



GROWING THE NT FAIRLY

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Pre-Budget Submission 2012-2013

The Northern Territory is for many, an exciting and prosperous place to live with great opportunities for families, work and recreation as the Territory expands. The challenge is to ensure that this growth is managed in such a way as to ensure that the economic benefits are shared by all Territorians. It is also critical that due regard is paid to the fragility of our natural environment. Northern Territory Council of Social Service (NTCOSS) is concerned at the potential for social justice considerations to become marginalised in the development of new policy. It is crucial that the principles of social inclusion be included in policy initiatives designed within the portfolios of economic development, telecommunications, and mineral exploration. The philosophy of social inclusion requires a whole-of-government approach to ensure that the idea is not simply consigned to the traditional silos of health, education and housing.

While Australia's immediate economic future remains clouded by global financial uncertainty, the longer term future for the Territory is bright. We enjoy boundless potential for the development of natural resources, and a reputation as one of the world's great tourist destinations. Our proximity to Asia leaves us ideally placed to maximise opportunities for trade and cultural exchange between our country and the populous and developing nations in our region. The arrival of large scale projects such as the Inpex gas plant will drive substantial economic development in the NT. However, there are far too many people who continue to miss out on the prosperity and access to opportunities which the majority enjoy. NTCOSS is keen to ensure that all Territorians will enjoy an equitable share of the gains from future economic development.

In the NT, groups such as Indigenous Australians, people living with disability, people with a chronic disease and people with mental health issues are among those missing out. Barriers to inclusion such as remoteness, poor health, lack of transport, and limited education must be tackled if all Territorians are to be enabled to make their full contribution. The demographics of the Territory's population are changing, as the proportion of Indigenous Territorians continues to grow. We will also see a steady increase in the number of older Territorians

NTCOSS has previously applauded the NT Government's decision to embrace the concept of 'social inclusion' and its development of the 2030 Strategic Plan. Enabling everyone in the community to contribute to the economic and social development of the NT is the surest path to the achievement of a just and prosperous Territory. Although 'social inclusion' is a complex notion, it has a simple basis. The great majority of those who are excluded from society lack the material resources to gain access to the many essentials of life, as well as social and civic involvement: They live in poverty.

The idea of 'social exclusion' is a useful tool for developing social justice policies because it includes - and extends beyond - people's immediate living standards. It focuses on the factors that lead to social disadvantage as well as the end results. It is an illuminating principle for policy development across portfolios such as employment, human services, social security and housing, because it encourages 'joined up government'. The effects of policy action in these areas can be measured using social exclusion concepts such as exclusion from education and employment. Social exclusion provides a framework for the development of targets and benchmarks to give effect to policy commitments to end poverty and social disadvantage. (ACOSS, Future of the Sector, 2007).



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To this end, NTCOSS has previously recommended that the government adopt a system of Social Inclusion Impact Statements (SIIS) or Poverty Impact Statements. Detailed information on the application of these documents was provided in our submission to the 2030 Strategic Plan. We need a process to assess the impact that new policies and programs will have on people who are most disadvantaged. We can then ensure we are planning for all Territorians to share fairly in the growth of the Territory. We believe that waiting for a 'trickle-down effect' is not sufficient and that the needs of those people who are socially excluded must be expressly built into the planning process.

Wilkinson (2007)ⁱ has observed that in societies where income differences between rich and poor are smaller, statistics show that community life is stronger, and people are more trusting. There is higher life expectancy, improved levels of health and less violence. Prison populations are smaller, teenage birth rates are lower and there is less obesity, and maths and literacy scores also tend to be higher. Thoughtful planning will encourage the development of an inclusive and sustainable community, and save money into the future.

The World Health Organisation's Commission on Social Determinants of Health state that "social and economic policies have a determining impact on whether a child can grow and develop to its full potential and live a flourishing life, or whether its life will be blighted."ⁱⁱ Marmot (2011) outlines that there are "two classes of influence to which the remarkably poor health of Indigenous Australians can be ascribed ... firstly social disadvantage and the second is the particular relationship of Indigenous Australians to mainstream society."ⁱⁱⁱ To ameliorate social disadvantage and 'close the gap' in health, social and economic opportunities one key action required is to ensure service provision is equitable across all of the Northern Territory.

