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Submission

to the

Northern Territory Government Outstations Policy Discussion Paper

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AMSANT is the peak body for Aboriginal community controlled health services in the NT and advocates for the provision of high quality primary health care services in accordance with the health needs in Aboriginal communities. Through its member organisations and the communities they represent, AMSANT seeks to build strong and viable capacity for the provision of effective health services.

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KEY POINTS

1. There is enormous variability in the size, location, environment, usage patterns, infrastructure and services available to homelands across the Northern Territory.
2. Published health research from around the Northern Territory confirms the views of homelands residents and Aboriginal service organisations on the beneficial health impacts of homelands living. Specifically, homelands living has been shown to be associated with:
 - improved mental health;
 - higher activity levels and a better diet leading to lower rates of overweight and obesity;
 - reduced risk of chronic disease, including diabetes and cardiovascular disease;
 - lower hospitalisation rates;
 - lowered rates of alcohol related injury;
 - reduced levels of petrol sniffing; and
 - increased sense of life control and consequent improved resilience against poor health.
3. Supporting and encouraging homelands living can therefore make a significant contribution to the goal of closing the gap in health between Indigenous and non-Indigenous people.
4. Many of the health benefits of homelands living are likely to be reduced if they are not accompanied by access to comprehensive primary health care services. Increasing and supporting access to these services for homelands residents must therefore be a high priority for all levels of government.
5. Developing improved, flexible methods for the delivery of education services to homelands must also be a priority for government.
6. Reduced support for homelands can be expected to have a number of serious health and social consequences. These include:
 - poorer health for Aboriginal communities;
 - increased demand on infrastructure and services in the larger settlements;
 - increased social problems in larger settlements and regional centres; and
 - increased infrastructure costs, especially in housing.

SUMMARY OF FINDINGS AND RECOMMENDATIONS¹

BACKGROUND AND HISTORY

1. To understand the development of homelands and their current situation and future prospects it is essential to understand the motivations and needs of Aboriginal homelands residents.
2. Today's homelands began in the early 1970s with the re-occupation by Aboriginal people of their traditional lands. This movement was motivated by a rejection of settlement living and non-Aboriginal institutional control, an attempt to escape the conflicts in large communities, a desire to reconnect with traditional lands, and a desire to live a healthier life.
3. During the 1970s, the 'return to country' movement was supported by the recognition of Aboriginal peoples' rights to self-determination, the granting of land rights, and the provision of equitable access to citizenship entitlements.
4. This growth of the homelands movement was strengthened by the development of the CDEP in the 1980s, and during the 1990s by significant investment in infrastructure on homelands largely directed through Outstation Resource Associations (ORAs).

THE CURRENT SITUATION

5. There is enormous variability in the size, location, environment, usage patterns, infrastructure and services available to homelands across the Northern Territory.
6. The variation in size of homelands, including their temporary and seasonal variation, means that it is not appropriate to define homelands in terms of a set population. The definition adopted by the 1987 House of Representatives Standing Committee on Aboriginal Affairs Inquiry in their report *Return to Country* remains both useful and appropriate:

"[Outstations are] small decentralized communities of close kin established by the movement of Aboriginal people to land of social, cultural and economic significance to them.

7. In order to gain an overall impression of the scale of the homelands movement, researchers have used discrete Aboriginal communities with a usual population of less than 100 as an equivalent for homelands. Using this method, it can be estimated that there are an estimated 560 homeland communities in the Territory, with a total population of just under 10,000.
8. Education and health services are less available at homelands than at larger communities, however access at larger communities is still far from complete.

¹ Please refer to the body of this submission for details.

9. A high proportion of homelands have some form of organised water supply, electricity, sewerage and rubbish disposal. While this is comparable to the rates of this infrastructure available in larger communities, the quality of the infrastructure is not known.
10. Just less than half of homelands have a telephone, but less than 1% have access to the internet, compared to over half of larger communities.
11. Population projections show a rapidly growing Indigenous population in many areas of remote Australia. These increases in remote areas of the Northern Territory will necessitate increased investment in services and infrastructure for Aboriginal communities – including both the larger settlements and homelands.

HOMELANDS AND HEALTH: THE EVIDENCE

12. Aboriginal people and the services which they control (specifically homelands resource agencies and Aboriginal community controlled health services) commonly describe the health effects of homelands living as including improved physical health, better mental and emotional health, lessened substance abuse, and reduced violence, including family violence.
13. Published health research from around the Northern Territory confirms the views of homelands residents and Aboriginal service organisations on the beneficial health impacts of homelands living. Specifically, homelands living has been shown to be associated with:
 - improved overall mental health;
 - higher activity levels and a better diet leading to lower rates of overweight and obesity;
 - reduced risk of chronic disease, including diabetes and cardiovascular disease;
 - lower hospitalisation rates;
 - lowered rates of alcohol related injury;
 - reduced levels of petrol sniffing; and
 - increased sense of life control and consequent improved resilience against poor health.
14. Taking into account this evidence, the Australian Health Minister's Advisory Council concludes that:

... evidence from research studies lends support to policy initiatives which would encourage Aboriginal and Torres Strait Islander Australians to return to live on their traditional country ...

15. The evidence indicates that supporting and encouraging homelands living can make a significant contribution to the goal of closing the life expectancy gap between Indigenous and non-Indigenous people. It is particularly significant that the benefits of homelands living are most apparent in areas of greatest health concern – chronic disease, social and emotional well-being, and substance abuse.
16. Conversely, policies that discourage homelands living or reduce Aboriginal people's ability to access services and infrastructure while living on homelands, can be expected to contribute to a widening of the health gap between Aboriginal and non-Aboriginal Territorians.

BARRIERS TO DEVELOPMENT

17. Not all attempts to return to country have been successful, due to difficulties with service provision, infrastructure, or poverty. Solutions to such issues faced by homelands need to be developed in a process of consultation and negotiation with those homelands and their service delivery organisations.
18. The mobility of the Aboriginal people means that issues of service delivery and infrastructure on homelands cannot be looked at in isolation from these issues on larger settlements, in town camps, and in other urban areas. A holistic and long-term approach is needed.
19. Just as in the 1970s, Aboriginal people are continuing to establish homelands centres irrespective of the existence of Government policy of not 'establishing' new homelands. Infrastructure and services should be provided and funded on a needs basis.
20. The Northern Territory Government should clarify the legal basis for its policy position of not 'establishing' new homelands, and critically whether the refusal to support populations on Aboriginal homelands extends to other groups / places.
21. Access to comprehensive primary health care remains an important determinant of health status. Many of the health benefits of homelands living are likely to be reduced if they are not accompanied by access to these services. Increasing and supporting access to comprehensive primary health care services for homelands residents must therefore be a high priority for all levels of government.
22. Education is also an important determinant of long-term health. While there may be some benefits associated with delivery of schooling on homelands, the low proportion of homelands with access to schooling is a matter for concern. Increasing this access must be a major priority for government, along with developing improved, flexible methods for the delivery of education services.
23. Government should accept the 'hybrid' model of the remote Aboriginal economy, and look within it for opportunities to support economic activity. Local priorities and capacities should determine what forms such support takes but may include homelands as significant locations for the production of art and natural and cultural resource management (NCRM) activities.

