

**Submission  
No 72**

**INQUIRY INTO OVERCOMING INDIGENOUS  
DISADVANTAGE**

**Name:** Mr Dipakkumar Bhatt

---

## Cover sheet

**Name:**

**Dipakkumar BHATT**

---

## Contents

Cover sheet.....	1
Contents.....	2
<b>Submission to Overcoming Indigenous Disadvantage</b> .....	<b>3</b>
Introduction.....	3
Key term.....	3
Current lifetime expectancy gaps (years).....	3
Indicator of health and wellbeing.....	4
Median age of the population (years).....	4
Reasons for poor health and wellbeing .....	5
Recommendations for action.....	6
References.....	8

# Submission to Overcoming Indigenous Disadvantage

## Introduction

This submission to the Standing Committee on Social Issues focuses mainly on the term of reference (TOR) 1(b) (ii), the impact of health and wellbeing on the current lifetime expectancy gap. The recommendations in this submission are based on policies and programs being implemented both within Australia and internationally. The relevant TOR for the solutions suggested in this report is 1(a).

## Key term

### Neo-Australian

This submission refers to non-Indigenous people of Australia as neo-Australians.

## Current lifetime expectancy gaps (years)

State/Country	Male/Female	Indigenous	Total Population	Gap	Source of Information
NSW & Victoria	Male	60	76	-16	(Australian Bureau of Statistics [ABS], 2008)
	Female	65	82	-17	
Australia	Male	59	77	-17	
	Female	65	82	-17	
Canada	Male	70	75	-5	(Baird, 2008)

State/Country	Male/Female	Indigenous	Total Population	Gap	Source of Information
Canada	Female	75	81	-6	(Baird, 2008)
New Zealand/Aotearoa	Male	68	75	-7	(Baird, 2008)
	Female	70	80	-10	

Generally, lifetime expectancy reflects the overall level of health and wellbeing of the population. However, since only 45% of deaths of Indigenous people are registered in NSW (ABS, 2008), statistical significance of the above estimates is low. The ABS cautions that “over-precise analysis of the estimates as measures of Indigenous health should be avoided” (p. 7).

## Indicator of health and wellbeing

Though longevity is a realistic indicator of the level of health and wellbeing, since the available death records do not even reflect the majority of deaths of the Indigenous people in NSW, it is necessary to analyse some other statistics to assess the overall effect of the level of health and wellbeing.

## Median age of the population (years)

State/Country	Year	Indigenous	Total Population	Gap	Source of Information
NSW	1996	20	34	-14	(ABS, 2008)
NSW	2001	20	36	-16	(ABS, 2008)

State/Country	Year	Indigenous	Total Population	Gap	Source of Information
NSW	2006	21	37	-16	(ABS, 2008)
Australia	1996	20	34	-14	(ABS, 2008)
	2001	20	36	-15	
	2006	21	37	-16	

The lower median age of the Aboriginal people implies their high mortality. It can also be seen that while the median age of the total population has increased by three years in the last decade, the median age of the Indigenous people has increased by only one year. This reveals that the neo-Australians reaped the gains from the improved economy of Australia, and the benefits of the improved living standards, without sharing them equitably with the First Australians.

## Reasons for poor health and wellbeing

According to Baird (2008) the reason for the starkly worse health and life expectancy of indigenous communities is their “long-term exposure to ‘Western’ society” (p. 13). European colonisation destroyed the traditional lifestyles of First Australians, which placed “Indigenous Australians at high risk of developing health and mental health problems, in particular depression, anxiety, self-harm, and excessive alcohol and other psychoactive substance use” (McKendrick, 2007, p. 95). In past times, the colonisers also used alcohol “to entice Aboriginal people into closer contact with and dependence on the settler population” (Briskman, 2007, p. 204). The European

invasion also introduced diseases to which the First Australians “had no immunity” (NSW Department of Health, 2004, p. 23).

Many programs or projects developed for improving the health and wellbeing of the Aboriginal people have not yielded desired results. Cummins (2008) explains the root cause as follows:

The current models of service delivery are not always working, and it is not about money. You can put in a million dollars, and a million dollars on top of that, but if the model is not right and the people don't feel that they have a say in determining and developing and not just running the model after it happens, it won't work. People have to have a say in determining and developing the models. (p. 55)

## Recommendations for action

The process of reconciliation can result in the Aboriginal people having their own local governments like the tribal governments in the USA. The following quote from Kirst-Ashman and Hull (2006) provides more information about reservation communities:

The reservation community is characterized... by the composition of its population (Native Americans) and the unique relationship of the community to the federal and state governments. Reservations are geographical areas set aside by the federal government to serve as communities for the identified populations of Native Americans. Tribal governments have jurisdiction over some functions on the reservation, including law enforcement, and the federal

government has a role in assisting the reservation communities by providing financial and medical services. (pp. 256-257)

“Indigenous Australians must be involved in determining policy and at all stages in the implementation of initiatives” (Cummins, Gentle, & Hull, 2008, p. 44). This responsibility cannot be left solely to the bureaucrats. Our constitution may be changed to ensure representative participation of the First Australians at all levels of the government. The examples are as follows:

1. Reserve a Ward or a Riding in local areas for an Aboriginal Councillor.
2. Reserve three electorates in NSW for an Aboriginal Member of the Legislative Assembly.
3. Nominate an Elder for the position of the Governor of NSW.

The above changes will empower the Aboriginal leaders to influence the government policies at every level. The detailed suggestions regarding the method of service delivery to the Aboriginal people need to come from Aboriginal cultural communities, and not from neo-Australians.

Give voice to the First Australians, so that they can improve their health and wellbeing. This process will fructify the closure of the gaps.



---

## References

- Australian Bureau of Statistics. (2008). Submission no. 51: Inquiry into overcoming indigenous disadvantage [Electronic Version]. Retrieved April 19, 2008 from <http://www.parliament.nsw.gov.au/prod/parlment/committee.nsf/V3ListSubmissions?open&ParentUNID=EF37567247133576CA257347007F405A>.
- Baird, V. (2008, April). Plenty to shout about: The facts. *New Internationalist*, 410, 12-13.
- Briskman, L. (2007). *Social work with indigenous communities*. Annandale, NSW: Federation Press.
- Cummins, R. (2008). Working with Aboriginal communities. In J. Taylor, D. Wilkinson & B. Cheers (Eds.), *Working with communities in health and human services* (pp. 54-56). South Melbourne: Oxford University Press.
- Cummins, R., Gentle, I., & Hull, C. (2008). Aboriginal health and wellbeing. In J. Taylor, D. Wilkinson & B. Cheers (Eds.), *Working with communities in health and human services* (pp. 44). South Melbourne: Oxford University Press.
- Kirst-Ashman, K. K., & Hull, G. H. (2006). *Generalist practice with organisations and communities* (3<sup>rd</sup> ed.). Belmont, CA: Thomson Brooks/Cole.
- McKendrick, J. (2007). The mental health of Australia's Indigenous populations. In G. Meadows, B. Singh & M. Grigg (Eds.), *Mental health in Australia: Collaborative community practice* (2<sup>nd</sup> ed., pp. 95-98). South Melbourne: Oxford University Press.

NSW Department of Health. (2004). *Communicating positively: A guide to appropriate Aboriginal terminology*. North Sydney: Author.