We must also take every opportunity to grow our local workforce within the private sector in developments such as Inpex and also in our social and community sector. Building a strong and sustainable community sector will provide local employment and increase local capacity. Many issues need to be addressed in order for this to happen, but the first priority is to improve the very low wages and conditions faced by the majority of workers in the sector. If we do not resolve the gap in pay equity then it is unlikely that other strategies will be effective in solving the problem

Our new look pre-budget submission has a reduced number of recommendations, however key priorities have remained consistent over many years. Despite both the NT and Federal Government making some moves to address the fundamental issues of inadequate housing and alcohol misuse, massive gaps remain. The lack of housing in all parts of the NT - particularly in regional and remote centres - continues to have a massive impact on the well-being of children and families, as well as the ability of community organisations to deliver quality services. The lack of an alcohol and other drug peak body continues to be a significant gap. The NT Government has continually expressed the view that alcohol is one of the most significant issues facing the Territory – yet the funding of an AOD peak is currently considered a low priority. However, the alcohol and related sectors have continued to regard this as the number one priority if the sector is to be able to deliver quality services.

'Growing the NT fairly' must be the basis for all government spending and decision making if we are to ensure that we don't leave behind those who are most vulnerable. This must be done with evidence-based approaches in all urban, regional and remote settings.



Recommendations

- 1. The Northern Territory Government must fund any pay increase that is awarded from the current pay equity case**

Community Organisations in the Northern Territory have long struggled with serious recruitment and retention issues. The number one contributing factor is the low wages that organisations are able to offer. Current award rates do not recognise the complexity of the work or the experience of staff. High staff turnover - and staff without the necessary skill levels - reduces the capacity of organisations to deliver quality services to clients. This is an issue for many community sector organisations across Australia but the impact is more severe in the NT because of the high cost of living.

The current pay equity case being run through Fair Work Australia (unresolved at the time of writing) will potentially award a significant pay increase to many community sector workers. We call on the NT Government to commit to funding any increases awarded through this case for NTG funded programs. Without this commitment from the NT Government, organisations may be forced to reduce the level of services they deliver to clients and to reduce their staffing levels. As many services are unable to meet existing levels of demand any reduction in their staffing levels will have a major impact on the social well-being of many disadvantaged Territorians.

It is time to pay community sector workers fairly.



2. Make a substantial investment in housing in remote and regional centres to meet the needs of people living in those areas and community sector staff

Improved economic and social outcomes for the Northern Territory will not be realised without a solid performance in the area of housing as housing plays such a critical role in facilitating access to education, employment, community participation and other services.

Access to appropriate and affordable housing is an issue that arises in respect to every client group in the NT i.e. youth, seniors, women and children escaping domestic violence, people with disabilities, refugees, Aboriginal households, families, single men with children, released prisoners and those with health issues including mental health. It is therefore vital that the NT Government pursues a range of measures to increase the supply of secure and appropriate social and affordable housing throughout the NT.

While SIHIP continues to roll out in the growth towns and a public housing management model is embedded, NTCOSS is of the view that Aboriginal community leaders must be engaged and supported to play a central role in meeting the housing needs in their communities, from developing high level Aboriginal housing policy to on the ground housing service delivery and management.

More resources need to be urgently directed to addressing the shortfall in housing in Aboriginal communities both urban and remote, and we call on Government to ensure it continues to support the provision of infrastructure, housing and other services in homeland communities.

We believe that both the Federal and NT Governments need to genuinely engage with Aboriginal people in all areas of the Territory to develop culturally appropriate housing and support models in order to address issues of overcrowding, sustaining tenancies and managing visitors.

Community sector organisations also struggle to provide services in remote and regional centres due to the lack of housing available for staff. This either leads to services not being delivered or using fly in/ fly out models. This model has a reduced effect on building the capacity of the local sector and also in local economic benefits. Lack of housing also seriously compromises organisations ability to recruit and retain staff in regional centres.