24. Access to appropriate, reliable infrastructure (including electricity, water, sewerage and rubbish disposal, plus well-designed and maintained housing, a transport network and communications) are all important determinants of the health of homelands living. Missing, inadequate or poor quality infrastructure will inevitably lessen the health benefits of homelands living.
25. Government should conduct an in-depth survey of homelands and their resource agencies to determine the true infrastructure needs of homelands. This should be matched with a well-funded program for meeting those needs. A 'survey-and-fix' methodology should be used that prioritises needs as they become known, and commits resources to fix them while continuing to survey other areas.
26. Reduced support for homelands can be expected to have a number of serious health and social consequences, that are certain to outweigh any benefit derived from the supposed increased efficiency. These include poorer health for Aboriginal communities, increased demand on infrastructure and services in the larger settlements, increased social problems in larger settlements and regional centres, and increased infrastructure costs, especially in housing.

RESPONSE TO THE DISCUSSION PAPER

27. The following suggested eligibility criteria for the support of homelands, contained in the Outstations Policy Discussion Paper, are not appropriate:
 - the outstation is the sole residence of the applicants; and
 - the outstation has adequate access.
28. The following suggested eligibility criteria for the support of homelands, contained in the Outstations Policy Discussion Paper, are appropriate, with some provisos (see body of report for details):
 - Applicants have secure land tenure over the outstation
 - The outstation has an adequate, potable supply of water
 - The outstation has appropriate support from a shire or resource agency.
29. It is not appropriate to define homelands in terms of 'number of permanent residents'.
30. It is not appropriate to define homelands by reference to their distance from major communities.
31. The key questions regarding the 'hub-and-spoke' model are about which functions are centralised and which remain at the local level; how to guarantee equitable access to centralised functions by local areas; and how to ensure a measure of local control over centralised services.
32. Identifying, negotiating, agreeing upon, and then delivering the balance between centralised / local services, based on the principle of local Aboriginal community control, is a process to which all service delivery organisations working in remote Aboriginal Australia should be committed.

33. Matching Outstation Resource Agencies (ORAs) to a standardised 'hub and spoke' model is a matter for the ORAs themselves to determine collectively.
34. Research that focuses on the motivations, priorities and needs of Aboriginal homelands residents themselves should be considered. This research could in particular take into account the views of younger Aboriginal people on homelands, focusing on how they wish to develop their relationship with their traditional lands in the future.
35. Government should set up a formal planning coordination group consisting of all ORAs meeting regularly with Territory and Commonwealth Government Departments to monitor and evaluate action on meeting homelands infrastructure and service delivery needs. Other organisations (such as health and education delivery bodies) should be invited as necessary.
36. The move to individual private ownership of houses on homelands is a matter for those Aboriginal communities to decide. However, given the level of poverty in remote Aboriginal Australia, it is highly unlikely that many people would be able to afford ownership, especially in terms of repairs and maintenance.

INTRODUCTION

In September 2007, the Northern Territory and Australian Governments signed a *Memorandum of Understanding for Indigenous Housing Accommodation and Related Services*. Under this agreement, from 1 July 2008 the Northern Territory Government took over responsibility for essential and municipal services to outstations.

The Northern Territory Government has now produced a Outstations Policy Discussion Paper (OPDP) to seek input to its development of outstation policy.

This submission provides the Aboriginal Medical Services Alliance Northern Territory (AMSANT) response to the Northern Territory Government's Outstations Policy Discussion Paper.

In it, we will respond to some of the key questions raised by the OPDP. However, we also wish to draw a 'bigger picture' about the value of homelands². In particular, there is accumulating evidence about the health and social benefits of homelands living. This evidence needs to be placed at the heart of the development of the Northern Territory Government's Outstation Policy.

This submission is divided into five parts:

1. **background**, including a brief description and history of the homelands movement in the NT;
2. **the current situation**, including a summary of the current context and circumstances of homelands in the NT;
3. **homelands and health: the evidence**, both in terms of the formal published literature and the experience of Aboriginal people and service delivery organisations;
4. **barriers to development**, including an analysis of challenges to on-going successful development; and
5. **response to the NT Government's Outstations Policy Discussion Paper**, focusing on key questions from the OPDP not otherwise dealt with in the previous sections.

BACKGROUND AND HISTORY

The current time is marked by profound changes and challenges to the health and well-being of Aboriginal Australians, especially in the Northern Territory. The last eighteen months has seen the release of the *Little Children are Sacred* report into child sexual abuse and neglect (May 2007); the announcement of the former Federal Government's 'Emergency Intervention' (June 2007); the election of a new Federal Government (November 2007); the commitment of all Australian governments to a policy of 'Closing the Gap' between Aboriginal and non-Aboriginal Australia (December 2007); the new

² In this paper, we shall refer to 'outstations' as 'homelands' to reflect the experience and priorities of the Aboriginal people concerned, for whom the key concept is one of 'returning to country' or 'returning home'.

Federal Parliament's formal Apology to Australia's Indigenous people (February 2008); and the release of the *Review of the NT Emergency Intervention*, and subsequent response by the Federal Government (October 2008).

However, the sometime furious activity of the last year and a half should not distract from the fact that change has been a constant feature of Aboriginal life and government policy for decades. For example, the last forty years have seen the implementation of minimum wages for Aboriginal workers, a national referendum recognizing full Aboriginal citizenship rights, the winning of land rights, the Royal Commission Into Aboriginal Deaths In Custody, the overturning of the doctrine of *terra nullius* and the recognition of native title, the creation and then dismantling of the Aboriginal and Torres Strait Islander Commission, and the establishment of a network of Aboriginal community controlled health services across the country – to name only a few of the major changes.

Amongst these changes, however, one of the most profound for Aboriginal Territorians has been the homelands movement. Today's homelands had their origin in the early 1970s with the voluntary and spontaneous re-occupation of their traditional lands by Aboriginal people, away from the former mission and government settlements in which they had been previously concentrated.

Critical for understanding the development of homelands, and their current situation and future prospects, are the motivations of the Aboriginal people involved. As the landmark *Return to Country* report of the House of Representatives Standing Committee on Aboriginal Affairs put it in 1987:

The history of the homelands movement is one of Aboriginal people returning to land from which they were encouraged to move by governments intent on centralizing them in a number of communities to 'protect' and assimilate them and to make bureaucratic supervision easier.³

Thus, the homelands movement was quite specifically a rejection of settlement living and non-Aboriginal institutional control, and an attempt to escape the conflicts produced in large communities by the concentration of numerous different Aboriginal kin and language groups. Further, it was motivated by a desire to reconnect with traditional lands and to meet the responsibilities that went with those lands. It was also quite explicitly a desire to move to a healthier life, particularly given the extremely high levels of infectious disease and infant mortality on these settlements in the 1960s.⁴

During the 1970s, the 'return to country' movement was given impetus by the change from a government policy founded on the principles of assimilation to one that recognised the rights to self-determination of Aboriginal peoples; the granting of land rights; and the provision of equitable access to citizenship entitlements.⁵

³ Blanchard, C. A. (1987). *Return to Country: The Aboriginal Homelands movement in Australia*. Report of the House of Representatives Standing Committee on Aboriginal Affairs. Canberra, Australian Government Publishing Service. p18

⁴ Ibid.

