



NSW.ACT

# House of Representatives Standing Committee on Family and Community Affairs - Inquiry into Indigenous Health

*Submission on behalf of UnitingCare NSW.ACT, 24 September 1997*

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## Summary

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Good health cannot be 'delivered' to our communities; it must be grown up and sustained from within, nothing else will work. Community planning which genuinely reflects the considered views of the community members is required to carry forward an inclusive approach to health specific to the actual circumstances, needs and aspirations of individual communities. (Social Justice Commissioner Second Report p 103)

There have now been many reports by many different bodies looking at similar issues to those outlined in the Committee's terms of reference.

This submission looks at the key findings of the Toomelah Report and the failure to learn from it, the recommendations of the Royal Commission into Aboriginal Deaths in Custody (RCADC) and the relevant Implementation Reports, which exhibit an inadequate understanding of the meaning and purpose of many of the recommendations and of the concept of "implementation", and the findings on health and housing in the Social Justice Commissioner's Second and Fourth Reports.

Examination of these reports and their follow up makes it clear that the problem is not information, but:

- a. a lack of willingness to make the changes in structures, and in political and bureaucratic structures, which are required for more effective response to the needs of Aboriginal communities; and
- b. a lack of willingness on the part of the Commonwealth to take the lead in providing adequate funding for strategies whose need is beyond question.

As the Social Justice Commissioner has reported, both the Commonwealth and State governments have failed in their basic responsibilities to provide services to Indigenous peoples as citizens of Australia:

At the Commonwealth level, it is nothing less than outrageous that the mechanisms set up to monitor the workings of the NAHS have been allowed to atrophy for some years now when the health status of our peoples is so poor and our need so great. It is outrageous that the Department of Human Services and Health has, until very recently, absolved itself from any responsibility for Indigenous health simply because ATSIC distributes **some** health-related funds. It is outrageous that after so many promises, so many programs, after so many visiting politicians, we are in a worse situation than we were ten or twenty years ago. (Social Justice Commissioner Second Report p123)

At the State/Territory level the situation is no better. Basic services which are the responsibility of this level of government, such as water, power, roads and schools are routinely denied to Aboriginal and Torres Strait Islander peoples.

That is not a matter of information or strategy, or of further recommendations on specific issues, but of political will and finance.

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## Recommendations

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1. *We urge the Committee to pay serious attention to previous reports on the issues, including the Toomelah Report, the relevant sections of the Report of the Royal Commission into Aboriginal Deaths in Custody, and the Second Report 1994 of the Social Justice Commissioner and to focus on how to achieve adequate funding and effective implementation so that Aboriginal people experience the desired outcomes of improved health in both the broader and the more specific sense of the term.*

*Therefore, we urge the Committee to pay serious attention to previous reports on health issues, and to focus on how to achieve adequate funding and effective implementation so that Aboriginal people experience the desired outcomes of improved health in both the broader and the more specific sense of the term.*

2. *The Committee should consider why so little has changed for Toomelah and other Aboriginal communities like it, since the release of the Toomelah Report. It is clear that the problem is not knowledge of situations, causes or necessary strategies and tactics, but the will of politicians and bureaucrats to provide the funding and to change the structures and culture of the public sector so that recommendations can be effectively implemented.*
3. *We urge the Committee to use its Inquiry to set the lead for state and territory governments in looking at the implementation of the recommendations of the Royal Commission into Aboriginal Deaths in Custody in terms of outcomes for Aboriginal people.*
4. *We urge the Committee to recover the sense of urgency about Indigenous health which underlies both the RCADC and the Social Justice Commissioner's reports. Health care at the same level as the rest of the Australian community is a human right.*
5. *The Committee should learn from the inadequacy of the Implement Report process with regard to the recommendations of the Royal Commission into Aboriginal Deaths in Custody, and should*
  - a) *require that in future reports on Aboriginal health and related issues, action by bureaucrats should be defined as inputs or strategies, and clearly differentiated from the question of outcomes, a term which should be reserved for the changes experienced by Aboriginal people as a result of the inputs and strategies;*
  - b) *alert those responsible for implementing health policy to the need to understand the context and reasons giving rise to the policy.*
6. *The findings of the Social Justice Commissioner require that the Committee urge the Government to adopt radically different approach to funding, planning and delivery of health care and related services. His Second Report identifies the following specific steps:*

New policy should be based on an understanding of Indigenous forms of knowledge and decision-making and come from a perspective which does not further undermine a community-based Indigenous view of health matters. The policy implications of these principles includes:

- a. *a significant strengthening of the network of Indigenous health workers and Aboriginal medical services and facilitating their aggregation into regional structures;*
- b. *encouraging the development of a whole-of-community strategy or plan based on critical debate and analysis at community level and establishing inter-departmental mechanisms for a whole-of-government response to such a plan or strategy;*
- c. *drastic increases in the provision of Commonwealth-sourced funds for essential infrastructure development; and*

- d. mechanisms for tying the provision of appropriate and accessible health-related services by the States and Territories to accountable outcomes. (Social Justice Commissioner Second Report p174-5)
7. The findings on housing in the Social Justice Commissioner's Fourth Report 1996 lead to the conclusion that the Committee should seek radical changes in the way services are delivered, with an emphasis on community participation in planning, on specifying the quality of housing and services required, and on procedures to ensure that those specifications are met before payments are made to suppliers, builders etc.

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## Introduction

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The Board for Social Responsibility welcomes the inquiry into Indigenous Health by the House of Representatives Standing Committee on Family and Community Services. Our comments will be relevant to all the terms of reference in some way, but will not address them individually.

The Terms of Reference of the Inquiry make no reference to past inquiries on health. We urge the Committee not to treat this inquiry as *de novo*. This would waste substantial work already done. It would continue the trend of governments being more willing to fund reports on Aboriginal health than to implement the recommendations of those reports.