3. Establish a justice reinvestment approach by committing to initiatives that strengthen the community to keep people out of the justice system and break the cycle of crime

The Northern Territory has the highest number of people in prison per capita across Australia including the highest rate of incarceration of Aboriginal people. The below figures are based on 2010 rates.^{iv}

Incarceration rates

NT: **626**
Australia: **172**

Proportion of Indigenous people in prison population

NT: **80.6%**
Australia: **25.5%**

The NT requires an increase in investment and a change in approach to keep people out of prison as well as supporting people who have been released from prison. Justice reinvestment is a data-driven approach to reduce corrections spending by reinvesting funds in initiatives and strategies that decrease crime through strengthening communities in areas with high incarceration rates. NTCOSS supports the Australian Human Rights Commission in its proposition for justice reinvestment to be used as an approach to address the over-representation of Indigenous Australians in the criminal justice system.^v

Justice reinvestment purports that if the money that would have been spent on keeping individuals in prison is spent on rebuilding human resources and physical infrastructure in neighbourhoods – such as schools, support services, public spaces and housing – not only will the communities benefit, but so too will Government, prisoners themselves and the whole community.^{vi}

It costs \$648 per day to keep a young person in detention in the NT,^{vii} thus approximately \$236,520 per year, per person is spent on juvenile incarceration. Such money would be better spent on early intervention, prevention, youth treatment and support programs which keep young people out of detention in the first place.

To ensure the success of the NT Government's 'new era in corrections', a long-term commitment to addressing the social determinants of health is needed to break the cycle of crime. At the time of writing we have not seen the recommendations of the youth justice review. However we look forward to recommendations which focus on providing support to young people to keep them out of the justice system.

We believe that a focus on long-term initiatives that promote community health and wellbeing, such as support for parents and children around the 0-3 age group, and appropriate accommodation options for families and young people, will break the cycle of offending. . Furthermore, research has found that over 90% of the Indigenous prison population in the NT suffers significant hearing loss,^{viii} a disturbing fact which requires action in the form of prevention strategies, access to hearing assessments and resources to support those with hearing difficulties. We support a greater use of alternative options to prison including community based (work) orders, and initiatives that meaningfully engage the Aboriginal community in the justice system – especially for minor offences, and first offences where appropriate. We encourage the use of restorative justice practices, such as pre-sentence Youth Justice Conferences which come with strong evidence to support their effectiveness in patterns of recidivism. We also encourage greater investment in the support of people once they are released from prison. While we acknowledge that there is some current spending in this area, it needs to be more widely available across the NT, particularly in Central Australia.



4. Fund an Alcohol and Other Drug Peak Body

The Northern Territory's alcohol consumption levels are among the highest in the world, with alcohol being a major factor in premature deaths for Aboriginal people, through suicide, cirrhosis of the liver, homicide, manslaughter, hemorrhagic stroke and motor vehicle accidents.^x Aboriginal people in Central Australia are 30 times more likely to die from alcohol compared with the national average and Aboriginal women in Alice Springs are 24 times more likely to be assaulted than their non-Aboriginal counterparts.^x These assaults are nearly all due to alcohol.

Quite simply the NT has the most serious alcohol problem in Australia. We drink significantly more than other jurisdictions and experience inordinate levels of harm as a consequence. Alcohol-related problems cost the Territory almost \$600 million a year. We need a peak body to play a role of advocacy, sector development, research, and policy development – and to work strategically with the AOD sector and government to reduce alcohol related harms.

The absence of a funded Alcohol and Other Drug (AOD) peak body remains a significant issue for the NT, as it greatly disadvantages the Territory when advocating for national improvement in the AOD sector. While some seed funding was made available to NTCOSS in the previous financial year to look at possible models and funding sources for an AOD Peak, there has been no continued support from the NTG. While ever we remain the only state or territory in Australia without a funded peak body, we will continue to lack opportunity to contribute as a sector both within the NT and at a federal level.

A well-resourced AOD peak body will undertake the following key roles:

Advocacy and representation: To lobby, represent, develop and respond to policy, advocate and provide independent leadership at a Territory and national level for the community AOD service sector and their consumers on relevant sectors issues.

Capacity Building: To identify, create, support and coordinate sector development, opportunities for sector capacity building, sector collaboration and partnerships and strategic alliances between NGOs and other relevant stakeholders.

Work Force Development: To develop, promote and implement workforce planning and development strategies to assist in the delivery of quality prevention and treatment services.

Public Awareness: To actively increase public awareness of AOD issues, through information dissemination and development, promotion, and participation in events and education programs with the community and/or relevant stakeholders to reduce the adverse effects of AOD use.

Communication: To provide significant networking opportunities, enhance communication and the sharing of information within and about the AOD sector, and to ensure the participation of member organisations in the decision making process so that the peak body reflects the views of its members.

We believe that long term, a peak body, working in collaboration with government, and promoting best practice in treatment and rehabilitation and evidence-based policy measures will significantly reduce the harm associated with substance misuse, and lead to a saving of Territorians lives.

