Closing the gap in cultural understanding: social determinants of health in Indigenous policy in Australia[1]

David Cooper

Aboriginal Medical Services Alliance NT (AMSANT)
Darwin, NT

2011

Aboriginal Medical Services Alliance of the Northern Territory (AMSANT)
Darwin, NT, Australia
Email: reception@amsant.org.au

Also available online at: http://www.amsant.org.au

Suggested citation:

Cooper, David, 2011, *Closing the gap in cultural understanding: social determinants of health in Indigenous policy in Australia.* Aboriginal Medical Services Alliance of the Northern Territory (AMSANT), Darwin.

Notes: Includes bibliographical references.

Subjects: Aboriginal Australians – Health and Hygiene – Social conditions; Aboriginal Australians – Health and Hygiene – Government policy; Aboriginal Australians – Health and Hygiene – Northern Territory; Aboriginal Australians – Government policy – Australia.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying or otherwise, without the prior permission of the publisher.

DISCLAIMER: The views expressed in this publication are those of the author and do not necessarily reflect the views of AMSANT.

This edition © 2011 AMSANT

Introduction

In recent years, Closing the Gap[2] on Indigenous health inequality and disadvantage has become the overarching Indigenous policy objective of Australian governments. While attention has focused on critiquing the policy approach of Closing the Gap (Altman 2009; Altman & Fogarty 2010; Pholi et al. 2009; Hoy 2009; Calma 2010; Behrendt 2010; Sullivan 2010b), comparatively little of this analysis has drawn on evidence that's highly relevant to the objectives of Closing the Gap—the social determinants of health.

This paper examines the basis, impacts and likely effectiveness of Closing the Gap policies, particularly as they apply to remote areas of Australia, through the social determinants of health. It deals with the Northern Territory (NT), where the proportion of the Aboriginal population that maintains tradition-rich lifestyles and continues to live on ancestral lands they own is higher than in other jurisdictions in Australia. Communities here generally experience the largest health and socio-economic disparities with non-Indigenous Australians (Thomson et al. 2010). Also, since June 2007, the controversial laws of the Australian Government's Northern Territory Emergency Response (NT Intervention)[3] have introduced a range of coercive policy measures applied to targeted 'prescribed' Aboriginal communities in response to an NT government inquiry's findings of high levels of community dysfunction associated with child abuse and neglect (Anderson and Wild 2007). In 2010 the NT Intervention was re-badged as 'Closing the Gap in the Northern Territory'; and while emerging work has concentrated on its controversial circumstances and measures, comparatively less attention is directed to the nationally-framed policy behemoth of Closing the Gap within which it has been subsumed.

Social determinants of health are socio-economic and cultural factors outside the direct health services domain: evidence shows they significantly impact on the health and wellbeing of individuals and communities (Marmot & Wilkinson 2003). Determinants include areas of disadvantage directly targeted by Closing the Gap policies, such as education, employment and housing. However, there has been increasing recognition of the significance of more intangible determinants such as control over life circumstances (Tsey 2008a), social exclusion and factors associated with cultural difference (Anderson et al. 2007, Halloran 2004). Evidence shows that these determinants—falling broadly in the domains of control and culture—are directly relevant to the issues targeted by Closing the Gap, yet, as will be shown, have been neglected or negatively impacted in the development and implementation of its policies.

This appears at odds with the Australian Government's statement of support, in April

2009, of the United Nations Declaration on the Rights of Indigenous Peoples (the Declaration).[4] The government has also committed to reset its relationship with Indigenous Australians, whose aspirations as first peoples are broadly codified in the Declaration. Indeed, the Government lists its endorsement of the Declaration on its Closing the Gap website as one of its initiatives for 'restoring and strengthening relations with Indigenous people'.[5]

Yet concerns are being expressed from many quarters, particularly within the Indigenous community, that the Australian Government's policy actions are incompatible with these and other human rights commitments.[6] Current Closing the Gap policies are inconsistent with many articles of the Declaration that fall broadly within the domains of control and culture, particularly Indigenous rights to self-determination, participation in policy development and implementation, and the ability to practise and maintain their unique cultures.

Underlying these inconsistencies is a deep, longstanding polarisation in Indigenous policy debate in Australia. On one hand is the belief that the state should accommodate cultural difference and the right of Indigenous peoples to determine and control their life circumstances. On the other hand is the belief that the state should adopt an individualised, formal equality approach based on fostering Indigenous assimilation to mainstream values and the free market. The current federal Labor Government finds itself leaning heavily towards the latter position, having embraced the former Coalition Government's neo-liberal policy approach predicated on a discourse of failure of welfare equity and self-determination policies. This approach has involved substituting Indigenous-controlled and Indigenous-specific programs with mainstream service delivery and reassertion of government control over Aboriginal communities and individuals' lives.

These conflicting policy imperatives frame the following analysis of Closing the Gap policies, focusing on social determinants associated with control and culture.

Such analysis suggests that these policies are likely to intensify processes of cultural loss and alienation from traditional lands, with considerable negative flow-on impacts in other areas of Aboriginal lives. From the reference point of the Declaration, this translates to undermining the cultural and self-governance aspirations that are protected under its Articles. From a broader public policy perspective, the failure of Closing the Gap policies—to take account of the importance of culture and Indigenous empowerment and control over life circumstances in tackling Indigenous health inequality and disadvantage—undermines the achievement of Closing the Gap targets and jeopardises the significant, once-in-a-generation investment that's at stake.

The emergence of Closing the Gap policies

In 2000, at the close of Australia's decade of reconciliation,[7] the Council of Australian Governments (COAG) initiated a cooperative national effort to address alarmingly high and persistent levels of Indigenous disadvantage. COAG took its cue from the Howard Government, which had shifted the thrust of federal Indigenous affairs policy from what was notionally a rights-based self-determination framework to the narrow targeting of socio-economic disadvantage—so-called 'practical reconciliation'.[8] This approach, predicated on the asserted failure of self-determination policies, was reinforced from 2004 with the abolishing of the national and regional Indigenous representative structure, the Aboriginal and Torres Strait Islander Commission (ATSIC), and the entrenchment of mainstreamed 'new arrangements' for the administration of Indigenous affairs (ATSISJC 2005).

The mainstream, whole-of-government approach of 'practical reconciliation' and the 'new arrangements' failed to deliver improved outcomes for Indigenous communities (Altman and Hunter 2003; SCRGSP 2005, 2007). Over this period, key indices of Indigenous health and disadvantage showed little improvement, in many instances indicating a widening gap against numerous health and other gains achieved in the non-Indigenous community (SCRGSP 2007, 2009).

By 2006, recommendations from the *Social Justice Report 2005* (ATSISJC 2005) for a targeted approach to achieving Indigenous health equality within a generation had gained considerable support, helped along by a coalition of 40 Indigenous and non-Indigenous organisations that came together to form the *Close The Gap campaign.*[9]

Successive COAG meetings from July 2006 to March 2008 adopted and expanded on the theme of a generational commitment to redressing Indigenous disadvantage. From the December 2007 COAG meeting, with a new Labor federal government in place, the initiative became 'closing the gap'. COAG developed six specific targets including a headline target to close the life-expectancy gap between Aboriginal and Torres Strait Islander people and other Australians within a generation.[10] Other targets included halving the gaps in child mortality, literacy and numeracy, and employment within a decade; halving the gap in education year 12 attainment by 2020; and providing access to early childhood education in remote communities within five years.[11] The COAG targets were broadly supported, including by the *Close the Gap campaign* (HREOC 2008).

In November 2008, COAG announced a large funding package of $4.6 billion towards its Closing the Gap targets. The spending was for health, housing, early childhood, economic participation, and remote service delivery.[12] In comparison to the

inadequate Indigenous program funding for 'practical reconciliation' and other previous policy programs, this was the single biggest injection of new Indigenous funding of recent times.

But is this framework, and the spending allocated, evidence-based and directed according to need?

Examination of the COAG funding package's direct health measures reveals several inadequacies. These include lack of understanding of the importance of primary health care, lack of an adequate evidence base, and a top-down, opaque and inflexible approach.[13] Concern has also been expressed by the *Close the Gap campaign* steering committee about the absence of an overall coordinated national action plan, and need for significant Indigenous engagement, particularly through direct partnership with the Aboriginal community-controlled health sector.[14]

As discussed below, jurisdictional circumstances have resulted in a direct partnership role for the Aboriginal community-controlled health sector in primary health care in the NT, highlighting the relative marginalisation of the sector in other states.

The COAG funding package measures targeting selected social determinants of health also reveal significant inadequacies that recall the failings of 'practical reconciliation' policies. These include the lack of a comprehensive, evidence-based approach and the absence of Indigenous consent and input into the development of the policies, and the significantly reduced opportunities for Aboriginal control over their lives and communities that is envisaged, substituted instead by mainstream service delivery and top-down control by government.

The COAG Closing the Gap initiatives differ sharply from the approach proposed by the *Close the Gap campaign* which seeks a high degree of Indigenous engagement in partnership with government to develop and implement a comprehensive plan to achieve *Close the Gap campaign* targets. In February 2011 the federal government indicated a shift towards developing a plan in partnership with Aboriginal and Torres Strait Islander health leaders, followed in November 2011 with an announcement to develop a new Aboriginal and Torres Strait Islander Health Plan.[15]

However, in meeting this commitment, three areas of concern stand out that have shaped the development of Closing the Gap and which remain as barriers to its positive reform.

First, COAG's structure is inherently ill-adapted to Indigenous (or any other external) engagement and partnership, being a closed shop of government leaders and high-

level bureaucrats that effectively excludes external input, participation and scrutiny (Botterill 2005). How effectively COAG will engage with the Indigenous leadership remains to be seen.[16]

Secondly, the *Close the Gap campaign* has had no detailed position to advocate to COAG on the social determinants (which constitute the majority of COAG's Closing the Gap targets), having not yet completed development of evidence-based social and cultural determinants of health targets. Development of these targets will be essential to developing a comprehensive plan.

Thirdly, the broader Indigenous policy environment has not been conducive to engagement or partnership, having taken a strongly interventionist turn in the lead-up to and during development of Closing the Gap policies, initially under the conservative Howard Coalition Government but continuing under the Labor Governments of Kevin Rudd and Julia Gillard. Principally, this involved the aforementioned mainstream-focused 'practical reconciliation' and 'new arrangements' policies of the Howard Government.

These reforms were overshadowed during 2006 and 2007 by events which brought the issues of violence and abuse against women and children in Indigenous communities to the national spotlight,[17] culminating in the introduction of the NT Intervention on 21 June 2007.[18]

The NT Intervention legislated a suite of coercive policy measures applied only to prescribed Aboriginal communities, including:

- compulsory controls on the spending of welfare payments;
- bans on alcohol and pornography;
- compulsory government acquisition of leases (and planning powers) over Aboriginal communities for five years to 2012;
- broad powers allowing government intervention and control over Aboriginal organisations;
- coercive law enforcement powers in relation to child abuse;[19]
- removal of the right of traditional owners to control public access to communities on Aboriginal land;
- the restriction of the ability of courts to consider customary law in relation to bail and sentencing;
- and, most controversially, the suspension of the *Racial Discrimination Act (RDA)* and other anti-discrimination protections in order to protect the measures from legal challenge.

The framing of the NT Intervention as an 'emergency response' to a 'crisis' (even

though the distressed circumstances of many communities in the NT were already well-known) was used to justify the need for such coercive measures and their imposition without consultation or consent.[20]

Labor supported the NT Intervention in opposition and continued its support, with some minor changes, on gaining power in late 2007. Thus, as Closing the Gap took shape from the December 2007 COAG meeting, it became a vehicle through which the assumptions and responses of the NT Intervention policies (and other related remote community policy initiatives) became embedded and implemented on a national scale.

Key policy assumptions

As we have seen, the logic behind this interventionist turn that has come to dominate government and bureaucratic thinking with regard to Indigenous disadvantage rests on key policy assumptions that have their recent origins in the 'practical reconciliation' approach adopted by the Howard Government. Support has also been drawn from the work of conservative think-tanks and mainly neo-liberal academics and commentators.[21]

The first key policy assumption asserts the failure of self-determination and welfare policies. This is said to be manifest in the widespread failure of Indigenous governance, stalled economic development and acute community dysfunction, underpinned by entrenched passive welfare dependence and the breakdown of social norms.

The second key assumption offers an essentially neo-liberal socio-cultural explanation for this decline, namely, asserted defects in traditional cultures that are maladapted to Australia's individualistic, democratic, market-based society. These include aspects such as communalism, kin-based demand sharing, customary forms of authority (particularly that of senior men) and the desire to live on or near traditional lands that extend into the remotest parts of the continent distant from established market economies and government services. Self-determination and traditional culture are thus portrayed as barriers to achieving the state's policy objective of overcoming Indigenous disadvantage through the 'normalisation' of communities.

The third key policy assumption emphasises that solutions require an assertive, managerial 're-engagement' of government in Aboriginal communities. This has been taken to mean governments assuming greater control over decision-making at the community, household and individual levels, in order to ensure that policy objectives, particularly those related to economic development and establishing 'community norms', are achieved.

National Indigenous Reform Agreement (Closing the Gap)

A central vehicle for the re-engagement of governments is COAG's Closing the Gap policy mechanism. This comprises a complex set of Indigenous-specific and mainstream National Partnership Agreements between the Australian Government and State and Territory governments under an overarching framework agreement, the National Indigenous Reform Agreement (Closing the Gap) (NIRA).[22] These were drawn up behind closed doors without meaningful Indigenous input or consent and represent what is described as 'an extremely complex, managerial and technical approach to addressing Aboriginal disadvantage' (Altman 2010). The accompanying COAG communiqué announced that the NIRA 'captures the objectives, outcomes, outputs, performance measures and benchmarks that all governments have committed to achieving … in order to close the gap in Indigenous disadvantage'.[23] With no central reference to an Indigenous partnership, this statement brings into sharp focus the absence of opportunity for the substantive participation of Aboriginal and Torres Strait Islander peoples that would otherwise be required by the Declaration and other international obligations. Subsequent iterations of the NIRA (February 2011) continue to be developed unilaterally, in fact in contradiction with principles set out in Schedule D of the NIRA, S*ervice delivery principles for programs and services for Indigenous Australians*.

