

INQUIRY INTO OVERCOMING INDIGENOUS DISADVANTAGE

Organisation: Australians for Native Title & Reconciliation
Name: Mr Gary Highland
Position: National Director

Submission to the NSW Legislative Council Social Issues Committee Inquiry into Overcoming Indigenous disadvantage

by

Australians for Native Title and Reconciliation (ANTaR)

Introduction

At the Council of Australian Governments Meeting in Melbourne on 20th December 2007, the Prime Minister, every State Premier and Territory Chief Minister agreed that the current 17 year gap in life expectancy between Indigenous and non-Indigenous Australians must be closed.

Signaling a new a partnership between all levels of government to work with Indigenous communities, COAG committed to:

- closing the life expectancy gap within a generation;
- halving the mortality gap for children under five within a decade; and
- halving the gap in reading, writing and numeracy within a decade.

At the meeting, the nation's leaders recognised that that closing the gap in health will not be achieved unless simultaneous action is taken to address the social determinants of health such as economic development and improved education outcomes.

The COAG meeting was the culmination of the first stage of a campaign by more than 40 national organisations and 100 thousand Australians to end Australia's Indigenous health crisis.

Launched by former Olympians Catherine Freeman and Ian Thorpe in April 2007, Close the Gap was inspired by the call by Aboriginal and Torres Strait Social Justice Commissioner, Tom Calma in his 2005 Social Justice Report for Governments to commit to closing the Indigenous life expectancy gap within a generation.

As Commissioner Calma pointed out in his report:

There is no greater challenge to the Australian values of decency, fairness and egalitarianism than the inequality in health status between Aboriginal and Torres Strait Islander peoples and the non-Indigenous population.¹

Crucial to the Close the Gap campaign was persuading governments to commit to the deadlines proposed by Commissioner Calma - 10 years for achieving equal access to primary

¹ Tom Calma, *Social Justice Report 2005*, Human Rights and Equal Opportunity Commission, 2006.

health care and health infrastructure and 25 years for achieving equality of health status and life expectation.

The absence of a timeframe and accompanying urgent plan of action has contributed to the failure of past policies and programs to achieve significant improvements in Indigenous health.

As Commissioner Calma explains:

Perhaps the factor that is most striking, in its absence from the current framework, is the lack of a timeframe for achieving Aboriginal and Torres Strait Islander health equality... We should not be timid about setting a timeframe for when the solid commitments of government will be realized. The absence of such timeframes promotes a lack of accountability of governments. It sends a message that it is fine for things to simply drift along.²

Now that this timeframe has been established and agreed upon, it has to be accompanied by measurable action plans that are properly funded.

These plans will have to recognize that increasing Indigenous control and participation in the delivery of health services is crucial. They will also need to take into the account social determinants of health such as housing, education and self-determination.

As the state with the largest population of Aboriginal people in the Commonwealth, New South Wales will be crucial to closing the gap.

Australians for Native Title and Reconciliation (ANTaR) considers that the NSW Legislative Council Social Issues Committee Inquiry into Overcoming Indigenous Disadvantage can play an important role in helping guide the NSW Government on the measures necessary to close the Indigenous life expectancy gap within this state. Given the long term nature of this challenge, all-party support will be essential if the deadline is to be reached.

ANTaR is an Australia-wide, community-based organisation committed to the rights of Australian Indigenous people. It comprises member organisations in the States and Territories. Our mission is to generate in Australia both a moral and legal recognition of, and respect for, the distinctive status of Indigenous Australians as First Peoples and for the protection of the rights of Indigenous Australians, including their relationships to land, the right to self-determination, and the maintenance and growth of their unique cultures.

More than 300,000 people have signed ANTaR's *Sea of Hands* in support of native title and reconciliation.

ANTaR is also a founding member and remains on the Steering Committee of the Close the Gap campaign.

This submission responds to Terms of Reference (a), (b), (d) and (e).

² *Social Justice Report*, p 67

(a) policies and programs being implemented both within Australia (States/Territories/Federal) and internationally aimed at closing the gap between the lifetime expectancy between Aboriginal people and non-Aboriginal people (currently estimated at 17 years), with the assessment of policies and programs including but not limited to: New Zealand, Canada, North America, South America, and also considering available reports and information from key NGOs and community organizations,

Following the 20 December COAG meeting, closing the Indigenous life expectancy gap within a generation is now the policy of every Federal, State and Territory government in Australia.

An Indigenous Reform Working group was established at the COAG meeting chaired by the Commonwealth Minister for Indigenous Affairs and including senior officials from the States and Territories.

The Working Group has been tasked to develop an implementation plan ahead of the March 2008 COAG meeting. From March it will focus on:

- Identification of duplication and overlap between Commonwealth and States with new framing recommendations on roles and responsibilities.
- Ensuring that new Commonwealth/State agreements in health, schools and housing contain specific targets for Indigenous Australians.
- Reducing alcohol and substance abuse and its impact on families, safety and community wellbeing.
- Addressing passive welfare.
- Identifying further joint reforms and implementation timetables by the end of 2008, including in the following areas:
 - basic protective security from violence for Indigenous parents and children;
 - early childhood development interventions;
 - a safe home environment;
 - access to suitable primary health services;
 - supporting school attendance;
 - employment and business development opportunities; and
 - involving local Indigenous people in the formulation of programs that support them.
- Optimal service delivery for small remote communities.

ANTaR urges the Committee to seek a briefing from the COAG Working Group on Indigenous Reform to determine what steps will need to be taken for NSW to successfully contribute to the implementation plan.

Recently, ANTaR helped organise the first ever two-day National Indigenous Health Equality Summit held in Canberra from March 18-20 2008 and attended by more than 100 experts across the Indigenous and mainstream health sector and related fields.

The Summit developed working targets and benchmarks to be used to close the gap in Indigenous life expectancy by 2030. Following the Summit, participants are now working with the Federal Government to develop long term plans of action to overturn existing inequities in health services.

In the lead up to the Summit, the Close the Gap campaign steering committee appointed three policy groups to progress target setting processes with strong evidence bases in the areas of health status targets, primary health care and health infrastructure. The groups are chaired by Dr Ngiare Brown from the Menzies School of Health Research, Dr Mick Adams, Chair of the National Aboriginal Community Controlled Health Organisation and Assoc Prof Noel Hayman, Clinical Director of the Inala Indigenous Health Service.