The particular focus of this submission is health related recommendations in the Toomelah Report; Chapter 31, Volume 4 of the Report of the Royal Commission into Aboriginal Deaths in Custody; and the chapters on health and housing in the third and fourth reports respectively of the Aboriginal and Torres Strait Islander Social Justice Commissioner.

These reports together show that the problem is, as Michael Dodson expresses it, not a lack of medical or technical knowledge, but a lack of political will to change the system so that it responds effectively to the *health* needs of people, by dealing with the needs of communities in a holistic fashion and a culturally appropriate way. That means changing the way bureaucracies look at things and the way budgeting is done.

Indeed, it is not clear why the Committee is holding an inquiry with the given terms of reference at this particular time, since many of these matters have been addressed in recent reports already, and the real issue is how to implement previous recommendations in a way that actually achieves the desired outcomes for Aboriginal people.

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## The Toomelah Report and its predecessors

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The Toomelah Report (Human Rights Australia: *Toomelah Report* Sydney: Human Rights and Equal Opportunity Commission 1988) lists the following reports that preceded it: those by

- the NSW Joint Select Committee upon Aborigines Welfare in 1967
- the Australian Government's 1974-5 Commission of Inquiry into Poverty
- the tripartisan Senate Committee on Aborigines and Torres Strait Islanders in 1976
- the tripartisan New South Wales Select Committee of the Legislative Assembly upon Aborigines from 1978-1981 and
- the World Council of Churches in 1981.

*In 1970 Hal Wootton visited Toomelah and reported on the appalling situation there. The Toomelah report "documents how eighteen years later, little substantive progress has been made". (Toomelah Report [Page 5])*

These reports, according to the Toomelah Report can be summed up revealing

*a common understanding that poverty and racism are basic causes of the grossly substandard living conditions*

*endured by Aborigines. Poverty is recognised as arising out of the organisation of society and largely beyond individual influence or control. Ill-conceived government policies, such as assimilation, must also take their share of the blame. (page 6)*

The NSW Select Committee had diagnosed the fundamental cause of the problems of Aborigines as the violent dispossession of Aborigines from their land and its expropriation . (*Aboriginal land rights and sacred and significant sites* 1980 para 3.12) The three other causes they identified were assimilation policy, racism, and the failure to consult Aborigines. (*Second Report* 1981 page xii; para 15.1)

These themes continue to recur in the most recent reports of the Social Justice Commissioner. This recurrence of themes suggests an abject failure on the part of Australia to develop effective mechanisms for incorporating both human rights and the results of significant inquiries about human rights, into the policy formation and implementation process.

The Human Rights and Equal Opportunity Commission prior to 1992 already had the power to investigate the situation of Aboriginal and Torres Strait Islander people, where they experienced discrimination based on race or where their complaints came within the ambit of the Human Rights Commissioner.

The *Toomelah Report* was perhaps the most significant HREOC report prior to 1993. The inquiry it reports resulted from a visit by the Race Relations Commissioner Irene Moss in January 1987, following riots at Goondiwindi. From that visit, the Commissioner concluded

that a degree of racial discrimination had resulted in the people of Toomelah being disadvantaged. They were not provided with services available to similar sized communities in the area and were not 'free and equal in dignity and rights'. It was clear to Commissioner Moss that the poverty and neglect which made up the fabric of the lives of Aborigines at Toomelah, and to a lesser extent at Boggabilla, needed to be further investigated if equality of rights and dignity was to become a reality for everyone in the border town. *Toomelah Report* page 1

This inquiry "into the needs of residents of the New South Wales-Queensland border towns of Goondiwindi, Boggabilla and Toomelah" found that at Toomelah the standard of housing was so low that it was inappropriate for the Aboriginal Development Corporation to require that rent be paid, and that the Moree Plains Shire Council had obtained part of its funding on the basis of the population at Toomelah, but refused to provide services (water and sewerage, roads) to Toomelah for untenable reasons. The Report exposes inter-government conflicts, and refusal by each level of government to take adequate responsibility. The NSW Department of Education, was commended for its primary school, but criticised for failing to provide secondary school facilities. The Queensland Department of Education was criticised for allowing racist practices and discrimination to occur at Goondiwindi High School, which Toomelah students were forced to attend as the only available high school.

***The Toomelah Report 1988 identified the following problems. It is evident from other reports that Toomelah can be considered an example - its problems were not unique.***

These deficiencies were found in spite of the previous inquiries and reports listed earlier. Part of the problem appears to be the lack of clear demarcation of responsibility between tiers of government, but the Toomelah Report indicates that underlying this is a desire of each tier of government to pass funding responsibility elsewhere if possible.

The (NSW Anti-Discrimination Board in 1978) identified numerous problems with existing arrangements, including fragmentation of service delivery to Aborigines, fluctuations in funding and the State's withdrawal from responsibility. The 'blurred demarcation of responsibility between Commonwealth and State governments, and attempts to shift responsibility between governments' result in a 'political impasse (which) works to consolidate the extreme disadvantage suffered by Aboriginal people of New South Wales. page 11,

**Conflicting interpretations of responsibility of different levels of government**, usually aimed at avoiding funding responsibility

**Failure of the NSW Government to adequately respond to the previous state and federal inquiries and reports in to the situation of Aboriginal people;**

*Key problems at Toomelah were the*

- *Failure of the NSW Government to adequately respond to the previous state and federal inquiries and reports in to the situation of Aboriginal people;*
- *Crowded, inadequate housing;*
- *Inadequate water and sewerage*

**Crowded, inadequate housing** - worsened by the fact that the Greiner government ended the previous state government's "homes on Aboriginal land" policy. Overcrowded substandard housing contributes to health problems. While some new housing was built following the report, there is a question of whether the supply of housing has continued as population has increased, and whether adequate provision has been made for housing maintenance.

**Inadequate water and sewerage** (similar problems have since been identified in *The Water Report* of the HREOC, which looks at case studies of several small communities, including at least two in NSW - ie issue is not only what is happening at Toomelah, but what has been learned from Toomelah and applied elsewhere).