As with most government policy, the devil is in the detail, and the NIRA is no exception. It is in the growing number of Schedules attached to the NIRA and the subsidiary set of National Agreements and National Partnership Agreements (NPAs) that the detail and dimensions of the Closing the Gap policy agenda is revealed. These bind all governments to agreed policy principles and outcomes, many of which are not supported by evidence or the consent of Aboriginal people affected by the policies. Of particular concern for remote area communities is Schedule E of the NIRA, *National Investment Principles in Remote Locations*, which mandates a secure land tenure policy that involves removing decision-making powers of traditional landowners and residents, and seeks to relocate individuals and families from homelands and smaller communities to larger centres. Both principles have been strongly opposed by Aboriginal communities (APO NT 2011a).

Indigenous cultural difference is disregarded or negatively reflected in actual Closing the Gap policies, apart from one brief reference to its importance in Schedule A of the NIRA (NIRA: A-22). Similarly, the many references in the NIRA and NPAs to engagement and positive relationships with Indigenous Australians have been implemented as managerial or top-down interactions and consultation processes. As expanded on below, where issues of particular significance to Indigenous people have been affected by Closing the Gap policies, it is mostly in negative ways: that suppress

Indigenous agency and the exercise of their rights (control, culture and language, occupation and customary use of traditional lands); or through being treated as deficient from government defined mainstream 'norms' (social exclusion); or through not being addressed at all (racism and discrimination). The low status and priority accorded these factors in Closing the Gap policies stands in contrast to the importance with which they are regarded by Indigenous people themselves.

The implications of these deficiencies in policy process and content are significant. Research shows that the social determinants have a profound impact on the health and wellbeing of individuals and communities. Arguably, then, if not approached comprehensively on the basis of proper evidence, social determinants that are neglected or badly addressed in policies will continue to generate negative health and wellbeing impacts, and to limit or undermine gains made through improved direct health service provision. In short, the social determinants of health are critical to achieving Closing the Gap targets, particularly the headline target of closing the life expectancy gap.

The social determinants of health

The social determinants of health can be defined as the key contributors to the living circumstances, quality of life and, in turn, the health and wellbeing of individuals and communities (Marmot and Wilkinson 2003).

Based largely on extensive evidence from European countries, the World Health Organization (WHO) has identified the most significant social determinants of health, which are briefly summarised from Marmot and Wilkinson (2003).

- Factors such as poverty, economic inequality and social status are important determinants affecting health in ways such as material deprivation, psychological stress, lack of education and social exclusion.

- Stress is itself an important and multi-causal determinant, associated with anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life. Stress can increase the risk of chronic illnesses such as depression, diabetes, high cholesterol, high blood pressure, stroke and heart attack.

- Employment and job security affect health in a number of ways, including the level of psychological stress and anxiety caused by the lack of control over one's work, work demands, job insecurity, unemployment and financial pressures.

- Social exclusion affects health through stress and emotional pressures associated

with factors such as isolation, poverty, discrimination and racism. Conversely, social support provides the emotional and practical resources to get through life and mitigate the effects of social isolation and exclusion.

- Education and care in early life influence the critical stages of physical, mental and emotional development and lay the foundations for health status in later life.

- Food security and access to a balanced and adequate diet are fundamental factors in good health; and,

- Addictions, particularly to alcohol and tobacco, can have profound negative impacts on health and wellbeing.

- Access to health care is itself an important social determinant of health (WHO 2008).

While this is only the briefest sketch of the social determinants of health, it can be seen that each does not act in isolation. In fact, this outline demonstrates the need for comprehensive strategies that take account of the complex interactions and causalities of multiple factors impacting on people's lives. There is growing evidence that it is the complex interactions of many determinants together that create disadvantage, suggesting that isolating and addressing a few determinants at a time is a less than optimal approach (Turkheimer et al. 2003).

The contribution of the social determinants to the health gap is significant—at least as significant as the provision of direct health services. For example, Australian research suggests that determinants associated with socio-economic status accounted for between one-third and one-half of the gap in health status between Indigenous and non-Indigenous Australians (Booth and Carroll 2005).

Indigenous social determinants

Significant as the above determinants are, their importance has been defined primarily from Western research and experience. To fully understand the impact on Indigenous health and wellbeing, we also need to take into account social and cultural factors that particularly affect Indigenous communities. The final report of the WHO Commission on the Social Determinants of Health (CSDH 2008:36) states:

> Indigenous People worldwide are in jeopardy of irrevocable loss of land, language, culture, and livelihood, without their consent or control – a permanent loss differing from immigrant populations where language and culture continue to be preserved in a

> country of origin. Indigenous Peoples are unique culturally, historically, ecologically, geographically, and politically by virtue of their ancestors' original and long-standing nationhood and their use of and occupancy of the land. Colonization has de-territorialized and has imposed social, political, and economic structures upon Indigenous Peoples without their consultation, consent, or choice. Indigenous Peoples' lives continue to be governed by specific and particular laws and regulations that apply to no other members of civil states. Indigenous People continue to live on bounded or segregated lands and are often at the heart of jurisdictional divides between levels of government, particularly in areas concerning access to financial allocations, programmes, and services. As such, Indigenous Peoples have distinct status and specific needs relative to others. Indigenous Peoples' unique status must therefore be considered separately from generalized or more universal social exclusion discussions.

The statement stresses the need for special policy consideration by governments, highlighting Indigenous cultural loss, social exclusion and lack of consent and control. These considerations do not feature in Closing the Gap policies.

Similarly, a recent comparative study on Indigenous children's health in Canada, the US, Australia and New Zealand identified exclusionary social policies and the historic and ongoing impacts of colonisation as 'shared and underlying determinants' of the profound differences in Indigenous children's health (Smylie and Adomako 2009: 8-9). The report describes the impacts of colonisation as:

> …historic and ongoing governmental policies that have contributed to and perpetuate the dislocation of Indigenous people from their homelands; the disenfranchisement of Indigenous peoples from their rights to self-determination; the undermining of economic and social development; and the fragmentation of families, communities, and nations. Colonial policies are directly linked to the current day poverty experienced by many Indigenous children globally. The shared health status disparities are not surprising when the disparate numbers of Indigenous children living below the poverty line and/or in overcrowded accommodation in all four countries are taken into consideration.

Of additional note here is the reference to historically linked poverty and overcrowded housing as key factors in Indigenous children's health status.

These reports are part of a growing body of research concerning the social determinants of Indigenous health (Anderson et al. 2007, Carson et al. 2007).[24] Reflection on this research suggests the likelihood that Closing the Gap policies will negatively impact many of these determinants and possibly inhibit the positive impact or expression of others.

I will focus here on four determinant areas of particular relevance to remote Aboriginal communities in the NT. Not unexpectedly, these determinants are germane

to the rights described in the Declaration, particularly self-determination and cultural rights. They are also areas that have attracted the strongest criticism of the Closing the Gap and the NT Intervention policies by Aboriginal communities:

- Control and empowerment;
- Social exclusion, racism and discrimination;
- Culture and language; and
- Occupation and customary use of traditional lands.

These fall within the broad domains of control and culture. Control and social exclusion are immediately recognisable as 'mainstream' social determinants. However, as evidenced in the statements above, for minority Indigenous populations in developed countries these have particular relevance and meaning that are poorly recognised by governments. The four determinants impact on health and wellbeing individually and in concert and with other determinants such as education, employment and housing. These impacts are significant, yet are inadequately understood and weakly addressed in government policies.

Control and empowerment

Control has been described by Tsey (2008) as a neglected social determinant. The level of control individuals have over their life circumstances determines their capacity to deal with day-to-day challenges and stresses without becoming overwhelmed (Tsey 2008a). Lack of control causes stress and anxiety and is a strong predictor of morbidity and mortality (Daniel et al. 2006). The frequently heard concerns of Aboriginal people that government is assuming greater intrusive control over their lives signal an expected significant social determinant impact manifested as increased feelings of frustration, disempowerment, stress and anxiety and the associated incidence of chronic illness.

Control-related stressors are also significant at community and population levels. Although the relationship between control and health outcomes at a community level has not been well researched, the emerging evidence is strong (eg, Lovoie et al. 2010) and reflects the importance of 'control of destiny' and 'empowerment' to communities (Syme 2004). A review of international research indicates the effectiveness of empowerment strategies to improve health and reduce health disparities, with outcomes at psychological, organisational, community and population levels, and in relation to socially excluded populations (Wallerstein 2006). The findings are supported by Australian research demonstrating the effectiveness of family wellbeing empowerment programs in tackling substance abuse and increasing community capacity to take control of their health and wellbeing and build community norms, and

in Indigenous workforce development and organisational change (Tsey 2008b, Tsey et al. 2005, McEwan et al. 2010).

The importance of control at a community level is also demonstrated by the success of the Aboriginal community-controlled health sector in the NT in driving improved service delivery and health and wellbeing outcomes for Aboriginal communities (Rowley et al. 2008).[25] There is also strong evidence that increased community control produces positive outcomes in broader socio-economic areas. Over 20 years of research by the Harvard Project on American Indian Economic Development has documented similar successful outcomes in North America in relation to Indigenous control of health, as well as in housing, environment and natural resources, courts and public safety, and economic development.[26]

Professor Stephen Cornell, one of the co-directors of the Harvard Project, outlined three positive outcomes when Indigenous nations gain control over their affairs (Cornell 2004):

- Bureaucratic priorities are replaced by Indigenous priorities, thereby gaining Indigenous support for initiatives and programs;
- Decisions begin to reflect local knowledge and concerns; and
- Indigenous control creates a context for Indigenous accountability.

These simple points underscore some of the central deficiencies of the top-down Closing the Gap approach, based on increasing government control over policy development and implementation at the expense of Indigenous input and control.

Further evidence of the significance of control in an Indigenous context comes from research in Canada examining high rates of Aboriginal youth suicide. Communities with the lowest suicide rates were characterised by eight factors, four of which directly relate to community control, namely, certain rights of self-government and some degree of community control over educational services, police and fire protection services and health services (Chandler & Lalonde 2008). In Australia, Indigenous youth suicide has been found to be an important indicator of the social, emotional and psychological wellbeing of Indigenous communities (Daniel et al. 2006).

Social exclusion, racism and discrimination

Racism, discrimination and other forms of social exclusion negatively impact on the sense of control, self-esteem and wellbeing of individuals, and contribute to stress, anxiety, disempowerment and poor physical and mental health outcomes. Recent Australian research confirms that experiencing racism is associated with poor physical

and mental health outcomes for Indigenous people (Priest et al. 2011; Larson et al. 2007; Paradies et al. 2008; Paradies 2006). A recent study in an urban context found that 93 per cent of the Aboriginal and Torres Strait Islander people who took part in the study reported experiencing racism (Gallaher et al. 2009). Aboriginal and Torres Strait Islander people also suffer from the effects of institutional racism—discrimination by government and social institutions—in areas such as the health system (AMA 2007) as well as the media, education, welfare and criminal justice systems and in the provision of public housing (Paradies et al. 2008).

Culture, language and land

Culture and language, and occupation and customary use of traditional lands (and its individual and community manifestation as cultural identity) provide powerful moderating effects on the impacts of racism and discrimination, and can provide a foundation for stronger communities and healthier lives. Culture is a universal aspect of human societies that acts to ameliorate existential anxiety through its capacity to give meaning and value to individual existence (Halloran 2004). In the context of multicultural societies with dominant and minority cultures, the widespread and persistent suppression of cultural practices severely disrupts a culture, making it susceptible to trauma, collective helplessness and endemic maladaptive coping practices that can become intergenerational (Halloran 2004).

There is growing evidence that Indigenous cultures and languages are protective factors against health and wellbeing risks (McIvor & Napoleon 2009). The Harvard Project found that successful Native nations ground their institutions and activities in Indigenous culture. Cultural continuity was also found to be a key factor in Canadian Aboriginal communities with little or no youth suicide (Chandler & Lalonde 2008). In 2008 in the NT, 85 per cent of Indigenous adults identified with a cultural group, and 63 per cent of Indigenous adults (including 73 per cent of those living in remote areas) said they could speak an Indigenous language (ABS 2009). 2008 data shows that Aboriginal and Torres Strait Islander youth in remote areas who speak an Indigenous language are less likely to experience risk factors associated with poor wellbeing (ABS 2011).

Australian research suggests that people who live in decentralised remote communities and outstations are healthier (Rowley et al. 2008; O'Dea 1984; O'Dea et al. 1988; Flannery and White 1993). The *Healthy Country: Healthy People* study demonstrated that Aboriginal people who take part in 'caring for country' activities, particularly those living in traditional homelands, are healthier and happier (Burgess et al. 2009). A relevant factor regarding these communities and activities is their connection with ancestral lands and customary cultural activities. This is supported by

survey data that shows that a higher proportion of Indigenous people in remote areas reported feeling happy some or most of the time, compared with those in non-remote areas (ABS 2010). In remote areas, feeling happy was associated with engagement in cultural activities (ABS 2010). In the NT, 41 per cent of Indigenous adults live on their traditional homelands and a further 47 per cent recognise an area as their homeland but do not live there (ABS 2009).

Despite such evidence, government attitudes towards Indigenous culture are highly ambivalent, and in some instances discriminatory and proscriptive. For example, as noted above, the Northern Territory Intervention introduced a prohibition on the consideration of customary law matters by courts in relation to bail and sentencing. No other citizens before the courts are denied full consideration of all their relevant circumstances in this manner. This discriminatory restriction remains in place despite the purported reinstatement of racial discrimination protections (NAAJA 2010: 38-40).