ANTaR urges the Committee to obtain briefings from representatives of the three Close the Gap campaign Policy Groups to identify those targets which are relevant to the NSW Government's efforts to close the Indigenous life expectancy gap.

On the final day of the National Indigenous Health Equality Summit, the Prime Minister as well as the Federal Health and Indigenous Affairs Ministers signed a Statement of Intent with Indigenous health leaders establishing a formal alliance between the Australian Government and Indigenous peoples to eliminate the gap in life expectancy.

The Statement of Intent commits all parties:

- *To developing a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.*
- *To ensuring primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gap in health standards by 2018.*
- *To ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.*
- *To working collectively to systematically address the social determinants that impact on achieving health equality for Aboriginal and Torres Strait Islander peoples.*
- *To building on the evidence base and supporting what works in Aboriginal and Torres Strait Islander health, and relevant international experience.*
- *To supporting and developing Aboriginal and Torres Strait Islander community-controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.*
- *To achieving improved access to, and outcomes from, mainstream services for Aboriginal and Torres Strait Islander peoples.*

- *To respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable, and of good quality.*
- *To measure, monitor, and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions.*

A full copy of the Statement of Intent is available at: http://www.humanrights.gov.au/social_justice/health/statement_intent.html

ANTaR urges the NSW Government to negotiate a Statement of Intent, complementary to that developed at Commonwealth level, with Indigenous health and health-determinant leaders and organisations in this state.

The Statement of Intent committed the Federal Government to achieving equality of access to primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples by 2018.

On the 7:30 Report that evening, Health Minister, Nicola Roxon explained what is meant by the commitment:

*... what we're talking about here is Indigenous communities, urban, and rural and remote, have access to the high quality health services that other Australians have. That doesn't mean that we have to have a major metropolitan hospital ... every 200 kilometres. That is not possible. But it is possible to have strong, good primary care services across the country. There are already very good services in many communities but they do often need more infrastructure investment and more qualified and skilled health professionals working in them.*³

The emphasis on primary health care is crucial, because lack of access to programs provided out of hospital for prevention and early treatment of illness is one of the key barriers to closing the life expectancy gap.

Experts including Professor Ian Ring consider that up to now, the United States has done better at the provision of primary health care to Indigenous peoples than Australia. As a result, that country has had far more success in closing the life expectancy gap than Australia.

The problem in Australia has not been with individual programs, but with scale. The reach of programs has been inadequate for the levels of illness that Indigenous Australians are experiencing.

We can see this by looking at the two major ways that people access health services in Australia – medical and pharmaceutical benefits. According to Professor Ring, Aboriginal people access these services at only around 30 to 40 percent of other Australians – even though they are three times as sick.⁴

³ ABC Television, *The 7:30 Report*, <http://www.abc.net.au/7.30/content/2007/s2196074.htm>

⁴ ABC Radio National, *The Health Report*, <http://www.abc.net.au/rn/talks/8.30/helthrpt/stories/s744253.htm>

ANTaR considers that Prof Ian Ring, who is based in Sydney, would be a valuable witness for the Committee. We urge the Committee to invite Prof Ring to give evidence to the Inquiry.

ANTaR urges the Committee to determine what barriers currently exist that prevent NSW Aboriginal people accessing high quality, primary health care that meets their needs.

ANTaR urges the NSW Government to develop a costed and measurable action plan to ensure these barriers are overcome by 2018.

On the final day of the National Indigenous Health Equality Summit, the Prime Minister announced that the Federal Government will invest \$19 million over three years in a National Indigenous Health Workforce Training Plan.

This initiative will:

- *support the Australian Indigenous Doctors Association to expand its work of mentoring and networking young Indigenous doctors;*
- *support the Congress of Aboriginal and Torres Strait Islander Indigenous Nurses to expand its network of mentoring Indigenous nurses;*
- *support the Aboriginal community controlled health sector to encourage Indigenous people and students to join the Indigenous health workforce;*
- *provide additional training opportunities for Aboriginal Health Workers, and support for the establishment of a National Aboriginal Health Worker Association; and*
- *support the Leaders in Indigenous Medical Education Network to ensure that Indigenous health is expanded into the curriculum in medical, allied health and nursing schools.⁵*

ANTaR welcomed this announcement because dramatically increasing the Indigenous health workforce is crucial to closing the gap. At the present time there are currently around 90 Aboriginal and Torres Strait Islander doctors, 100 Aboriginal and Torres Strait Islander medical students and one Indigenous surgeon in Australia. There needs to be many more.⁶

The AMA considers that to create an equitable proportion of Indigenous health professionals we would need to train 928 doctors, 161 dentists and 2,570 nurses.

Some Universities such as Newcastle, James Cook and Western Australia have a strong track record in this area. Others like New South Wales and Monash are rapidly making up ground. But too many are still lagging behind.⁷

⁵ Media release from Prime Minister, the Hon Kevin Rudd, MP,

http://www.pm.gov.au/media/Release/2008/media_release_0143.cfm

⁶ Australian Indigenous Doctors' Association, <http://www.aida.org.au/category.php?id=74>

⁷ Australian Medical Association, *Aboriginal and Torres Strait Islander Workforce Requirements*, [http://www.ama.com.au/web.nsf/doc/WEEN-6PU9CY/\\$file/Indigenous_Reportcard_2006_-_2004_Update_Insert.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PU9CY/$file/Indigenous_Reportcard_2006_-_2004_Update_Insert.pdf)

The Muru Marri Indigenous Health Unit at the University of New South Wales has researched opportunities for and barriers to Indigenous student entry to medical education. A key issue determining success is the level of support provided to students.⁸

ANTaR urges the Committee to explore how the training, recruitment and retention of Aboriginal doctors, nurses, dentists and allied health workers can be improved in NSW.

A key aim of the Close the Gap campaign has been to build on the success of Indigenous health programs. In May 2007, ANTaR released a booklet of *Indigenous Health Success Stories*. The aim of the booklet was to highlight the ways that Indigenous organisations around Australia are successfully tackling and overcoming the poor health of their people.

With the support of the Rio Tinto and Mercy Foundations we gathered stories from every mainland state and territory about how Indigenous health programs are improving, extending and saving lives.