5. Fund an evidence-based application of a hub and spoke model for larger communities (including Territory Growth Towns), homelands and other communities to ensure that families and children in all communities have improved access^{xi} to services

'Closing the gap' in health, social and economic opportunities requires action on the social determinants of health in the Northern Territory.^{xii} This requires appropriate services that are accessible to all Aboriginal children and families to support the growing Aboriginal population. The NT has the highest proportion of Aboriginal people living in remote communities, (approximately 45 per cent or 29,700) with 81 per cent of its Aboriginal population living in remote or very remote areas.^{xiii} Within this population, the importance of the 560 homelands is clear from the number of homelands and the number of people (10,000) who live in, or utilise them.^{xiv xv}

Research shows that Aboriginal people achieve better health and wellbeing outcomes on homelands and indicates there are social and economic benefits as well.^{xvi} There is a strong evidence base for the benefits of a decentralised living model. A wide range of significant stakeholders hold this view.^{xvii xviii}

NTCOSS welcomes and supports the additional services and resources for 21 communities (Territory Growth Towns). Alongside these developments the delivery of services to other communities needs to be ongoing, improved and well coordinated as there are currently significant issues of social disadvantage facing people on remote communities and homelands. The NT Government's *Working Future* Policy Headline Statement has set some directions in regards to remote service delivery in the Northern Territory, where it refers to a hub and spoke model. NTCOSS supports a best-practice evidence-based application of this model where larger communities (including Territory Growth Towns), homelands and other communities receive appropriate services.

NTCOSS considers that the criterion for an effective best-practice hub and spoke model of service delivery should include but not be limited to:

- The 'spokes', or *outreach facilities*, must be able to proficiently deliver services and the hub must have the capacity, resources, and sufficient understanding of the needs to deliver services.^{xix}
- A 'hub' community must be at an acceptable distance from the spokes it services so that the spokes receive necessary essential services and provisions.
- Hub and spokes to deliver coordinated and inclusive services to communities.
- Community members in both hub and spoke communities are informed and involved in decision-making that affects them.
- There is access to culturally appropriate remotely delivered services (such as distance education) to communities in situations where a hub and spoke service model is impractical.

In order to deliver services in line with this best practice model^{xx}, there is a need to determine what services are most appropriate to deliver in a hub and which are appropriate to deliver in spoke communities. Best practice also requires a significant investment in transport services to improve delivery of, and access to, services in remote communities to achieve better outcomes in many areas such as health, employment and education.

To support families and children to improve community safety, individualised, place based service responses are the most effective and will help build local capacity to provide services. While the initial financial outlay for equitable service provision will be significant, this is critical to close the funding gap, which sees some Aboriginal communities receive funding for particular areas while others miss out completely, e.g. youth services. When implemented, effective place based responses can deliver early intervention measures to reduce the impact on resources down the line, leading to long term financial benefits.



6. NT Government to give a long term commitment to the development of the National Disability Insurance Scheme

The recent announcement by the Federal Government that it would take the first steps necessary to introduce an NDIS was a significant moment for the people with disabilities across Australia. However this is only the beginning.

People with a disability, their families and carers want to be part of the economic and social life of the community. But there are many barriers standing in their way.

“The disability support system overall is inequitable, underfunded, fragmented and inefficient and gives people with a disability little choice” [Draft Productivity Commission report into Disability Care and Support, February 2011].

The current system is unfair, with people receiving different levels of support depending on how, when and where their disability was acquired. The number of people with a disability is increasing and the number of people willing to provide unpaid care is falling. In the future this will have a big impact on an already stretched system. The lack of support and services means many families are struggling, with high rates of physical, emotional and financial stress.

The NDIS would provide people with a disability, their families and carers with the regular care, support, therapy and equipment they need. It would be fair, efficient and effective and focus on early intervention and delivering those supports which produce the best long term outcomes. It would be individualised and person-centred, with support based on the choices of the person with a disability and their family.

The scheme would reframe support as investment rather than charity and would help everyone reach their full potential and be an active member of the community. All Australians would benefit from the scheme because disability can affect anyone, anytime.

The NDIS is a large and complex reform which will take some time to introduce and implement. If the NT Government does not join with other governments to commit to consistent progress, an already long timetable could become even longer.