While rather crude indicators of Indigenous cultural integrity have recently been developed as part of broader Indigenous disadvantage-focused statistical frameworks (Taylor 2008; Rowse 2010; Jordan et al. 2010), generating useful cultural data, their purpose is not associated with an intention to achieve the preservation or strengthening of culture. Traditional culture, language and occupation and customary use of traditional lands are not generally considered indicators of 'progress' by governments. Neither are factors inimical to the enjoyment of cultural rights—such as racism and discrimination—addressed in policies such as Closing the Gap. 'Progress' is instead otherwise defined in terms of mainstream social exclusion indicators that Rowse (2010) has observed are more accurately measures of disparity. This has led to flawed policy approaches based on achieving statistical equality with non-Indigenous Australians, without recognition of, or allowance for, cultural diversity and difference (Altman 2009; Pholi et al. 2009; Jordan et al. 2010).

Closing the Gap and Indigenous social determinants of health

So what are the likely impacts of Closing the Gap policies on the four Indigenous social determinant fields described above, and consequently, on achieving Closing the Gap targets? An important additional question from an Indigenous perspective is whether or not these policies enable the kind of self-determined futures to which Aboriginal groups in Australia have aspired, codified as rights in the Declaration and supported by evidence as being both possible and practical? Or are Aboriginal communities being pushed towards an alternative, neo-assimilationist future where mainstream values and priorities are expected to override and suppress cultural values and aspirations?

My attention here is on Closing the Gap policies affecting the conditions of remote

communities—principally policies on remote housing, services and infrastructure, but also closely related policies on Indigenous employment and the Community Development Employment Projects (CDEP) scheme, and welfare reform changes such as compulsory income management—that have become integral to Closing the Gap. The following discussion considers the likely impacts of these policies on Indigenous social determinants and the broader circumstances of remote communities in ways that I argue also undermine the achievement of Closing the Gap targets.

Remote housing and service delivery

The then-Rudd Labor Government, directly and through COAG, invoked economic viability as a key criterion for new investment in remote housing and service delivery.[27] COAG's Closing the Gap spending in these areas is being rolled out under the National Partnership Agreement on Remote Service Delivery and the National Partnership Agreement on Remote Indigenous Housing. It includes $5.5 billion ($1.94 billion of which is new funding) over ten years on remote Indigenous housing and $291 million over six years on Indigenous remote service delivery nationally. Although this is significant new money, it still falls well short of need, is targeted narrowly, and—in the case of new and upgraded housing—is conditional on communities signing away control, via long-term leases to government, over the housing and the land on which it is located.

Controversially, the available funding for new housing and remote service delivery is being concentrated on only 29 'priority' communities nationwide, 15 of which are in the NT. The details of the policy are contained in the Remote Service Delivery NPA that implements 'a new remote service delivery model', the objectives of which include to increase 'economic and social participation … and promote personal responsibility, engagement and behaviours consistent with positive social norms'.[28] 'Economic and social participation' and 'positive social norms' are not defined. The Remote Service Delivery NPA is subject—as are all the COAG National Agreements—to the NIRA's National Investment Principles for Remote Locations that includes the aim of improving 'participation in the market economy on a sustainable basis'. Priority is to be given 'to larger and more economically sustainable communities where secure land tenure exists', and to 'facilitating voluntary mobility by individuals and families to areas where better education and job opportunities exist, with higher standards of services'.[29]

This policy direction has been shadowed by the NT Government, which has aligned its *Working Future* policy with the COAG National Agreements, and included the 15 NT COAG 'priority' communities among 21 chosen Territory Growth Towns to which housing, infrastructure and service delivery funding is being directed to develop them

as regional service hubs and to create the conditions for economic development.[30]

The perception of these policies is that they represent a withdrawal of government support for remote homelands and other smaller communities and an intention to place pressure on residents to move to larger centralised communities (Amnesty International 2011).

Impacts on housing overcrowding

Overcrowding has been identified as one of the policy priorities for Closing the Gap with $5.5 billion to be spent nationally over 10 years on remote Indigenous housing.[31] In the NT, Indigenous housing funding is being rolled out under the Strategic Indigenous Housing and Infrastructure Program (SIHIP)—a six-year, $672 million program that will deliver 750 new houses, however, only in the 15 COAG 'priority' communities and a number of town camps. At the same time, both the Australian and NT governments have ruled out providing new housing in homelands and other smaller communities in the NT.[32] The NT Government (2005) estimated the backlog in Indigenous housing demand at 5000 houses—nearly seven times the number of new houses that will be delivered under SIHIP.[33]

A troubling implication of current policy is that overcrowding will not be reduced at all in the vast majority of the 641 discrete Aboriginal communities[34] in the NT, affecting approximately half of the remote NT Aboriginal population (ABS 2006). Indications are that allocations of new housing for the 15 'priority' communities under SIHIP will also fail to reduce overcrowding significantly in those communities, affecting many more remote families.[35] This could well apply beyond the current ten-year commitment if the Australian Government fails to maintain significantly increased levels of funding into the long term. This is approximately half the generational time span within which the Australian Government has committed to close the 17-year life expectancy gap; and on this criterion alone, achieving this target appears doubtful.

If other factors are taken into account—such as the approximately ten per cent of current housing stock requiring replacement (ABS 2006); research estimating there is a 19 per cent undercount of the Aboriginal population of the NT (Taylor and Biddle 2008); and the high projected Indigenous population increases expected over the next decade and beyond[36]—then it is clear that current policy settings are inadequate to address current and expected future levels of overcrowding (Commonwealth of Australia 2010b). Overcrowding, it must be remembered, is an important determinant of poor health outcomes (Bailie 2007; Pholeros et al. 1993), and has been associated with increased risk of neglect and abuse (Anderson & Wild 2007), family and community violence and poor employment and educational outcomes (SCRGSP 2009).

With this in mind, from a public health perspective it is necessary to question the inordinate focus on home ownership of Closing the Gap housing strategies. While a worthy aspiration with identified benefits and risks (Australian Government 2010, Memmott et al. 2009), home ownership does not appear to have a direct impact on health outcomes (Australian Indigenous Health *InfoNet* 2008). Neither is it a priority nor a practically achievable option in the short to medium term for the majority of Aboriginal people from remote communities whose low incomes, poor employment prospects and burden of chronic health conditions are not amenable to servicing a mortgage, and whose most pressing housing need is for relief from entrenched overcrowding and poor housing standards. Home ownership does not address these issues but appears, rather, to signal the government's view of the importance of individual ownership and advancement in opposition to the perceived barriers of communal ownership and kin-based residential behaviours. This policy thus operates more in the manner of a politically focused rhetorical social engineering tool than an evidence-based response to clear and urgent social need. This is reflected in the poor performance of the Home Ownership on Indigenous Land (HOIL) program, that at June 2010 had delivered only 15 home loans at a cost of $10 million out of a four-year target of 460 loans (Commonwealth of Australia 2010a).

In contrast to the relatively few who will achieve home ownership in the near term, the realisation by residents of over 600 communities[37] in the NT that they will receive no new housing has generated considerable frustration and anger. This is particularly so in the non-'priority' communities among the 73 'prescribed' communities under the NT Intervention, where expectations had been raised that housing overcrowding would be fixed. Combined with reduced availability of funding for desperately needed remote services and infrastructure, non-'priority' or non-Growth Town communities face an uncertain future with diminished prospects for improving housing, services, environmental health and social wellbeing. There is also continuing apprehension over the government's strategy to force individuals and families in homelands and smaller communities to 'voluntarily' move to larger communities in order to access basic services and amenities (including schooling), or in order to meet stricter conditions on unemployment and other income support (including 'work test' requirements).[38]

Impacts on Aboriginal control of community housing

The prospect of failure to adequately address overcrowding in Aboriginal communities is only one disturbing aspect of Closing the Gap housing policies. Further concern is raised by the Australian Government's land tenure reforms that include an insistence on long-term minimum 40-year housing leases that will exclude an Aboriginal role in decision-making, representing a significant loss of control by traditional owners and residents. This is being strongly opposed by many communities in the NT (APO NT

2011a), resulting in a standoff with the Government that is causing lengthy delays to urgently-needed new housing construction and housing upgrades. The Government appears unmoved by the prospect that communities that refuse to sign over control of their land will miss out.[39]

The land tenure reforms further reduce Aboriginal control as a consequence of passing ownership and control of new (and most existing) housing from Aboriginal community-controlled organisations to state public housing authorities. Although based on the asserted failure of Indigenous community housing organisations (ICHOs) to adequately maintain housing stock and enforce proper rent and tenant responsibility, the decision is questioned by available evidence that shows that a number of factors contribute to poor outcomes in Indigenous community housing. Research shows that shoddy construction, health hardware inadequate to the pressures of overcrowding, and inadequate funding for housing maintenance are significant contributors to housing stock deterioration (Torzillo et al. 2008; Fien et al. 2010). Evidence also shows that there is successful Aboriginal-controlled community housing that has achieved housing performance in Critical Healthy Living Practices exceeding both the NT and national averages.[40] Independent evaluation of ICHOs has generated positive recommendations for reform, not abolition, of the sector (Ehringa et al. 2008).

The land tenure reforms are in contravention of the right to administer housing and other programs that is afforded under Article 23 of the Declaration.[41] Mandated 40-year housing leases (which carry a government right to renew for a further 40 years) mean that not just current Aboriginal generations but also future generations will be denied the opportunity to control their community housing. Inexplicably, the policy is also at odds with federal mainstream community housing policy that is encouraging the transfer of mainstream public housing from state and territory housing authorities to the community sector. Former Minister for Housing, Tanya Plibersek, acknowledged that state and territory public housing authorities lack transparency and accountability and often perform worse than community-based housing organisations in tenancy management and housing maintenance (Plibersek 2009).

The new mainstreamed Indigenous housing policy thus appears to be both counter-productive and discriminatory. In 2006 there were 496 ICHOs in Australia. However, over time their number will drop, with the only option for survival being to compete for outsourced public housing contracts such as for tenancy management (Dillon 2007:228). This follows an increasing trend of governments to force Aboriginal-controlled organisations to 'compete in the marketplace for outsourced government contracts simply as service providers' (Sullivan 2010b), that is resulting in increased fragmentation of service delivery and significant loss of Aboriginal control. By 2009, government policies had resulted in the loss of two-thirds of the ICHOs in the NT[42]—

against the mainstream public housing trend of increasing community housing organisations.

So why dismantle an Aboriginal community-controlled sector in favour of an imposed and intrusive government model for community housing? Instead, community housing programs should be restructured along the lines of models shown to be effective. Community run housing programs have the potential to provide long-term sustainable training, employment and economic enterprises for Aboriginal communities and can play 'a unique role in maintaining cultural identity and meeting distinct cultural needs that are not easy (if possible) to replicate in mainstream community housing' (Flatau et al. 2005:xiv).[43] This is particularly so in remote areas where private sector provision is characterised by limited availability of contractors, inflated pricing and cost gouging, and where, in the case of the NT, the federally-funded and NT Government-delivered SIHIP program has seen both massive waste and lengthy delays to housing construction.[44]

To put this in some context: in the NT, Aboriginal community-controlled health services (ACCHSs) have a successful history, so much so that the Australian and NT governments have backed the transfer of all Aboriginal primary health care (PHC) services to community control over time.[45] One therefore has to seriously question why it is that Aboriginal communities in the NT are capable of controlling the complex and challenging area of primary health care service delivery but not, apparently, community housing. And if performance is a genuine concern in relation to ICHOs, why has the Minister for Indigenous Affairs refused to support reform to enable Aboriginal control to be successful?[46]

An answer to both questions partly lies in the fact that Aboriginal community-controlled health is relatively well-resourced and under the responsibility of the federal Minister for Health and the Department of Health and Ageing (DoHA), while Indigenous housing and remote services are critically under-resourced and come under the Indigenous Affairs portfolio and the Department of Families and Housing, Community Services and Indigenous Affairs (FaHCSIA). Health ministers and DoHA have a better record of working collaboratively with the Aboriginal community-controlled health sector and of supporting evidence-based policies. This is particularly so in the NT where there is an effective, high-level, tripartite health planning body, the NT Aboriginal Health Forum, that includes the Australian and NT government departments and the ACCHSs peak body, AMSANT. In contrast, Indigenous Affairs Minister Macklin and FaHCSIA have largely continued the previous Howard Government's approach of mainstreaming service delivery and subjecting Aboriginal communities and organisations to increased levels of government control, surveillance and intervention in the name of addressing disadvantage and community dysfunction,

subordinating evidence to political or ideological concerns.

In relation to housing, there was a specific intention on the part of Minister Macklin to remove Aboriginal control. Analysing the government's Indigenous land reforms, and in particular the 40-year housing leases, Leon Terrill concludes that while the government's stated main purpose of the leases is to provide security of tenure, 'the leases instead implement a broader policy of central governments attaining long term control over decision making in remote Indigenous communities, as a means of responding to the problems affecting those communities' (Terrill 2010a).

Terrill (2010b) quotes the Australian Government's written directions to State and Territory housing ministers on 'secure land tenure' that clearly state that the government's intention is to wrest decision-making control from traditional landowners and community members:

> … the terms of the lease must allow the state or territory government to implement tenancy management arrangements without requiring consent from traditional land owners. Land owners are therefore not able to use the terms of the lease to retain control over decision making, whether for themselves or for community members.

This is in clear breach of Article 23 of the Declaration.[47] The Minister's public justification for such a policy includes claims of the absence of proper tenancy management,[48] and accusations of nepotism by an Aboriginal community housing organisation in the allocation of new housing and failure to properly upgrade and maintain housing stock.[49] However, while these may be legitimate policy concerns they can be addressed through strengthening governance and accountability processes within the community-controlled sector and not by abolishing it. It is also clear that the singling out of 'nepotism' and the frequent claims that state control of housing will assist the 'normalisation' of Aboriginal families suggest a conscious intent to counter the perceived negative cultural influences of traditional authority structures, communalism and kinship through removal of Aboriginal control.

The blanket condemnation and sidelining of the whole sector on such evidence rings hollow and does not support the disproportionate and arguably counter-productive response of abolishing community control over housing and imposing comprehensive state control.