Up to now, many of these successes have remained largely unknown to the general community.

They include programs like:

- ‘Mums and Babies’ – developed by the Townsville Aboriginal and Islander Health Service to successfully tackle the low birth weight of Aboriginal and Torres Strait Islander babies;
- The Mt Theo Outstation program that has reduced petrol sniffing in the Tanami Desert community of Yuendumu from 70 regular sniffers down to zero;
- The award winning Blackout Violence – started by Aboriginal women from Redfern, who with the support of the Metropolitan Local Aboriginal Land Council have used the sport of rugby league to stamp out family violence; and
- The “Snake Condom” program that aims to reduce unplanned teenage pregnancies and sexually transmitted infections in Victoria.

The booklet also features programs to improve nutrition in Victoria and Western Australia; break the cycle of trauma caused by violence and abuse in New South Wales and Western Australia, improve the retention of Indigenous medical students in NSW, tackle substance abuse in the ACT, improve housing in NSW and a range of others.

Although these programs are diverse, there are factors that many of them have in common.

The first is that the majority could be described as “bottom up” rather than “top down”. Most of them originated at the local level, driven by priorities decided by individual Indigenous communities. Some employed methodologies pioneered elsewhere, but these were adapted so they have local relevance.

⁸ <http://www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/MMIHUResearch>

Most of the programs depend on the knowledge, authority and support of community elders for their success. Many of them are also positive examples of Indigenous community control. They show that improved health outcomes are less likely to come from miracle cures or imposed new treatment regimes than by the ability of Indigenous people to determine their own futures and be accountable for decisions impacting on their own communities.

Success Stories in Indigenous Health can be downloaded from: www.antar.org.au/success. ANTaR would be pleased to provide copies of the publication to Committee members and staff.

(b) the impact of the following factors on the current lifetime expectancy gap:

- (i) environmental health (water, sewerage, waste, other)**
- (ii) health and wellbeing**
- (iii) education**
- (iv) employment**
- (v) housing**
- (vi) incarceration and the criminal justice system**
- (vii) other infrastructure,**

ANTaR agrees with Federal Shadow Minister for Indigenous Affairs, Tony Abbott, when he says that:

*We can be certain that the life expectancy gap will never be closed while Aboriginal people have much higher unemployment, much lower education levels and much more domestic violence and substance abuse than other Australians.*⁹

To close the life expectancy gap, it is essential to understand that good health is linked to social determinants like education, employment and housing.

According to Professor Jim Hyde from the Royal College of Physicians:

*Almost all our health is determined by our socioeconomic status, our environment, our house, our employment, the sense of control over our lives.*¹⁰

Professor Ken Wyatt, the former NSW Government's Director of Aboriginal Health cites Canadian research that reinforces the links between health and education. This research found that that on average for every additional year of education given to a young Indigenous woman, four years are added to the lives of her children.¹¹

The Canadian study is among a large body of international research pointing to the strong links between schooling, literacy and improved health. One study indicates that adult mortality inversely relates to levels of adult literacy in countries with equivalent gross

⁹ Tony Abbott, "Caring involves sharing," *The Australian*, 25 March 2008, <http://www.theaustralian.news.com.au/story/0,25197,23425365-5013479,00.html><http://www.theaustralian.news.com.au/story/0,25197,23425365-5013479,00.html>

¹⁰ Quoted in Jeff McMullen, *The Lambie Dew Oration: 'The Health of our Children'* <http://www.medfac.usyd.edu.au/news/features/2004/040929.php>

¹¹ Presentation to ANTaR Forum, NSW Parliament House, April 4 2006.

national products.¹² Another suggests that a 10 percent increase in literacy rates could lead to a 10 percent decrease in child mortality.¹³

However, Merridy Malin cautions that the impact of colonisation may “confound the health – schooling connection,” in relation to Aboriginal people in Australia.

She argues that, “the specific nature of schooling could make a difference, not only with regard to academic outcomes for Aboriginal students but, in the longer term, with regard to their social and emotional well being and their physical health.”¹⁴

Following a review of Aboriginal education, the NSW Department of Education and Training developed its Aboriginal Education and Training Strategy 2006-2008 in order to make schooling more relevant to Aboriginal students and improve their educational outcomes.¹⁵ The success of this strategy will be vital if NSW is to overcome Indigenous disadvantage.

ANTaR urges the Committee to determine the extent to which goals of the Aboriginal Education and Training Strategy have been achieved and actions have been implemented.

Given the high rates of Aboriginal incarceration in (12 times the rate for non-Aboriginal people) NSW, more effective Aboriginal prisoner health will be crucial to closing the gap.

In 2006, the Australian Medical Association (AMA) highlighted the poor health of Indigenous prisoners, pointing out that the rates of smoking, alcohol abuse, illicit drug use, and violence and abuse for these people are far worse than the national rates and far worse than for the Indigenous community in general.¹⁶

ANTaR urges the Committee to determine the extent to which the recommendations of the AMA’s 2006 Aboriginal and Torres Strait Islander Health Report Card in relation to prisoner health have been implemented in NSW.

In June 2007, ACT’s Winnunga Nimmityjah Aboriginal Health Service published, *You Do the Crime, You do the Crime: A Best Practice Model of Holistic Health Service Delivery for Aboriginal and Torres Strait Islander Inmates of the ACT Prison*.¹⁷ The model provides for holistic health care during incarceration, post release health service coordination and early intervention strategies to manage the cycle of incarceration.

¹² M Marmot and RG Wilkinson, *Social Determinants of Health*, Oxford University Press, 1999. quoted in Merridy Malin, “Is schooling good for Aboriginal children’s health?” Co-operative Research Centre for Aboriginal Tropical Health, Occasional Paper, p.2.

¹³ B Broughton, “What is the connection between Aboriginal education and Aboriginal health?” Co-operative Research Centre for Aboriginal Tropical Health, Occasional Paper, quoted in Malin, *op cit*.

¹⁴ *Ibid*.