End Note:

As part of current NTCOSS work funded through the Department of Children and Families (DCF), we are working on developing recommendations to build workforce capacity for organisations working with children and families. While we expect that the majority of these recommendations may be able to be funded from the current DCF budget, there may be items that are outside of the current DCF budget capacity. We do not expect these recommendations to be finalised until late in 2011. We strongly support the prioritising of support mechanisms for children and families and also the non government organisations who work with them.

ⁱ R. Wilkinson, 'What Difference does inequality make?', 2007

ⁱⁱ World Health Organisation, *Closing the gap in a generation: Health equity through action on the social determinants of health*, Commission on Social Determinants of Health, Final Report, Executive Summary.

ⁱⁱⁱ Michael Marmot, *Closing the Gap — Editorial, Social determinants and the health of Indigenous Australians*, The Medical Journal of Australia, MJA 2011; 194 (10): 512-513 http://www.mja.com.au/public/issues/194_10_160511/mar10460_fm.html

^{iv} Australia Bureau of Statistics (2010), *Prisoners in Australia*, p. 31 - 33, accessed at:

[http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/F3916FB1F45FAF12CA2577F3000F11F0/\\$File/45170_2010.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/F3916FB1F45FAF12CA2577F3000F11F0/$File/45170_2010.pdf), on 19/10/11

^v Aboriginal and Torres Strait Islander Social Justice Commissioner, *Social Justice Report 2009*, Australian Human Rights Commission, p.9

^{vi} Bode, A. 'What is Justice Reinvestment' in *Of Substance*, Vol. 9, no.1, 2011, p.14-15

^{vii} 'Hellhole accommodation cost a state secret', The Australian, 30/9/2011, accessed at <http://www.theaustralian.com.au/news/hellhole-accommodation-cost-a-state-secret/story-e6frg6p6-1225780973415> on 15/7/11

^{viii} Vanderpoll, T. and Howard, D. *Investigation into Hearing Impairment among Indigenous Prisoners within the Northern Territory Correctional Services*, July 2011

^{ix} AMSANT Alcohol Policy Options Paper, January 2008

^x Moving Beyond the Restrictions: The Evaluation of the Alice Springs Alcohol Management Plan, MSHR, 2009

^{xi} When we use the term access it is in line with The Committee on Economic, Social and Cultural Rights at General Comment No. 13, 1999, paragraph 6 which identifies three inter-connected elements of 'accessibility' in the context of education. Another element of 'accessibility' is what the Committee has termed 'acceptability'.

^{xii} World Health Organisation, *Closing the gap in a generation: Health equity through action on the social determinants of health*, Commission on Social Determinants of Health, Final Report, Executive Summary.

^{xiii} Australian Bureau of Statistics, *Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities*, Australia, 2006 (cat. 4710.0), p. 18.

^{xiv} Jon Altman et al *Why the Northern Territory Government needs to support Outstations/Homelands in the Aboriginal, Northern Territory and National Interest*, Submission to the Northern Territory Government Outstation Policy Discussion Paper <http://caepn.anu.edu.au/Subjects/Northern-Territory-Government>

^{xv} http://www.aph.gov.au/Senate/committee/indig_ctte/reports/2008/report1/c02.htm

^{xvi} <http://www.theage.com.au/articles/2008/03/02/1204402272847.html> viewed 2 September 2011

^{xvii} "The key finding was that adult mortality rates from all causes have been consistently 40% lower at Utopia than for indigenous people living in larger and more urbanised communities."

Medical Journal of Australia 10 year study: *Lower than expected morbidity and mortality for an Australian Aboriginal population: 10-year follow-up in a decentralised community* Kevin G Rowley et al MJA 2008; 188 (5): 283-287

http://www.mja.com.au/public/issues/188_05_030308/row10886_fm.html

<http://www.theage.com.au/articles/2008/03/02/1204402272847.html>

^{xviii} NTCOSS supports APO NT's call for the Commonwealth and Territory Government to renegotiate their bilateral agreement to provide for ongoing Commonwealth Government involvement in the resourcing of homelands. *APO NT Statement to Amnesty International on Homelands, Outstations and Other Small Communities*, October 2011

^{xix} John Humphreys & John Wakeman, *Primary health care in rural and remote Australia: achieving equity of access and outcomes through national reform A discussion paper*; Monash University School of Rural Health, Bendigo and Centre for Remote Health, a joint Centre of Flinders University and Charles Darwin University, Alice Springs.

^{xx} However there may be some services that are better delivered through other models.