

## **The First People – Long-Term Solutions are Essential Professor Larissa Behrendt at WATAC Conference**

The Indigenous affairs portfolio is one in which the challenges are great. It concerns the poorest socio-economic group in Australia with a distinct cultural identity who have been dispossessed and historically marginalised and who assert a unique cultural and political identity.

I like to rephrase this challenge into a question that most Australians ask, when puzzled or perplexed by Indigenous affairs: “Why is it that we spend so much money on Indigenous affairs but make such little impact?”

There are some structural reasons that explain why and they are the same barriers that occur in other areas of social policy but they are pronounced in Aboriginal affairs.

The first is classic cost-shifting between federal and state/territory governments. Since the 1967 referendum delivered to the federal government the power to make laws in relation to Aboriginal people – but left the states and territories with residual powers – there has been an increase of areas where responsibility is shared between those two tiers of government, including across key areas such as health, housing, education and heritage protection. But instead of working in a co-operative spirit to ensure targeted policies, programs and resources we see either the unnecessary duplication of services or the under-investment in key areas as these two levels of government seek to shift the blame for policy failure and the responsibility for resourcing to each other. The end result is we see an under-funding on basic Aboriginal health, housing and education.

And while these key areas remain under-resourced we see a targeting of funding at other programs that are not proven to solve underlying issues that lead to poor socio-economic status. Take these two examples of the previous governments attempt to deal with key issues within the Indigenous affairs portfolio that make this case:

- the first year that shared responsibility agreements were used by governments – in a thinly veiled attempt to swap basic services or much needed infrastructure for behavioural changes such as face washing and tidy yards, only 25% of the earmarked \$100 million dollars made its way into actual Aboriginal communities – with \$75 million going to administration; and
- When the previous government decided that private home ownership was the panacea to Indigenous poverty they allocated hundreds of millions of dollars for the scheme and there was only one person – one lucky Aboriginal person – who took the scheme up.

There is a theme amongst these examples of top heavy and cumbersome bureaucracy. There is also a more subtle but related theme about the inadequate and non-functioning relationship between Aboriginal people and their communities and the government and their service providers.

But I argue that one of the clear reasons why we see under-funding on Indigenous health, housing, education and employment but money spent on shared responsibility agreements, home ownership schemes and, of course, the failing aspects of the Northern Territory intervention – which I will talk about in more detail in a moment – is because too often in Indigenous affairs the solutions are driven by ideologies, not by what the research shows works and what it shows doesn't work.

Indigenous affairs is full of ideologies. They permeate the shaping of its policies and programs, many of them recycled from previous eras where they were equally unsuccessful. These include:

- the ideologies of assimilation and mainstreaming,
- the newer ideologies of mutual obligation and shared responsibility,
- the ideology that all the “real” Aborigines and problems are in the Northern Territory, Cape York or the Kimberley so resources should be redirected there from other Aboriginal and Torres Strait Islander communities, and
- the ideology that communally held land is bad – if it is held by Aboriginal people – and should be unlocked so that non-Aboriginal people can access it.

Each of these ideologies influenced in some way the Northern Territory Emergency Response or, “the intervention” and its key mechanisms:

- widespread alcohol restrictions,
- quarantining welfare payments and linking them to school attendance,
- compulsory health checks to identify health problems and signs of abuse,
- forced acquisition of townships through compulsory leases with just compensation,
- increased policing,
- introduction of market based rents and normal tenancy arrangements,
- banning of pornography and auditing publicly funded computers,
- scrapping the permit system, and
- appointing managers to all prescribed communities.

The complex set of strategies designed to deal with, supposedly, systemic child abuse was designed in two days (and perhaps there is a lesson in there about the dangers of designing complicated policy approaches in a forty-eight hour period because an election is looming...)