¹⁵ https://www.det.nsw.edu.au/media/downloads/strat_direction/strat_plans/yr2007/aetlongstrategy.pdf

¹⁶ Australian Medical Association Report Card Series 2006, Aboriginal and Torres Strait Islander Health, *Undue Punishment? Aboriginal People and Torres Strait Islanders in Prison: an Unacceptable Reality*, [http://www.ama.com.au/web.nsf/doc/WEEN-6PU9BH/\\$file/Indigenous_Report_Card_2006.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PU9BH/$file/Indigenous_Report_Card_2006.pdf)

¹⁷ <http://www.winnunga.org.au/prisonhealth.htm>

The Winnunga Nimmityjah Aboriginal Health Service provides services to Indigenous inmates at NSW's Goulburn and Cooma Prisons in addition to those incarcerated in the ACT.

ANTaR urges the Committee to consider how the model developed by Winnunga Nimmityjah might be able to be extended to NSW prisons.

Stopping re-offending is also crucial to overcoming Indigenous disadvantage. The Rekindling the Spirit program, based in Lismore has had considerable success in reducing recidivism rates, with 97 percent of men and women who completed the program had not returning to custody after two years. However, despite its success, continued state government funding for Rekindling the Spirit has not been confirmed past June 2008. Rekindling the Spirit has been profiled in Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma's 2007 Social Justice Report.¹⁸

ANTaR urges the Committee to consider how providing greater funding certainty to programs like Rekindling the Spirit could assist in reducing Indigenous disadvantage.

(d) the Federal Government intervention in the Northern Territory and advise on potential programs/initiatives that may or may not have relevance in terms of their application in New South Wales,

ANTaR considers that Australian Governments have a responsibility to intervene to protect children in danger from violence and abuse. This is particularly the case in relation to Aboriginal children, who have been found by numerous reports to have a greater risk of being abused than non-Aboriginal children. We welcome the significant additional resources (\$587 million) that have been directed towards Northern Territory Aboriginal communities as a result of the Intervention.

ANTaR is also concerned that unless changes are made to the Federal Government's approach, its attempt to stop child abuse in Northern Territory Aboriginal communities will fail. We are worried that some of the Intervention's measures will in fact add to the suffering of Indigenous children rather than overcome it.

The NT Intervention is not an appropriate model for other states including NSW. Instead, ANTaR urges the NSW Government to properly resource its own response to the *Breaking the Silence* report. To date, insufficient Government attention has been directed to protecting Aboriginal children in NSW who have been found by *Breaking the Silence* to be at similar risk of abuse to their counterparts in the NT.

ANTaR's principal objections to the *Northern Territory National Emergency Response* as it relates to NSW are as follows:

The Government response is inconsistent with the Little Children are Sacred Report.

The previous Federal Government has justified its actions on the basis of the *Little Children are Sacred* report, commissioned by the Northern Territory Government and written by

¹⁸ http://www.humanrights.gov.au/social_justice/sj_report/sjreport07/chap2.html

former Northern Territory Director of Public Prosecutions, Rex Wild QC and senior Aboriginal health worker, Pat Anderson.

Little Children are Sacred found that the sexual abuse of Aboriginal children in the NT is serious, widespread and often unreported; Aboriginal people are not the only victims and not the only perpetrators of sexual abuse; and most Aboriginal people are willing and committed to solving problems and helping their children.

According to the Inquiry, sexual abuse of Aboriginal children is happening largely because of the breakdown of Aboriginal culture and society and the combined effects of poor health, alcohol and drug abuse, unemployment, gambling, pornography, as well as poor education and housing. Of these factors, the Inquiry considered that alcohol remains the gravest and fastest growing threat to the safety of Aboriginal children.

The Inquiry made 97 recommendations. These include action to: improve school attendance; provide education campaigns on child sexual abuse and how to stop it; reduce alcohol consumption in Aboriginal communities; build greater trust between Government departments, the police and Aboriginal communities; strengthen family support services; empower Aboriginal communities to take more control and make decisions about the future; and appoint a senior, independent person who can focus on the interests and wellbeing of children and young people, review issues and report to Parliament.

Although the Federal Government said *Little Children are Sacred* had prompted its actions, the emergency measures announced by the former Prime Minister did not reflect the recommendations of the report.

According to Professor Ian Anderson, “None of the ... measures announced by Prime Minister Howard are ... to be found in the strategies recommended by the Anderson/Wild report.” ANTaR commends Professor Anderson’s article to the Committee. It is available at: http://www.apo.org.au/webboard/comment_results.shtml?filename_num=161613

Banning alcohol in affected communities for 6 months will not stop grog running.

Drying up the “rivers of grog” described by the Little Children are Sacred Report will be essential to overcoming the abuse of Northern Territory Aboriginal children. However, ANTaR does not consider that banning alcohol in affected communities for 6 months will achieve this.

Nearly all Territory Aboriginal communities have been 'dry' for some years. However, this has not prevented the availability of alcohol from towns surrounding the communities or the illicit trade in 'grog running.' Unless these sources are also tackled, a ban is unlikely to be effective.

Any ban would also need to be accompanied by rehabilitation services for people coming off alcohol and other substances. Professor Ian Anderson suggests that enforcing alcohol restrictions without the introduction of broader strategies to deal with addictions can merely lead to problem drinkers moving into unregulated areas: “As a result, a single measure such as enforced alcohol restriction may, in fact, result in increased harm from violence and abuse in these communities.”¹⁹

¹⁹ (http://www.apo.org.au/webboard/comment_results.shtml?filename_num=161613)

ANTaR considers that additional measures proposed by Greens Senator Rachel Siewert would improve the chances of reducing alcohol abuse in the Northern Territory. These include supply reduction through increased prices of cheap takeaway alcohol, reduced takeaway trading hours and reducing the number of outlets where takeaway alcohol is available.

As Senator Siewert points out:

The one thing that has been shown to have a direct and significant impact is reducing the supply of alcohol. Supply reduction strategies have an immediate impact on heavy drinkers and provide a circuit-breaker that offers a breathing space while other strategies, like education and employment programs, can begin to work.²⁰

The welfare reforms are untested

A central element of the Northern Territory Intervention has been the quarantining of welfare payments from all Aboriginal people from the communities who are long term social security recipients.

Although the former Minister said this was inspired by Queensland's Cape York Welfare Reform Project, the two approaches differ markedly. While the Northern Territory program is a blanket one, the Cape York program only targets those communities that have agreed to participate and those parents who have neglected children. The Cape York program depends on the involvement of respected Aboriginal community representatives to determine whether welfare payments should be quarantined. This Aboriginal leadership is missing from the NT approach.