**Lack of adequate water supply is a major cause of health problems** (and contributes to racism where eg lack of clean clothes), as is lack of sewerage

the houses built by the Aboriginal Welfare Board before 1969 were substandard and fundamentally uninhabitable, and some of the more recently built accommodation right up to 1987 had major defects, for example roofs with no gutters or downpipes, which meant that when it rained, water ran inside the walls rather than outside to tanks that could have helped with the water shortage. The few flushing toilets were communal, and showers or baths were only possible if water was collected in bottles. These conditions existed at Toomelah until recent years *and still persist in many other places...*

A few kilometres away at Boggabilla, houses erected for Aborigines were passed as fit for habitation despite the fact that kitchen sinks did not properly drain and toilets flowed back into the house. In one house the pipes were so negligently installed that the toilet overflow actually came back through the kitchen sink. Such houses stand side-by-side with dwellings occupied by white people; no local council would dare approve their houses for occupation if the same faults existed.

The local shire council has no jurisdiction over federally funded housing for Aborigines, so that new houses did not have to meet the standards, among others, of Ordinance 70 of the Local Government Act...the government authorities which funded these houses (apparently) did not have similar standards...Indeed I was told that new dwellings were not checked at all before their new owners were allowed to take possession! The builders and plumbers were nevertheless paid with taxpayers money on the authorisation of the appropriate bureaucrats and the Auditor-General did not criticise this expenditure. Marcus Einfield "The long march to Aboriginal Equity" in Anne Pattel-Grey (ed.) *Martung Upah* Blackburn Victoria: Collins Dove 1996 page 205-6

- **inadequate roads and lack of bridges**
- **local government levying rates but refusing to provide services**
- **use of local government planning to stop building of necessary facilities** such as a child care centre or buildings in which small businesses could be developed
- **lack of adult education facilities**

- **lack of adequate health facilities** - need for a full time registered nurse, and for regular visits from a doctor; lack of adequate clinic eg inadequate water and lack of hot water
- **lack of self-determination** - lack of adequate consultation/negotiation with community about its needs and priorities; lack of information about its entitlements and how to access them
- **chronic unemployment.**

There was considerable dispute among government service providers as to whether the Toomelah community had certain entitlements at all, what procedures they should follow to acquire services and which bodies were responsible for providing them. The various levels of government made little attempt to clarify or define responsibility for the delivery of essential services to the Toomelah community.

No government authority - Commonwealth, State or local - provided adequate information, consulted the community effectively, or co-ordinated the three tiers of government in the provision of services. The former New South Wales Ministry of Aboriginal Affairs, the authority most able to influence State and local government authorities, abdicated its responsibilities to the Toomelah community. The Federal Department of Aboriginal Affairs, a specialist body established to operate on behalf of Aborigines, failed to ensure that the Toomelah residents obtained the information and assistance necessary to acquire the services they needed. The Aboriginal Development Commission, a body designed to provide for the basic needs of Aborigines, pursued policies which directly impeded and obstructed their interests. *Toomelah Report page 64*

*There remains a gross inequality in the resources and treatment given to Australia's indigenous people as against other Australians across the whole spectrum of public endeavour including the law, employment, education, health and housing. (Marcus Einfield)*

In December 1993, over five years later, Justice Marcus Einfield, one of the Commissioners responsible for the Toomelah Report, commented

The fact is that after the International Year for the World's Indigenous People there remains a gross inequality in the resources and treatment given to Australia's indigenous people as against other Australians across the whole spectrum of public endeavour including the law, employment, education, health and housing. It actually makes a mockery of our criticisms of other countries for their human rights violations...

Despite the increased volume of federal legislation and financial assistance designed to benefit the country's inhabitants from the 1970s onward, they still face a variety of disadvantages that are deeply rooted in history and the attitudes of the white community. They have been denied education and training, and therefore job opportunities, and generally have received nothing like the health care, roads, housing and almost the whole range of public and social services available to everyone else. Despite often having to pay council rates, most rural indigenous people have no sewerage or garbage removal, parks, swimming pools, libraries and so on. Marcus Einfield "The long march to Aboriginal Equity" in Anne Pattel-Grey (ed.) *Martung Upah* Blackburn Victoria: Collins Dove 1996 page 197

The HREOC's *Water Report* shows that these problems are not exclusive to Toomelah, either in NSW or in Australia. For example, the Aboriginal people at Dareton faced a number of problems - lack of water quality, high cost, system designed to suit the white township although this created difficulties for them, and so on. ATSIC paid for the sewerage system at Dareton, but their rates are higher than those of the white townfolk, whose rates include the capital cost of their sewerage system.

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## Recommendation

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*The Committee should consider why so little has changed for Toomelah and other Aboriginal communities like it, since the release of the Toomelah Report. It is clear that the problem is not knowledge of situations, causes or necessary strategies and tactics, but the will of politicians and bureaucrats to provide the funding and to change the structures and culture of the public sector so that recommendations can be effectively implemented.*

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### Royal Commission into Aboriginal Deaths in Custody

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Many of the issues referred to in the Committee's terms of reference have already been dealt with by the Report of the Royal Commission into Aboriginal Deaths in Custody, in the volume on "Underlying Issues" (1989).

Chapter 31 of the Report of the Royal Commission into Aboriginal Deaths in Custody (RCADC) deals with the health system. It diagnoses a number of basic problems with the system. Recommendations 247 to 271 refer to health issues.

While we recognise that it takes time to implement and assess the effectiveness of these recommendations, we share the concern of the Social Justice Commissioner that *Implementation of the Commonwealth Government responses to the recommendations...* are more about bureaucratic activity than about the required change of bureaucratic culture and processes and the outcomes that the recommendations are intended to achieve. While some strategies may take some years to bear fruit, other strategies should be showing visible outcomes now. Lack of visible outcomes in these cases shows a lack of genuine implementation.

