

Prime Minister Kevin Rudd, Apology to Australia's Indigenous Peoples, 13 February 2008

"Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians. The core of this partnership for the future is closing the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement and employment opportunities....."

In February the Close the Gap Steering Committee for Indigenous Health Equality, led by the ATSI Justice Commissioner, released its 'Shadow Report' on the progress made by the former Prime Minister's commitment, says however:

..... key commitments from the *Statement of Intent remain unmet and there is little indication from the Australian Government as to when they will be met.*

The Democrats support the report's proposals for the *Achievement of Health Equality for Aboriginal and Torres Strait Islander Peoples by 2030*, including culturally appropriate services delivered in genuine partnership with ATSI Peoples, proper targets set and supported by accurate data and clear lines of responsibility and evaluation mechanisms and, particularly:

- A **long-term plan of action** targeted to need, evidence-based and capable of addressing existing health inequalities.
- A 5-year **Capacity Building Plan for Aboriginal Community Controlled Health Services**
- A comprehensive **audit of health service needs** and an inventory of existing services against those needs
- Comprehensive plans of action to address health infrastructure, training of an ATSI health workforce, all the determinants of health inequality, social and emotional well-being and mental health.

The Howard Government's NT Intervention, expanded by Labor, has been a predictable failure. Child malnutrition rates are up, as are alcohol, substance abuse and drug related incidents. Domestic violence and assault reportage and convictions together with reports of child abuse, attempted suicide and self harm have all increased.

## Our Plan

Democrats suggest some practical, culturally appropriate measures, that have been demonstrated to be effective:

- Better pre-service training and support for **nurses** in very remote Aboriginal communities and a minimum of 2 nurses in each clinic
- Improved availability in outback and remote Indigenous stores of **affordable, nutritious food**
- Breakfast and lunch** provided at very low cost in all schools
- Greater access to the **PBS and MBS** through a national quality use of medicines scheme for non-remote areas and a specialist access program in remote areas
- More programs aimed at **preventable, high prevalence conditions** in Indigenous communities such as rheumatic heart disease and trachoma
- Programs for Aboriginal **mothers and babies** - outreach antenatal services, home visiting and community-based childcare and playgroups
- Support for Indigenous communities to tackle **family violence and substance abuse**, eg sexual assault services, outreach centers, safe houses, and legal aid
- Expanded **sexual health education and awareness** programs
- Increase **oral health** promotion activity and targeted oral health services
- Comprehensive health services for the **prison population**
- Better **accommodation and transport** options for Indigenous patients
- An expanded *ATSI Flexible Services program* for **aged care** and for *carers*