The Cape York Project is also in its infancy and a trial in four communities has only recently commenced. No evidence is yet available to determine its level of success or whether its introduction will lead to unintended consequences. **ANTaR does not believe changes to welfare payments should be extended to other areas before a proper evaluation of the Cape York Project has taken place.**

If welfare quarantining is to be introduced, ANTaR considers this should be targeted on the basis of behaviour rather than race. The current arrangements in the NT provide no incentive for people to behave in a financially responsible manner. Every Aboriginal welfare recipient has their welfare quarantined irrespective of how they manage their finances or bring up their children.

The Emergency Response does not appear to draw on expert evidence of what is needed to overcome child abuse.

Professor Judy Atkinson of Southern Cross University is the author of *Trauma Trails, Recreating Song Lines: The Transgenerational Effects of Trauma in Indigenous Australia* (Spinifex 2002). Widely regarded as Australia's leading expert on child abuse in Indigenous communities, Professor Atkinson favours a "child centred approach" to overcoming abuse in

²⁰ Senator Rachel Siewert, speech, Alcohol Restrictions in NT, http://www.rachelsiewert.org.au/500_parliament_sub.php?deptItemID=127

the Northern Territory, a situation she regards as both a “national emergency and a national shame.”

Professor Atkinson’s work was cited in the House of Representatives second reading debate following the introduction of the Northern Territory legislation by National Party Member for Page, the Hon Ian Causley:

Professor Judy Atkinson goes into communities and gets the confidence of the community. She picks out people she believes to be leaders in the community and works with those leaders in the community to change the results. She tries to get through to them that things have to change within the community—that they cannot have these assaults and rapes and that there must be an education. She works with the people in the community to get that result, and she has runs on the board as far as those results are concerned. At present she runs a course at the university and is getting graduates from the university. Those graduates will go out and work in the community. It is a process that has to be helped, because obviously there are not enough graduates at present.

At the core of this is the fact that you must start there: in the communities, at the grassroots. You cannot impose these things on the community; you have to get them to understand the right thing to do within the community and get the community to accept that.²¹

Mr Causley was right to praise the life saving work of Professor Atkinson. However, her methods – gaining the confidence of the community and working with its leaders – are sharply at odds with his Government’s emergency response. There is no evidence to suggest the former Government sought the advice of experts like Professor Atkinson in developing its approach.

Professor Atkinson has written about how she would tackle the crisis of child abuse in Northern Territory Aboriginal communities. ANTaR commends her article to the Committee.²²

Neither did the former Government draw on the expertise of Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, who, together with his predecessors has published extensively on ending violence in Indigenous communities.²³

The former Federal Government did not seek the advice of the Secretariat for National Aboriginal and Islander Child Care (SNAICC). SNAICC considered that elements of the Federal Government response “lack expert guidance in the area of child protection, are too short term in focus, and fail to provide a way for stakeholders to contribute their expertise so the measures can have a lasting effect on the safety and welfare of children.”²⁴

In July 2006, the Federal Government announced the formation of an Australian Crime Commission National Indigenous Violence and Child Abuse Intelligence Task Force (NIITF).

Among the objectives of the NIITF are:

²¹ (http://parlinfoweb.aph.gov.au/piweb/view_document.aspx?ID=2733517&TABLE=HANSARDR)

²² <http://www.antar.org.au/content/view/490/1/>

²³ See for example: http://www.humanrights.gov.au/social_justice/familyviolence/family_violence2006.html

²⁴ <http://www.snaicc.asn.au/news/SNAICCViewNTMeasures.html>

- enhancing national understanding about the nature and extent of violence and child abuse in Indigenous communities; and
- conducting research on intelligence and information coordination and identification of good practice in the prevention, detection and responses to violence and child abuse in Indigenous communities.

The NIITF seeks to “inform future law enforcement, and wider government, decisions on addressing violence and child abuse in Indigenous communities.”

The NIITF considers that the “fundamental drivers of Indigenous violence and child abuse are social and economic.” It describes its approach as “‘non punitive’ and respectful of Indigenous people and cultures. National and regional level consultative arrangements will be established, where possible utilising existing structures. In these processes, particular efforts will be made to engage with and involve Indigenous elders, leaders and women’s groups.”²⁵

It appears that the former Government did not seek the involvement of the NIITF in the development and implementation of the Federal Government’s emergency response and the legislation underpinning it.

Aspects of the legislation are exempt from the Racial Discrimination Act

The Human Rights and Equal Opportunity Commission (HREOC) expressed concern that the proposed legislation seeks to sidestep the *Racial Discrimination Act 1975* (Cth) (RDA).

The RDA already provides for the existence of “special measures” that are necessary and for the sole purpose of securing adequate advancement of a certain group or individuals requiring protection so as to ensure they enjoy their human rights equally with others.

The existence of “special measures” should make it unnecessary to override the RDA, unless the Government considers that the measures it has proposed will not “secure the adequate advancement” of the Indigenous children it seeks to protect.

ANTaR agrees with HREOC that: “If the measures proposed cannot meet the test for a ‘special measure’, then rather than remove the protection of the RDA, the measures should not be enacted.”²⁶

Indigenous people were not adequately consulted about the changes.

The House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs report, *Unlocking the Future* made recommendations about the appropriate consultation that should occur prior to any change of the *Northern Territory Aboriginal Land Rights Act*.

The Committee was Howard Government dominated and its recommendations were unanimous. It said that the Act should not be amended without:

²⁵ http://www.crimecommission.gov.au/html/pg_NIITF-1.html

²⁶ http://www.humanrights.gov.au/media_releases/2007/53_07.html

traditional Aboriginal owners in the Northern Territory first understanding the nature and purpose of any amendments and as a group giving their consent; and

*any Aboriginal communities or groups that may be affected having been consulted and given adequate opportunity to express their views*²⁷

ANTaR believes the same tests should have been applied to the legislative changes establishing the NT Intervention.

Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma has spoken of the importance of governments upholding the principles of free, prior and informed consent in relation activities that affect Indigenous people. Commissioner Calma explains the principles as follows:

- *Free* requires no coercion, intimidation or manipulation;
- *Prior* requires that consent has been sought sufficiently in advance of any authorization or commencement of activities and respects time requirements of Indigenous consultation and consensus building processes;
- *Informed* requires that information is provided that addresses the purpose, scope, obligations and impact of any proposed activity; and
- *Consent* requires that consultations be undertaken in good faith; on a basis of mutual respect; and with full and equitable participation. It also requires that Indigenous peoples can participate through their own freely chosen representatives and customary or other institutions and ultimately it must allow the option for Indigenous people to withhold their consent.²⁸

The introduction of the NT Intervention legislation fell well short of adhering to the principles recommended by Commissioner Calma.

NSW's approach to overcoming child abuse in Aboriginal communities has greater chance of success. But only if it is properly resourced.

Nine months before the former Federal Government announced its Northern Territory Intervention, the NSW Government released *Breaking the Silence*, a 300 page report on child abuse in NSW Aboriginal communities.²⁹

Written by a taskforce headed by Aboriginal leader, Marcia Ella-Duncan, *Breaking the Silence's* findings were disturbingly similar to those of the report that prompted the NT Intervention, *Little Children Are Sacred*.

Breaking the Silence found that that child abuse in Aboriginal communities had reached "epidemic proportions," with child sexual assault up to four times the rate of the general

²⁷ <http://www.aph.gov.au/house/committee/atsia/reeves/tblcontrecom.pdf>

²⁸ http://www.humanrights.gov.au/speeches/social_justice/sj_nt_reports_05.html

²⁹ Aboriginal Child Sexual Assault Taskforce, *Breaking the Silence*, [http://www.lawlink.nsw.gov.au/lawlink/acsat/acsat.nsf/vwFiles/80001%20CP%20Rep-all_sml.pdf/\\$file/80001%20CP%20Rep-all_sml.pdf](http://www.lawlink.nsw.gov.au/lawlink/acsat/acsat.nsf/vwFiles/80001%20CP%20Rep-all_sml.pdf/$file/80001%20CP%20Rep-all_sml.pdf)

population. According to Ms Ella-Duncan, the report paints a “stark picture of intergenerational abuse and social disadvantage.”

The taskforce found that child sexual assault in Aboriginal communities is intergenerational, not well understood and seldom reported.

According to the report, victims of child sexual assault are both girls and boys of all ages.

The perpetrators of child sexual assault in NSW Aboriginal communities were most often described as Aboriginal men who were grandfathers, fathers, stepfathers, uncles, cousins or brothers of the child.

Some communities also reported instances where non-Aboriginal men were perpetrators, coming into the community to trade drugs and/or pornography for sex with children.

The Report was adamant that there was no excuse for the behaviour of offenders, but it did offer a number of factors influencing the incidence of child sexual assault.

These include: substance abuse; social and economic disadvantage; exposure to pornography and a sexualised society; the ‘normalisation’ of violence; the presence of family violence; unresolved trauma and grief; a breakdown of family and community structures; lack of community engagement with the issue; lack of support for community driven solutions; and inadequate responses from service providers.

Announced in January 2007, the NSW Government’s response to *Breaking the Silence* was a five year plan containing 88 recommendations, but no additional funding to assist their implementation.³⁰

The initiatives in the plan were generally well received by the taskforce and broader community. However, the lack of funding to accompany these has been strongly criticized.

Initiatives in the plan include:

- Increased police surveillance and evidence gathering;
- More resources for witness assistance programs and forensic examinations;
- More victim support and counselling;
- Expanded sexual assault medical services for children;
- Enhanced drug and alcohol programs; and
- A state-wide Advisory Panel to monitor the recommendations.

The *Sydney Morning Herald* reported that three Ministers including Attorney General Debus argued for between \$20 and \$40 million per year to fund the package. However, they were blocked by Treasurer Michael Costa, who at around the same time found \$25 million to

³⁰ New South Wales Interagency Plan To Tackle Child Sexual Assault in Aboriginal Communities, [http://www.lawlink.nsw.gov.au/lawlink/acsat/acsat.nsf/vwFiles/NSWGovtPlantoTackleCSAinAboriginalCommunities.pdf/\\$file/NSWGovtPlantoTackleCSAinAboriginalCommunities.pdf](http://www.lawlink.nsw.gov.au/lawlink/acsat/acsat.nsf/vwFiles/NSWGovtPlantoTackleCSAinAboriginalCommunities.pdf/$file/NSWGovtPlantoTackleCSAinAboriginalCommunities.pdf)

compensate the operators of the Lane Cove Tunnel for delaying potentially unpopular road closures until after the state election.³¹

According to a senior bureaucrat who contacted the Indigenous newspaper, *Koori Mail*, agencies are already stretched beyond capacity and will be unlikely to achieve the necessary changes with no additional resources.

Taskforce Chair, Marcia Ella-Duncan has said the failure to allocate proper resources would place more pressure on already ill-equipped departments, despite the undoubted good intentions of many within the government.

The Northern Territory Intervention and response to *Breaking the Silence* are two contrasting examples of how **not** to deal with the problem of child abuse in Aboriginal communities. Unlike the Federal Government's NT Intervention, the NSW response is evidence based and was developed with the active participation and cooperation of Indigenous people. However, unlike the well resourced NT Intervention, the NSW response is seriously under funded.

The Federal Government has announced plans for an independent review of the effectiveness of the first year of the Northern Territory Intervention, focusing on areas including child and family health, law and order, welfare reform and whole of government co-ordination.

However, no similar review has been announced in relation to implementation of the NSW Government's response to *Breaking the Silence*. It is currently impossible to determine what progress if any has been achieved in implementing most of the 88 actions proposed in the Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities.

Given the distressing and sensitive nature of issues relating to child abuse, ANTaR understands why certain elements of the Government response may need to remain confidential, particularly in relation to the Focus Communities identified because they show acute levels of disadvantage and dysfunction.

However, we are concerned about the potential for confidentiality issues to be used to avoid scrutiny of Government progress in implementing its Interagency Plan.

ANTaR urges the Committee to determine from both Government and community sources, the extent to which the Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities has been implemented and the effectiveness of these measures.

