



APUNIPIMA CAPE YORK HEALTH COUNCIL

Jacqui Lavis
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hearings

Submission No. 65.....

Submission to the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs Capacity Building in Indigenous Communities

7 July 2003 Cairns

Summary of Main Points

Apunipma Cape York Health Council is an indigenous controlled community organisation which advocates for the health needs of Cape York communities.

The primary aim of Apunipma Cape York Health Council is to move Cape York society beyond passive welfare dependency which together with severe conditions of alcohol and drug dependency is fundamental to poor indigenous health.

The Council is representative of community interests and is the lead agency in whole of health planning through the Commonwealth government's Primary Health Care Access Program. Planning activities are conducted in partnership with Queensland Health.

Apunipma programs deliver opportunities for capacity building at local level where community based participants can access community based health education, demonstrate leadership in the formation of health action groups and develop career pathways in health service delivery and community development.

Few indigenous communities and their governing institutions are able to exercise *comprehensive jurisdictional authority* over matters of most direct concern to them such as health, because few levels of Australian government share their jurisdictional responsibilities and powers with Indigenous people.

There is a need for an Indigenous political culture that will support the capacity of communities and regions to handle transfer of powers.

Local leaderships who can mobilise constituents to provide mandates, who are widely seen to be representative, and who can give direction to the transfer process will be critical. Apunipma fulfills this

requirement because of its representative and inclusive structure and its collaborative capability with local community organizations.

Local competencies in management and responsibility can be progressively demonstrated through the whole of health planning program.

Apunipma would strongly support the *formation of a regional intergovernmental agreement* on primary health care. The PHCAP Regional Plan will be the vehicle to progress such an agreement.

The primary role of Government should be to create an enabling environment for indigenous learning in capacity building including directing policy relating to government-to-government relations. Building capacity for indigenous governance requires a sustained commitment within a framework of collaboration between government agencies and a long-term perspective.

In the short to medium term Apunipma wishes to be able to expand its services and advocacy capabilities through additional funding to:

- Expand the staffing structures to provided adequate regional services. At present highly successful programs such as "Grog Babies" have only been fully delivered in 2 communities.
- Access capital funding to develop regional infrastructure and obtain sufficient operational funding to sustain regional health outposts.
- Develop effective training programs for health educators.
- Develop linkages with community based organisations who can advance improved health outcomes.
- Develop and mentor Health Worker career pathways

Submission

Apunipma Cape York Health Council is an indigenous controlled community organisation which advocates for the health needs of Cape York communities.

The primary aim of Apunipma Cape York Health Council is to move Cape York society beyond passive welfare dependency which together with severe conditions of alcohol and drug dependency is fundamental to poor indigenous health.

The Council represents DOGIT and non DOGIT community members and those residing on traditional lands. The Governing Committee is formed by two elected members, one male and one female from each of 17 Cape York communities.

Apunipma accesses operational recurrent funding and submission based program funding from Commonwealth and State governments.

It is the lead agency in whole of health planning through the Commonwealth government's Primary Health Care Access Program. Planning activities are conducted in partnership with Queensland Health.

All Apunipma programs deliver opportunities for capacity building at local level where community based participants can access community based health education, demonstrate leadership in the formation of health action groups and develop career pathways in health service delivery and community development.

Few indigenous communities and their governing institutions are able to exercise *comprehensive jurisdictional authority* over matters of most direct concern to them such as health, because few levels of Australian government share their jurisdictional responsibilities and powers with Indigenous people.

Devolution will require a degree of consensus about the basic units of representation, and mechanisms for promoting those units. For this to occur there is a need for an Indigenous political culture that will support the capacity of communities and regions to handle the transfer of powers involved.

A level of Indigenous institutional development will be required, including local governance structures and procedures capable of

effective representation and accountability, and of administering additional authority. For these to be developed, an Indigenous 'civil society' is needed at the local and regional level to support the transfer of power with ongoing mandates; and to determine the specific form of devolution.

Local leaderships who can mobilise constituents to provide mandates, who are widely seen to be representative, and who can give direction to the transfer process will be critical. Apunipma fulfills this requirement because of its representative and inclusive structure.

Devolution is a step-by-step process in which authority is conferred in incremental tranches as local competencies in management and responsibility are progressively demonstrated. These competencies do not arise out of thin air: a systematic program of capacity building will need to be carried out in communities in parallel to systematic planning and start-up phases.

