Building community capacity

Submission No. 70

SUBMISSION TO HOUSE OF REPRESENTATIVES

Standing Committee on Aboriginal and Torres Strait Islander Affairs

Current Inquiry

Inquiry into capacity building in Indigenous communities

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1. Terms of Reference

House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs

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Capacity Building in Indigenous Communities

Terms of Reference

On 19 June 2002, the Minister for Immigration and Multicultural and Indigenous Affairs, the Hon Philip Ruddock MP, referred the following terms of reference to the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs for inquiry and report:

"The Committee will inquire into and report on strategies to assist Aboriginals and Torres Strait Islanders better manage the delivery of services within their communities. In particular, the Committee will consider building the capacities of:

(a) community members to better support families, community organisations and representative councils so as to deliver the best outcomes for individuals, families and communities;
(b) Indigenous organisations to better deliver and influence the delivery of services in the most effective, efficient and accountable way; and
(c) government agencies so that policy direction and management structures will improve individual and community outcomes for Indigenous people."

The Committee welcomes submissions on the terms of reference from individuals and organisations—both Indigenous and non Indigenous, urban and remote. For advice on making a submission see www.aph.gov.au/house/committee/atsia; or phone (02) 6277 4559; or email atsia.reps@aph.gov.au.

www.aph.gov.au/house/committee/atsia/index.htm

2. Summary

The capacity of an Indigenous community to cope with the pressures placed upon it by economic, social or environmental pressures has a direct relationship to the health and well being of its citizens.

This is no different to "mainstream" communities except for the fact that they (mainstream) are more able to evaluate the risks of associated behavior with these or pressures.

In order to strengthen the health of the citizens it is necessary to foster activity that will strengthen the community capacity to deal with the pressure exerted upon it by factors that are outside its immediate control.

If Australia is to get any where in its quest for a longer life span for its Indigenous people it must recognize that the past 40 years have failed to improve the health of Indigenous people. While there have been gains in indicators such as the birth weight, this has been offset through the early onset of chronic disease such as kidney disease and heart disease complicated by diabetes.

A fresh new approach is needed to extend the life expectancy of Indigenous people living in remote places. This can only be done by building the capacity of the community to provide an environment that will improve the emotional and physical well being of the citizens. Programs need to be developed that allow a community to evaluate the risks associated with behavior due to the pressures being exerted on it.

Health planners need to acknowledge the powerful influence that mass media marketing has on behavior and develop programs to counter these messages so the people can weigh up risks.

Social planners need to provide structures that will allow people to establish their own priorities and have the resources to achieve activities.

Economic planners need to acknowledge that more financial resources will only be useful if associated social change is carried out at the same time in order for the people to manage those resources.

3. Major recommendation

- That the Commonwealth Government revisits the *Australian Assistance Plan* formulated by the Social Welfare Commission of the 1972-1975 Australian Labor Government and considers its introduction as a way of healing and building strength to remote living Australian Aborigines.
- That a plan be introduced, called the **Aboriginal Assistance Plan**, to provide funding at a level that will allow local communities to develop a capacity to counter social, health, economic and environmental change

JUSTIFICATION

An urgent need exists to build a social infrastructure for communities that will enable a capacity for each to achieve:

- Positive approach to building better communities
- Better housing conditions
- Improved attendance at schools
- Less substance abuse
- Less domestic disturbances leading to domestic violence
- Job opportunities
- Greater food choices
- Improved health outcomes

The health status of Aboriginal people will not improve while the social circumstances they are living in is dysfunctional, un –"healthy" and of a high risk nature. Social harmony will only exist when the people themselves are able to decide the type of community they want to live in and are given the incentive to build this for themselves.

PROJECTED OUTCOME

The introduction of self-determined social priorities and goals to achieve these priorities will give the members of a community the motivation needed to be involved in activities they have determined.

A pride will be seen in the people for the achievements they are making to achieve the objectives.

The introduction of the social development process will give individuals in communities the opportunity to:

- Be a part of formulating a vision for their community in (say) five years time.
- Have a say in how this vision will be achieved.
- Help to decide how "seed" funds should be used to start initiatives towards the vision.
- Develop a pride in the achievements of the community.
- Foster interest among the young generation towards education and job opportunities.