In many ways, the intervention in the Northern Territory is a textbook example of why government policies continue to fail Aboriginal people:

- the policy approach was ideologically led rather than making any reference to the research or understandings about what actually works on the ground;
- in fact, the policy approach contained in the intervention actually lies in direct contradiction of what the research shows us works and what experts recommend as appropriate action;

- the rhetoric of doing what is in the best interests of Aboriginal people, or children, masked a list of other policy agendas – private ownership of land and welfare reform in particular – that were unrelated to effective approaches to dealing with systemic problems of violence and abuse and instead sought to undermine community control over their land and resources; and
- the approach is paternalistic and top-down rather than a collaborative approach that seeks to include Aboriginal people in the outcomes.

The most powerful example of this is the quarantining of welfare payments and its spurious links to improving school attendance. I want to use it as the example because not only does it illustrate why key policy approaches in the intervention were flawed, it is a policy that, despite the evidence that it is problematic, is increasingly being rolled out across the country.

The quarantining of welfare payments included as part of the intervention with the seductive rhetoric that it would be linked to school attendance. This played well with an electorate who probably assumed that poor attendance rates and poor educational outcomes for Aboriginal children were caused by the poor parenting of Aboriginal parents.

However, the only evaluated trial of a scheme linking welfare payments to school attendance – the Halls Creek *Engaging Families* trial undertaken from February to July 2008 – found that the attitudes of parents of Aboriginal children were only one of the factors that affected school attendance. The evidence pointed to the pivotal role that teachers and the school culture itself plays in a community where children decide their own time use patterns at a very early age.

The evaluation also showed that poor or good attendance did not necessarily run in families. In one family of five children, attendance ranged from 14% to 88%. It was also found that the housing situation in Halls Creek – where overcrowding is a critical problem – is unlikely to provide an environment where families can be “school ready”.

There is no evidence that shows that linking welfare to behaviour reforms is effective. In fact, there is evidence to suggest that the imposition of such punitive measures in an already dysfunctional situation will exacerbate the stress in a household.

And what the evidence does show works in getting Aboriginal children into schools are the following:

- breakfast and lunch programs;
- programs that bring the Aboriginal community, especially Elders, into the schools;
- Aboriginal teachers aides and Aboriginal teachers;
- Curriculum that engages Aboriginal children; and

- Programs such as that developed by Aboriginal educationalist Chris Sarra that marry programs that promote self-esteem and confidence through engaging with culture with programs that focus on academic excellence.

These effective programs and strategies show the importance of building a relationship between Aboriginal families and the school in order to target issues like school attendance. It also shows that there is much that the schools can also do to engage children with schooling. It suggests that, rather than simply punishing parents for their children's non-attendance, the government should be providing schools and teachers that meet the needs of the Aboriginal community.

It should be noted that it cost the taxpayer \$88 million to make the initial administrative changes in Centrelink to facilitate the welfare quarantining but not one dollar was spent in the intervention on any of the types of programs that have been proven to engage Aboriginal children in schools. (Did I hear someone ask why it is that we spend all of this money on Aboriginal issues but do not see much for the money?)

All this in communities where only 47c is spent to the \$1 spent on non-Aboriginal student; in communities where there are not enough teachers and classrooms. A punitive measure placed on families to ensure their children come to school is hypocritical from any government that neglects the same children by failing to provide adequate funding for a teacher and a classroom. Even if it did work to physically bring more children into a classroom, what is the quality of the education they will receive when there has been underinvestment in teachers and educational infrastructure?

So here we have a clear example of a policy that has been rolled out that lies completely in contradiction to what the evidence shows works in getting children to school.

And of course, the dismal aspects of this policy do not stop there. The policy wasn't applied simply to parent's whose children did not attend school. It applied to anyone who lived in a prescribed area who was on a welfare payment – whether their children went to school or not, whether they even had children or not. There were people who had fought in wars and managed their money their whole lives who suddenly found their veteran's pensions quarantined.

When this policy was rolled out, the legislation suspended the Racial Discrimination Act from applying (meaning that complaints could not be made to the Australian Human Rights Commission), suspended protections and rights of appeal under the Northern Territory anti-discrimination legislation and suspended the rights to appeal to the social security appeals tribunal. It took away the rights of the most marginalised within our community to complain about unfair treatment or unfair impact to just about anyone.

