, Aboriginal people, are to blame for the situation in which we find ourselves.

That we do not have anything to offer, that we are at best 'risks' to be managed.

We have to deal with a government-driven policy world where the evidence is ignored if it's not in line with someone's latest bright idea; where constant busy-ness and change is a substitute for real progress; and where we, the Aboriginal community, are not recognised as experts in our own lives.

Through all of this, Aboriginal organisations and communities have done what we have always done: we have endured, we have adapted, we have done our best to protect ourselves from the worst of the decisions and to take advantage of what is available where we can.

This situation has, however, undermined the kind of long-term, evidence-based, thoughtful, flexible approach that we need if we are to deal with the challenges of health and wellbeing in our communities.

And we are now beginning to see the results – or rather the lack of results – from this decade of missed opportunities.

Every year, we go to Canberra to listen to the annual Close the Gap Report by the Prime Minister, and every year we are told that, unfortunately, not a lot has changed.

The former Prime Minister Tony Abbott in the 2015 report on the 'Closing the Gap' said that progress has been 'profoundly disappointing'.

The latest 'Close the Gap' figures released by current the Prime Minister³ doesn't significantly change this picture.

And the former head of the Department of the Prime Minister and Cabinet, has been quoted as saying that the effect of the Aboriginal reforms of recent years "has probably been to increase the sense of dependence in the indigenous community whereas we actually have wanted to try to build their capacity to manage themselves."⁴

An independent evaluation of the Intervention and 'Close the Gap' measures has given them five out of ten for education (a bare pass despite all the words and policy and money), four out of ten for health, and two out of ten for supporting self-determination.

These failures have direct impacts on the health and wellbeing of Aboriginal people – including children – especially in regional and remote communities.

Let me be clear that none of this is being driven by malevolence.

Everyone – or nearly everyone – thinks they are operating from a place of good will.

But they know what's best for us: that is the basis on which they make their decisions.

So poor decisions are being made again and again, poor decisions that are driven by a set of assumptions that are frequently unspoken.

We can't afford to continue down this path.

We need a policy and program approach in Aboriginal health which is consistent, evidence-based and which ensures Aboriginal input and control.

We can't keep going back to the beginning every time there is a new government or a new Minister.

This brings me to the second thing we need to improve the health and wellbeing of our children.

At the political level, we have a multi-party commitment to Closing the Gap.

But that commitment needs to be more than a bland assurance every year that there are some minor improvements.

We need to put this issue at the centre of the life of the nation state.

We need some kind of foundation document that is mature enough and sophisticated enough to set out a set of principles that can guide policy not just for the life of a particular Government, but over the long-term.

Currently, we have an opportunity to do this through a process to substantively amend of Australia's constitution.

A strong, popularly understood and accepted amendment of this kind would be a key foundation for the kind of policy stability we need.

It would establish an enduring relationship between us and our representative structures and the Federal Government.

If we look overseas, to First Nations peoples in Canada or New Zealand or the United States, where treaties have been signed with central governments, generally their health and wellbeing is better⁵.

Such treaties have enabled the establishment of direct and stable relationships between First Nations and government, and this has been a key driver for more consistently effective policy, better services, and ultimately better health and wellbeing.

This is why I believe that constitutional change is important for the health and wellbeing of Aboriginal and Torres Strait Islander children into the future.

I would argue that a substantive amendment to the constitution, one that does more than just symbolically recognise our existence, would have other profound effects on the life and future of our children and young people.

It would help to fundamentally re-set the relationship between Aboriginal and non-Aboriginal Australia.

It would help us, as a nation, to get over this idea that Aboriginal experiences and ideas don't count.

That we are somehow invisible.

Because this is what so many of us experience throughout our lives, and continue to experience every day.

Many of our children grow up not feeling able or welcome to participate in the life of the nation state.

Outbursts of public racism – such as have surrounded Adam Goodes recently, or which seem to flare up around Australia Day every year – are internalised by many children and young people.

Put simply, they don't feel that their unique perspective will be welcomed.

They hear, instead, that they are a 'problem', 'a burden' and that the dysfunction they see around themselves is their own fault or that of their families or people.

Add poverty and a lack of educational opportunities from an under-resourced education system, add the effects of unresolved intergenerational trauma well, it is no wonder that you see the kind of appalling rates of incarceration of young Aboriginal people that you see today in the Northern Territory. Under the barrage of continually changing government initiatives, few of which have any genuine commitment to local management and control, I

know that in many places, Aboriginal people feel marginalized from the decision-making processes in their own communities, even in their own families.

That crucial sense of communal responsibility, shared interest, and optimism is being undermined.

Those families, organisations and individuals that seek to promote positive change in their communities feel under more and more pressure.

The effect on young people of such an environment is, of course, life-long.

Barak Obama, the President of the United States, described it well in his book, "Dreams From My Father":

I know, have seen the desperation and disorder of powerless: how it twists the lives of children on the streets of Jakarta or Nairobi [or] on Chicago's South Side, how narrow the path is for them between humiliation and untrammelled fury, how easily they slip into violence and despair.

I know that the response of the powerful to this disorder – alternating as it does between a dull complacency and, when the disorder spills out of its proscribed confines, a steady, unthinking application of force – is inadequate to this task.

This describes so well the process we experience in Australia when it comes to the Aboriginal and Torres Strait Islander children and young people.

Addressing that powerlessness and how the nation-state responds to it is truly the biggest challenge we face.

Today, we look back on a decade of where there has been a national focus on the needs of Aboriginal kids in remote communities.

There have been some improvement in funding and resources.

But the reality on the ground has not changed very much.

We cannot continue on this path.

We have to fix this.

And there is a cost to not fixing this that is not just measurable in dollar terms.

Our children and young people have inherited the creativity and adaptability that is embedded in our diverse cultures, and which comes from tens of thousands of years living here.

They have something powerful and unique to offer this nation.

But all that is at risk of being lost forever, if we – our generation – can't fix this for our children and the children to come.

Thank you.

Endnotes

¹ Commonwealth of Australia (2016) Department of the Prime Minister and Cabinet, *Closing the Gap Prime Minister's Report 2016*, page 17

² Nicholas Rothwell, *The Australian* 3 February 2016

³ Commonwealth of Australia (2016) Department of the Prime Minister and Cabinet, *Closing the Gap Prime Minister's Report 2016*.

⁴ Nicholas Rothwell, *The Australian* 3 February 2016

⁵ Kunitz, S J (1994) *Disease and social diversity*. Oxford University Press. Oxford.