Impacts on individual lives – employment

A similar outcome of reducing Aboriginal control can be seen in other ostensible 'reforms'. The government's principal rationale for the abolition of flexible jobs

provision under the Community Development Employment Program (CDEP)[50] and its replacement with CDEP work placements supported by welfare payments (work-for-the-dole) was that CDEP often became a destination rather than a transition to a 'proper job'.[51] In this, the government has dismissed a considerable body of evidence supporting the positive role of CDEP in many Indigenous communities, particularly in remote areas—for example, CDEP's success in providing meaningful, flexible work and contributing to the development of Aboriginal enterprises and hybrid economies in areas where there is not a developed market economy (Altman & Jordan 2009). Also glossed over are the main impacts of the change that include substantial increases in Aboriginal unemployment rates as thousands are transferred from jobs to welfare.[52] Removal of CDEP jobs will also threaten the viability of many successful Indigenous enterprises in remote areas (Altman & Jordan 2009) and is already leading to a significant decline in services and support for communities, particularly homeland communities (Bawinanga Aboriginal Corporation 2011).

Assuming the government would prefer to avoid increasing Aboriginal unemployment, these outcomes only make sense if regarded as collateral damage in pursuit of a higher order government priority: to exert greater direct control over remote communities, ironically, in this case, for the purpose of increasing the take-up of jobs outside CDEP[53] that have so far largely failed to materialise.[54] Macklin's 'reform' increases government control over individuals on CDEP by changing their status to welfare recipients, shifting the management of their CDEP positions from Aboriginal community organisations to Centrelink bureaucrats and job services providers and subjecting them to the restrictive conditions of the BasicsCard regime and welfare agencies. This is likely to place some recipients under pressure to move from their home communities, fuelling concern that the change is part of a collusion of policies aimed at forcing people to move to larger centres[55] or further afield.

At the same time, the policy is causing considerable avoidable harm to those directly affected by the changes, as well as to their families and communities, by pushing them further into poverty. Under the old CDEP jobs regime, CDEP workers earned on average $100 more per week than those on income support payments, by accessing 'top-up' (ie, working additional hours). By the time the last of the CDEP jobs is abolished in 2012,[56] nearly 6000 people in the NT will have been transferred from jobs to welfare, representing a net loss of income to remote NT communities of around $30 million per year.[57] Such a figure is significant but doesn't provide an adequate sense of the impacts on individuals and families, both in terms of losing the control and self-esteem that comes with having a job (with resultant increased stress, anxiety and associated health impacts) as well as the loss of income. For example, under the old CDEP jobs, someone in a works crew would earn around $1000 a fortnight working approximately full-time hours. Under the new CDEP, the worker is transferred to

unemployment benefits of about $400 a fortnight.

Impacts on individual lives – control of income

Compulsory income management, introduced under the NT Intervention, is a further example of Indigenous policy being used to extend government control over individuals' lives. The policy removes the control and choice of individuals over where and how they spend welfare income and effectively places them under the control of Centrelink bureaucrats. Perhaps of all the NT Intervention measures, this was one that elicited the strongest response amongst those subject to the measure, who emphasised its disempowering, racially discriminatory and stigmatising impact. These impacts have directly increased indicators of social exclusion for those unwillingly subject to income management, and increased the stress and associated health impacts they could be expected to experience.[58]

It is also necessary to question the basis for income management in public health terms, including whether there is evidence that it is an effective measure for achieving its stated objectives, and whether the opportunity cost of the policy in terms of precluding other potentially more effective policy interventions, is warranted.

There is a lack of both adequate evaluation and evidence of the effectiveness of income management (see, for example, Journal of Indigenous Policy 2011). Against this, the high cost of the policy (currently close to $100 million per year in the NT) is concerning. This is particularly so in that it fails to deliver the kinds of targeted, case-managed treatment and support services generally required by individuals and families in difficulties, and is based on reducing control rather than empowerment.[59]

Impacts on cultural continuity and connection to country

A further avoidable casualty of Closing the Gap policies on remote areas is cultural continuity and connection to country. As noted above, there are various related elements of Closing the Gap policies that impact on the ability of Aboriginal families and individuals to remain on or near their traditional country, particularly policies relating to 'priority' communities and Growth Towns.

To glimpse what is at stake we need only recall earlier policies involving the removal of Aboriginal people from their traditional lands to centralised missions and government settlements (ATSISJC 2009b). This resulted in the loss of access and connection to country, and the significant loss over time of cultural knowledge, including language knowledge. And the large number of different groups forced to co-reside in these communities in country for which most were not the traditional owners, resulted in

increased social conflict.

Many of these centralised communities still experience the legacies of this earlier process of centralisation as increased conflict, stress and dysfunctional behaviours. These include the identified COAG 'priority' communities and NT Growth Towns. The prospect that increasing numbers from homelands and smaller communities will be forced to move to 'priority' communities and Growth Towns raises concerns of repeating past mistakes by increasing overcrowding, pressure on services and social conflict in these centres and further alienating people from their traditional lands. It must be remembered that the creation of homelands and outstations on country, spearheaded by the Homelands Movement, were Aboriginal initiatives to counter the negative impacts of larger centralised communities and to re-establish occupation of traditional lands (ATSISJC 2009b).

Importantly, the current networks of regional and remote communities and satellite homelands are culturally organised, occupied broadly along traditional lines. This is particularly so for homelands and outstations, often occupied by members of extended families or clan groups. The social structure of these networks facilitates mutually-supportive action (social support) and is marked by regular movement and exchange between communities, collective cultural activities, including ceremonial activity, and the ability to access country for cultural purposes such as hunting, resource gathering and to monitor and protect sacred sites and manage country through burning and other practices. Or just to get away from the conflict and dysfunction that is more often found in larger communities.

In other words, Aboriginal settlement and mobility patterns are, on one level, the embodiment of cultural relationships, aspirations and practices that contribute to social support and cohesion and community and individual wellbeing. Of course there are also non-cultural factors, such as the need to access services, goods and employment that influence mobility patterns.

Homelands, outstations and other small communities[60] have been supported in their development by Aboriginal-controlled outstation resource agencies and other community organisations that are community-led initiatives to fill the gaps resulting from an absence or lack of government service provision. These agencies have sought to develop Aboriginal enterprises and alternative employment opportunities on country, including 'caring for country' activities and other land and conservation-based work, traditional art production and cultural tourism.[61] This has required considerable support from the CDEP, and has contributed over time to the development of what Altman terms 'hybrid' economies, appropriate for remote locations where there is no developed market economy and where elements of customary economies remain

productive (Altman 2010).

Against this background, a narrow focus on the 29 'priority' communities nationally and the 21 NT Growth Towns, solely on the basis of government criteria of their economic viability and Closing the Gap priorities, recalls the earlier errors of creating centralised settlements without an understanding of the cultural and social collateral damage that followed. Such a view is supported by the observation that the 'priority' communities and Growth Towns do not correlate well with the existing hierarchy of settlement of discrete Aboriginal communities in the NT of which approximately 70 to 80 act as central service hubs for a more widely dispersed population (Sanders 2010). Sanders (2010) notes that this represents policy 'without great thought for existing social realities'.

An approach that takes account of the Indigenous social determinants would look substantially different. It would address the interdependent nature, local mobility patterns and related social and cultural values of regional and local networks of communities, not just the narrow economic development of selected larger communities. It would require a community development approach (Phillips et al. 2011) backed by comprehensive, needs-based planning for the sustainable economic development of all communities in a manner that engages and harnesses their social and cultural strengths and incorporates market and state-supported economic activities with customary economic activity (APO NT 2011b, Altman 2010, Kerins and Jordan 2010).

Closing the Gap and the politics of failure

The Closing the Gap approach is altogether different, one that eschews a community development response. It is founded, rather, on the rhetoric of failure—failure of past government policies (in particular self-determination and welfare policies) and failure of individuals and communities to 'take responsibility' to behave according to accepted 'norms'. This is merely an extension of the rationale used by the Howard Government for the coercive and ultimately ineffectual 'practical reconciliation' and mainstreaming policy changes it introduced (Sanders 2008).

The rhetoric of failure has been counter-productive. It has fuelled the discriminatory, negative stereotyping of Aboriginal people, rendering them as incapable and therefore in need of managerial intervention. And it has prevented governments from learning from the many successes that have been achieved and the experience gained over the past 30 years, often through initiatives delivered as 'pilot' programs that were subsequently de-funded regardless of whether or not success was demonstrated.

Of particular concern is the prevalence of paternalistic behaviours displayed by the burgeoning numbers of bureaucrats, consultants and contractors cycling through communities that is the practical effect of the shift to a managerial, mainstreaming approach. A related concern is the cultural competency of bureaucrats and government consultation processes. Government Business Managers (GBMs) located in communities and other bureaucrats closely control direct engagement with communities despite often having little or no previous experience of remote Aboriginal communities, cultures and lifestyles. Feedback from community residents and Aboriginal organisations in the NT indicates that consultation and other engagement processes routinely exhibit a lack of cultural awareness and sensitivity, and that the advice of individuals and organisations on the ground with experience and local knowledge is often not sought or else disregarded. Aboriginal organisations governed by community members or with deep community relationships as service providers have found themselves marginalised from key decision-making processes. A recent report of the Coordinator General for Remote Indigenous Services (2011) on progress with the National Partnership Agreement on Remote Service Delivery in 'priority' communities points to deficiencies in government processes of engagement and support, particularly in relation to community organisations and governance structures, and the lack of a community development approach.

Regarding culture as a problem rather than part of the solution

The pattern of asserted Aboriginal failure being used to justify the transfer of Aboriginal control to government rests at least partly on the contested but increasingly influential view that traditional culture and, in particular, 'maladapted' customary behaviours, are an inappropriate basis for modern life and therefore a cause of and contributor to Indigenous disadvantage, or at least a barrier to overcoming it (eg. Sutton 2009, Hughes 2007). Maladapted behaviours are said to include communal aspects of Aboriginal cultures (including restricted common property ownership of land and associated lack of private home ownership), forms of law and punishment and kinship systems.

This pathologising of traditional culture has a history as old as colonisation and has been used in justifying successive forms of 'native administration', resulting in iterations such as 'smoothing the dying pillow' of the protection era and the regimes of coercive assimilation. Its incarnations in recent decades have been associated with neo-liberal values, including opposition to land rights and self-determination.[62] While a proper analysis of such views is beyond the scope of this paper, it is important to register the degree to which government appears to have subscribed to them in framing and justifying current Indigenous policies, including Closing the Gap.

Statements supporting culture found in many government policy documents and set-piece speeches[63] fail to correspond with the reality of the policies themselves, such as those described above. More often, an implicit negative bias against traditional culture is apparent in government (and media) statements, that portray Aboriginal and Torres Strait Islander people 'as not competent, irresponsible, the source or cause of the problem and 'not us'' (Arabena 2011). Thus we frequently hear pronouncements on the lack of responsibility shown by dysfunctional parents spending money on drinking and gambling rather than on food for their children, of senior Aboriginal men engaging in and/or covering up corruption or abuse, and the lack of power and the vulnerability of women, but virtually no balancing contextual information of positive examples of individuals, families and communities that illustrate the strengths of culture and its ability to provide and support solutions.

In this way culture is implicitly positioned and reinforced as an 'acceptable loss' (Arabena 2011) in the project of normalising Aboriginal communities for the purpose of 'closing the gap'.

However, the pathologising of culture downplays the fact that Aboriginal cultures, like all cultures, are not static, and continue to change and adapt through processes of innovation, intercultural exchange and, increasingly, interaction with market economies. It is not a legitimate role of the state to decide what is maladapted about a particular cultural group and to mobilise coercive policy interventions to erase the offending cultural characteristics. Previous failed attempts, such as the policies of assimilation, have shown how damaging and counter-productive the unintended consequences of such policies can be. And the fact is, that for every instance of 'maladapted' cultural behaviours and dysfunction that government has identified and seeks to target, there are examples of Aboriginal-initiated, culturally-based adaptations and solutions successfully dealing with the same identified problems.

Governments are not alone in overlooking the positive role of culture in Indigenous health and disadvantage. Bond and Brough (2007) show that culture as a determinant of better health is comparatively unexplored in public health research, particularly in the Australian context. Nevertheless, Australian and international research suggests that factors such as traditional cultural practices, strong cultural identity and the process of exploring one's cultural identity can provide positive influences on health outcomes (Bond and Brough 2007).

Culture has been shown to be a powerful tool in tackling the intergenerational trauma that remains an underlying cause of so many problems confronting Indigenous individuals, families and communities,[64] and to be a protective factor in the care and protection of children (NT Government 2010). Culturally-based approaches have been

successfully used in a wide range of programs and initiatives, including traditional healing; in petrol sniffing and other substance abuse treatment and diversion programs; community safety and community policing; juvenile justice and 'at risk' youth programs; offender programs and circle sentencing; social and emotional wellbeing programs; schools and education; mediation; art and other culturally-based enterprises; and cultural and natural resource management activities, including 'caring for country' and Indigenous ranger programs.

Many of these successful examples have been developed through Aboriginal community-controlled organisations, which (as noted above) have also successfully led the reform of Aboriginal primary health care delivery, particularly in the NT. Yet, the contributions of such organisations (with the exception of the Aboriginal community-controlled health sector in the NT) remain under-recognised by government (Sullivan 2010a, 2010b, ANTaR 2010) and subject to questioning as to 'whether Indigenous people are culturally capable of "good" governance in western terms' (Hunt et al. 2010). Such a view is challenged by research on Indigenous community governance that highlights the importance of good governance to improving Indigenous wellbeing and socio-economic status, and shows that culture can constitute an important component of governance legitimacy and effectiveness (Hunt et al. 2008).

Indeed, it must be acknowledged that governments *are* funding such programs, albeit on a limited and selective basis, while simultaneously crafting more broad-ranging policies that have the effect of undermining culture. One area of Australian Government policy where support for land-based cultural activity is more significant and well-targeted includes the Caring for Our Country, Indigenous Protected Areas (IPAs) and Working on Country initiatives.[65] These programs target the significant areas of Aboriginal-owned land, particularly in the NT, and include support for Indigenous ranger programs and a suite of natural and cultural resource management objectives that incorporate and value traditional cultural and ecological knowledge. There are currently in the order of 500 Indigenous people working in Indigenous land and sea management groups in the NT, with significant potential for sustainable expansion in remote areas, offering 'a low cost solution to "Closing the Gap" in a variety of sectors including health, education and employment' (May 2010). To this should be added benefits across the Indigenous social determinants of increased control and empowerment, recognition of culture and traditional knowledge, and increased access and use of traditional lands.