⁵ Altman, J. C. (2006). *In Search of an Outstations Policy for Indigenous Australians*, Centre for Aboriginal Economic Policy Research (CAEPR). Working Paper No. 34/2006., Taylor, J. (2006). *Population and Diversity: Policy Implications of Emerging Indigenous Demographic Trends*, The Centre for Aboriginal Economic Policy Research. DISCUSSION PAPER No. 283/2006.

This growth of the homelands movement was further strengthened by the development of CDEP in the 1980s, and during the 1990s by ATSIC's *National Homelands Policy*, which saw a significant investment in infrastructure on homelands (particularly in housing and access to drinking water), largely directed through Outstation Resource Associations (ORAs) formed by Aboriginal people and funded by Government to support the homelands.⁶

From their beginnings, Aboriginal homelands expanded rapidly. In 1981 there were estimated to be 4,200 Aboriginal Australians living on homelands; in 1985 this had grown to 10,000; and by 2001 this had doubled again to around 20,000 people across the nation.⁷

Throughout this period, the resourcing of homelands remained a Australian Government responsibility and while service delivery to homelands remained a concern to policy-makers, there was general support for Aboriginal people's rights to return to country. However, with the abolition of ATSIC in 2005 the Federal Government took a more negative view of the homelands movement, with the then Minister for Indigenous Affairs, Amanda Vanstone, describing them as 'cultural museums' and questioning whether services and infrastructure to homelands could or should be maintained.⁸

It is against this history that the current situation of the homelands movement must be understood.

THE CURRENT SITUATION

Defining homelands

Defining 'outstations' or 'homelands' is an issue that has troubled policy-makers since the beginning of the homelands movement.

The first and most important point to note is the enormous variability of homelands across the Northern Territory. They range from large permanently occupied and comparatively well-resourced communities, to places marked only by one or two temporary dwellings which are only visited occasionally and have poor or non-existent infrastructure and services. The environments in which they are located – from the arid regions of Central Australia, to the tropical savannas and coasts of the Top End – are also diverse, as are their distance from other settlements, the services they receive and the amount and quality of infrastructure in place. No definition can afford to ignore this huge diversity.

For these reasons, it is not appropriate to define homelands in terms of a set population, because the 'size' of a homeland varies enormously across geography and in time.

⁶ Altman, J. C. (2006). In Search of an Outstations Policy for Indigenous Australians, Centre for Aboriginal Economic Policy Research (CAEPR). Working Paper No. 34/2006.

⁷ Blanchard, C. A. (1987). Return to Country: The Aboriginal Homelands movement in Australia. *Report of the House of Representatives Standing Committee on Aboriginal Affairs*. Canberra, Australian Government Publishing Service. and Altman, J. C. (2006). In Search of an Outstations Policy for Indigenous Australians, Centre for Aboriginal Economic Policy Research (CAEPR). Working Paper No. 34/2006.

⁸ Vanstone, A. (2005). AM 9 December 2005, ABC radio.

Geographically across the Northern Territory the number of permanent or semi-permanent residents of homelands is highly variable: in some places it may literally be one or two people, in others homelands may have more or less permanent populations of well over 100.

Homeland size also varies across time, depending on the season and also on the priorities and needs of their residents. Especially in the Top End, many homelands are much reduced in size during the Wet season when access into or out of them is difficult or impossible. In addition, throughout the year Aboriginal residents of homelands may travel to other homelands, to nearby settlements, and to major towns for varying periods of time and for a range of reasons: to meet cultural obligations⁹, to access services, to take up employment, to attend meetings, or for social visits.

Therefore, the broad definition adopted by the 1987 House of Representatives Standing Committee on Aboriginal Affairs Inquiry in their report *Return to Country*:

*... small decentralized communities of close kin established by the movement of Aboriginal people to land of social, cultural and economic significance to them.*¹⁰

remains both useful and appropriate.

We also note Professor John Altman's approach (quoted in the OPDP), which provides an important contribution to defining and understanding homelands, recognising as it does the variation inherent in homelands' size and location:

Outstations can be understood in at least two ways. They are locales where small groups of generally related people live on land to which they have statutory ownership and/or descent-based affiliation. This can be understood as the outstation, 'the place'.

*Outstations can also be represented as the distinct Indigenous social groupings associated with these places. While there are usually some members of this flexible social group at an outstation, some members of this group also generally reside elsewhere. In this way, outstations can also be understood as 'the people' associated with the locale.*¹¹

The scale and conditions of the homelands movement

Despite the impossibility of defining a homeland in exact geographical or population terms, we can get some idea of the broad scale and conditions of the homelands movement from the latest Community Housing and Infrastructure Needs Survey (CHINS)

⁹ It is particularly important to note that some homeland centres may be abandoned for some considerable time if a death has occurred at that place; this does not mean, however, that the Aboriginal group concerned does not intend to re-occupy the site at some future point.

¹⁰ Blanchard, C. A. (1987). *Return to Country: The Aboriginal Homelands movement in Australia*. [Report of the House of Representatives Standing Committee on Aboriginal Affairs](#). Canberra, Australian Government Publishing Service. page 7. Note that due to error, this is not the same as the definition attributed to *Return to Country* by the OPDP on page 13. See below for more detail on this point.

¹¹ Altman, J. C. (2006). *In Search of an Outstations Policy for Indigenous Australians*, Centre for Aboriginal Economic Policy Research (CAEPR). Working Paper No. 34/2006. p 4

data, re-issued by the Australian Bureau of Statistics in 2006.¹² This data, while unlikely to be completely accurate, is the closest estimate of Aboriginal community populations currently available. The analysis below is based on using communities with less than 100 people usually resident as being equivalent to homelands. This is not exact, and should not be used as a way of determining whether or not a particular community is or is not 'a homeland'. However, this method follows other researchers in providing a workable estimate of the numbers of people involved and the conditions under which they live.

TABLE 1: NUMBER OF INDIGENOUS COMMUNITIES IN THE NORTHERN TERRITORY, BY POPULATION SIZE AND NUMBER OF DWELLINGS¹³

	Number of communities with population less than 100	Number of communities with population of 100 or more	Total number of communities
Non-remote communities	7	2	9
Remote Australia	62	11	73
Very Remote Australia	491	68	559
All communities	560 87%	81 13%	641 100%
Reported usual population	9,951 24%	31,730 76%	41,681 100%
Average population	18	392	65
Number of permanent dwellings	2,070	5,126	7,196
Permanent dwellings per community	3.7	63.3	11.2
Population per permanent dwelling	4.8	6.2	5.8

The key findings from this data for the Northern Territory are:

- There are an estimated 560 communities with a population of less than 100 (87% of all discrete Aboriginal communities);
- 491 of these homelands (88%) are classified as being very remote; 62 (11%) are classified as remote;
- Their total population is 9,951, comprising 24% of the total population of discrete Aboriginal communities;
- The average size of a homeland is 18 people compared to 392 for other Aboriginal communities;
- Each homeland has an average of 3.7 permanent dwellings;

¹² Australian Bureau of Statistics (2006). Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities, Australia, 2006

¹³ Ibid.

- There is less over-crowding in homeland dwellings, with 4.8 residents per permanent dwelling compared to 6.2 on larger Aboriginal communities.