Some of the required capacity building potential may occur in connection with Community Participation Agreements. In the July 2001 Budget, the Federal Government announced that it would allocate \$32 million over four years to ATSIC to assist potentially 100 communities to 'develop and manage' the Agreements and 'plan for better service delivery at the local level'. The funding includes ATSIC support for related activities such as 'leadership, strengthening culture and community governance'. Each Agreement 'will involve the community in identifying practical ways people can contribute to their families and communities in return for their income support'. In practice, ATSIC is expected to coordinate each stage of the design of the Community Participation Agreements through negotiation with the communities and key agencies. This process needs a more intensive "rollout" in Cape York. Few, if any benefits, from this program, are yet apparent within the region.

Apunipma is a *regionally dispersed governance* model, as supported by Rowse. This involves regional *function specific* service agencies working collaboratively with each other and with local community organizations (Rowse 1992) ¹

¹ Rowse, T. (1992). Remote possibilities: The Aboriginal Domain and Administrative Imagination. Darwin, NARU.

Mathews (1993). Towards Aboriginal self government, CEDA.

Two important areas of policy development are currently occurring in the indigenous communities service delivery arena across Australia. One, largely originating from government agencies, revolves around *improving service delivery through program integration* to achieve a whole of government approach. The other, largely originating from indigenous organisations, seeks improved service delivery through the *formation of regional agreements*.

There are tensions between these two approaches but they both can occur simultaneously. The regional service-delivery model has some capability in improving the horizontal inter-face between the provisions of services from State agencies, to the delivery on the ground.

Apunipma would strongly support the *formation of a regional intergovernmental agreement* on primary health care. The PHCAP Regional Plan will be the vehicle to progress such an agreement.

Institutional structures have played a part in the lack of sustainable community development within indigenous settlements. Clarifying roles and responsibilities within these structures in a 'whole of government' approach could improve the possibilities for such development. Of equal importance, however, are the processes and personnel within these structures as these can ultimately determine the success of any system. The internal accountability of a regional governing institution to meet the needs of the local community is a critical factor. Apunipma provides such accountability to its constituents.

The primary role of Government would be to create an enabling environment for an indigenous learning process.

Reynolds (1996) argues that sovereignty and self-government is likely to return to indigenous people faster from the bottom up, as opposed to the top down approach of legislation, litigation or constitutional change. Dr H.C. Coombs was to coin this as 'bottom up federalism'. Coombs later described a process that would involve regional

Reynolds, H. (1996). *Aboriginal Sovereignty Three Nations One Australia?*, Allan & Unwin.

Coombs (1994). *Aboriginal Autonomy*. Melbourne, Cambridge University Press.

Spiller Gibbins Swan Pty. Ltd, Joe Flood, et al. (2000). *Identification of Strategic Asset Management Best Practice for Indigenous Housing Organisations*, The Commonwealth-State Working Group on Indigenous Housing: 94.

meetings, were controlled by indigenous people and where the outcome was not predetermined, allowing local solutions to emerge (Reynolds 1996). Mathews provided a useful complement to Coombs regional bottom up process, by outlining a set of principles and objectives of Aboriginal self-government that pertain to the centre and above. Mathews' principles place the self-governing indigenous entities within the framework of the Commonwealth including financial arrangements and accountability (Mathews 1993; Coombs 1994; Reynolds 1996).

Greater community control of programs would be a long-term goal. In this regard, the building up of institutional capacity from the bottom-up that includes mechanisms for internal accountability can be an immediate goal. In addition and of relevance to the issues within this paper, institutional capacity would allow indigenous institutions to play an equal part in directing policy relating to government-to-government relations. Building capacity for indigenous governance is currently a feature of the priority projects (COAG, 2002). This will require a sustained commitment within a framework of collaboration between government agencies and a long-term perspective

The following factors inhibit best practice in indigenous governance and management in remote communities:

- Cultural factors such as kinship obligations which make a businesslike attitude difficult to adopt.
- The lack of social stability, skills, health, standards and funding.
- Remote communities suffer discrimination by not being able to access normal urban goods and services.
- Small communities are unable to achieve economies of scale. This has led to the regional groupings and regional resourcing bodies.
- Indigenous communities are often excluded from mainstream systems of governance. For example, local governments Grant Commission funding is often not spent on the indigenous constituents, for whose numbers it was secured.
- Many municipal services, such as environmental management and planning, are not available to communities, or are accessed from funding which would otherwise be reserved for essential infrastructure provision including housing.

- Lack of services often requires ATSIC to spend valuable resources on funding these.

In the short to medium term Apunipima wishes to be able to expand its services and advocacy capabilities through additional funding to:

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- Access capital funding to develop regional infrastructure and obtain sufficient operational funding to sustain regional health outposts
- Develop effective training programs for health educators
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- Mentor Health Worker career pathways

Doreen Hart

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