*Lack of visible outcomes in these cases shows a lack of genuine implementation*

For example, there are many diseases which can be controlled or eliminated by an adequate water supply and sewerage system. There is no excuse for the failure to provide these to ALL Indigenous people.

As the RCADC points out, it is immoral and a violation of human rights that previous Commonwealth Governments allowed the Aboriginal and Torres Strait Islander Health Strategy to languish, by failing to fund it adequately, and made so little progress towards improving Indigenous health.

While there are too many doctors in urban areas, there are too few doctors in rural and remote areas. This affects all rural Australians, but affects a higher proportion of Indigenous than non-Indigenous Australians.

Primary health care is a fundamental requirement, and must be affordable, accessible and culturally sensitive to be effective. To this end the RCADC proposed numerous recommendations.

The report offered this warning, which is best understood through reading the Social Justice Commissioner's own reports:

My final caution is that the application of strategies to resolve many of the health problems identified through the work of the Royal Commissioner and others will not be easy. As

*The Aboriginal people at Dareton faced a number of problems - lack of water quality, high cost, system designed to suit the white township although this created difficulties for them, and so on*

*Previous Commonwealth Governments allowed the Aboriginal and Torres Strait Islander Health Strategy to languish, by failing to fund it adequately, and made so little progress towards improving Indigenous health*

Commissioner Dodson has reminded me, the poor health of many individual Aboriginal people reflects the nature of many Aboriginal communities. They are characterised by a deep sense of malaise. Their members seem to lack life goals and the initiative to remedy the many problems apparent to the outside observer. Feelings of despair and hopelessness are commonplace, and are reflected in drunkenness, vandalism, violence and other forms of crime, as well as illness and self-destructive behaviour. To be effective, community development and health development must be part of an integrated set of processes of social change. Report of the Royal Commission into Aboriginal Deaths in Custody, 31.18

The mainstream health care system is relatively inaccessible and unacceptable to Aboriginal people - there are physical, socio-cultural and economic determinants which need to be addressed.

In response, Commonwealth funding has mainly been directed to Aboriginal run health services rather than state initiated services for Aboriginal people. However, these are supplementary services - most money on Aboriginal health is through mainstream services, ie through GPs and state run hospitals.

As the Social Justice Commissioner has said, reports on implementation of recommendations focus on "bureaucratic activity", ie implementation strategies rather than outcomes. For example, reports note that various agreements have been reached, various projects are being put in place, seminars are being held, people appointed, money spent, but not what they are achieving for Aboriginal people. We base this observation on examination of both the Commonwealth and NSW Government implementation reports for 1995-6.

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## **The key problem - failure since 1989 to fund the Aboriginal Health Strategy at adequate levels**

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Recommendation 271

(Implementation of the national Aboriginal Health Strategy). Is the funding reported sufficient to implement effectively the Aboriginal Health Strategy?

*The point of the recommendation is adequate funding for the Aboriginal Health Strategy. That question is not addressed in the report.*

The Commonwealth Government implementation report notes as outcomes that the successful negotiation of Commonwealth/State agreements. However, this is simply one stage in the process. The point of the recommendation is adequate funding for the strategy. That question is not addressed in the report.

The NSW Government Implementation Report notes only funding of particular matters.

The National Aboriginal Health Strategy had already been developed when the RCADC reported. The introduction to

the Chapter comments on the problem of inadequate funding:

The newly developed National Aboriginal Health Strategy...is potentially a springboard for future advances in this area. I conclude by expressing my concern about the Commonwealth Government's recent decisions on funding the strategy at a level far lower than that believed to be necessary for the strategy's goals to be achieved. Report of the RCADC Vol4 page 211

The Social Justice Commissioner comments in his *Second Report 1994*

...there is truth in the assertion made by members of the NACCHO during the meeting in Darwin that, while the broad strategy remains correct, it has never been put into effective practice. In my view, one of the major reasons for this lies in the structural, administrative and funding arrangements which are ineffective in translating theory into practice. page 110

**The Implementation Reports offer no comment on the key dimension of the recommendation: *adequate funding of the strategy as a whole***

The Implementation Reports offer no comment on the key dimension of the recommendation: *adequate* funding of the *strategy as a whole*, and further the pretence that all that is required is funding for a few extra projects.

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### **Other Questions about Implementation**

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The following are examples of the questions about outcomes that need to be asked in relation to specific recommendations. Our list is illustrative only. The exact questions would be more appropriately defined by the

relevant Aboriginal and Torres Strait Islander advisory bodies.

#### **Recommendation 246:**

what new or improved data is now available as a result of the projects to provide improved health data. What gaps identified by the RCADC and other reports on Aboriginal health have now been filled?

The Commonwealth Government Implementation Report indicates under "outcomes" for R 246 that an agreement has been reached with the state and territory governments to collect certain minimum data sets, but not when this data will first become available.

#### **Recommendation 247:**

what improvement has there been in the quality of care provided to Aboriginal patients by non-Aboriginal health professionals as the result of new training programs.

The Commonwealth Government Implementation Report indicates that various seminars have been held, but not whether or how their effectiveness has been evaluated - do Aboriginal patients find the participants of these programs provide better care?

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#### **Recommendation 248:**

what has been learned so far from study of Aboriginal community controlled health services, and what are the implications for the way health care is delivered?

The Commonwealth Government offers no commitment to learn anything from this study, yet change in the delivery of services is

surely the point of the study.

#### **Recommendation 250:**

what improvement has there been in the ethical sharing of information about patients between mainstream and Aboriginal community based health care services?

#### **Recommendation 251:**

how does the accessibility of health care services and facilities now compare with the accessibility at the time of the RCADC? what further actions have been planned and what is the timeline for these?

*How does the accessibility of health care services and facilities now compare with the accessibility at the time of the RCADC?*

In the Implementation Report of the NSW Government, it reports under R 251 that various management steps have been taken, but not why these steps are expected to achieve the recommended changes or what effect these steps are actually having on accessibility of services.