However, such outcomes are threatened by other government initiatives such as the CDEP reforms that will detrimentally impact on many land and sea management groups (which in 2007 sourced 90 per cent of partial wage payments, capital assets and human resource management from CDEP) (May 2010), and Closing the Gap policy

objectives seeking to force migration away from the homelands and smaller communities that provide a network of settlement nodes and locally-knowledgeable employment pools in remote areas.

What this demonstrates is conflicted government policy development from multiple ministerial portfolios and departments—the so-called 'silos'—that continues to generate contradictory and poorly coordinated policy objectives and outcomes. Tellingly, as with the example of Aboriginal community-controlled health services, Caring for Our Country, IPAs and Working on Country initiatives were developed separately from the managerial Closing the Gap policy process.

Despite its rhetoric, the practical effects of the Government's policies indicate that it does not regard culture as a positive factor in Closing the Gap. However, a social determinants view of culture reinforces its importance to Closing the Gap outcomes; and it follows that opportunities for young people to learn about their cultures should be actively encouraged and facilitated. For these young people, many of whom have been alienated by a lack of access to education in their own cultures as well as to mainstream education, there is considerable benefit to be gained from the knowledge, respect and self-esteem that a grounded cultural identity provides.

One of the benefits of a strong Aboriginal identity is the encouragement and support it provides Aboriginal children to pursue educational achievement (Sarra 2007). This is confirmed by Australian research that found that recognition, acknowledgement and support of culture are important factors in improving learning outcomes for Indigenous students. Australia's education system in the main does not reflect or support Indigenous culture (ATSISJC 2009a:121). Analysis of Aboriginal education programs and strategies by the Closing the Gap Clearinghouse (2011) found that key elements of successful programs include the recognition of Aboriginal culture and a high degree of Aboriginal involvement and control.

In remote areas, where Indigenous cultures and languages should be expected to be valued assets in educational achievement, poor educational outcomes are being blamed, without clear evidence, on the inclusion of bilingual programs in schools, and the remaining bilingual programs in the NT have been effectively axed. This is despite evidence that poor outcomes reflect, in significant measure, inadequate provision of schools, educational infrastructure and teachers in such areas (Simpson et al. 2009).[66] Even the Prime Minister has been drawn into the debate. Apparently unaware that properly resourced bilingual education is an evidence-based, appropriate and effective pathway to competency in English (Simpson et al. 2009, Silburn et al 2011), Prime Minister Gillard rejected criticisms of the axing of bilingual programs, commenting dismissively, 'For indigenous Australia, English is the language of further learning and

English is the language of work'.[67] This is emblematic of the unwillingness of the Australian Government to consider the cultural dimensions of Closing the Gap policies and to instead impose a narrow vision of social inclusion aligned to mainstream values. This approach is suffocating Aboriginal aspirations for self-determined futures, in clear breach of the Government's commitments under the Declaration.

Understanding the links between the cultural and health crises

In the final section of this paper I want to note briefly the conjunction of the Indigenous health crisis and its impacts with the challenges communities are facing over the maintenance and continuity of cultural knowledge and practice; and to reflect on its causes and likely consequences, particularly in the context of the additional pressures generated by Closing the Gap policies.

The current challenges that communities face in maintaining cultural continuity have an historical dimension. The history of cultural loss experienced by Indigenous Australians as a result of European invasion and settlement can be broadly characterised as three distinct periods or processes, each contributing widespread impacts of weakening and suppressing cultural knowledge and practices that are likely to have induced and perpetuated the experience of 'cultural trauma' (Halloran 2004) by Aboriginal societies (Atkinson 2002). The first comprised the combined impacts of introduced disease, frontier violence and dispossession of land, causing devastating population loss and dislocation from traditional lands. The second was associated with misguided, racist government policies of assimilation and child removal that further robbed Aboriginal people of their land, language, culture and families.

The third episode has been a slow burn from the time when the processes of subjugation and forced resettlement were complete, under variously neglectful and coercive but always changing government policies, as marginalised Aboriginal communities have simultaneously struggled to cope with unrelenting, alarmingly-high morbidity and mortality rates and the effects of entrenched disadvantage, unaddressed trauma and increasing dysfunction.

This is a significant cause of the current aberration in the demographic profiles of Aboriginal communities that exhibit disproportionately high numbers of young people and a corresponding lack of older people aged 35 years and over compared with non-Indigenous communities (Taylor 2006)—absent fathers, mothers, uncles, aunties, grandparents and authority figures—that has severely depleted the social capital of communities and compromised the 'effective functioning of internal systems of social control and of familial support networks' (Edmunds 2010). Indeed, Co-chairs of the *Close the Gap campaign*, Dr Tom Calma and Mick Gooda, recently pointed to a 2002

Australian Bureau of Statistics social survey[68] that revealed that almost half the Aboriginal and Torres Strait Islander respondents reported that the death of a family member or close friend had been their greatest stressor over the past year.[69] They noted that 'the unnecessary early deaths of our elders contribute to a lack of governance in our communities, and impacts on the transmission of our culture and languages'.[70] The impact of this corrosive attrition on cultural continuity has been heightened in recent times, particularly in central and northern Australia, by the dwindling ranks of older generations with extensive direct knowledge of country and cultural traditions gained through living and working on country.

It is particularly important to acknowledge the conjunction of cultural loss with the health crisis and its impacts on the social control, leadership, authority and familial support networks of communities. This is a point long recognised by the ACCHSs sector and reflected in its holistic definition of health, and in other sectors through the kinds of culturally-based programs mentioned above. But not apparently by COAG in devising Closing the Gap. By dismissing culture and traditional authority structures as positive factors in Closing the Gap policies, the Australian Government and COAG are undermining what should be important elements in supporting and re-building social control and authority in communities.

This crisis in cultural continuity also demands an urgent response from the Australian Government if it is serious about its claims to value and support the maintenance of Indigenous cultures and to honour its commitments under the Declaration. Yet, as discussed above, Closing the Gap policies are proving deeply corrosive to the cultural fabric of Aboriginal communities, particularly in remote areas. Government resources supporting cultural continuity programs are comparatively limited[71] and communities are often unable, for want of even meagre resources or minimal assistance, to take elders out on country to teach young people about their culture and to record their knowledge before they pass away. Common difficulties include lack of vehicles and fuel, and restrictions on accessing traditional lands, including those held under non-Indigenous-owned leasehold tenures.

Conclusion

The Closing the Gap policy framework developed by the Australian Government through the COAG process represents the most extensive and far-reaching policy intervention in Indigenous affairs of recent times. However, the mechanism of COAG National Partnerships linked to federal funding agreements binds federal, state and territory governments to a policy agenda that is neither comprehensive nor sufficiently evidence-based. This approach has also ensured that Indigenous communities and organisations have largely been cut out of the processes of developing Closing the Gap

policy objectives, and the top-down nature of the National Partnership Agreements has also cut them out of any significant role in policy development, offering only a limited role in the implementation of predetermined policies. Aboriginal community control in its many forms, with the exception of community-controlled health in the NT, is being weakened or dismantled in order to facilitate government control.

Even in terms of the 'normalisation' goals of Closing the Gap (notwithstanding that these goals have been decided without the effective participation or consent of the communities that the policies are directed at), little regard has been given to the transitional needs of the individuals and communities themselves, from their current circumstances of multiple disadvantage to their 'normalised' future. This is particularly apparent in the wildly unrealistic expectations that abolishing CDEP jobs will hasten the development of market-based employment opportunities in remote Aboriginal communities, and the consequent disregard of the impacts of turning thousands from jobs to welfare, including impacts on income, self-esteem and community cohesion.

Viewed from a longer-term perspective, the current circumstances of poverty and dysfunction affecting remote Aboriginal communities in the NT have developed in the context of over a century of gross government neglect involving discriminatory policies and the failure to provide basic services and infrastructure. The potential to compound the impacts of such policy failure through further ill-framed policy interventions is high. Closing the Gap policies based on unsubstantiated assumptions that self-determination and traditional culture are barriers to development, and that the only legitimate goals of development are those reflecting mainstream values, have such potential.

In the absence of evidence that self-determination and traditional culture are causes of the present conditions of Aboriginal disadvantage, the imposition of an immediate and high penalty in the form of loss of control over their lives, community circumstances and prospects for determining their futures is both unjust and harmful. Such a conclusion is supported by the evidence base of the social determinants of health and commitments made in relation the UN Declaration on the Rights of Indigenous Peoples and other international conventions.

The Australian Government's appeal to failure as the justification for its interventionist policies is exaggerated to the point of appearing disingenuous. Indeed its own failure to act on the basis of evidence in relation to the Closing the Gap and other policies that cumulatively represent massive, rapid and uncoordinated change being imposed on Aboriginal communities, including the most remote, vulnerable and socially disadvantaged communities in the country, is deeply concerning. Of concern also is its failure to ensure thorough evidence-based assessment of the likely impacts of these

changes on communities, including unintended consequences. That change fatigue and disempowerment and its effects of increased frustration, confusion and disengagement are evident in Aboriginal communities in the NT has been apparent to many working at the coalface but has received scant acknowledgement by the NT and Australian Governments.

The contradictions revealed by the Australian Government's statements and actions are significant and perhaps most blatantly evident in its claims around 're-setting the relationship' with Indigenous people. Initiatives such as supporting the UN Declaration on the Rights of Indigenous Peoples and facilitating the establishment of a new national representative Indigenous body[72] do not reconcile with the fact that its headline Indigenous policies breach the Declaration and other international obligations and were developed without Indigenous participation and consent during the period when there was no national representative Indigenous body in place. Indigenous Australians are acutely aware of such contradictions and of the inadequacies of the new relationship.

This paper shows how the very policies aimed at Closing the Gap on Indigenous disadvantage are contributing to the processes of cultural loss, alienation and disengagement that are themselves critical impediments to achieving Closing the Gap goals. It would seem that the coercive, norms-modifying approach of Closing the Gap has blinded government to the connections between the loss of culturally based control and poor outcomes. The paper suggests that determinants of particular relevance to Indigenous communities—such as those considered here relating to control and empowerment, racism and social exclusion, culture and language, and occupation and customary use of traditional lands—must be addressed if Closing the Gap targets are to be achieved. This will require governments and bureaucrats to understand that closing the gap in health and disadvantage requires first closing their own gap in cultural understanding.

Equally significantly, a revised approach that properly addresses the social determinants of health will also require revisiting the COAG Closing the Gap policy framework of the NIRA and National Partnership Agreements that have excluded effective Indigenous input and participation and currently bind governments to policy approaches that are exclusionary and ultimately ineffective and counter-productive. Such a revisiting has been called for by key Aboriginal peak organisations in the NT (APO NT 2011a). This would provide the opportunity for the development of a comprehensive, evidence-based, long-term plan for addressing both the direct health needs and equally significant social determinants, and to ensure that this is achieved in true partnership with Indigenous communities and their representative organisations.

The current Closing the Gap policies and processes are not aligned to such outcomes and thus are likely to intensify existing pressures on remote Aboriginal communities and to further undermine both Aboriginal capacity to respond to the current challenges as well as their aspirations for a self-determined future.

Acknowledgements

I gratefully acknowledge the support of AMSANT in developing this paper and thank the following people who kindly provided comments on previous versions: Jon Altman, Dr Andrew Bell, Dr John Boffa, Jackie Cooper, Rob Curry, Mike Dockery, Dr Tanya Davies, Sally Fitzpatrick, Chips Mackinolty, Dr Liz Moore, Jacqui Phillips and Tim Rowse.

Notes

[1] This paper is partly based on a seminar delivered by the author for the Centre for Aboriginal Economic Policy Research (CAEPR) Seminar series, April 2009, and a subsequent article for the *National Indigenous Times*, 'Closing the cultural understanding gap', in May 2009.

[2] In this paper I use Closing the Gap to refer to related policies of the Australian, state and territory governments and the Council of Australian Governments (COAG) specifically addressing Indigenous health inequality and disadvantage. Some comments also refer to the *Close the Gap campaign* (hereafter in italics), which is a non-government campaign urging action on Indigenous health inequality.

[3] See http://www.fahcsia.gov.au/sa/indigenous/progserv/ntresponse/Pages/default.aspx (accessed 3 February 2011).

[4] United Nations Declaration on the Rights of Indigenous Peoples, GA Res 61/295, UN GAOR, 61st session, 107th plenary meeting, UN Doc A/RES/61/295 (13 September 2007). Retrieved from http://www.un.org/esa/socdev/unpfii/en/declaration.html .

[5] Webpage: 'Closing the Gap: Engagement and partnership with Indigenous people', at http://www.fahcsia.gov.au/sa/indigenous/progserv/ctg/Pages/engagement_partnership.aspx (accessed 23 September 2010).

[6] Eg, see media release by UN Special Rapporteur, Prof. James Anaya, 21 August 2009, at http://www.unhchr.ch/huricane/huricane.nsf/view01/98A7DOC9A5A8181C1257624002BOFBA?opendocument (accessed 23 September 2010). Prof. Anaya's statement followed extensive discussions during an 11-day tour of Aboriginal communities. Closing the Gap and other policies have also been the subject of adverse findings by the Universal Periodic Review of the UN Human Rights Council (http://www.als.org.au/images/stories/UPR_Reccommendations_on_the_rights_of_Aboriginal_and_Torres_Strait_Islander_peoples.pdf — accessed 7 March 2011); and the UN High Commissioner for Human Rights, Navi Pillay (see http://www.un.org.au/News.aspx?category=1&element=47&PKID=399 — accessed 23 Aug 2011).

[7] See the archives of the Council for Aboriginal Reconciliation at http://www.austlii.edu.au/au/other/IndigLRes/car/ (accessed 23 April 2011).

[8] See Chapter 6, *Social Justice Report 2001*, at http://www.hreoc.gov.au/social_justice/sj_report/sjreport01/chapter6.html#4p (accessed 8 Dec

2010).

[9] http://www.hreoc.gov.au/social_justice/health/targets/closethegap/part1_1.html (accessed 23 September 2010).