It has become fashionable in the pro-intervention, pro-welfare reform quarters to use slogans such as “you can't eat rights” to justify this kind of trampling on human rights in order to achieve a particular outcome. A kind of “the ends justify the means” reasoning, a modern “this is for your own good” morality tale. But this insipid resort to slogans

trivialises (intentionally) the importance of human rights frameworks as a basis for good policy making.

And surely a good policy maker could come up with policies that are both designed to protect women and children and don't infringe on basic human rights like due process. Surely our policy making capacity isn't so impoverished that we have to cling to a false dichotomy and assert that it is an either/or when it comes to protection against violence and protection of human rights.

While I am unashamedly advocating for the need to shift from ideologically driven policy to research or evidence based policy, I do acknowledge that there is evidence – and there is evidence.

For example, the government claimed it had evidence that the intervention was increasing the consumption of fresh food because more was being sold through community stores. When questions were asked in senate estimates about how these claims were arrived at it was revealed that the basis of the “evidence” were a series of ten phone-calls to community stores asking whether there was an increase in fresh food sales. Six said “yes”, three said “no” and one said they didn't know. Now, I don't want to denigrate the usefulness of phone surveys but one needs to ask more complex questions. For example, who was buying the food? Those whose income was quarantined or the people – the army and an army of public servants – coming in to roll the intervention out.

Despite the claims of Minister Macklin that there is more fresh food being consumed, she has supplied no hard evidence of this, especially since there was no survey done of fresh food consumption before the intervention to compare current consumption rates with.

Let me give you an example now of what I do call evidence. The Sunrise Health Service has been at the frontline in dealing with the health components of the intervention. It operates in the region east of Katherine and covers an area of some 112 000 square kilometres and all but one community in that area are “prescribed areas” and so subject to the intervention including welfare quarantining. Sunrise has been collecting data since before the intervention and has been able to compare that with data collected now.

For obvious reasons, anaemia is a key measure in monitoring child health. Anaemia in children may be the direct result of poor nutrition. If the diet does not contain foods that contain iron, the child will become anaemic. This suggests that if the family is not able to afford good foods, or if good foods are not available, then the child will become anaemic and growth and development will be affected.

The data indicates anaemia rates in children under the age of five in the Sunrise Health Service region have jumped significantly since the Intervention. From a low in the six months to December 2006 of 20 per cent—an unacceptably high level, but one which had been reducing from levels of 33 per cent in October 2003—the figure had gone up to 36 per cent by December 2007. By June 2008 this level had reached 55 per cent, a level that was maintained in the six months to December 2008. In two years, 18 months of which

has been under the Intervention, the anaemia rate has nearly trebled in our region. It is nearly double the level it was before the Sunrise Health Service was established, and more than twice the rate measured across the rest of the Northern Territory.

According to the World Health Organisation, levels of anaemia above 40 per cent represent a severe public health problem. At 55 per cent, the Sunrise Health Service results can be equated to early childhood anaemia levels in Brazil, Burundi, Iraq and Zambia; and are worse than Zimbabwe, Swaziland, Pakistan, Peru, Jamaica, Indonesia, Bangladesh and Algeria.

The Sunrise Health Service has also seen a worrying rise in low birth weight amongst babies, from 9 per cent in the six months leading up to the Intervention; to 12 per cent in December 2007. In the next six months it rose again to 18 per cent, and the figure stood at 19 per cent by December 2008—more than double the pre-Intervention rate. The national figure for Indigenous babies is 14.3 per cent; so from doing better than the national average, they are now 20 per cent worse off. Low birth rate has a variety of causes—including poor nutrition amongst mothers and is, associated with anaemia.

Government sources may dispute or seek to discredit these figures, Sunrise Health Service has been doing medical checks on 96 per cent of children in their area; the intervention health checks only screened 74 per cent.

While there is no conclusive proof that the rise in anaemia rates can be causally linked to the Intervention and its effect, it is clear that the Intervention has failed to address a severe health problem that appears to be further deteriorating. It also shows the critical need to investigate claims of improved diet as a result of welfare quarantining.