(e) opportunities for strengthening cultural resilience within Aboriginal communities in New South Wales with a focus on language, cultural identity, economic development and self-determination,

ANTaR is aware of recent initiatives by the state Department of Education and Training to expand the teaching of Aboriginal languages in NSW schools. We commend the Department for its work in this area because this is likely to result in improved attendance, better learning outcomes and more effective Aboriginal community engagement.

³¹ Andrew Clennell and Jonathan Pearlman, "No cash for fight to halt child abuse", *Sydney Morning Herald*, January 5 2007.

As the former headmaster of Trinity Grammar, Roderick West points out: “A child who is fluent in his or her own Aboriginal tongue and whose early days on the planet have been secure and happy, will speak English more articulately and with greater confidence than children who have no strong attachment to any specific culture.”³²

The importance of language education to the Aboriginal community has been explained by Walgett elder Aunty Fay Green:

*I can speak for a lot of our elders who feel the same as I do, and I look at it this way, it's reconciliation. It brings two cultures together instead of pulling away from one another, which we used to do. They're together now, they are. You can see that in the school, they stand by one another.*³³

Given the strong links between education and health, initiatives like this will be essential if NSW is to successfully close the Indigenous life expectancy gap within a generation.

North American research has also identified strong links between self-determination and improved health outcomes amongst Native American people.

The Harvard Project on American Indian Economic Development has for the past 20 years researched the conditions under which sustained, self-determined social and economic development is achieved among American Indian nations. Its key purpose has been to study social and economic development on American Indian reservations to determine what works, where and why.

The Project has identified four key factors determining success:

- **Sovereignty Matters.** When Native nations make their own decisions about what development approaches to take, they consistently out-perform external decision makers—on matters as diverse as governmental form, natural resource management, economic development, health care, and social service provision.
- **Institutions Matter.** For development to take hold, assertions of sovereignty must be backed by capable institutions of governance. Nations do this as they adopt stable decision rules, establish fair and independent mechanisms for dispute resolution, and separate politics from day-to-day business and program management.
- **Culture Matters.** Successful economies stand on the shoulders of legitimate, culturally grounded institutions of self-government. Indigenous societies are diverse; each nation must equip itself with a governing structure, economic system, policies, and procedures that fit its own contemporary culture.
- **Leadership Matters.** Nation building requires leaders who introduce new knowledge and experiences, challenge assumptions, and propose change. Such

³² Email communication, 9 April 2007.

³³ Joel Gibson, Talking in tongues”, *Sydney Morning Herald*, March 29 2008
<http://www.smh.com.au/text/articles/2008/03/28/1206207395354.html>

leaders, whether elected, community, or spiritual, convince people that things can be different and inspire them to take action.³⁴

Co-founder of the Harvard Project, Professor Stephen Cornell, believes his research has clear implications for Indigenous policy in Australia:

There are four primarily English-speaking settler societies in the world today whose first peoples have become severely disadvantaged minorities in their own lands: Australia, the United States, Canada and New Zealand. In all four in recent years, it seems that the state has been willing to one degree or another to at least consider issues of equality and disadvantage. They have been much less willing to consider issues of self-determination.

But what if the two are connected? What if overcoming systematic Indigenous disadvantage will require investing in Indigenous self-determination?

The North American evidence suggests that this is, indeed, the case. Self-determination is one of the keys to improved welfare in Indigenous communities; you're unlikely to move toward equality without it. I know of no reason to think that Australia, for all its distinctiveness, would be exceptional in that regard.³⁵

Cornell draws on a study on youth suicide by Chandler and Lalonde to demonstrate the importance of self-determination to improved health outcomes:

Adolescent suicide is a major problem in numerous Native communities in North America. But the rates vary: in some communities, suicide is rampant among young people; in others, it is virtually unknown. Recently, two researchers obtained data allowing them to examine adolescent suicide rates in 195 Aboriginal communities in British Columbia. They tested the effects of a number of factors on adolescent suicide rates, among them the existence of cultural centers in these communities, successful prosecution of land claims, and Native control over education, police, fire services, and health care. All but the first of these, it seems to me, in one way or another indicate assertions of self-governing power. Result: across these communities, as the number of these factors present rises, adolescent suicide rates drop. In other words, where assertions of self-governing power were greatest or most numerous, suicide rates were lowest. The apparent explanation: affirmations of cultural value and assertions of control over Indigenous lands and affairs create an environment that supports in young people both a sense of confidence in who they are and a belief in a viable future, creating a hedge against suicide.³⁶

Cornell explains why the link between self-determination and health policy are so important:

When Indigenous nations gain power over their own affairs, at least three things tend to happen. First, bureaucratic priorities are replaced by Indigenous priorities, thereby gaining Indigenous support for initiatives and programs. Second, decisions begin to reflect local knowledge and concerns. One of the great fantasies of colonialism, still alive in the Indigenous-affairs bureaucracies of the world, is the idea that "we know what's best for you." But we don't. It is ludicrous to think that policy and programs for Indigenous nations

³⁴ <http://www.hks.harvard.edu/hpaid/overview.htm>

³⁵ Stephen Cornell, "Indigenous Jurisdiction and daily Life: Evidence from North America," September 11 2004, http://www.gtcentre.unsw.edu.au/publications/papers/docs/2005/6_StephenCornell.pdf

³⁶ J.J. Chandler and C. Lalonde, "Cultural Continuity as a hedge against suicide in Canada's First Nations," *Transcultural Psychiatry*, Vol. 35, No. 2, 1998, pp. 191-219.

can best be made in parliamentary debate and bureaucratic seclusion, both of which tend to ignore the assets that Indigenous nations themselves possess.

And the third thing that happens is that decisions get linked to consequences. When distant policy-makers and bureaucrats are making the decisions, they can make mistakes with relative impunity. When they mess things up, they pay little of the price, which instead is visited on Indigenous peoples. Decision-makers are saved from the consequences of their decisions, so there is no discipline to compel them to do better in the future.