**Recommendation 252:**

what improvement has there been in the quality of care provided by casualty departments for Aboriginal people?

In the Implementation Report of the NSW Government, it reports under Recommendation 252 that Aboriginal Health Liaison Officers have been appointed but no detail is given of how their role has been defined, how it has been linked to hospital management structures, how their role relates to the recommended review of casualty hospital procedures, what authority they have to seek changes, or what role they are expected to play in developing and trialing standard protocols (included in R252)

**Recommendation 253:**

while the 40 projects being resourced are to be welcomed (Commonwealth Implementation Report), what percentage of Aboriginal people are thought to need specially designed facilities, and what percentage will be catered for by these projects. How many Aboriginal communities who need specially designed facilities will still be without them when these projects are completed, and what action will be taken to provide facilities for them?

*How many Aboriginal communities who need specially designed facilities will still be without them when these projects are completed?*

**Recommendation 255:**

the NSW Government Implementation Report seems to miss the point of this recommendation, which is about the stereotypes health care professionals hold of Aboriginal clients. The NSW report deals only with employment of Aboriginal staff. While employment of Aboriginal staff is helpful, it does not in itself "ensure that (all) health care staff have appropriate attitudes". What is being done to address and overcome negative stereotypes in non-aboriginal staff, through employment strategies and in-service training of staff?

The Commonwealth Government Implementation Report addresses some these concerns, but fails to deal with the most significant question: what demonstrable change has there been in staff attitudes and behaviour towards Aboriginal clients?

**Recommendation 258:**

has provision of Aboriginal controlled health services improved since the Royal Commission? What proportion of Aboriginal communities are still without an Aboriginal controlled health service?

**Recommendation 259:**

what review has there been of funding levels to Aboriginal health organisations to ensure that they can fulfil the broader tasks mentioned in the Recommendation, namely promotion of good health, prevention of disease, environmental improvement and improvement of social welfare services for Aboriginal people? What improvement has been achieved so far?

*What proportion of Aboriginal communities are still without an Aboriginal controlled health service?*

The NSW Government Implementation Report, for example, appears to avoid the issue of providing adequate resources for these tasks, instead referring to mechanisms for funding, reviews of effectiveness and efficiency, bureaucratic mechanisms for a "holistic approach",

and a maintenance program. In short, it avoids the real issue this recommendation seeks to address - providing more resources to those Aboriginal organisations who can provide a holistic approach.

The same criticism can be levelled against the Commonwealth Government report on this recommendation. Neither report takes seriously the fact that R 259 to bring about change. Both reports obscure whether the situation has improved or gone backwards.

*Both reports obscure whether the situation has improved or gone backwards.*

**Recommendation 283** (early intervention - alcohol and drugs)

How many Aboriginal communities have access to early intervention programs? how many Aboriginal communities do not have access to such programs? What training is being provided to the relevant health staff, and what effect is that training having on the care provided?

The Commonwealth Government implementation report indicates the number of "substance misuse services" which have been funded, but not whether those services are able to provide effective early intervention, nor how the number funded compares to the number needed.

The NSW Government Implementation Report seems irrelevant (indeed, its placement at the end of the recommendations on health and before the recommendations on drugs and alcohol shows that it has been taken out of context). It reports the number of Aboriginal Health Liaison Officers appointed, the fostering of relationships with Aboriginal health services, and the development of a cultural awareness program. There is no indication of how any of this relates to provision of early intervention with regard to drugs and alcohol. There is no indication that the NSW Government has any idea of the matters raised by the Royal Commission in its discussion of early intervention programs to deal with drugs and alcohol.

*Effective implementation depends on the appropriate staff understanding the content and purpose of the recommendation*

This example suggests that there might well be a serious underlying problem in the implementation of the Royal Commission's recommendations, and perhaps of recommendations of other reports. Effective implementation depends on the appropriate staff understanding the content and purpose of the recommendation - they need to understand and take seriously the findings that lead to the recommendations, and not merely rely on the recommendations as isolated policy statements ripped from their context.

The list of questions which need to be answered in relation to the recommendations could go on. The above examples should be sufficient to indicate why the Committee should take seriously the complaints of the Social Justice Commissioner. There can be no doubt that his complaint is correct that the Implementation Reports miss the point of the recommendations and fail to deal with the most significant aspects of implementation.

**These criticisms of the Implementation Reports are relevant to Term of Reference (f), since they illustrate how bureaucratic structures and ways of thinking continue to contribute to the poor health status of Aboriginal and Torres Strait Islander people.**

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## **Recommendations**

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We urge the Committee to use its Inquiry to set the lead for state and territory governments in looking at the implementation of the RCADC recommendations in terms of outcomes for Aboriginal people.

We urge the Committee to recover the sense of urgency about Indigenous health which underlies both the RCADC and the Social Justice Commissioner's reports. Health care at the same level as the rest of the Australian community is a human right.

The Committee should learn from the inadequacy of the Implement Report process with regard to the recommendations of the Royal Commission into Aboriginal Deaths in Custody, and should

require that in future reports on Aboriginal health and related issues, action by bureaucrats should be defined as inputs or strategies, and clearly differentiated from the question of outcomes, a term which should be reserved for the changes experienced by Aboriginal people as a result of the inputs and strategies;

alert those responsible for implementing health policy to the need to understand the context and reasons giving rise to the policy.

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### **Aboriginal and Torres Strait Islander Social Justice Commissioner Second Report 1994.**

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*The following is a summary of the Social Justice Commissioner's chapter on health.*

*The health status of the Indigenous peoples of Australia is well below that of other Australians, and means that Australia is in breach of its international human rights obligations.*

Yet the causes of health problems among Australia's Indigenous peoples are not in dispute - there are no medical mysteries involved, only **very poor coordination, funding and delivery of the relevant services.**

**A basic problem is reliance on the medical model**, ie on a clinical, curative approach, when what is needed is "health education and preventative strategies based on behavioural and environmental factors", supplemented by clinical measures such as vaccination programs, and specialist services.