Other health concerns have been raised by the Sunrise Health Service about the compulsory quarantining of welfare payments. They have documented instances in which the roll out affected people's capacity to purchase food. This included diabetics, with no local store access, unable to access food for weeks at a time. Their response to this situation was to sleep until food became available.

They also believe that the regime of income management has not reduced alcohol or drug consumption, indeed alcohol restrictions on prescribed communities has merely shifted the problems to larger towns or bush camps. And it has not stopped "humbug" or the conversion of Basic Card purchases into cash for grog. There is also no evidence that it has increased the consumption of fresh food amongst Aboriginal families, which is vital to fighting anaemia.

Underlying all of this is a key mistake that policy makers continue to make about the Indigenous affairs. They continue to overlook and dismiss the knowledge that Aboriginal people have about solving their own problems. This isn't just crazy, leftist, touchy-feely stuff.

We need to move away from only concentrating on the communities that are in crisis to looking at where the successes are. In the face of government neglect and failed policy, many Indigenous communities continue to flourish, creating successful and viable institutions and continuing to keep their cultural values strong and their children safe. We could learn much from what it is that successful organisations and communities do to ensure their effectiveness and viability in this climate and use that information as a basis for developing similar conditions in the communities that fail.

The research in Australia and in Indigenous communities in North America shows consistently that the best way to lessen the disparity between Indigenous and non-Indigenous people is to include Indigenous people in the development of policy and the design and delivery of programs into their communities. Apart from sounding like common sense, the research shows that this engagement assists with ensuring the appropriateness and effectiveness of those policies and programs and ensures community engagement with them therefore better ensuring their success.

This actually requires a commitment to something that policy makers often overlook: the need to invest in human capital. If participation by Indigenous people is a central factor in creating better policy, program and service delivery outcomes, there needs to be more to build up the capacity for that kind of engagement. This would include:

- rebuilding of an interface between the government and the Aboriginal community through representative structures so that governments can more effectively consult with and work with Aboriginal people.
- focusing on the provision of training and education in ways that improve the capacity of Aboriginal communities. This means moving away from simple solutions of simply removing children into boarding schools but looks at a range of strategies that build the skill sets and capacities of adults as well as younger people who need to retain contact with their families if they do leave for better schooling opportunities;
- increasing the number of Aboriginal people in the public service and who are engaged with developing and delivering Aboriginal policies and programs; and
- looking at flexible employment arrangements such as work-for-the-dole schemes that understand that in many Indigenous communities there is no viable workforce or there are barriers to entering the workforce. Such schemes can assist with the provision of services and infrastructure in the community at the same time as they build capacity and skills within the community itself.

And here is one of my key points: Indigenous policy is always targeted at intervention, at emergency. It rarely seeks to look at the underlying issues. Addressing disadvantage requires long term solutions, not just interventions. Rather than always reacting to a crisis, a long-term sustained approach requires addressing the underlying causes of disadvantage. This means resourcing adequate standards of essential services, adequate provision of infrastructure and investment in human capital so that communities are developing the capacity to deal with their own issues and problems and have the skill sets

necessary to ensure their own well-being. There are no short-cuts, quick fixes or panaceas here.

Whatever the perceptions of the electorate, the fact is that there is not enough money spent on Aboriginal housing, education and health. The pot is too small and no government will fix the problems while all they do is engage in trying to redirect the scarce resources to one pressing need at the expense of others.

I want to conclude with one very important point – another issue that policy makers have not grappled with and a by-product from the focus on the Northern Territory and Cape York in Indigenous affairs. Much of Indigenous policy is targeted at remote communities – resources too. Look at where the previous government and the current government are directing resources for social housing and you will see it is primarily focused on remote communities.

Yet the largest Aboriginal communities do not live in remote areas. They live in cities. The largest is here in Sydney – in Mount Druitt and Blacktown. Over 14 000 Aboriginal people live in the Mount Druitt area alone. And on the recent Australian Bureau of Statistics figures it is one of the most socio-economically disadvantaged communities in the country. More disadvantaged than many of the Aboriginal communities being targeted by the federal government.

The cultivation through neglect of urban Aboriginal slums should surely be a policy impact of the past that we definitely do not want to reproduce now or in the future.