[10] http://www.fahcsia.gov.au/sa/indigenous/progserv/ctg/Pages/targets.aspx (accessed 23 September 2010)

[11] ibid.

[12] Council of Australian Governments Meeting, 28 November 2008. http://www.coag.gov.au/coag_meeting_outcomes/2008-11-29/ (accessed 23 September 2010).

[13] Unpublished NACCHO discussion paper.

[14] Media release, Close The Gap Coalition, 3 February 2009. At http://www.closethegap.com.au/news.php (accessed 23 Sep 2010).

[15] See http://www.hreoc.gov.au/about/media/media_releases/2011/7_11.html (accessed 3rd May 2011) and http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr11-nr-nr228.htm (accessed 8 Nov 2011).

[16] A positive development has been separate announcements of a new Indigenous body, the National Health Leadership Forum, by the Congress of Australia's First Peoples and confirmation by the Australian Government that the Congress and the Department of Health and Ageing will co-chair an advisory body to inform the development and content of the new National Aboriginal and Torres Strait Islander Health Plan. See media releases at http://www.naccho.org.au/Files/Documents/2011-11-3MR-NACCHO_Co-Chairs_Congress_Health_Forum.pdf and http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr11-nr-nr228.htm (accessed 8 Nov 2011).

[17] These include revelations by central Australian Crown Prosecutor, Nanette Rogers on ABC's *Lateline* program in May 2006 (see http://www.abc.net.au/lateline/content/2006/s1639127.htm accessed 8 March 2011); unsubstantiated allegations on 16 May 2006 by Indigenous Affairs Minister, Mal Brough, of paedophile rings operating throughout Aboriginal communities; a series of controversial exposés by ABC's *Lateline* program in June 2006, on child abuse in the central Australian community of Mutitjulu; the Intergovernmental Summit on Violence and Child Abuse in Indigenous Communities held on 26 June 2006 (see http://www.austlii.edu.au/au/journals/AILR/2006/57.html accessed 8 March 2011); and the release of the *Ampe Akelyernemane Meke Mekarle, Little Children are Sacred* report on child abuse in the Northern Territory in June 2007 (Anderson and Wild 2007).

[18] See at Note 3.

[19] This involved tasking the Australian Crime Commission (ACC), a body set up to deal with organised crime, to investigate child abuse in NT Aboriginal communities. The extraordinary 'star chamber' powers of the ACC, its lack of cultural competency and the racially discriminatory purview of its brief has drawn criticism that it is an inappropriate measure (eg., see Jennifer Mills, Powers enough? At http://newmatilda.com/2008/03/06/powers-enough%3F – accessed 23 Aug 2011).

[20] Kerry Arabena argues that the NT Intervention is an example of the increasing use of military language to frame Indigenous policy responses, including the notion of 'acceptable loss', that is, 'negative outcomes that are considered tolerable against the achievements of a particular strategy or tactic' (Arabena 2011). Acceptable losses included the suspension of the RDA and dispensing with the need to consult with communities, as well as impacts on families and communities, particularly through the undermining of the role of men: Aboriginal men, 'framed as paedophiles and perpetrators of violence, became the acceptable loss' of the government's emergency response to child abuse and neglect.

[21] This includes the work of Helen Hughes and others of the Centre for Independent Studies (eg., Hughes and Warin 2005, Hughes 2007), Gary Johns and the Bennelong Society (eg., Johns 2006, 2009); contributions from prominent Indigenous individuals and advocates of coercive policy intervention, such as Warren Mundine, Noel Pearson and Marcia Langton (eg., Pearson 2000, Langton 2007, Mundine 2005); and targeted analyses, such as the polemic from anthropologist, Peter Sutton, critical of the role of traditional culture (Sutton 2009) and the policy reform agenda advocated by Indigenous affairs bureaucrats Michael Dillon and Neil Westbury, focused on assertive government re-engagement (Dillon and Westbury, 2007).

[22] http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx

[23] http://www.coag.gov.au/coag_meeting_outcomes/2008-11-29/docs/communique_20081129.pdf

[24] See also, http://www.crcah.org.au/research/socialdeterminants.html (accessed 23 September 2010).

[25] Acknowledgement of the success of Aboriginal community-controlled health in the NT has resulted in the Australian and NT governments adopting it as the preferred model for Aboriginal primary health care service delivery in the NT (see below at Note 45).

[26] http://www.hks.harvard.edu/hpaied/ (accessed 23 April 2009).

[27] See http://www.ato.gov.au/budget/2009-10/content/ministerial_statements/indigenous/html/ms_indigenous-03.htm (accessed 27 October 2009).

[28] At http://www.fahcsia.gov.au/sa/indigenous/progserv/families/RSD_NPA/Pages/default.aspx (accessed 23 October 2010).

[29] ibid.

[30] See at http://www.workingfuture.nt.gov.au/growth_towns.html (accessed 5th Nov 2010).

[31] National Partnership Agreement on Remote Indigenous Housing. At http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/indigenous.aspx (accessed 23 June 2011).

[32] See 2007 MOU between the NT and Australian governments at http://www.aph.gov.au/senate/committee/indig_ctte/submissions/sub28_attachment_8.pdf (accessed 23 October 2010) and the NT Government Outstations and Homelands policy at http://www.workingfuture.nt.gov.au/outstations.html (accessed 23 October 2010). In addition to ruling out Commonwealth funding for new housing on outstations and smaller communities, the 2007 MOU passes responsibility for providing services and infrastructure to the NT Government and caps the Australian Government contribution at a grossly inadequate amount of $20 million per year till July 2011. With Commonwealth funding due to be cut beyond that date, one of the government's own senators is urging it to reconsider the decision (see http://www.abc.net.au/news/2011-07-21/20110721-crossin-on-outstations/2804238 - accessed 21 July 2011). The arrangements in the 2007 MOU have now been subsumed into the Closing the Gap National Indigenous Reform Agreement (NIRA) and the National Partnership Agreement on Remote Indigenous Housing.

[33] http://www.dhlgrs.nt.gov.au/housing/remotehousing/sihip

[34] Many of these communities are small: 510 communities have a usual population of 50 or fewer, and a further 50 communities have a population of between 50 to 100, representing 87 per cent of all discrete Indigenous communities in the NT. The combined population of these communities is approximately 10,000 people or 25 per cent of the total population of NT Indigenous communities (ABS 2006).

[35] *The Australian*, 27 July 2010, 'Housing relief denied some communities'. At http://www.theaustralian.com.au/news/nation/housing-relief-denied-some-townships/story-e6frg6nf-1225897216863 (accessed 23 October 2010). Northern Territory Government, 2010, NT Coordinator General for Remote Services, *Report #2, December 2009 to May 2010*, p23.

[36] By 2021 the Indigenous population of prescribed areas under the NTER is projected to reach 54,766, an increase of 9112 or 20 per cent on 2008 levels. *Report of the NTER Review Board*, October 2008.

[37] See above at Note 34.

[38] See, for example, *Social Justice Report 2009*, Chapter 4 at http://www.hreoc.gov.au/social_justice/sj_report/sjreport09/chap4.html (accessed 23 September 2010).

[39] For example, Aboriginal Town Camp communities in Alice Springs were threatened with compulsory acquisition by the Commonwealth if they did not sign long-term housing leases – a situation that was described as 'the gun at our head' by the Director of the Town Camp representative body, Tangentyere Council, that also operates as an ICHO for the Town Camps. See http://www.abc.net.au/7.30/content/2009/s2641518.htm (accessed 11 November 2010).

[40] Health Habitat http://www.healthabitat.com/olderNewsContent.htm (accessed 23 February 2011)

[41] 'Indigenous peoples ... have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.' Article 23, the Declaration.

[42] Most of these ICHOs were abolished as a consequence of the disbanding of Community Government Councils as part of the NT Government's local government shire reforms; however, this occurred in conformity with the Australian Government's policy to mainstream Indigenous housing (see MOU between the Australian and NT governments on Indigenous Housing, Accommodation and Related Services, September 2007, above at Note 31).

[43] The NT housing authority, Territory Housing, has been criticised for its lack of experience with respect to Indigenous housing and lack of cultural sensitivity, leading to concerns that there will be increased evictions of families from public housing with consequent social impacts. In addition, ICHOs have lost the ability to direct rental income to meet community identified needs.

[44] See for example, *The Australian*, 23 July 2009, 'Costs erode 70pc of indigenous housing fund'. At http://www.theaustralian.com.au/news/investigations/costs-erode-70pc-of-indigenous-housing-fund/story-fn6tcs23-1225753600032 (accessed 23 September 2010).

[45] See *Pathways to Community Control*, found at http://www.healthinfonet.ecu.edu.au/health-resources/bibliography?lid=17044 (accessed 23 September 2010).

[46] For example, as recommended in the Australian Housing and Urban Research Institute's 2008 report, 'Scoping the Capacity of Indigenous Community Housing Organisations' (Eringa et al. 2008).

[47] See above at Note 41.

[48] Eg., 'Home refurbishment "rip-off"', *The Australian*, 22 February 2010.

[49] Eg., 'Macklin cites camp horrors', *The Age* , 25 May 2009. This is the same housing organisation whose houses performed better in a range of Critical Healthy Living Practices than both the NT and national averages (see above at Notes 39 and 40).

[50] The acronym CDEP remains, with 'Program' changed to 'Projects'.

[51] In fact various reasons have been advanced for the abolition of CDEP over the years, including the incorrect conflation of CDEP wages with passive welfare and in order to permit the quarantining of incomes. For further perspectives see for example, Morphy and Sanders 2001.

[52] Data on remote unemployment rates are patchy; however, Jon Altman using information from the annual ABS publication Aboriginal and Torres Strait Islander Australians – Labour Force Characteristics has estimated that abolishing CDEP jobs will see unemployment rates rise to around 50 per cent (APO NT 2010).

[53] See http://www.fahcsia.gov.au/sa/indigenous/pubs/jobs/indigemployment/Documents/7_cdep.htm (accessed 18 April 2011).

[54] Initial reform has resulted in the transition of about 1600 CDEP positions to government-funded jobs; however, expectations of growth in private sector employment have been wildly over-optimistic (see, for example, Jordan and Mavec 2010).

[55] *Social Justice Report 2009*:108 (ATSISJC 2009b).

[56] In a move that hopefully signals belated acknowledgement of the folly of abandoning flexible CDEP jobs provision, the government recently announced an extension of the 'grandfathered' CDEP jobs for a further six months till April 2012 (Media release, 9 December 2010, Jenny Macklin MP, Tanya Plibersek MP and Sen Mark Arbib). Meanwhile, Aboriginal Peak Organisations of the NT (APO NT 2010) have put forward a proposal to the Australian Government for a new Community Employment and Enterprise Development Scheme (CEEDS) for regional and remote Indigenous Australia http://www.clc.org.au/Media/papers/CEEDS_APO_NT_%20Final%20Dec%202010.pdf (accessed 21 March 2011).

[57] It has been estimated that the local economy of the remote Arnhem Land community of Maningrida alone will lose $1.25 million annually as a result of the abolition of CDEP jobs (Bawinanga Aboriginal Corporation 2011).

[58] This situation has not substantially changed under the recently introduced 'new income management' scheme targeting both Indigenous and non-Indigenous Territorians, as the categories targeted are heavily over-represented by Indigenous people. Anecdotal evidence of an increased take-up of voluntary income management does not lessen the negative impacts experienced by those who remain opposed to being compulsorily subject to it.

[59] For example, the Cape York Families Responsibilities Commission program targets only those individuals referred to it through notifications from government agencies in order "to support the restoration of socially responsible standards of behaviour and to assist community members to resume and maintain primary responsibility for the wellbeing of their community and the individuals and families within their community". It adopts a case management approach, linking individuals with specific services and supports and uses Conditional (compulsory) Income Management (CIM) only as a last resort. At 30 June 2011 approximately 30% of its clients were on CIM and these represented only 2% of the population of the communities involved in the trial (Quarterly Report No. 12, at www.frcq.org.au - accessed 28 Oct 2011).

[60] See above at Note 34.

[61] For example, Bawinanga Aboriginal Corporation delivers over 50 services and operates numerous commercial and community enterprises in the Maningrida region, employing over 70% of the community and region's workforce, and servicing 32 outstations stretching over an area of 10,000 square kilometres of Arnhem Land (Bawinanga Aboriginal Corporation 2011).

[62] See above at Note 21.

[63] For example, then Prime Minster Rudd's statements in his 2009 Closing the Gap report that Australia's Indigenous cultures are 'the oldest continuing cultures in human history. They should be celebrated and maintained' and should be 'recognised as a valuable basis for potential economic development and for improving the wellbeing and capacity of individuals and communities' (Commonwealth of Australia 2009).

[64] A major source of such trauma is that of family separation and intergenerational trauma due to government policies and practices and their unresolved effects on individuals and families. Successful approaches to addressing these impacts have involved facilitating reconnection with families and culture. Current initiatives are summarised in the Stolen Generations Working Partnership at http://www.fahcsia.gov.au/sa/indigenous/pubs/stolengenerations/Pages/StolenGenerationsWorkingPartnership.aspx (accessed 23 September 2010).

[65] http://www.environment.gov.au/indigenous/index.html (accessed 20 February 2011).

[66] The NT Government also continues a discriminatory policy of providing substandard schools, termed Homeland Learning Centres, in remote Aboriginal communities, that are not provided normal school infrastructure, resources or full-time teachers. There are approximately 50 Homeland Learning Centres in the NT. See for example, 'A Tale of Two Schools', http://www.abc.net.au/7.30/content/2010/s2829391.htm

[67] 'Gillard supports NT education decision', *SMH*, 19 November 2010, at http://news.smh.com.au/national/gillard-supports-nt-education-decision-20081119-6bdf.html (accessed 23 November 2010). Recent evidence also points to a deterioration in enrolment rates and disengagement by the community since the scrapping of the bilingual program (Dickson 2010).

[68] National Aboriginal and Torres Strait Islander Social Survey 2008, at www.abs.gov.au .