In the 1930s, a world-recognised ophthalmologist, Professor Dame Ida Mann, was asked what drugs she would prescribe to tackle the appalling levels of the eye disease trachoma, among our people in remote Australia:

Between 1978 and 1994 there have been at least ten reports about water. Yet in 1994, according to the *Water Report* of the Federal Race Discrimination Commission:

- 34% of our communities still rely on water below the National Health and Medical Research Council's guidelines;
- 33% have experienced water restrictions in the last twelve months;
- 14% have no maintenance of their water supply system; and
- 45% of Aboriginal and Torres Strait Islander communities have an insufficient water supply to meet their needs over the next five years.

*"Drugs?" she replied. "I'd prescribe water. If governments were to put the water on, no one would have trachoma."*

There is a **fundamental difference in perspective**. Health bureaucrats analyse health problems on the basis of national statistics about diseases. Community based Indigenous health workers and their communities see health in its local context, as the outcome of local factors such as housing, water and sewerage, diet, education, employment and cultural and social satisfaction.

*Communities see health in its local context, as the outcome of local factors such as housing, water and sewerage, diet, education, employment and cultural and social satisfaction.*

There is need for the **World Health Organisation approach**, which recognises that health should be defined as

Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community.

The divergence of views between Aboriginal health organisations and senior Commonwealth health bureaucrats as to priority areas for Aboriginal health is illustrated by their respective lists of priority health areas at a meeting in March 1994:

#### Health Priorities March 1994

Aboriginal Health Organisations	Commonwealth officers
Land	Cardiovascular diseases
Stress	Cancers
Grief and trauma	Mental health
Dispossession	Injury
Life style	
Alcohol/drugs	
Nutrition	

(Social Justice Commissioner *Second Report 1994 page 106*)

Indigenous people see these factors as having implications for preventable diseases. They point to the need for a community based approach.

The Social Justice Commissioner examines the situations of Wilcannia and Redfern in detail.

Everyone talks about "holistic" definitions of health, but Indigenous and non-Indigenous people seem to have quite different concepts of what a "holistic" approach means.

**Government funding processes are absurd** - designed for bureaucracies, not communities. Certain programs fund buildings but not staff. Communities have to find their way around complex program arrangements and numerous state and federal government departments to get what they need.

*Government funding processes are absurd - designed for bureaucracies, not communities.*

The **National Aboriginal Health Strategy** originally had potential to make a difference, but has been "allowed to atrophy and become irrelevant" - it is underfunded, and reduced to specific programs, "with little emphasis on outcomes and negligible Indigenous control".

Good health cannot be 'delivered' to our communities; it must be grown up and sustained from within, nothing else will work. Community planning which genuinely reflects the considered views of the community members is required to carry forward an inclusive approach to health specific to the actual circumstances,

*The National Aboriginal Health Strategy originally had potential to make a difference, but has been "allowed to atrophy and become irrelevant"*

needs and aspirations of individual communities. (Social Justice Commissioner Second Report page 103)

Health depends on basic services and infrastructure. But whereas non-Indigenous Australians assume access to such services are their right, governments do not provide access to Indigenous people as a matter of right.

The lack of effective leadership by the Commonwealth has allowed most of the States, Territories and local government to discriminate against their Indigenous citizens in the provision of basic services and infrastructure. **For the sake of a clean water supply, a working sewage system or a garbage collection service, my people are dying.** (Social Justice Commissioner Second Report page 18)

The problem, again, is that funding is through a variety of local, state and federal government structures and departments, and is often for specific programs. This "denies a locally-based Indigenous perspective on health matters". (page 19) He quotes Barbara Flick, one of Australia's leading Indigenous health professionals, as saying that her answer to the question of *what is the biggest problem in Indigenous health*:

My answer is that the problem facing us is **the bureaucratic maze** that we have to wander through - most of the time without a map - to try and access the funding programs that will address the health needs that Aboriginal and Torres Strait Islander people have identified in our communities. It is a maze that seems to be full of wrong turnings and dead ends. More importantly, it is a maze that no other group in Australia has to negotiate to achieve basic health demands. (Social Justice Commissioner Second Report page 111)

*What is the biggest problem in Indigenous health? My answer is that the problem facing us is the bureaucratic maze that we have to wander through. (Barbara Flick)*

**The way programs are funded bears no relationship to the needs of communities.**

Many decisions are made by bureaucrats in terms of programs, instead of as a response to the communities' understanding of their own health needs. Such programs are often doomed to failure from the beginning because of this. The problems in funding include the following.

Submission based funding means that decisions are made on the basis of "how well you can write not how sick you are".

There is no guarantee of continued funding.

Health funding is often "organ specific". For example, there is funding for breast cancer screening, or cervical cancer screening rather than for a holistic approach to women's health.

There are some good models, such as the Alukura model, but they have found it impossible to get funding for their holistic approach. Instead, some parts of the program get funding.

The anomalies encountered include the following: \*

- funds for a building, but no recurrent funding
- funds for wages, but no operational costs
- funds for employment of workers, but no security of their positions.

*There is a need for block funding for a minimum three year period to ensure continuity, flexibility and security of community based initiatives.*

*Health funding is often "organ specific".... rather than for a holistic approach*

*\*Choices between alternatives, all of which are rights.*

- Yet the Royal Commission into Aboriginal Deaths in Custody Recommendation 190 had in 1989 recommended **block grants**. Not only are there no block grants yet, but the process of developing such a system has not yet begun.

*The Royal Commission into Aboriginal Deaths in Custody...recommended block grants... but the process of developing such a system has not yet begun.*

That the Commonwealth Government, in conjunction with the State and Territory Governments, develop proposals for implementing a system of block grant funding of Aboriginal communities and organisations and also implement a system whereby Aboriginal communities and organisations are provided with a minimum level of funding on a triennial basis. (quoted in Social Justice Commissioner Second Report page 117)

- The **Council for Aboriginal Health** has not been allowed to function effectively - its first meeting was *two years* after it was founded., and it only

met four times. The Indigenous people involved commented, in May 1994 that as soon as the Council attempted to fulfil its responsibilities as an expert council reporting direct to the minister, it ceased meeting.

