Policies, Obstacles and Opportunities for the Children of the Northern Territory in the 1990s

By The Hon. Steve Hatton M.L.A. Minister for Health and Community Services.

The Northern Territory is a place of contrasts and dramatic change. Average annual rainfall figures would give the reader no idea of the contrast between the arid inland and the steamy rain of a Top-End wet season that follows six months of cloudless skies.

Our social and economic profiles follow the same pattern of complexity and paradox. One percent of the population of Australia is scattered over one sixth of Australia's land mass. It is not possible to extrapolate any information about the Territory and its children from broader national statistics. Within the Territory we can probably identify the best and the worst opportunities for chidren in Australia.

The population of the Northern Territory is characterised by a youthful age profile, a high rate of natural increase and cultural diversity.

Nearly one quarter of the population is Aboriginal. Some Aboriginal families live fully integrated lives in towns and maintain a variety of connections with their cultural heritage. Some live in remote communities and may be part of the move to return to homelands and pursue more traditional ways of life.

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Together with Torres Strait Islanders and the overseas born, they constitute 44% of the Territory population. Cultural diversity is part of the mainstream in the N.T.

Sixty percent of Territorians are under the age of thirty compared with the national figure of 47%. The rate of natural increase is well over twice that of Australia as a whole.

Territorians of all ethnic origins tend to comprise young families. The non-Aboriginal population is generally without an extended family to turn to in times of trouble or family stress. The exception is the well established Chinese community which once constituted the majority of the Territory non-Aboriginal population.

The demand for children's services in the N.T. is consequently high. Services need to take into account the cultural diversity and the scattered nature of the population. One in six of the Territory's children live in remote and isolated areas with a population of less than two hundred people.

Family income in the Territory shows similar diversity. Real average weekly earnings in the N.T. remain well above those of other states, but many Aboriginal communities are heavily dependent on Social Security benefits as the major source of income.

The Northern Territory provides a range of services for children similar to those of other states, but frequently involving quite creative strategies to ensure that there is access to these services. It is a challenge to provide primary health care, health and dental screening and treatment, support for families encountering difficulties, child protection, substitute care for children and special education programmes for disadvantaged children and children with disabilities.

There are difficulties in recruiting specialist staff to the Northern Territory and economies of scale make it impossible to provide services in many locations. Flexible approaches to education provision, mobile and visiting services are frequently the answer, together with funds to allow small communities to establish family support programmes.

Children in towns have access to modern well equipped schools and childcare centres and have opportunities to take part in community and cultural activities that are often far removed from children in larger cities. The Territory does not have the problems of large metropolitan cities where new or economically depressed areas are deprived of services and infrastructures.

Children in remote areas benefit from the combination of a unique lifestyle or cultural tradition and improved access to education and health care.

But health indicators in the Northern Territory reflect the isolation and significant health problems on many Aboriginal communities. The neonatal death rate, although falling, is the highest in Australia. The Aboriginal infant mortality rate is four times higher than the non-Aboriginal rate within the Territory.

There is in fact a real gap between the health and welfare of Aboriginal people and the wider community.

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The hospitalisation rates of children up to 5 years old are unacceptably high. This hospitalisation occurs for a number of reasons mainly related to gastric and respiratory disorders. Acute services can deal effectively with these problems in community health centres and hospitals, but the focus of our policies is turning increasingly to prevention.

The realisation is growing that conventional services to children and families will continue to fail on Aboriginal communities unless we can:

- provide a high level of ante-natal and post-natal care for mothers;
- ensure that parents are educated about the value of nutritious food and can obtain it at the community store at an affordable price;
- ensure that children have shelter which is clean, safe and comfortable;
- provide and maintain adequate water supplies and effective waste management systems; and
- ensure that a child's care-givers appreciate the need to give priority to the child's well-being, especially where kava or alcohol is being consumed in the community.

Failure to deal with these basic environmental health issues can undermine the effect of any other services provided for children.

Children may fail to develop physically, thereby increasing their susceptibility to illness and consequent learning difficulties.

Failure to reach a reasonable level of education and physical development reduces

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adult employment opportunities and this failure to find a meaningful occupation can lead to the development of more dangerous occupations such as consumption of alcohol or kava.

Substance abuse itself is major health and social issue. The consequences of high levels of substance abuse include the failure to care for children and old people, domestic violence, personal injury and the consumption of funds which could have been used for food, clothing and shelter for the abuser and family.

The incidence of diabetes and other 'lifestyle' diseases is increasing dramatically in Aboriginal communities and has the potential to reduce the relative importance of substance abuse.

Diabetes is relatively easily dealt with where it is understood and where the patient observes regime for eating, assessing blood sugar levels and administering insulin.

Already the number of patients on renal dialysis in Alice Springs is above the national average. For each of these patients from remote areas there is accommodation required in Alice Springs. Families are dislocated, children pulled out of school, employment opportunities missed.

Clearly the cost is high. It is higher still for those who refuse dialysis or whose diabetes is not diagnosed.

The Territory Government's commitment to the development of better environmental health services and policies to prevent substance abuse and adult diseases may not appear to fit neatly within the compartment of policies for children that I have been asked to address.

But unless these problems are tackled, ear and eye health programs, child protection, child care and education programs will fail on Aboriginal communities and the demand for acute care will increase.

The task for the 1990s is to close the gap between the health and welfare of Aboriginal people and the rest of the community in order to improve opportunities for all children in the Northern Territory.