METHOD

Establish a Commonwealth Government funded program, administered through the most suitable authority, to mirror the Australian Assistance Plan of 1972-75 and be for remote Aboriginal communities.

Provide through this "Aboriginal Assistance Plan" an amount of money to initiate the establishment of "social development" groups in each community. This group would be asked to encourage the painting of a vision for the future of the community which would include identification of needs; prioritise needs; plan action for achieving needs; allocate resources and review progress towards building better communities.

Funding to be available to be used as needed to encourage consultation for the initiation of projects that will foster training, employment, education and above all ...a more healthy social environment.

Government should establish a Department (Agency) for Social Development to conduct this program.

4. Background

If good health is a state of well being both emotionally and physically[i], then poor health will lead to a state of illness and emotional instability. The health status of remote living Aboriginal people in the Northern Territory is so poor that they live in a constant state of instability personally and as a community. The social structure is fragile and this leads to disturbances resulting in domestic violence. The structure has to be strengthened.
The government must provide resources to help make it happen and this should be it's (the governments) prime responsibility. The decision making as to the application of those resources must be left to people at the community level.
The social structure has been damaged over the past 30 years from an excess of alcoholic binges and other forms of substance abuse with agents like petrol and marijuana ("gunja"). It is not only the physical effects these agents have on the individual, but the economic effect they have on the community as a whole with so much money spent on unhealthy product. Children are left without food, families are placed under extreme stress, and relationships reach a fragile state. In the Northern Territory it has been reported that $50,000 a fortnight could be being spent in one community of 2,000 people on marijuana. (See endnote 2).
Policy makers have been told of a
"*... Challenges presented by rising cannabis use in north-east Arnhem Land, in the Northern Territory, given that many current cannabis users were previously petrol sniffers. In the past five years, there has been a rise in cannabis use ... There are concerns that rising cannabis use is associated with social effects: increased family violence, drug–alcohol psychosis, self-harm and suicide, and community disruption. Policy makers seeking to foster initiatives to minimize harmful outcomes must develop general policies that can have local effects in a varied Northern Territory population."* (See Endnote 3)
Richard Trudgen in his book "Why warriors lie down and die" told that
"in 1983, ninety-five per cent of the work on communities was carried out effectively by the people themselves....in 1992.... only a few... remained involved in meaningful work." And that *Welfare leads to a level of dependence that is crippling and creates loss of roles, loss of mastery and, above all, hopelessness. And hopelessness in turn translates into destructive social behavior - neglect of responsibility, drug abuse, violence, self-abuse, homicide, incest and suicide. (See Endnote 4)*
The above indicates a level of concern that is gaining impetus as more people in the health professions realise that there are factors that need to be addressed before they can successfully achieve gains in their own disciplines. R Trudgen is becoming more recognized as a person with a pragmatic approach to community ills among remote living Aborigines.
The background of opinion is gaining strength and the media coverage of indigenous affairs more sympathetic to "fix it" approach than was evident 10 years ago.

5. Health issues relevant to community capacity

The Australian Medical Association in a Position Paper (See Endnote 5) titled "Preventable Chronic Disease Strategies in Aboriginal and Torres Strait Islander Peoples"[iiiiii] summed up the present situation thus:

Aboriginal and Torres Strait Islander peoples, Indigenous Australians, have the poorest health of any group living in this country. Life expectancy at birth is between 16 and 19 years less than for non-Indigenous Australians. Standardized mortality ratios are more than three times the expected rate and death rates between 25-54 years of age are 5-8 times that seen in non-Indigenous Australians.

In Indigenous communities, higher levels of disadvantage lead to a higher prevalence of risk factors, greater disease burden and worse experience of illness.