The CHINS data also contains useful information about services available and infrastructure on Aboriginal communities. Again, this data is unlikely to be completely accurate. Particularly importantly, the data does not say anything about the *quality* of the infrastructure or services in place. Nevertheless, this provides the best statistical estimates available on infrastructure and services to homelands.

TABLE 2: NUMBER OF COMMUNITIES IN THE NORTHERN TERRITORY BY POPULATION SIZE AND SELECTED CHARACTERISTICS¹⁴

	Number of communities with population less than 100		Number of communities with population of 100 or more	
Educational facilities				
Primary school	56	10%	64	79%
Secondary school up to Year 10	5	1%	16	20%
Secondary school up to Year 12	0	0%	13	16%
Pre-primary	5	1%	36	44%
Health facilities				
Aboriginal Primary Health Care Centre	9	2%	38	47%
Other (state funded) community health centre	2	0%	32	40%
Health professionals*				
Registered nurse	163	29%	68	84%
Doctor	106	19%	61	75%
Indigenous health worker - male	135	24%	44	54%
Indigenous health worker - female	134	24%	54	67%
Infrastructure				
Water supply	553	99%	81	100%
Electricity supply	540	96%	81	100%
Sewerage system	554	99%	80	99%
Rubbish disposal	558	100%	79	98%
Telecommunications				
Telephones	269	48%	78	96%
Satellite dish	17	3%	56	69%
Radio	50	9%	72	89%
Television	49	9%	79	98%
Internet	2	0%	45	56%

*Visiting or working in the community

In summary:

¹⁴ Ibid.

- primary school facilities are available at 56 (10%) of homelands communities, compared to 64 (79%) of larger communities;
- secondary school up to Year 10 is only available at a very small proportion (1%) of homelands; secondary school to Year 12 is not available at any homeland. While secondary school availability is greater at larger communities, it is still far from complete (20% to Year 10; 16% to Year 12);
- very few homelands have established health care centres (2%), and these are overwhelmingly provided by community controlled rather than government health services;
- less than one third of homelands have access to a resident or visiting doctor or nurse (19% and 29% respectively). Access at larger communities is higher, but still far from complete (75% and 84%);
- around one quarter of homelands have a resident or visiting male or female Aboriginal Health Worker;
- a high proportion (between 96% and 100%) of homelands have some form of organised water supply, electricity, sewerage and rubbish disposal – comparable to the rates in larger communities;
- just less than half (48%) of homelands have a telephone, compared to almost all (96%) of larger communities;
- only 2 homelands (less than 1%) have access to the internet, compared to over half (56%) of larger communities.

Demography and projections

As well taking account of the history and current situation of homelands, planning for future service delivery and infrastructure needs should include the evidence for future demographic changes.

Across Australia, the Indigenous population in remote areas has grown by 23 per cent since the early 1980s, while the non-Indigenous population in these areas has fallen. This trend is expected to continue. Medium- term projections (to 2016) see a rapidly growing Indigenous population in many areas of remote Australia including especially west Arnhem Land and the Gulf country of the Northern Territory, and more moderate but still sustained growth across the arid zone.¹⁵

This conclusion is supported by the Northern Territory Emergency Response (NTER) Review Board which commissioned an examination of current and future demographics for the areas affected by the NTER (Aboriginal (ALRA) Land, Community Living Areas (CLAs) and town camps).¹⁶ This estimated that the current population of these areas is close to 46,000, with over 16,000 (36%) of those being aged up to 15 years.

¹⁵ Taylor, J. (2006). Population and Diversity: Policy Implications of Emerging Indigenous Demographic Trends, The Centre for Aboriginal Economic Policy Research. DISCUSSION PAPER No. 283/2006.

¹⁶ Northern Territory Emergency Response Review Board (2008). Report of the NTER Review Board October 2008, Appendix 9: The demography of NTER prescribed areas.

Projections for the future show the Aboriginal population in these areas is set to increase by 20% by 2021 to almost 55,000.

These dramatic population increases in remote areas of the Northern Territory will necessitate increased investment in services and facilities for Aboriginal communities – including both the larger settlements and homelands.

HOMELANDS AND HEALTH: THE EVIDENCE

The view from the Aboriginal community

From the beginning of the homelands movement, Aboriginal people cited better health as one of their reasons for leaving the larger settlements. The 1987 House of Representative Inquiry noted that they had heard much qualitative evidence that homelands living led to better health, and that this was attributable to less infectious disease transmission in small communities, a better diet from bush tucker, and a lack of access to alcohol and petrol for sniffing.¹⁷

Aboriginal people and the services which they control (specifically outstation resource agencies and Aboriginal community controlled health services) are still providing that qualitative evidence based on Aboriginal experience. Commonly the health effects of homelands living which they describe include:

- **homelands living is physically healthier**, both through improved diet (a higher availability and use of bush foods which are comparatively low in fat and sugar compared to store foods) and through increased physical activity associated with hunting, fishing and gathering of bush foods;
- **homelands living contributes to mental and emotional health**, through improved self-esteem and self-confidence gained by living in a manner based on Aboriginal cultural values, and also the relative freedom from the social stresses of living in larger settlements and regional centres, where many different groups live ‘mixed up’ and where the potential for conflict and violence is consequently higher;
- **substance abuse is lessened on homelands**, especially alcohol abuse and petrol sniffing with possibly also reduced access to tobacco;
- **violence – and especially family violence – is reduced on homelands**, partly due to the reduced access to alcohol but also because the small-scale of homeland communities, their relatedness, and the relative strength of the traditional relationships means that conflict is more easily dealt with before it escalates.¹⁸

¹⁷ Blanchard, C. A. (1987). Return to Country: The Aboriginal Homelands movement in Australia. [Report of the House of Representatives Standing Committee on Aboriginal Affairs](#). Canberra, Australian Government Publishing Service.

¹⁸ This is in contrast to the views of the former Minister for Indigenous Affairs (see Vanstone, A. (2007). Beyond Conspicuous Compassion: Indigenous Australians Deserve More Than Good Intentions. [A Passion for Policy: Essays in Public Sector Reform](#). J. Wanna, Australian National University (E Press). However, the experience of Aboriginal people that homelands are safer for women and children is supported by the evidence – see below.

It is important to note once again the huge diversity of Aboriginal homelands life; it would be a mistake to believe that *all* these benefits exist on *all* homelands irrespective of their size, services, infrastructure or location. Nevertheless, these effects are consistently reported by Aboriginal people and organisations, and it would be inappropriate to dismiss this qualitative evidence of the benefits of homelands living. Instead, understanding and exploring this Aboriginal experience of homelands living should be a centrally important aspect of policy-making.

Research evidence on health and homelands

In 1987, the House of Representatives Standing Committee on Aboriginal Affairs reported Aboriginal people's experience of how homelands life was healthier than settlement living, and while broadly accepting that view, found little specific quantitative evidence to support it. Since that time, research evidence has accumulated which clearly supports the Aboriginal community perspective that homelands living is associated with better health, especially in the key areas of chronic disease, alcohol and violence, physical activity and diet.