[69] ABC *The Drum Unleashed*, 10 March 2011, at http://www.abc.net.au/unleashed/44946.html (accessed 11 March 2011).

[70] ibid.

[71] For example, the total funding for the Australian Government's Indigenous Heritage Program for 2010-11 was less than $3million, against an annual budget for Indigenous affairs of over $3 billion.

[72] The National Congress of Australia's First Peoples. See http://nationalcongress.com.au/ (accessed 11 March 2011).

References

ABS (Australian Bureau of Statistics) (2006), *Community Housing and Infrastructure Needs Survey (CHINS) 2006*, ABS Canberra.

ABS (Australian Bureau of Statistics) (2009), *The National Aboriginal and Torres Strait Islander Social Survey 2008*, ABS Canberra

ABS (Australian Bureau of Statistics) (2010), 'The city and the bush: Indigenous wellbeing across remoteness areas', *Australian Social Trends September 2010*, Cat. 4102.0. Australian Bureau of Statistics, Canberra.

ABS (Australian Bureau of Statistics) (2011), 'Aboriginal and Torres Strait Islander Wellbeing: A focus on children and youth', Cat 4725.0, ABS, Canberra. At http://www.codeplay.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4725.0Main%20Features1Apr%202

011?opendocument&tabname=Summary&prodno=4725.0&issue=Apr%202011&num=&view= (accessed 4 May 2011).

Altman, Jon (2010), 'What future for Indigenous Australia? Economic hybridity and the neoliberal turn', in *Culture crisis: anthropology and politics in Aboriginal Australia*, edited by Jon Altman and Melinda Hingston. University of NSW Press, Sydney, p262.

Altman, Jon (2009), 'Beyond Closing the Gap: Valuing diversity in Indigenous Australia'. Centre for Aboriginal Economic Policy Research, Working Paper No. 54/2009.

Altman, Jon and Bill Fogarty (2010), 'Indigenous Australians as "no gaps" subjects: Education and development in remote Australia'. In *Closing the Gap in Education? Improving Outcomes in Southern World Societies*. Edited by Ilana Snyder and John Nieuwenhuysen, Monash University Publishing 2010. http://books.publishing.monash.edu/apps/bookworm/view/Closing+the+Gap+in+Education%3F/55/xhtml/part03chapter01.html (accessed 23 February 2011).

Altman, Jon and Melinda Hinkson (eds) (2010). *Culture crisis: anthropology and politics in Aboriginal Australia*. University of NSW Press, Sydney.

Altman, JC and BH Hunter (2003), 'Monitoring "practical" reconciliation: Evidence from the reconciliation decade, 1991-2001'. Centre for Aboriginal Economic Policy Research Discussion Paper 254. CAEPR, Canberra.

Altman, J C and K Jordan (2009). The untimely abolition of the Community Development Employment Program. Submission to Senate Community Affairs Committee Inquiry into the Family Assistance and Other Legislation Amendment (2008 Budget and Other Measures) Bill 2008. April 2009. Centre for Aboriginal Economic Policy Research, ANU. Canberra.

AMA (Australian Medical Association) (2007), *AMA Indigenous Health Report Card 2007 – 'Institutionalised Inequity – Not Just a Matter of Money'*. Accessed at http://ama.com.au/node/3229

Amnesty International (2011), *The Land Holds Us: Aboriginal Peoples' Right to Traditional Homelands in the Northern Territory*, Amnesty International 2011, Broadway NSW.

Anderson, I, F. Baum & M. Bentley (eds) (2007), *Beyond Bandaids: Exploring the Underlying Social Determinants of Aboriginal Health.* Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004, Cooperative Research Centre for Aboriginal Health, Darwin.

Anderson, P and Wild, R (2007). *Ampe akelyernemane meke mekarle – Little children are sacred*. Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse. Darwin: Northern Territory Government.

ANTaR (Australians for Native Title and Reconciliation) (2010), *A Better Way: Success Stories in Aboriginal community control in the Northern Territory*. ANTaR, Sydney. At http://www.antar.org.au/abetterway (accessed 7 March 2011).

Phillips, Jacqueline, Emma Franklin and Rajiv Viswanathan (2011), *A Better Way: Building healthy, safe and sustainable communities in the Northern Territory through a community development approach*. Australians for Native Title and Reconciliation (ANTaR), Sydney.

APO NT (Aboriginal Peak Organisations of the Northern Territory) (2010), *Funding the jobs gap: A proposal for a new Community Employment and Enterprise Development Scheme (CEEDS) for regional and remote Indigenous Australia.* At http://www.clc.org.au/Media/papers/CEEDS_APO_NT_%20Final%20Dec%202010.pdf

APO NT (Aboriginal Peak Organisations of the Northern Territory) (2011a), *Response to 'Stronger Futures'*, Aboriginal Peak Organisations of the NT. Available at http://www.amsant.org.au/documents/article/154/111608%20-%20APONT%20submission%20to%20Stronger%20Futures%20-%20Final-2.pdf (accessed 11 Oct 2011).

APO NT (Aboriginal Peak Organisations of the Northern Territory) (2011b), *Creating and Supporting Sustainable Livelihoods: A Proposal for a New Remote Participation, Employment & Enterprise Development Scheme. A response to the Australian Government Review of Remote Participation and Employment Services.* October 2011. Available at: http://www.amsant.org.au/documents/article/154/111017-Submission-APONT%20to%20the%20Review%20of%20Remote%20Participation%20and%20Employment%20Services-%20FINAL.pdf (accessed 11 Oct 2011).

Arabena, Kerry, (2011), 'Acceptable loss: Accomplishing the mission', Redfern Oration, RACP Congress, 24 May 2011.

Atkinson, Judy, (2002), *Trauma Trails, Recreating Song Lines: The Transgenerational Effects of Trauma in Indigenous Australia*, Spinifex Press, North Melbourne, Vic 3051.

ATSILS (Aboriginal and Torres Strait islander Legal Services) and APO NT (Aboriginal Peak Organisations of the Northern Territory) (2010), *The future of the Northern Territory Emergency Response – Issues Paper*, Aboriginal and Torres Strait islander Legal Services and Aboriginal Peak Organisations of the NT, October 2010.

ATSISJC (Aboriginal and Torres Strait Islander Social Justice Commissioner) (2005), *Social Justice Report 2005*, Human Rights and Equal Opportunity Commission, Sydney, 2005.

ATSISJC (Aboriginal and Torres Strait Islander Social Justice Commissioner) (2009a), *Social Justice Report 2008*, Human Rights and Equal Opportunity Commission, Sydney, 2009.

ATSISJC (Aboriginal and Torres Strait Islander Social Justice Commissioner) (2009b), *Social Justice Report 2009*, Human Rights and Equal Opportunity Commission, Sydney, 2009.

Australian Government (2010), Indigenous home ownership issues paper, At http://www.fahcsia.gov.au/sa/indigenous/pubs/housing/indig_home_ownership/Documents/Indigenous_Home_Ownership_Issues_Paper.pdf.

Australian Indigenous Health*Info Net* (2008), *Review of the impact of housing and health-related infrastructure on Indigenous health.* At http://www.healthinfonet.ecu.edu.au/determinants/physical-environment/reviews/our-review (accessed 25 November 2010).

Awofeso, N (2010), The 2008-2030 National Indigenous Health Equality Targets: suggestions for transforming potential into sustainable health improvements for Indigenous Australians. *Australian Indigenous Health Bulletin* 10(2). Retrieved [12 December 2010] from http://healthbulletin.org.au/articles/the-2008-2030-national-indigenous-health-equality-targets-suggestions-for-transforming-potential-into-sustainable-health-improvements-for-indigenous-australians/

Bailie, Ross (2007), 'Housing', in Carson, Bronwyn, Terry Dunbar, Richard D Chenhall and Ross Bailie (eds) (2007), *Social Determinants of Indigenous Health*. Allen and Unwin.

Bawinanga Aboriginal Corporation (2011), 'Building Sustainable Futures in Maningrida. Engagement & Employment Provision Post CDEP Wages Removal. Impacts and Solution Brokering'. Submission to the Australian Government Review of Remote Participation and Employment Services. Available at http://www.deewr.gov.au/Employment/Consultation/RemoteEmploymentReview/Documents/061_Bawinanga_Aboriginal_Corporation.pdf (accessed 31 Oct 2011).

Behrendt, Larissa (2010), 'Closing the Evidence Gap', Accessed at http://morethanluck.cpd.org.au/more-than-luck-ebook/rethinking-closing-the-gap/

Bond, Chelsea & Brough, Mark K. (2007) The Meaning of Culture within Public Health Practice - Implications for the study of Aboriginal and Torres Strait Islander Health. In Anderson, Ian, Baum, Fran, & Bentley, Michael (Eds.) *Social Determinants of Aboriginal Health Workshop, July 2004*, Adelaide.

Booth, A. and Carroll, N. (2005) *The health status of Indigenous and non-Indigenous Australians*, Discussion Paper No. 486, Centre for Economic Policy Research, ANU, Canberra.

Botterill, Linda (2005), 'Managing Intergovernmental Relations: COAG and the Ministerial Councils'. At http://www.arts.anu.edu.au/democraticaudit/papers/200510_botterill_coag.pdf (Accessed 30 September 2010).

Burgess, Christopher P, Fay H Johnston, Helen L Berry, Joseph McDonnell, Dean Yibarbuk, Charlie Gunabarra, Albert Mileran and Ross S Bailie (2009). 'Healthy country, healthy people: the relationship between Indigenous health status and "caring for country"', *MJA* 2009; 190: 567–572.

Calma, T (2010), 2010 Chalmers Oration – What's needed to Close the Gap? *Rural and Remote Health* 10: 1586. (online), 2010.

Carson, Bronwyn, Terry Dunbar, Richard D Chenhall and Ross Bailie (eds) (2007), *Social Determinants of Indigenous Health*. Allen and Unwin.

Chandler, M J and Lalonde, C (2008). 'Cultural continuity as a moderator of suicide risk among Canada's First Nations'. In L Kirmayer and G Valaskakis (eds.), *The Mental Health of Canadian Aboriginal Peoples: Transformations, Identity, and Community.* University of British Columbia Press.

Closing the Gap Clearinghouse (AIHW, AIFS) (2011). *What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence.* Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

Commonwealth of Australia (2009), *Closing The Gap On Indigenous Disadvantage: The Challenge For Australia*, Canberra, Commonwealth of Australia.

Commonwealth of Australia (2010a), ANAO Audit Report No.23 2010-11, Home Ownership on Indigenous Land Program. Australian National Audit Office, Barton ACT.

Commonwealth of Australia (2010b), Strategic Review of Indigenous Expenditure: Report to the Australian Government, February 2010.

Coordinator General for Remote Indigenous Services (2011), *Six Monthly Report, September 2010 to March 2011*. Canberra.

Cornell, Stephen (2004). 'Indigenous jurisdiction and daily life: evidence from North America', Remarks presented at the National Forum on 'Indigenous Health and the Treaty Debate: Rights, Governance and Responsibility', University of NSW, Sydney.

CSDH (Commission on Social Determinants of Health) (2008). *Closing the gap in a generation: health equity through action on the social determinants of health*. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization, p36.

Daniel, Mark, Alex Brown, J Garnggulkpuy Dhurrkay, Margaret D Cargo and Kerin O'Dea (2006), 'Mastery, perceived stress and health-related behaviour in northeast Arnhem Land: a cross-sectional study'. *International Journal for Equity in Health* 2006, 5:10.

Dickson, Greg, (2010), 'No Warlpiri, no school? A preliminary look at attendance in Warlpiri schools since introducing the First Four Hours of English policy'. *Ngoonjook: a Journal of Australian Indigenous Issues*, no. 35, 2010, pp 97-113.

Dillon, Michael (2007), 'Patent Medicine and the Elixir of Home Ownership', in Altman, Jon and Melinda Hinkson (eds), *Coercive Reconciliation: Stabilise, Normalise, Exit Aboriginal Australia*. Arena Publications, North Carlton.

Dillon, Michael C and Neil D Westbury (2007), *Beyond Humbug: Transforming government engagement with Indigenous Australia*. Seaview Press, South Australia.

Dockery, AM (2009) 'Culture and wellbeing: The case of Indigenous Australians', *CLMR Discussion Paper Series 09/01*, Perth, Centre for Labour Market Research & School of Economics and Finance, Curtin University of Technology.

Edmunds, M (2010), The Northern Territory Intervention and Human Rights: An Anthropological Perspective. *Perspectives*, November 2010, The Whitlam Institute, University of Western Sydney.

Eringa, K, F Spring, M Anda, P Memmott, S Long, M West (2008), *Scoping the Capacity of Indigenous Community Housing Organisations*, report for the Australian Housing and Urban Research Institute, December 2008. AHURI Final Report No. 125.

Fien, John, Esther Charlesworth, Gini Lee, Douglas Baker, Tammy Grice and David Morris (2010), 'Life on the edge: Housing experiences in three remote Australian indigenous settlements'. *Habitat International* 35 (2011) 343-349.

Flannery, G and White, N (1993), 'Immunological parameters in northeast Arnhem Land Aborigines: consequences of changing settlement patterns and lifestyles' in Schell, LM. Smith, MT. Bilsborough, A, *Urban Ecology and Health in the Third World*, Cambridge University Press, 1993, 202-220.

Flatau, Paul, Leslie Cooper et al., (2005). *Indigenous access to mainstream public and community housing*. AHURI Final Report No. 85, July 2005, Australian Housing and Urban Research Institute, Melbourne.

Gallaher, G. Ziersch, A. Baum, F. Bentley, M. Palmer, C. Edmondson, W and Winslow, L (2009). *In Our Own Backyard: Urban Health Inequities and Aboriginal Experiences of Neighbourhood Life, Social Capital and Racism*. Flinders University, Adelaide.

Halloran, Dr Michael J. (2004), 'Cultural maintenance and trauma in Indigenous Australia', Paper presented at the 23rd Annual Australia and New Zealand Law and History Society Conference, Perth, Western Australia (2-4th July, 2004).

Hoy WE (2009), 'Closing the gap' by 2030: aspiration versus reality in Indigenous health: (mind the gap – viewpoint). *Medical Journal of Australia*; 190(10): 542-544.

