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The Committee Secretary
House of Representatives
Standing Committee on
Aboriginal and Torres Strait
Islander Affairs
Parliament House
CANBERRA ACT 2600

Dear Sir,

Re: Inquiry into Capacity Building in Indigenous Communities

Please find attached the response by the Aboriginal Services Division, Department of Human Services of South Australia to the above inquiry.

I apologise for the delay in forwarding this and hope that our response contributes in a positive way to the Inquiry's deliberations.

I would be very happy to discuss any aspect of the Division's response with the Committee when it visits South Australia.

I can be contacted on (08) 8226 6344.

Yours Sincerely,

Brian Dixon
Executive Director
Aboriginal Services Division

2001 International Year of Volunteers

HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON ABORIGINAL AND TORRES STRAIT ISLANDER AFFAIRS INQUIRY INTO

CAPACITY BUILDING IN INDIGENOUS COMMUNITIES

A SUBMISSION COORDINATED AND PREPARED BY
THE ABORIGINAL SERVICES DIVISION,
DEPARTMENT OF HUMAN SERVICES,
SOUTH AUSTRALIA

October 2002

CAPACITY BUILDING IN INDIGENOUS COMMUNITIES

The Aboriginal Services Division within the State Government Department of Human Services welcomes the Inquiry and the opportunity to contribute to it. The comments we make complement the official State Government response that has already been forwarded. The Division has sought approval to add its own perspective to share with the Committee – a perspective that comes from the Division's role as principal adviser to the Department of Human Services on Aboriginal matters and its advocate for reform in the way government responds to the needs of Aboriginal people and communities in South Australia.

UNDERSTANDING THE LANDSCAPE

South Australia has a diverse Aboriginal population, estimated in the 2001 Census to be 23,425. Of these, there is a higher proportion of children and young people under the age of 24 compared with the non Aboriginal population. Aboriginal communities in this State include those in the remote areas of Central, Far Northern and Far Western Australia where the people live largely traditional lives, rural communities and urban communities. Aboriginal communities are not homogenous, but many reflect the consequences of past government policies of enforced displacement and relocation, the impact of enforced removal of children from family and kin, and the repercussions these events have and continue to have on Aboriginal people. The *leit motif* in the numerous reports prepared over the last decade is one of dispossession and separation from land; erosion of culture and traditions; loss of family and kin; serious levels of disempowerment and disadvantage on all social indicators and marginalisation within the dominant non-Aboriginal society.

Many Aboriginal communities in South Australia are trying to maintain cultural values against the overwhelming pressures of the dominant culture. The impact of alcohol, violence and welfare dependency exacerbates what is for many an already fragile existence. For the most part Aboriginal people are having to adapt to mainstream requirements and cultural norms.

The Commonwealth Grants Commission, in its report on Indigenous Funding (2001), concedes that mainstream programs are failing to effectively address the needs of indigenous people. These barriers to access are contributing to the continued poor health outcomes for Aboriginal and Torres Strait Islander Australians, who die earlier and are much sicker than their non-Aboriginal countrymen and women. Any debate about 'capacity' has to start with the acknowledgement that when people are sick, exhausted and overwhelmed they are in a powerless position in the struggle to maintain basic human rights and social justice. What is needed is a paradigm shift – one that supports Aboriginal community leaders and Elders and their call for a reform agenda. Central to the reform agenda is personal and community empowerment, the right of Aboriginal communities to take responsibility for their own affairs and the obligation on governments to change the way they engage with Aboriginal communities in the provision of services.

In this submission the Aboriginal Services Division will describe its approach to 'capacity building' in the South Australian context and in so doing will address the key terms of reference of the Inquiry and the issues it canvasses for consideration. Our response will address these matters within the following broad framework:

- An overview of what in the way of systemic change we would like to see arise from the Inquiry
- Understanding the language and concepts of what do we mean by 'capacity building'?
- Learning from National and State reports.
- Identifying promising approaches - community support and development as a process to build capacity.
- The need for change in human services operations - from principles to action
- Indicators of change.