It is not the purpose of this submission to provide a full literature review on the health effects of homelands living. However, the key pieces of research from around the Northern Territory are as follows. It is important to note how directly they confirm the views of homelands residents and Aboriginal service organisations.

IMPROVED MENTAL AND PHYSICAL HEALTH (PAPUNYA)¹⁹

In the mid-1970s, soon after the beginning of the homelands movement, a number of health benefits were observed on Kungkayunti, a homeland near Papunya in Central Australia. Compared to those living in Papunya, homelands residents were found to have both greater self-esteem (due to being independent of the control of non-Indigenous public servants in the larger settlement), and better physical health largely due to getting over half of their food from hunting and foraging, compared to those at Papunya who were almost entirely dependent on food from the government store.

REDUCED RISK FOR OBESITY AND DIABETES (NORTH-EASTERN ARNHEM LAND)²⁰

During the 1980s, the health of residents of a homeland centre was studied in detail using a variety of biomedical markers for risk factors in the development of chronic disease. The study found residents had relatively low risk factors for development of obesity and diabetes (with low body-mass indexes (BMIs) but no evidence of malnutrition) compared to residents of the centralised community of Yirrkala.

¹⁹ Morice, R. D. (1976). "Woman dancing dreaming: Psychosocial benefits of the Aboriginal outstation movement." *Med J Aust* 2: 939-942.

²⁰ O'Dea, K., N. White, et al. (1988). "An investigation of nutrition-related risk factors in an isolated Aboriginal community in Northern Australia: advantages of a traditionally-orientated life-style." *Medical Journal of Australia* 148: 177-180.

The provision of better sanitation and water facilities in homelands and the availability of health care were seen as strategies to support Aboriginal people to resume more traditional living, with a consequent reduction in chronic disease risk.

LOWER MORTALITY, REDUCED HOSPITALISATION, REDUCED RISK FOR CHRONIC DISEASE AND LOWER ALCOHOL RELATED INJURY (UTOPIA 1998)²¹

Two important studies have been published documenting the health of the Utopia communities, who returned to their traditional lands in the 1970s and have adopted a dispersed way of living in 16 homeland centres spread over 10,000 square kilometers of country.

The first study, published in 1998, compared the health outcomes of people at Utopia (which was not named in the article) with those of people living at a large centralised Aboriginal community in Central Australia.

It found demonstrable differences in adult health status between the two communities, with Utopia residents having significantly lower mortality, largely due to lower rates of alcohol related injury. They also had significantly lower hospitalisation rates, were less likely to have diabetes and had a lower average BMI.

These health benefits were taken to be largely the result of the more active outstation lifestyle with its higher level of reliance on bush foods, plus living away from the ready availability of alcohol. The cultural aspects of people living in harmony with the land and their own holistic concept of health were also seen to be important contributing factors.

LOWER MORTALITY, REDUCED RISK OF CHRONIC DISEASE, LOWERED HOSPITALISATION FOR CARDIOVASCULAR DISEASE (UTOPIA 2008)²²

Ten years after the study above was published, a follow up study looked specifically at mortality rates since 1995 and trends in risk factors. This study confirmed the earlier results, finding that 'all-cause' and cardiovascular disease mortality rates were lower at Utopia than for Northern Territory Indigenous people in general (although 'all-cause' mortality was still significantly worse than for non-Indigenous Territorians). There were also significant reductions in some risk factors, especially for cardiovascular disease, such as impaired glucose intolerance, high cholesterol, and smoking (in men); and a relatively low rate of hospitalisation for cardiovascular disease.

This study concluded that outstation living, with a better diet and greater physical activity, plus living more harmoniously with culture, family and land contributed to the better health of Utopia residents. However, they also identified the existence of the community-controlled Aboriginal Medical Service, and its provision of outreach (rather than just centre-based) care and chronic disease management and prevention

²¹ McDermott, R., K. O'Dea, et al. (1998). "Beneficial impact of the Homelands Movement on health outcomes in central Australian Aborigines." *ANZJPH* 22: 653-658.

²² Rowley, K. G., K. O'Dea, et al. (2008). "Lower than expected morbidity and mortality for an Australian Aboriginal population: 10-year follow-up in a decentralised community." *MJA* 188: 283-287.

programs such as well-person's health checks as an important contributor to better health.

IMPROVED DIET AND PHYSICAL ACTIVITY, REDUCED RISK OF DIABETES AND CARDIOVASCULAR DISEASE (WESTERN AND CENTRAL ARNHEMLAND)²³

A recently published paper by the Menzies School of Health Research was able to quantify chronic disease risk and participation in natural and cultural resource management (NCRM) on Aboriginal lands. It found that NCRM participants reported a more nutritious diet and a greater degree of physical activity, and that this was backed up by better outcomes across a broad array of risk factors linked to diabetes and cardiovascular risk. The study concluded that investment in natural and cultural resource management on Aboriginal lands has the potential to promote significant health gains in addition to the more obvious environmental and economic benefits.

REDUCED PETROL SNIFFING

Petrol sniffing has been a significant focus of government and service provider attention for many years, and homelands have been found to be an important means of diverting young people from the practice of sniffing, and as places of rehabilitation for sniffers.²⁴ Having access to functioning homelands has enabled some families to escape petrol sniffing problems on larger communities, but they have also been used as locations for successful interventions for young people – the Mt Theo outstation near Yuendumu being a well-known example, which combined with strong community action during the 1990s to largely eliminate petrol sniffing from that community.²⁵

INCREASED LIFE CONTROL AND BETTER HEALTH

Aboriginal homelands residents and their service organisations emphasise the health effects of people's enhanced ability to control their own lives and be comparatively free of stress on homelands. This view has strong international evidence to back it: since the now famous 'Whitehall' studies of the 1970s, 'the control factor' has been recognised as an important contributor to patterns of disease; the evidence shows that the less control people have over their lives and environment, the more likely

²³ Burgess, C. P. and F. Johnston (2007). *Healthy Country: Healthy People - Indigenous Natural and Cultural Resource Management and Health*. Darwin, Menzies School of Health Research.

²⁴ Ministerial Council on Drug Strategy (2006). *National Drug Strategy: Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009: background paper*. Canberra, Ministerial Council on Drug Strategy: vi,78.

²⁵ d'Abbs, P. and S. Maclean (2000). *Petrol Sniffing in Aboriginal Communities: A Review of Interventions*. Casuarina, Cooperative Research Centre for Aboriginal and Tropical Health.

they are to suffer ill health.²⁶ Powerlessness has been identified as a risk factor for disease in the Australian Indigenous context.²⁷

Governmental response to the evidence

The evidence (both direct and indirect, and quantitative and qualitative) about the health benefits of homelands living has been accumulating over the last thirty years. This has now been recognised in the major policy positions of Australian Governments. The Australian Health Minister's Advisory Council, after exhaustively examining the evidence, draws several conclusions for Government policy, including that:

... evidence from research studies lends support to policy initiatives, which would encourage Aboriginal and Torres Strait Islander Australians to return to live on their traditional country ...

...

Ongoing access to traditional land is also seen as a determinant of health status, particularly where bush tucker can be accessed, physical exercise is part of daily life and alcohol/drug use is low

...