Despite the huge disparity in health outcomes, Indigenous Australians receive an additional 8% in per capita health spending only, most of which is spent in the hospital sector.[iv]

Dr Kerryn Phelps told the ATSIC National Treaty Conference[v] in Canberra on 29 August 2002 that:

Life expectancy and death rates are sad reading when compared to other Australians. At birth, in 1999, a non-indigenous Australian could look forward to a life 20 years longer than an indigenous Australian. In terms of the major causes of death, Indigenous Australians die of the same major causes – cardiovascular diseases, respiratory diseases, cancer, and endocrine diseases such as diabetes - but they die in greater numbers and at younger ages.

The subject of the social determinants of ill health is being espoused at a high level by people such as Dr Gary Robinson from the School of Social Research, NT University.

Dr Robinson has suggested the social determinants to health went deeper than previously considered. (See Endnote 6) He observed that the improvement of health status in Aboriginal people had concentrated too much on fixing a tired system with money, and measuring the reasons for poor health in terms of limited access and poverty. "More money is not the solution", according to Robinson, "But rather an examination of the social structure surrounding Aboriginal people."

This social structure would not improve, and with it health, until health professionals ceased to be driven by policy determined on past practices and terms to suit an elected Parliament.

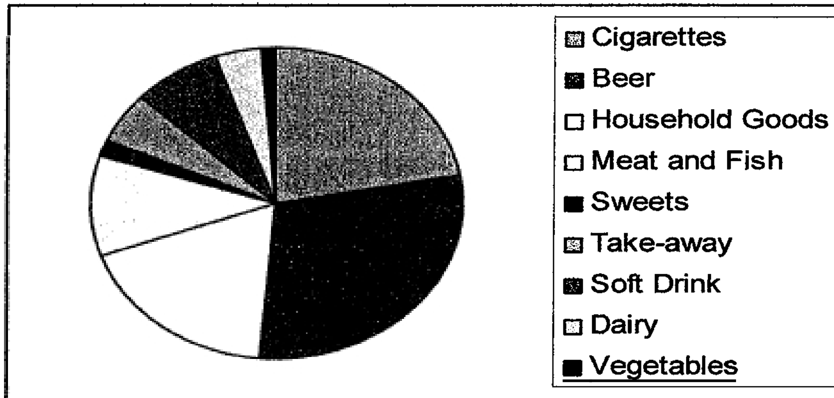
Another observation Gary Robinson made was the social moraise for children due to risks attached to their developmental years. This included the death of a parent, or family disputes.

Evidence indicates health must become an integral part of the capacity building process along with other agencies. A "council for social development" at the local level is the way to bring about this coordination of effort. Funded by Government through the Aboriginal Assistance Plane such a local council should make a difference.

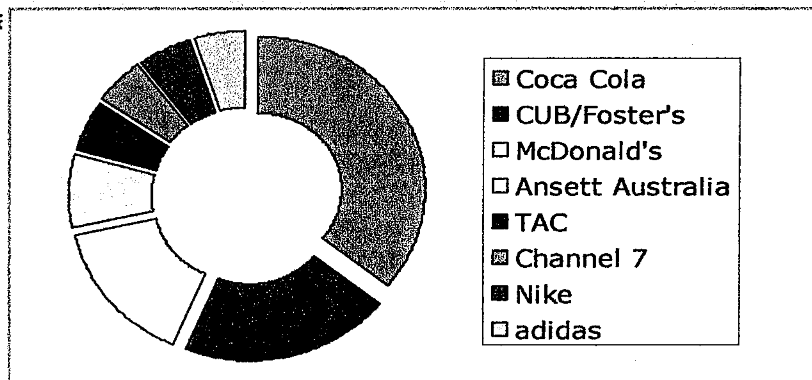
6. Mixed messages

Mixed messages surround the Aboriginal person every day, and particularly on weekends during the Australian Rules football season. It is on the telecasts of matches played across Australia that interest is shown for the football but at the same time receive "mixed messages".

Figures such as the following presented to the NTG Parliamentary Public Accounts Committee (1996) indicate the manner in which personal spending is directed. The figures are from the store and club at Nguiu, Bathurst Island.[1]



This spending pattern may be blamed on the messages received during football telecasts where research shows that the three most recalled consumer products seen by the viewer are as Coc



The social impact this spending has on the life of a community is considerable and impacts on the individual, their children and their ability to lead a "healthy" lifestyle. The health system is not able to spend and promote against this TV exposure. The result is that products which have the ability to induce disease are used to excess by people unable to asses the risks they are exposing themselves to on a daily basis. Others, such as children are deprived of the necessities for a healthy life.