HREOC (Human Rights and Equal Opportunity Commission) (2008), *Close the Gap National Indigenous health equality targets: Outcomes from the National Indigenous Health Equality Summit Canberra, March 18–20, 2008*. Aboriginal and Torres Strait Islander Social Justice Commissioner and Steering Committee for the Close the Gap Campaign. HREOC, Canberra.

Hughes, Helen (2007). *Lands of Shame: Aboriginal and Torres Strait Islander 'Homelands' in Transition*. The Centre for Independent Studies Limited, St.Leonards.

Hughes, H and J Warin (2005). 'A new deal for Aborigines and Torres Strait Islanders in remote communities', *Issue Analysis No 54*, (St Leonards NSW: Centre for Independent Studies).

Hunt, J (2008), 'Between a rock and a hard place: Self-determination, mainstreaming and community governance', in Hunt, J. Garling, S and Sanders, W (eds) (2008). *Contested Governance: Culture, Power and Institutions in Indigenous Australia*, CAEPR Research Monograph No. 29, ANU E Press, Canberra.

Hunt, J., Garling, S. and Sanders, W. (eds) (2008). *Contested Governance: Culture, Power and Institutions in Indigenous Australia*, CAEPR Research Monograph No. 29, ANU E Press, Canberra.

Hunter, Boyd (2007), Cumulative Causation and the Productivity Commission's Framework for Overcoming Indigenous Disadvantage, *Australian Journal of Labour Economics* Vol. 10, No. 3, September 2007, pp 185-202.

Jackson Pulver, Lisa, Melissa R Haswell, Ian Ring, John Waldon, Wayne Clark, Valorie Whetung, Dianne Kinnon, Catherine Graham, Michelle Chino, Jonathon LaValley and Ritu Sadana (2010), *Indigenous Health – Australia, Canada, Aotearoa New Zealand and the United States – Laying claim to a future that embraces health for us all*, World Health Report (2010) Background Paper, No 33.

Johns, Gary (2006), 'Social Stability and Structural Adjustment', Paper to Bennelong Society Sixth Annual Conference, 'Leaving Remote Communities', Sydney. Accessed at http://www.bennelong.com.au/conferences/pdf/Johns2006.pdf

Johns, Gary (2009), No job no house: An economically strategic approach to remote Aboriginal housing. The Menzies Research Centre. Accessed at www.mrcltd.org.au

Jordan, K and D Mavec (2010), *Corporate initiatives in Indigenous employment: The Australian Employment Covenant two years on*. Centre for Aboriginal Economic Policy Research, Working Paper No. 74/2010.

Journal of Indigenous Policy (2011), 'Evidence-Free Policy Making? The Case of Income Management', *Journal of Indigenous Policy* – Issue 12, September 2011.

Kerins, Sean and Kirrily Jordan (2010), *Indigenous Economic Development through Community-based Enterprise*. Centre for Aboriginal Economic Policy Research, Topical Issue No. 6/2010.

Langton, M., (2007). Trapped in the Aboriginal reality show. *Griffith Review*, Edition 19 - Re-imagining Australia. Sydney: Griffith University.

Long, Stephen, Paul Memmott and Tim Seelig (2008), 'The sunburnt country or the big smoke? Reshaping Indigenous housing'. In: Andrew Jones, Timothy Seelig and Alice Thompson *2nd Australasian Housing Researchers' Conference*, Brisbane, Australia (1-17). 20-22 June 2007.

Marmot, M and Wilkinson, R (2003), *Social Determinants of Health: The Solid Facts*, World Health Organisation, Denmark, Holland.

Marmot, MG. Smith, GD. Stansfield, S. Patel, C. North, F. Head, J. White, I. Brunner, E. and Feeney, A (1991). Health inequalities among British civil servants: The Whitehall study. *The Lancet*, 337, 1387-93.

May, K (2010), 'Indigenous cultural and natural resource management and the emerging role of the Working on Country program', CAEPR Working Paper No. 65. Centre for Aboriginal Economic Policy Research, Canberra.

McEwan, A. Tsey, K. McCalman, J. Travers H. (2010). Empowerment and change management in Aboriginal organizations: a case study, *Australian Health Review* 34, 360-367.

McIvor, O. & Napoleon, A. (2009). Language and culture as protective factors for at-risk communities. *Journal of Aboriginal Health*, 5(1), pp. 6-25.

Memmott, P et al. (2009) *Indigenous home-ownership on communal title lands*. AHURI Final Report No. 139. Melbourne: Australian Housing and Urban Research Institute, Queensland Research Centre.

Morphy, F. and W. Sanders (eds) (2001), *The Indigenous welfare economy and the CDEP scheme.* Research Monograph no. 20, Centre for Aboriginal Economic Policy Research, Canberra: Australian National University.

Mundine, Warren (2005), 'Indigenous Freedom', Paper to Bennelong Society Fifth Annual Conference, 'Remote Aboriginal Communities: Where are the jobs?', Sydney. Accessed at http://www.bennelong.com.au/conferences/conference2005/Mundine2005.php

NAAJA (North Australian Aboriginal Justice Agency). 2010. "Submission to the Senate Community Affairs Committee Inquiry into the Welfare Reform and Reinstatement of Racial Discrimination Act Bill 2009 and Other Bills." http://www.aph.gov.au/Parliamentary_Business/Committees/Senate_Committees?url=clac_ctte/soc_sec_welfare_reform_racial_discrim_09/submissions/sub68.pdf.

Northern Territory Government (2005), *Northern Territory Indigenous Economic Development Strategy*. At http://www.dhlgrs.nt.gov.au/__data/assets/pdf_file/0004/88456/IED_Strategy.pdf (accessed 14 March 2011).

Northern Territory Government (2010), *Growing them Strong, Together: Promoting the safety and wellbeing of the Northern Territory's children*, Report of the Board of Inquiry into the Child Protection System in the Northern Territory 2010, M Bamblett, H Bath and R Roseby, Northern Territory Government, Darwin.

O'Dea, K (1984), 'Marked improvement in the carbohydrate and lipid metabolism in Australian Aborigines following temporary reversion to traditional lifestyle', *Diabetes*; 33; 596-603.

O'Dea K, White NG, Sinclair A (1988). 'An investigation of nutrition-related risk factors in an isolated Aboriginal community in northern Australia: advantages of traditionally-oriented lifestyle', *Medical Journal of Australia*, 148, 177-180.

Paradies, Y (2006), A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology* 35(4), 888–901.

Paradies, Y. Harris, R and Anderson, I (2008), *The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda*, Discussion Paper No. 4, Cooperative Research Centre for Aboriginal Health, Darwin.

Pearson, Noel, (2000), *Our Right to take Responsibility*, Cairns, Qld.: Noel Pearson and Associates, 2000.

Pholeros P, Rainow S, Torzillo P (1993) Housing for health: towards a healthy living environment for Aboriginal Australia. Newport Beach, NSW: HealthHabitat.

Pholi, Kerryn, Dan Black and Craig Richards (2009), Is 'Close the Gap' a useful approach to improving the health and wellbeing of Indigenous Australians? *Australian Review of Public Affairs*, Volume 9, Number 2: April 2009, 1-13.

Plibersek, T (2009), 'Room for more: boosting providers of social housing', Speech by the Minister for Housing, Tanya Plibersek MP, to the Sydney Institute, 19 March 2009. At http://www.sheltersa.asn.au/Documents/Tanya%20Plibersek%27s%20Speech.pdf

Priest, Naomi C, Yin C Paradies, Wendy Gunthorpe, Sheree J Cairney and Sue M Sayers (2011), 'Racism as a determinant of social and emotional wellbeing for Aboriginal Australian youth', *MJA* 2011; 194:

546–550.

Rowley, Kevin G, Kerin O'Dea, Ian Anderson, Robyn McDermott, Karmananda Saraswati, Ricky Tilmouth, Iris Roberts, Joseph Fitz, Zaimin Wang, Alicia Jenkins, James D Best, Zhiqiang Wang and Alex Brown (2008), 'Lower than expected morbidity and mortality for an Australian Aboriginal population: 10-year follow-up in a decentralised community', *MJA* 2008; 188 (5): 283-287.

Rowse, Tim (2010), 'Re-figuring "Indigenous culture'''', in *Culture crisis: anthropology and politics in Aboriginal Australia*, edited by Jon Altman and Melinda Hinkson. University of NSW Press, Sydney.

Sanders, W (2008). 'In the name of failure: A generational revolution in Indigenous affairs' in C Aulich and R Wettenhall (eds) *Howard's Fourth Government: Australian Commonwealth Administration 2004-2007*, UNSW Press, Sydney, 2008, 187-205.

Sanders, W (2009), Ideology, Evidence and Competing Principles in Australian Indigenous Affairs: From Brough to Rudd via Pearson and the NTER. CAEPR Discussion Paper No. 289/2009. Centre for Aboriginal Economic Policy Research, Canberra.

Sanders, W (2010). *Working Futures: A critique of policy by numbers*. CAEPR Working Paper No. 72. Centre for Aboriginal Economic Policy Research, Canberra.

Sarra, Dr Chris (2007), 'The Role of Schools in Shaping Behaviour', Cape York Leadership Institute Address, 26 June 2007.

Scrimgeour, David (2007), 'Town or Country: Which Is Best for Australia's Indigenous Peoples?' *Medical Journal of Australia*, 186: 532–533.

SCRGSP (Steering Committee for the Review of Government Service Provision) (2005), *Overcoming Indigenous Disadvantage: Key Indicators 2005*, Productivity Commission, Canberra.

SCRGSP (Steering Committee for the Review of Government Service Provision) (2007), *Overcoming Indigenous Disadvantage: Key Indicators 2007*, Productivity Commission, Canberra.

SCRGSP (Steering Committee for the Review of Government Service Provision) (2009), *Overcoming Indigenous Disadvantage: Key Indicators 2009*, Productivity Commission, Canberra.

Silburn SR, Nutton GD, McKenzie JW and Landrigan M, 2011. *Early years English language acquisition and instructional approaches for Aboriginal students with home languages other than English: A systematic review of the Australian and international literature.* The Centre for Child Development and Education, Menzies School of Health Research, Darwin, NT.

Simpson, J. Caffery, J and McConvell, P (2009). 'Gaps in Australia's Indigenous Language Policy: Dismantling bilingual education in the Northern Territory', *AIATSIS Discussion Paper No. 24*, available at <http://www.aiatsis.gov.au/research/docs/dp/DP24.pdf>

Smylie, Janet and Paul Adomako (eds), (2009). *Indigenous Children's Health Report: Health Assessment in Action*, Keenan Research Centre.

Sullivan, P. (2010a), *The Aboriginal community sector and the effective delivery of services: Acknowledging the role of Indigenous sector organisations*. DKCRC Working paper 73, Desert Knowledge CRC, Alice Springs.

Sullivan, P (2010b), *The policy goal of normalisation, the National Indigenous Reform Agreement and Indigenous National Partnership Agreements*, Desert Knowledge Cooperative Research Centre Working Paper No. 76, Alice Springs.

Syme SL (2004), 'Social determinants of health: the community as an empowered partner'. *Preventing Chronic Disease* [serial online] 2004 Jan. Available from: URL: http://www.cdc.gov/pcd/issues/2004/jan/03_0001.htm (accessed 14 December 2009).

Taylor, J (2006), *Population and diversity: Policy implications of emerging Indigenous demographic trends.* Canberra; Centre for Aboriginal Economic Policy Research, Discussion Paper 283/2006, Australian National University.

Taylor, J (2008) 'Indigenous Peoples and indicators of well-being: Australian perspectives on United Nations global frameworks', *Social Indicators Research*, 87(1), 111-26.

Taylor and Biddle (2008), 'Locations of Indigenous population change: What can we say?' CAEPR Working Paper 43, Centre for Aboriginal Economic Policy Research, Canberra.

Terrill, Leon (2010a). 'Indigenous land reform: what is the real aim of reforms?' Edited version of a paper presented to the 2010 Native Title Conference.

Terril, Leon (2010b). 'Indigenous Land Reform: An economic or bureaucratic reform?' *Indigenous Law Bulletin*, March/April 2010, v7;10 p5.

Thomson N, MacRae A, Burns J, Catto M, Debuyst O, Krom I, Midford R, Potter C, Ride K, Stumpers S, Urquhart B (2010). *Overview of Australian Indigenous health status, April 2010*. Perth, WA: Australian Indigenous Health*InfoNet*

Tsey, Komla (2008a). 'The control factor: a neglected social determinant of health', www.thelancet.com Vol 372 November 8, 2008.

Tsey, K (2008b). Tackling endemic substance abuse among Indigenous Australians: the contribution of values-based family empowerment education [Part 2 of 2]. *Forum on Public Policy*, Vol 2010, No 1. http://www.forumonpublicpolicy.com/archivespring08/tsey.australia.pdf (accessed 7 February 2011).

Tsey, Komala, Helen Travers, Teresa Gibson, Mary Whiteside, Yvonne Cadet-James, Melissa Haswell-Elkins, Janya McCalman and Andrew Wilson (2005). The role of empowerment through life skills development in building comprehensive primary health care systems in Indigenous Australia. *Australian Journal of Primary Health* 11(2) 16-21

Torzillo, P. Pholeros, P. Rabinow, S. Barker, G. Sowerbutts, T. Short, T. Irvine, A (2008). 'The state of health hardware in Aboriginal communities in rural and remote Australia.' *Australian and New Zealand Journal of Public Health*, Volume 32 Issue 1, pp7-11.

Turkheimer, Eric, Andreana Haley, Mary Waldron, Brian D'Onofrio, and Irving I Gottesman. (2003). "Socioeconomic Status Modifies Heritability of IQ in Young Children." *Psychological Science* 14 (6).

Wallerstein N (2006). *What is the evidence on effectiveness of empowerment to improve health?* Copenhagen, WHO Regional Office for Europe, Health Evidence Network report; http://www.euro.who.int/Document/E88086.pdf (accessed 1 February 2011).

WHO (World Health Organization Commission on the Social Determinants of Health). 2008. *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health*. Geneva: World Health Organization.