Emotional and Social Well-being has as one of its objectives 'reduced impact of grief, loss and trauma resulting from the historical impacts of past policies and practices, social disadvantage, racism and stigma'. It is appropriate for access to homelands/traditional country to be considered as part of strategies to address social and emotional wellbeing ...²⁸

Closing the gap

All Australian Governments – including the Northern Territory Government – have now committed themselves, through the COAG process, to closing the life expectancy gap between Indigenous and non-Indigenous Australians within a generation.

The evidence from the Aboriginal and research communities demonstrates that supporting and encouraging homelands living can make a significant contribution to this goal – as well as leading to reduced health care costs due to lower disease and hospitalisation rates. It is particularly significant that the benefits of homelands living are most apparent in areas of greatest health concern – chronic disease, social and emotional well-being, and substance abuse.

Conversely, policies that discourage homelands living or reduce Aboriginal people's ability to access services and infrastructure while living on outstations, can be expected

²⁶ Rossum, C. v., M. J. Shipley, et al. (2000). "Employment grade differences in cause specific mortality. A 25 year follow up of civil servants from the first Whitehall study." *Journal of Epidemiology Community Health* 54: 178-184, Marmot, M., J. Siegrist, et al. (2006). Health and the psychosocial environment. *The Social Determinants of Health*. M. Marmot and R. G. Wilkinson, Oxford University Press.

²⁷ Tsey, K., M. Whiteside, et al. (2003). "Social determinants of health, the 'control factor' and the Family Wellbeing Empowerment Program." *Australasian Psychiatry* 11(3 supp 1): 34–39.

²⁸ Australian Health Ministers' Advisory Council (AHMAC) (2006). Aboriginal and Torres Strait Islander Health Performance Framework Report 2006. AHMAC. Canberra.

to contribute to a widening of the health gap between Aboriginal and non-Aboriginal Territorians.

BARRIERS TO DEVELOPMENT

This section will look at some of the barriers to successful homelands living and some pathways to solving these challenges. Solutions to the issues faced by any specific homeland or group of homelands need to be developed in a process of consultation and negotiation with those homelands and their service delivery organisations.

There is no universal experience of homelands living – every place faces its own challenges, and different Aboriginal groups have their own priorities and capacities. However, there are a number of common barriers to successful homelands living. Some of these barriers have been difficult for Aboriginal groups to overcome and in some cases, they have proved insurmountable. Not all attempts to return to country have been successful – in some places homelands are rarely used or have even been effectively abandoned due to difficulties with service provision, infrastructure, or poverty.

The well-documented mobility of Aboriginal people in the Northern Territory means that issues of service delivery and infrastructure on homelands cannot be looked at in isolation from these issues on in larger settlements, in town camps, and in other urban areas. A holistic and long-term approach is needed.

Government policy

In the early years of the homelands movement, Aboriginal groups received little or no support from Government for their move back to country. In these early years, the homelands movement happened in spite of, not because of, Government – it was only later that Government provision of infrastructure and funding of services contributed to the success of the movement.

The homelands movement is still evolving, and even today many Aboriginal groups are moving back to their country, especially as the population increases. The Northern Territory Government may have a policy position of not ‘establishing’ new homelands; but just as in the 1970s, Aboriginal people are establishing homelands centres themselves.

Two important points arise from this situation.

First, service delivery organisations have to take account of the groups of Aboriginal people who are returning to their country, either temporarily or permanently, whether or not they are recognised by government. This creates a further mismatch between the funding received by those service delivery organisations – such as health services – and what they are funded to deliver. Accordingly, infrastructure and services should be provided and funded on a needs basis – not on the basis of a policy position which does not take account of the reality ‘on the ground’.

Second, it raises the question of the legal basis for the policy position of not ‘establishing’ new homelands. Critically, does this blanket approach of refusing to support population growth on Aboriginal homelands extend to other groups and places? For example, does

the Northern Territory Government also refuse to support (through the provision of services and infrastructure) the establishment of new non-Aboriginal groups in remote areas of the Territory – for example associated with a pastoral or mining activities? The Northern Territory Government should clarify its policy position on this point.

The challenges of remote service delivery

Delivery of services – especially health and education services – to homelands residents has been identified as one of the most significant challenges posed by homelands living.

As far as health services are concerned, and despite the undoubted health benefits of homelands living, access to comprehensive primary health care (and through it, to other levels of care) remains an important determinant of health status. Many of the health benefits of homelands living are likely to be reduced if they are not accompanied by access to health programs, particularly those critical for population health such as child and maternal health and chronic disease detection and management. It is significant that the strongest demonstration of the improved health status associated with homelands living, at Utopia, was also associated with the presence of a well-established primary health care service under Aboriginal community control, that provided outreach health services to the homelands.

Similarly, education is an important determinant of long-term health. There is strong evidence linking early childhood development to literacy, social competence and success in school, and in turn, that education attainment is linked to personal health status and socio-economic position later in life.²⁹

Anecdotally it has been reported that there are some benefits to homelands living in terms of education. According to this view, children are more likely to attend classes when they are provided on the homelands because the relatively small size and better social functioning of the community strengthen parents' abilities to exert their responsibilities to send children to school. Simply put, children can't escape into the confusion that often characterises life on larger settlements.

Nevertheless, the low proportion of homelands with access to schooling (especially primary and pre-school) is a matter for concern (see Table 2 above). Increasing this access must be a major priority for government, along with developing improved, flexible methods for the delivery of education services and better support for teachers.

Service delivery in both health and education can be improved through such strategies as:

- increased resourcing for out-reach health and education services;
- increased resources for health and education providers to homelands to ensure that service delivery staff (teachers and health workers) are well-trained and well-supported;

²⁹ Wilkinson, R. and M. Marmot (1998). *Social Determinants of Health: the Solid Facts*, World Health Organization Regional Office for Europe.

- investment in transport, such as regular homelands ‘bus’ runs, to allow Aboriginal people to access more centrally located services, for example to bring children to school in the morning and take them home in the afternoon;
- use of technology to support remote service delivery, including eHealth and distance learning systems;
- training and support for locally based health and education professionals, especially Aboriginal Health Workers and teachers; and
- investigating more flexible approaches to service delivery that fit with Aboriginal priorities (for example, a flexible school year that fits with seasonal living patterns).

Economic activity

Much of the debate about the future of homelands has centred around the question of their viability, often interpreted as referring to their economic viability. This debate needs to be put in context. Few remote Aboriginal settlements are ‘economically viable’ in the sense usually accepted in the policy context. Instead, most of them have what has been described as a ‘hybrid’ economy based mainly on state funding (government and non-government service providers, citizen entitlements, CDEP etc), with a small private sector (stores, art collectives, mining, pastoral activity etc), plus traditional economic activities (hunting and gathering, land management etc).³⁰

Many Aboriginal groups – consistent with the high value given to autonomy in their cultures – are keen to set up their own enterprises in order to minimise their dependence on government funding and the restrictions that it often imposes. There are many local successes with such groups setting up successful enterprises. Nevertheless, as a general rule the ‘hybrid’ economy model is unlikely to change dramatically in the short-term – the distance from markets, the lack of transport and other infrastructure, difficulties with seasonal access, climate, soil and weather that are not generally supportive of agriculture: all these limit the ability of all remote area Aboriginal communities to develop an independent private sector.³¹

This, coupled with the high levels of poverty faced by many Aboriginal families, means that continued government investment and support for local economic activities is needed if the homelands are going to continue to develop and provide the health and social benefits for their residents.