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[1] Menzies submission to NTG PAC 1996

[2] Sweeney Sports Market Report Winter 2001

7. Funding implications

The Australian Assistance Plan tested the benefit of $2 per person per region. A population of 125,000 people gave the Regional Council for Social Development for the South West of Western Australia $250,000 to decide on spending through community councils established for the purpose of determining social priorities.
A formula should be tested through a pilot program in say six regional communities. The Tiwi Islands, although small in population could be one of these. Committed government is needed to ensure the support of the local community. The community could be encouraged to contribute to the "social development fund" by a matching grant from the local licensed premises or by a fortnightly levy from their regular payment through Centerlink or CDEP.

The funding would be held in trust by a "regional" organisation and it would approve spending within guidelines developed by the agency delegated to run the program. Initial spending would be to establish a "secretariat" in the local community employing a "social planning consultant" whose task it would be to communicate the objectives of the program through to the local people and organise for the conduct of search forums as either group, one on one or whole of community meetings. This would be determined through a local "steering group" that would guide the consultant. In the first instance this position would be likely to be a non-indigenous person.

The ownership of the money and its spending direction would be 100% with the local people, with the exception of the "secretariat" costs that would be a Government requirement to oversight adherence to audit processes. Funding "guidelines" are necessary to ensure no overlapping or duplication of existing government programs. The "secretariat" would however be in a position to source more programs funding due to the functional nature of its work. It could replace the local government responsibility in this area.

Adequate funding of the "secretariat" will be essential to maximize the use of the grant funded moneys and their distribution. The training of community development workers would be an early task of the social planning consultant.

A "council" for social development would ensure a coordinated approach from community, local government, State/Territory and Federal Government together with non government organisations.

A set number of grant allocations a year would be made to build up expectation of success and in addition there would be a small amount for discretion funding at the local level.

8. Concluding statement

The process would be as follows:

- **Social planning** is the setting of community goals and priorities.
  - Determine boundaries for six pilot regions each consisting of a population base of say 5,000 people.
  - Allocate an amount of say $100 per capita thus a budget of $500,000 for community development activity.
  - Establish a secretariat in each centre of population of 1200 or more at a budget of $200,000 to include the payment of the social development consultant.
  - Set about community consultation to ascertain social needs and priorities.
- **Implementation** of programs to achieve these goals using the pooling of resources available to the community/area/region through existing programs, AAP allocation on a per capita basis, any contribution the local community might put it.
- **Social circumstance** will improve so as to improve the health of the community and in turn the health of the individual.
- The **social infrastructure** of communities would improve from the proactive outlook for the individuals in it.
- **Power** would be returned to the local community by delegating to it the task of reshaping the future.
- **Evaluate** the scheme at regular intervals to measure success/failure and modify strategy to suit need.
- **Gain long term approval** for general release across the Nation.
- **The cost of the pilot** would be no more than $10 million but the returns high in potential.

5th September 2003

12. End notes

1. Noel Pearson – "Our right to take responsibility"
2. Marion Scrymgour MLA to ABC Radio News(Darwin) : Mon, 20 May 2002 8:24 ACST
3. "Rising cannabis use in Indigenous communities" Alan R Clough, Sheree Carney, Paul Maruff and Robert Parker MJA 2002 177 (7): 395-396
4. "Why Warriors lie down and Die", Richard Trudgen, 2000.
5. Australian Medical Association Position Paper 2002 "Preventable Chronic Disease Strategies in Aboriginal and Torres Strait Islander Peoples"
6. Dr Gary Robinson," Social Determinants of ill health", MSHR Seminar program March 2002.
7. Submission to NT Government Public Accounts Committee Menzies School of Health Research 1996
8. Sweeney Sports Market Report Winter 2001
9. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.