- It is not fair to blame **ATSIC** for these problems. Members of ATSIC regional councils, apart from the Chairperson are part-time members paid only for meetings they attend. The Kimberley Aboriginal Medical Services Council offers this criticism:

It is untenable to ask a local ATSIC Council to decide between a specialised service - an ultrasound scanner, an under five health program - and items such as a water bore, an access road or a vehicle. Councils are forced to choose between a basic (already underfunded) essential service of which they have little specialised knowledge and broader community development and infrastructure needs. ( April 1994, quoted in Social Justice Commissioner Second Report page 120)

Dodson draws attention to the **fundamental justice issue** involved:

It is important to note the quality of the dilemma involved in making such decisions - Indigenous peoples are being forced to choose between various alternatives, **all** of which are their right as citizens of Australia. No other Australians are required to choose between such basic rights as water or primary health care, a road or health education.

Dodson also points out that the **role of ATSIC has been distorted**.

...the primary responsibility for the provision of health services lies with the States and Territories. (Social Justice Commissioner Second Report page 121)

ATSIC was not established to do anything other than 'top up' funding for basic services to which **all** Australians have a right. This has been ignored by Commonwealth, State and Territory politicians, many of whom continually pass responsibility for any area of Indigenous affairs to ATSIC. It is essential that ATSIC is vigorously defended against such critics, who merely try to disguise their own lack of commitment to the rights of Indigenous peoples by saying that ATSIC should be responsible for fulfilling the rights that are the rights of all Australians. (Social Justice Commissioner Second Report page 122)

Dodson gives as an example the substance abuse programs. In his consultations with communities, alcohol and drug abuse was described as the causing more distress than any other disease. Yet the funding for programs is less than \$16 million and comes from ATSIC. As Dodson says:

The key question, however, is why an organisation such as ATSIC which exists only to top up' funds for services to Indigenous peoples has to carry the funding brunt of a government

department which exists to provide services in this area as a matter of right to all Australians? In the end, the losers are the Indigenous people who must effectively forfeit their rights in some other area so as to gain the right to a health service such as this. (Social Justice Commissioner Second Report 123)

Later he points out that Aboriginal Medical Services have made a positive contribution to Indigenous health, but are almost entirely funded almost entirely by ATSIC:

the one initiative in Indigenous health in this country which has had consistently good results, in both political and curative terms, is the development of Aboriginal Medical Services. Yet these medical services, and the Indigenous health workers that they employ, are treated woefully by the health bureaucrats, facing inadequate funding, under-staffing, poor facilities and uncertainty as to their future. (Social Justice Commissioner Second Report page 137)

**Both Commonwealth and State governments have failed in their basic responsibilities to provide services to Indigenous peoples as citizens of Australia:**

At the Commonwealth level, it is nothing less than outrageous that the mechanisms set up to monitor the workings of the NAHS have been allowed to atrophy for some years now when the health status of our peoples is so poor and our need so great. It is outrageous that the Department of Human Services and Health has, until very recently, absolved itself from any responsibility for Indigenous health simply because ATSIC distributes **some** health-related funds. It is outrageous that after so many promises, so many programs, after so many visiting politicians, we are in a worse situation than we were ten or twenty years ago. (Social Justice Commissioner Second Report )

At the State/Territory level the situation is no better. Basic services which are the responsibility of this level of government, such as water, power, roads and schools are routinely denied to Aboriginal and Torres Strait Islander peoples.

*Basic services which are the responsibility of this level of government, such as water, power, roads and schools are routinely denied to Aboriginal and Torres Strait Islander peoples*

A number of government reports have acknowledged that ATSIC may be funding services that are properly the responsibility of Commonwealth, State and local government, and that this is not appropriate. Yet the situation continues unchanged, and health of Indigenous peoples suffers.

Dodson criticises the attempts of some levels of government, especially shire councils, to use **remoteness as an excuse** for not providing services, eg the Power and Water Authority (NT). The Office of Aboriginal Affairs in NSW was criticised in the Toomelah report for failing to act on complaints about the lack of adequate services. Dodson argues that this is a denial of rights.

It must be understood that decisions as to where we live, for Indigenous peoples, are based on **our** reality - on the things that are important to us. These usually are matters of our connection with specific parts of country, and it is not valid to assert that because we need to live close to our spiritual homes we must therefore pay a penalty in terms of lack of essential facilities and consequent poor health. (Social Justice Commissioner Second Report page 1126)

The **National Aboriginal Health Strategy** was adopted by Commonwealth and State governments, whose bureaucrats estimated its cost at \$2630 million over ten years. Yet the Commonwealth provided only \$232 million over five years for it. The Royal Commission into Aboriginal Deaths in Custody commented that this was clearly inadequate, even taking account of state responsibilities. The Royal Commission recommended urgent funding so the strategy could be implemented. Dodson reports that "The Commonwealth has ignored this Recommendation".

The issue of **land rights** is fundamental to Indigenous rights and is not to be traded off against other rights such as the right to health services and infrastructure.

The fundamental point of both the High Court judges in Mabo and Woodward in the land rights inquiry was that land rights are a collective right inherent to indigenous peoples. Land rights are entitlements which are not dependent on meeting a test of utilitarian criteria. They are, in a true sense, a birthright. The propensity of some politicians and commentators to demand evidence of the value and benefits of land rights is rooted in a failure to comprehend the nature of rights. (Barbara Flick, quoted in Social Justice Commissioner Second Report page 143)

*The issue of land rights is fundamental to Indigenous rights and is not to be traded off against other rights such as the right to health services and infrastructure.*

The importance of community planning.