Government should therefore accept the ‘hybrid’ model of the remote Aboriginal economy, and look within it for innovative opportunities to support economic activity. Local priorities and capacities should determine what forms such support takes; two important possibilities among many are:

³⁰ Taylor, J. (2006). Population and Diversity: Policy Implications of Emerging Indigenous Demographic Trends, The Centre for Aboriginal Economic Policy Research. DISCUSSION PAPER No. 283/2006.

³¹ HREOC 2006 native title report

- **homelands as significant locations for the production of art.** Art requires relatively little infrastructure, derives from and reinforces cultural value, fits well with Aboriginal aspirations and living patterns, and remains a potential source of significant resources for Aboriginal families; and
- **natural and cultural resource management (NCRM) activities** ('looking after country') have the potential to become more significant in the future, especially with the development of strategies to minimise greenhouse gas emissions in the Territory. The West Arnhem Land Fire Abatement (WALFA) Project provides an innovative model that is a collaboration between government, private industry and traditional owners that is reducing greenhouse gas emissions by the equivalent of over 100,000 tonnes of CO² per year, while protecting cultural heritage of global importance and helping to safeguard habitats of unique plant and animal species.³²

Infrastructure, transport and housing

Access to appropriate, reliable infrastructure such as electricity, water, sewerage and rubbish disposal, plus well-designed and maintained housing, and a transport and communication network that links homelands to each other and to larger centres are all important determinants of the health of homelands living. Missing, inadequate or poor quality infrastructure, housing, and transport / communication services will inevitably undermine the health benefits of homelands living.

The Community Housing Infrastructure Needs Survey (CHINS) provides an overall picture of the level of housing, transport and infrastructure on homelands communities (see summary in Table 2 above).³³

- According to this picture, **the majority of homelands have basic infrastructure** (water, sewerage, rubbish collection and electricity) in place. This represents a major investment by government over the last three decades. However, the CHINS data says little about the quality or reliability of homelands infrastructure. This remains poor at many places; for example, there may be a bore to supply water, but the amount and quality of that water and the reliability of pumps to provide it to the community may be inadequate.
- **Adequate transport is key to homelands populations** being able to derive the health benefits from homelands living while accessing services which it may not be possible to deliver at the local level. The need for transport will vary greatly from place to place and also from season to season. Currently very few remote Aboriginal communities have access to public or community transport (only 11 and 6 communities respectively according to the CHINS data), leaving many communities to rely on private vehicles to access the larger settlements for supplies, services etc. In a situation marked by poverty where there are few

³² Tropical Savannas Cooperative Research Centre. "The West Arnhem Land Fire Abatement Project (WALFA)." from http://savanna.cdu.edu.au/information/arnhem_fire_project.html.

³³ Note that the tables available on the CHINS website (at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4710.02006?OpenDocument>) provide a large amount of additional detail.

private vehicles and those that exist tend to be unreliable, this is a major barrier to allowing Aboriginal people to remain on their homelands while also being able to access other services and facilities as needed. Government should consider resourcing subsidised regular homelands ‘bus’ services between homelands and the appropriate nearest major settlement in order to facilitate access to health, education and other services, including stores.

- **Healthy housing is also a key requirement for homelands living.** The 1990s saw a major investment in housing across Aboriginal Australia, including in homelands. Currently in the Northern Territory there are over 2,000 permanent dwellings on homeland communities (see Table 1 above). As a result, overcrowding is actually less on homelands than that in the major settlements. Nevertheless, with the increasing populations in remote areas, continuing to invest in new, appropriately designed houses on homelands will be necessary. Ensuring adequate resourcing of, and efficient processes for repairs and maintenance is also critical, given the potential for poorly maintained houses to undermine, rather than enhance, the health of their occupants.
- **Communications technology** is an important support for homelands living – enabling residents to contact services from their homelands allows a greater level of independence. Currently under half of homelands have a telephone. Even where they exist their functioning may be unreliable. While internet access is currently almost non-existent on homelands, in the long-term this may provide solutions to the challenge of isolation posed by homelands living – some education and health services in particular are increasingly able to be delivered through this medium. It should also be noted that many young Aboriginal people even in very remote areas are ‘computer literate’ and are increasingly part of the interconnected and globalised world; their skills and knowledge should be supported so use the tools of modern technology to support living on traditional lands.

Despite the overall picture provided by the CHINS data, the quality, reliability and appropriateness of infrastructure (including transport, housing and communications technology) remains a gap in knowledge which government should fill with an in-depth survey of homelands and their resource agencies to determine their true infrastructure needs. This should be matched with a well-funded program for meeting those needs. Note that additional investment should not wait until all homelands have been examined; instead a ‘survey-and-fix’ methodology should be used such that prioritises needs as they become known, and commits resources to fix them while continue to survey other areas.

Expected effects of reduced homelands services and support

Many Aboriginal people and organisations are concerned that statements by a previous Federal Minister about the viability of homelands signal a wider change in thinking amongst governments and senior bureaucrats, and that they may herald a period where there are attempts to reduce support for homelands on the basis that it is supposedly too difficult or inefficient to deliver services or maintain infrastructure on them.

However, reduced support for homelands through infrastructure and services can be expected to have a number of serious health and social consequences, that are certain to outweigh any benefit derived from any supposed increased efficiency.

Aboriginal people have shown themselves to be powerfully motivated to return to their traditional lands. In the early days of the homelands movement, the desire to live a healthier, more independent life that allowed them to maintain their relationship to their country overcame many of the difficulties they faced. In particular, many groups preferred to live on their lands even if supported by very little in terms of infrastructure or services. Consequently, should Government policy or practice change to reduce support to homelands, it can be expected that a proportion of homelands residents will still choose to live on their lands. In this case, the health gains from homelands living may be undermined by the lack of infrastructure or its poor maintenance, and/or reduced access to services.

It can also be expected that reduced support will force a proportion of homelands residents to move (either permanently or temporarily) to the larger settlements or to regional centres. This can be expected to have several negative effects including:

- reduced health status associated with living in the larger settlements or regional centres and consequent greater costs for health services and hospitals;
- increased demand on infrastructure and services in the larger settlements, where often these facilities are already under severe pressure; and
- increased social problems such as alcohol abuse, violence and 'anti-social behavior', especially in regional centres.

It is also important to note the major investment in housing on homelands by government over a long period of time. Should governments wish to reduce homelands residency, additional housing stock will need to be provided in larger settlements or in regional centres. Replicating homelands housing infrastructure elsewhere would represent a cost of many hundreds of millions of dollars,³⁴ considerably more than the resources need to upgrade and maintain existing houses on the homelands.

The expected consequences of reduced support and services to homelands can therefore be predicted to be poorer health for Aboriginal communities, increased demand on infrastructure and services in the larger settlements, increased social problems in larger settlements and regional centres, and greatly increased infrastructure costs, especially in housing.

³⁴ For example, assuming the cost of building a house in a remote area to be in the order of \$450,000, replacement of homelands housing in another location would total \$900 million in current prices. Even replacing a proportion of this housing is therefore likely to be achievable only at a considerable financial cost.

