



**Central Australian
Aboriginal Congress**
ABORIGINAL CORPORATION | ICN 7823

4 September 2017

The Executive Director
Australian Law Reform Commission
GPO Box 3708
SYDNEY NSW 2001

Re: Incarceration Rates of Aboriginal and Torres Strait Islander Peoples

The Central Australian Aboriginal Congress (Congress) is the largest Aboriginal community-controlled health service (ACCHS) in the Northern Territory, providing a comprehensive, holistic and culturally-appropriate primary health care service to more than 14 000 Aboriginal people living in and nearby Alice Springs each year as well as in six remote communities.

As an ACCHS, Congress functions within the framework of a comprehensive primary health care (CPHC) model, which aims to address health inequities and close the health gap between Aboriginal and non-Aboriginal people by providing clinical care as well as primary and secondary prevention programs. We are also a strong advocate for the broader determinants of health, for example, housing, food security, early childhood, education, employment and justice.

In this context, Congress argues that action on the social determinants of health and primary and secondary prevention programs are central to reducing the disproportionately high incarceration rates of Aboriginal people. Additionally, to address the reasons for the high rates of young Aboriginal people incarcerated in the NT that diversionary and therapeutic approaches are taken rather than a punitive approach.

The reality that incarceration rates have continued to climb in spite of the 1991 report on the Royal Commission into Aboriginal Deaths in Custody is a testament to the failure of policy responses up to now. Our young people are being incarcerated at 28 times the rate of non-Aboriginal young people and this is a blight on our nation and should be unacceptable to everyone. This devastating situation is preventable with the right policy responses.

Congress have consistently made the arguments for the appropriate evidence based policy responses over many years, and more recently to: the Royal Commission into the Protection and Detention of Children in the Northern Territory (attachment A); the Joint Standing Committee on the National Disability Insurance Scheme inquiry into the Provision of services under the NDIS Early Childhood Early Intervention Approach (attachment B); the NT Alcohol Policies and Legislation Review (attachment C) and the submission into the National Aboriginal and Torres Strait Islander Implementation plan (attachment D). The recommendations made in these submissions all have a strong evidence-base using quality research and data and fortunately the policies and programs needed to improve health will also reduce incarceration.

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**Aboriginal health
in Aboriginal hands.**

Our policy suggested solutions are:

Early childhood:

Evidence-based early childhood programs improve developmental outcomes, reduce intellectual disabilities, and improve the overall health and wellbeing trajectory of children from disadvantaged families including reduced incarceration rates in youth and adulthood (Attachments A & B). These programs must be delivered at a population level for children from disadvantaged families, and for Aboriginal children, delivered by ACCHSs. The roll out of the National Disability Insurance Scheme is a major opportunity to fund and implement these programs

There needs to be a commitment to long-term, ongoing investments in evidence-based, culturally secure, early childhood development programs for Aboriginal children, integrated with family support services. This includes:

- the key parenting support program, the Australian Nurse Family Partnership program, as adapted for Aboriginal communities as well as play based, early childhood learning centres for non-working families using evidenced-based interventions such as the adapted Abecedarian approach (further information can be found in Attachment A, p8). These centre-based early childhood programs should be delivered at a population level for children from disadvantaged families. It is now possible to fund these Early Childhood Development Centres through NDIS partnering organisations as primary prevention measures to prevent intellectual and emotional disability.
- Children who are diagnosed with a developmental delay or a more specific disability then receive individual NDIS packages as an enhancement of the early childhood program within these population-based centres (see attachment B for further information).

Alcohol:

Alcohol consumption is a significant and disproportionate contributor to the harm, including homicide, violence and suicide, experienced by Aboriginal people compared with non-Aboriginal people.

Government has a responsibility to reduce the supply of alcohol as the best way to reduce alcohol-related harm. Increasing the price of alcohol reduces consumption and is a highly cost effective intervention that saves lives and prevents harm. Restricting the availability of alcohol through restricted sales is the next most effective way to reduce alcohol-related harm, along with demand-side and treatment approaches. Specific policies required include:

- take action on price through a combined minimum per unit (or floor) price based on the price of full strength beer (\$1.50 per standard drink) and a volumetric tax, to reduce the availability of cheap alcohol and raise funds to address alcohol-related harm
- reduce trading hours, including for take-away alcohol sales and for late night on-premises trading. (*Further information is attachment A, p25 and attachment C*)

These arguments align with those of Don Weatherburn, one of Australia's leading criminologists, in his book *Arresting Incarceration* including that alcohol supply (not only treatment), early childhood and other determinants of wellbeing including education, employment and economic wellbeing, must be addressed if government is serious about reducing incarceration rates of Aboriginal people.

This important book argues that we need to take a fundamentally different approach to address the high incarceration rates along the line of what Congress has been advocating for many years.

Overcrowding and Housing:

Overcrowding and poor housing is another key social determinant of the high incarceration rates as it impacts on early childhood development, school attendance, substance abuse and many other issues. To ensure effective improvements in housing and the environment, actions should include:

- Increase the investment in housing stock for Aboriginal communities (including in urban areas) to reduce overcrowding, take account of population growth and ensure adequate resources for repairs and maintenance.
- Regularly collect data and report on housing stock and overcrowding to monitor implementation and drive strategic investment and planning.
- Establish Aboriginal community-controlled housing organisations, to manage new and existing housing stock to ensure culturally appropriate decision making, and provide opportunities for local skills and employment.
- Resource the employment of environmental health officers in independent Aboriginal controlled organisations to monitor housing needs and standards.
- Develop Aboriginal housing strategies to address Aboriginal homelessness in collaboration with Aboriginal communities and organisations, to ensure access to sufficient affordable housing and resource families to accommodate kin.

(Further information can be found in attachment D, p12)

Youth detention:

Aboriginal young people are held in detention in the criminal justice system at hugely higher rates than non-Aboriginal young people, with one half of young people in detention at any point in time being Aboriginal, and over-representation increasing (AIHW 2015). To address this, Congress has argued for:

- raising the minimum age of criminal responsibility to 12 years in line with recommended international standards.
- universal access to specialist and therapeutic courts for young Aboriginal people.
- well-resourced diversionary options for Aboriginal young people in contact with police or courts with Aboriginal Elders or mentors an integral part of the diversionary process.
- that all jurisdictions legislate to explicitly commit the youth detention system to a primary aim of therapeutic rehabilitation, and establish small secure Youth Development Centres focussed on therapeutic approaches that include on staff Aboriginal cultural mentors, therapists, social workers and others.
- sustained rehabilitative programs within youth detention centres, including ongoing access to and care for those in detention by community-based services, support for literacy and education programs, and reintegration programs that work with offenders, their families and communities post-release (*Attachment A*).

If you have any queries about this submission or the attached supporting documents please contact me on 08 89514401 or at donna.ahchee@caac.org.au

Yours sincerely



Donna Ah Chee

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