What is needed is change based on a process which empowers local communities through genuine community planning:

- an analysis of the current situation
- formulation of community goals
- development of a plan of action, and
- organising implementation of the action.

This is much wider than so-called operational planning - it should be *normative planning*, determining the fundamental social, political, cultural and economic goals of the community, and how to achieve these. Dodson criticises the planning processes advocated by ATSIC as too focused on "projects", rather than the fundamental aspirations of the community. Projects may be necessary, but they are not sufficient. There is need for community building strategies, so communities discover their resources for achieving their goals. There are qualitative elements as well as quantitative elements (funding) in improving Indigenous health:

a community based instead of government department based approach to the delivery of services, which involves both a holistic approach and Indigenous control.

Governments must change funding mechanisms so communities have access to the funds needed to implement whole-of-community-plans **of** the communities instead of bureaucratic plans **for** communities.

*There are qualitative elements as well as quantitative elements (funding) in improving Indigenous health.*

a community based approach needs to take account of the fact that some so-called "communities" are made up of quite different groups who have been forced to live together and who should not be forced to operate as one group.

**The international human rights which are at stake in the issue of Indigenous health** include:

#### **Universal declaration of human rights**

- \* 3: right to life
- \* 25: right to a standard of living adequate for the health of oneself and one's family

#### **International covenant on civil and political rights**

- \* 6: right to life, to be protected by law

*International human rights are at stake in the issue of Indigenous health*

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**International Covenant on economic, social and cultural rights**

\* 11: right of everyone to a standard of living adequate for the health of oneself and one's family; States parties have responsibility to take steps to ensure realisation of this right

\* 12: right of everyone to highest attainable standard of physical and mental health; steps must be taken by States parties with regard to various aspects of this

**International convention on the elimination of all forms of racial discrimination**

\* 5: right to housing, public health, medical care

**Covenant on the rights of the child**

\* 24: right to highest attainable standard of health, to treatment and rehabilitation facilities; States parties have responsibility to act to ensure implementation of this right in a number of ways including reducing infant and child mortality; ensuring medical and health care; combating disease and malnutrition, providing clean drinking water; pre and post natal care for mothers; access to health and nutrition education; preventative health care.

In ratifying these conventions, the Australian Government has agreed to implement all legislative, judicial and institutional measures required to ensure compliance. It has agreed to report regularly to the Committees of the United Nations on the degree of compliance. It has stated before the international community that the principles of these provisions will be reflected in the lives of all Australians. However, they have so far meant little for Indigenous peoples in this country or for the state of our health.

I have been forced to ask myself, if the government owes such clear and longstanding obligations under international law to **all** its citizens, how can the health of Indigenous Australians remain so consistently bad and their standard of living so consistently below any measure acceptable for non-Indigenous Australians? (SR p 160-1)

Not only is the health of Indigenous Australians much lower than the health of other Australians, but it also does not show the improvements in health which have occurred in indigenous populations of other industrialised countries in the last thirty years.

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**Dodson concludes that the following specific steps need to be taken:**

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New policy should be based on an understanding of Indigenous forms of knowledge and decision-making and come from a perspective which does not further undermine a community-based Indigenous view of health matters. The policy implications of these principles includes:

- a significant strengthening of the network of Indigenous health workers and Aboriginal medical services and facilitating their aggregation into regional structures;
- encouraging the development of a whole-of-community strategy or plan based on critical debate and analysis at community level and establishing inter-departmental mechanisms for a whole-of-government response to such a plan or strategy;
- drastic increases in the provision of Commonwealth-sourced funds for essential infrastructure development; and
- mechanisms for tying the provision of appropriate and accessible health-related services by the States and Territories to accountable outcomes.

***Recommendation***

***The findings of the Social Justice Commissioner require that the Committee urge the Government to adopt radically different approach to funding, planning and delivery of health care and related services.***

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## Summary of key findings on housing - Aboriginal and Torres Strait Islander Social Justice Commissioner Fourth Report 1996

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Housing is a human right recognised in Article 11 of the International Covenant on Economic, Social and Cultural Rights. What is required has been defined in General Comment 4 of the Committee on Economic, Social and Cultural Rights, and in the comments of the Special Rapporteur, Justice Sachar. The provision of housing and associated physical infrastructure for Aboriginal and Torres Strait Islander people is, by these standards, grossly inadequate, and is a major cause of the ill-health of Indigenous people and of their involvement in the welfare and criminal justice system.

*\$3.1 billion is required, but governments dribble out a few hundred million dollars*

. They also fail to ensure the quality of what is provided, so many facilities cease working and many houses are uninhabitable within a few months or years. Yet the provision of housing is fundamental to Indigenous health, as was made clear in the *Second Report*.

The basic principles for an effective public policy on housing are: well co-ordinated, with clear lines of responsibility; outcome-oriented, transparent and accountable; adequately resourced; based on housing being a human right; based on a commitment to human rights and social well-being; based on equality and giving priority on the basis of need; guaranteeing minimum standards; and

involving consumers in policy development and implementation.

The Fourth Report provides two sorts of cases studies on housing: examples of housing policy which does not respect the human rights of Aboriginal and Torres Strait Islander peoples, such as Homewest, and examples of where housing and infrastructure provision is incorporating most, if not yet all, of the principles outlined, as in ATSIC's Health and Infrastructure Priority Projects (HIPP). The processes adopted in HIPP enable communities to be actively involved in the decision-making process, and ensure that the project managers are also accountable for professional and technical standards to appropriate authorities with relevant expertise.

*The provision of housing is fundamental to Indigenous health*

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### Recommendation

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Again the findings lead to the conclusion that the Committee should seek radical changes in the way services are delivered, with an emphasis on community participation in planning, on specifying the quality of housing and services required, and on procedures to ensure that those specifications are met before payments are made to suppliers, builders etc.

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(Prepared by Ann Wansbrough on behalf of UnitingCare NSW.ACT on the basis of Synod Resolution 227/96S)