RESPONSE TO THE DISCUSSION PAPER

It is not the purpose of this paper to respond to every individual question raised in the Outstations Policy Discussion Paper (OPDP). Many of these are covered in detail in the sections above. However, there are some broad areas to which AMSANT members can respond.

Before responding to these, we should note the inadequacy of its section on health (page 18). Crucially, this neglects to mention the existence of Aboriginal community controlled health services which AMSANT represents. These organisations deliver a significant proportion of comprehensive primary health care health services to Aboriginal homelands in the Northern Territory, and have proved to be the most effective way of delivering these vital services to Aboriginal communities.

Eligibility for Support

The following outlines AMSANT's response to the OPDP's proposed criteria for eligibility of support for homelands.

The outstation is the sole residence of the applicants

This is not an appropriate eligibility criteria, given the high level of mobility of homelands residents (including seasonal movements as well as temporary moves to access services, employment etc.). Note also that:

- some residents of homelands may use the location as their 'sole' place of residence, others may live there less frequently;
- houses on homelands are frequently used collectively by the group associated with that homeland, rather than 'belonging' strictly to one individual.

Applicants have secure land tenure over the outstation

This is an appropriate eligibility criteria. Note that land tenure should also allow Aboriginal people to control access to their lands through the permit system, thus increasing the security of homelands.

The outstation has an adequate, potable supply of water

This is an appropriate eligibility criteria. However note that this supply may include 'trucking' water in (as per CHINS data) and that water quality needs to be monitored and resources allocated to treat and maintain it.

The outstation has adequate access

This is not an appropriate eligibility criteria, given the highly seasonal accessibility of many homelands, especially in the Top End. It is normal for them to be inaccessible during the Wet, but important communities during the Dry.

The outstation has appropriate support from a shire or resource agency.

This is an appropriate eligibility criteria. However note that should such support not be in place, it is important that homelands are assisted to negotiate support from an appropriate organisation.

Outstations Definition

See discussion on page 6 to 7 above for a brief discussion of the problems of defining homelands. Specifically in response to this question:

- It is not appropriate to define homelands in terms of ‘number of permanent residents’ as this fails to account for the mobility of Aboriginal people, and especially seasonal variations which may mean some homelands are well-used at certain times of the year, but much less used or even temporarily abandoned at others.
- It is not appropriate to define homelands by reference to their distance from major communities, as this bears little or no relationship to the importance of the place for those who live there.
- The definition advanced by Professor Altman (quoted above and in the OPDP), by recognising the importance of both the ‘place’ and the ‘people’ associated with that place, provides a useful contribution to the definition of homelands.
- Note that the OPDP contains a significant error of fact. It states that:

In 1987 outstations were defined in Return to Country as “small, relatively permanent, decentralised communities consisting of closely related individuals which have been established by Aboriginal people with a strong traditional orientation”.

This is not the case. This definition is noted in *Return to Country* as that advanced by the Department of Aboriginal Affairs at the time of the Inquiry.³⁵ The Parliamentary Committee adopted a different definition of homelands as:

*... small decentralized communities of close kin established by the movement of Aboriginal people to land of social, cultural and economic significance to them.*³⁶

This definition – the one in fact adopted by the 1987 House of Representatives Standing Committee on Aboriginal Affairs Inquiry – remains a useful definition.

Hub and Spoke Model

The following table outlines AMSANT’s response to some of the OPDP’s key questions on the relevance of the ‘hub-and-spoke’ model of service delivery for homelands:

AMSANT experience of the ‘hub and spoke’ model

Many AMSANT members are familiar with a ‘hub-and-spoke’ model of service delivery. Whether labeled ‘hub-and-spoke’ or not, it is clear that not all services can be provided at all locations. Some functions are inevitably centralised. This can, however, lead to conflict in an environment marked by significant under-resourcing comparative to need.

The key questions are therefore not whether the hub-and-spoke’ model is appropriate, but are about such issues as:

³⁵ Blanchard, C. A. (1987). *Return to Country: The Aboriginal Homelands movement in Australia*. Report of the House of Representatives Standing Committee on Aboriginal Affairs. Canberra, Australian Government Publishing Service. page 4

³⁶ Ibid. page 7

- which functions are centralised and which remain at the local level;
- how to guarantee equitable access to centralised functions by local areas;
- how to ensure a measure of local control over the form, content and direction of centralised services.

Identifying, negotiating, agreeing upon, and then delivering the balance between centralised / local services, based on the principle of local Aboriginal community control, is a process to which all service delivery organisations working in remote Aboriginal Australia should be committed.

Matching ORAs to a standardised ‘hub and spoke’ model

This is a matter for the ORAs themselves to determine collectively. However, given the variability in size, location, priorities and needs of homelands and the organisations that serve them, it is important to maintain flexibility and local control of services. This does not preclude resourcing formulas to ensure equitable access to funding, as long as these are negotiated and agreed collectively with service delivery organisations.

Transport and communications requirements of the ‘hub service’ model

As noted in the sections on service delivery and infrastructure above, transport and communications are critical for successful homelands living, including both well-resourced outreach service from service centres to homelands, and public or community transport services to allow homelands residents to access services in larger settlements or regional centres.

Outstation Service Levels

Refer to the section ‘Barriers to Development’ above which deals with the service delivery needs of homelands in detail.

Additional Issues for Comment

The following table outlines AMSANT’s response to two of the OPDP’s key questions on additional issues for comment.

Research required to inform an outstations policy

As identified above, the key gap in knowledge is the on-going identification of service and infrastructure needs of homelands, linked to the resources to meet those needs.

Additionally, given length of time since the last major examination of the homelands movement (the 1987 ‘Return to Country’ report) research that focuses on the motivations, priorities and needs of Aboriginal homelands residents themselves could be considered. This research could in particular take into account the views of younger Aboriginal people on homelands, focusing on how they wish to develop their relationship with their traditional lands in the future.

Establishment of a formal planning group on homelands needs

In the Aboriginal health area, formal consultative and service planning mechanisms that include both the Northern Territory and Commonwealth Governments and the community sector have been in place for over a decade. They have been instrumental in creating a

coordinated approach to Aboriginal health and in forming the basis for substantially increased Commonwealth investment in Aboriginal health services in the Territory.

AMSANT recommends a similar approach to the planning of services and infrastructure for homelands. The Northern Territory Government should set up a formal planning coordination group consisting of all Outstation Resource Agencies meeting with relevant Territory and Commonwealth Government Departments on a quarterly basis to monitor and evaluate action on meeting homelands infrastructure and service delivery needs. Other organisations (such as health and education delivery bodies) should be invited as necessary.

Should housing on outstations be treated as private property

The move to individual private ownership of houses on homelands is a matter for those Aboriginal communities to decide. There are benefits to individual home ownership on Aboriginal communities, including homelands, particularly to the degree it coincides with the desire of Aboriginal people for independence and autonomy. However, given the level of poverty in remote Aboriginal Australia, it is highly unlikely that many people would be able to afford ownership, especially in terms of repairs and maintenance. Note that the major expenses of repairs in remote community housing result from poor design and construction, not from damage by occupants or visitors. Given this, it is unlikely that the increased responsibility of private ownership will significantly reduce the need for maintenance.

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