But when Indigenous peoples themselves are in charge, they pay the price of bad decisions and reap the rewards of good ones. Over time and allowing for mistakes, the quality of decisions improves because it is the decision-makers' own future that is at risk. Jurisdiction, in other words, creates accountability.³⁷

The parallels between failed policies in Australia and North America are obvious:

The United States and Canada have spent the better part of a century struggling to deal with the disastrous consequences of colonialism for the Indigenous peoples of North America, including its catastrophic impact on Indigenous health and welfare. They have tried numerous policies, from removing Indigenous people from their lands, to forced assimilation, to systematic neglect. During all that time, only one overarching policy orientation has ever shown sustained evidence of actually improving the condition of Native peoples: the policy of Indigenous self-determination and self-government—that is, a policy that puts substantive decision-making power in Aboriginal hands. That policy, of recent vintage in the U.S. and still not fully realized in Canada, has been inconsistent, and it is perennially under attack in both countries. But the bottom line remains. From the point of view of Native welfare, shifting jurisdiction to Native peoples is the only policy that has worked.³⁸

Cornell warns of the consequences of ignoring the importance of self-determination in closing the gap:

Give people substantive power in their own affairs, encourage and support them in taking responsibility for themselves, offer them assistance as they design or adopt tools that they see as appropriate for the exercise of that power — and the chances are good that they will do remarkable things. Deny them all of that — as we have done for too long — and you should be prepared to pick up the pieces and pay the costs for generations to come.³⁹

Closer to home, recent research from the Northern Territory has found that self-determination was a key factor (along with a traditional hunting lifestyle) in recording significantly improved outcomes in the community of Utopia.⁴⁰

The mortality rate in Utopia in the decade between 1995 and 2004 was around half that of the general NT Aboriginal population at 1000 deaths per 100,000. Hospitalisation for

³⁷ Cornell, *op cit.*

³⁸ *ibid*

³⁹ *Ibid.*

⁴⁰ Kevin G Rowley, Kerin O'Dea, Ian Anderson, Robyn McDermott, Karmananda Saraswati, Ricky Tilmouth, Iris Roberts, Joseph Fitz, Zaimin Wang, Alicia Jenkins, James D Best, Zhiqiang Wang and Alex Brown, "Lower than expected morbidity and mortality for an Australian Aboriginal population: 10-year follow-up in a decentralised community," *The Medical Journal of Australia*, 3 March 2008, http://www.mja.com.au/public/issues/188_05_030308/iti_030308_fm.html

cardiovascular disease also occurred at a much lower rate in Utopia and was comparable to that of the territory's non-indigenous population.

Utopia residents have the same levels of housing, income and employment as other remote Aboriginal communities in the Northern Territory.

According to one of the researchers, Ian Anderson from the Cooperative Research Centre for Aboriginal Health, key factors behind the positive outcomes at Utopia included a proactive health service which travels to remote outstations and "a high degree of personal mastery and control over life circumstances."

"Mastery and control over life circumstances is a fundamental determinant of good health. People in Utopia have designed their own community, have freehold title to their land and control of the way health services are delivered," Professor Anderson said.⁴¹

Indigenous self-determination as defined by the Harvard Project on American Indian Economic Development is not practiced anywhere in New South Wales.

The effective exercise of Indigenous self-determination depends on more than just political change. To succeed, communities need a sustainable economic base as well as strong leadership and governance structures. However, if Professor Cornell and his colleagues are right, the lack of opportunity for self-determination by Aboriginal communities in New South Wales is a major barrier to overcoming Indigenous disadvantage in this state.

ANTaR urges the Committee to consider how greater self-determination can be encouraged and supported in NSW Aboriginal communities.

Conclusion

Just prior to its second day of hearings into the Inquiry into Overcoming Indigenous disadvantage, the NSW Legislative Council Social Issues Committee hosted a screening of the Federal Parliamentary apology to the Stolen Generations.

While the hearings were taking place, the Premier, Opposition Leader and Leader of the National Party spoke in favour of the apology in the NSW Legislative Assembly. All of them expressed hope that the apology would result in a renewed determination to achieve the practical task of overcoming Indigenous disadvantage.

Premier, Morris Iemma said that what came after the apology would be "more challenging and less defined:"

Unlike symbols and actions that occur on defined days, there will not be a precise moment when Aboriginal infant mortality or school results or incarceration levels reach appropriate benchmarks. They will not happen at the same time nor evenly among the States and communities of this nation. There will not be a defining moment when we know we have made it. It will happen slowly and, at first, imperceptibly, but it must happen. And it will happen.

⁴¹ <http://news.theage.com.au/utopia-study-outcome-bucks-trends/20080304-1wpe.html>

Recommendations

- 1. ANTaR urges the Committee to seek a briefing from the COAG Working Group on Indigenous Reform to determine what steps will need to be taken for NSW to successfully contribute to the implementation plan.**
- 2. ANTaR urges the Committee to obtain briefings from representatives of the three Close the Gap campaign Policy Groups to identify those targets which are relevant to the NSW Government's efforts to close the Indigenous life expectancy gap.**
- 3. ANTaR urges the NSW Government to negotiate a Statement of Intent, complementary to that developed at Commonwealth level, with Indigenous health and health-determinant leaders and organisations in this state.**
- 4. ANTaR considers that Prof Ian Ring, who is based in Sydney, would be a valuable witness for the Committee. We urge the Committee to invite Prof Ring to give evidence to the Inquiry.**
- 5. ANTaR urges the Committee to determine what barriers currently exist that prevent NSW Aboriginal people accessing high quality, primary health care that meets their needs.**
- 6. ANTaR urges the NSW Government to develop a costed and measurable action plan to ensure these barriers are overcome by 2018.**
- 7. ANTaR urges the Committee to explore how the training, recruitment and retention of Aboriginal doctors, nurses, dentists and allied health workers can be improved in NSW.**
- 8. ANTaR urges the Committee to determine the extent to which goals of the Aboriginal Education and Training Strategy have been achieved and actions have been implemented.**
- 9. ANTaR urges the Committee to determine the extent to which the recommendations of the AMA's 2006 Aboriginal and Torres Strait Islander Health Report Card in relation to prisoner health have been implemented in NSW.**
- 10. ANTaR urges the Committee to consider how the model developed by Winnunga Nimmityjah might be able to be extended to NSW prisons.**
- 11. ANTaR urges the Committee to consider how providing greater funding certainty to programs like Rekindling the Spirit could assist in reducing Indigenous disadvantage.**
- 12. ANTaR urges the Committee to determine from both Government and community sources, the extent to which the Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities has been implemented and the effectiveness of these measures.**
- 13. ANTaR urges the Committee to consider how greater self-determination can be encouraged and supported in NSW Aboriginal communities.**