WHAT OUTCOMES WOULD WE LIKE TO SEE ARISING FROM THE REVIEW?

A number of significant reports have been written over the past decade or so which have made numerous recommendations aimed at redressing Aboriginal disadvantage. Significant among them are the *National Aboriginal Health Strategy* (1989); the *Royal Commission into Aboriginal Deaths in Custody* (1991); *Ways Forward* (1995); *Bringing them home* (1997); *Health is Life* (2000); the *Council of Australian Government Reconciliation Commitments to Address Aboriginal Disadvantage* (2000) and, most recently, the *National Strategic Framework for Aboriginal and Torres Strait Islander Health (2002).*

While there has been progress in implementing a number of the recommendations made in these reports, we are still left with the reality of a twenty year gap in life expectancy between Aboriginal and non Aboriginal people, higher rates of sickness and poorer education and employment outcomes. We have also seen successful programs (such as the Aboriginal and Torres Strait Islander Commission funded community development workers) cease because funding is withdrawn. The history of Aboriginal affairs is littered with such examples.

Inquiries, Reviews and Agreements are meaningless unless they translate into real measurable improvements for Aboriginal people. Outcomes we would like to see arising from the Inquiry include:

- National and State Governments taking seriously the crisis in Aboriginal health and social circumstances and responding with the urgency that the twenty year differential in life expectancy between Aboriginal and non-Aboriginal people demands.
- Investment of sustainable resources that reflect the demonstrated level of need.
- A new social contract with Aboriginal communities which sees a shift in the focus of control and power from control government (be it State, Territory or Federal) to Aboriginal communities and embodies many of the elements of a reform agenda articulated by Noel Pearson and others. Such a shift to be accompanied by the required training and support
- Investment in employment of government workers who can assist communities with planning, provision of advice and links to government which help "humanize" the bureaucracy.

UNDERSTANDING THE LANGUAGE

Defining community capacity

Language is a powerful tool. It has the ability to elucidate and to confuse. The past few years have seen the emergence of terms such as 'capacity building' and 'community development' that require definition.

The shorter Oxford Dictionary defines capacity as being 'the ability to take in or hold'; 'capacity' and, *inter alia*, 'the power, ability or faculty for anything in particular'. Thus the implications of 'capacity building' are broad indeed and somewhat nebulous. 'Capacity' building is also seen as part of a broader change agenda – one which emphasizes social inclusion and social justice. A valid question is 'capacity building for what?'. Hawe *et al* (1999) state that the answer to this question appears to be:

> "... that people work with partner organisations and communities to build capacity to (1) run particular programs or capabilities to respond to particular types of issues... or (2) to develop an independent capacity among partner agencies or groups, that is to make programmatic responses sustainable and (3) to build a generalized capability among the partner organizations or community to tackle any issue in a manner that brings mutually beneficial outcomes to the people involved or to those whom they seek to represent" (p7).

Quoted in the NSW Health Department publication, *A Framework for Building Capacity to Improve Health*, the NSW Community Services Commissioner described the term as follows:

> "Coupled with a new notion of shared responsibility, and the building of new coalitions and common goals and a common purpose, capacity building is a key ingredient in redressing social exclusion, inequality and vulnerability in our community." (p1)

The (Draft) National Strategic Framework for Aboriginal and Torres Strait Islander Health (2002) defines community capacity as:

> "The characteristics of communities that affect their ability to identify and mobilize and address social and public health problems, and the cultivation and use of transferable knowledge, skills, systems and resources that affect community and individual level changes consistent with public health related goals and objectives." (p37)

The Ministerial Council on Aboriginal and Torres Strait Islander Affairs (MCATSIA), at its recent (August) meeting released a draft Statement that defined 'capacity', as follows:

> "The knowledge, ability and commitment for individuals, families, groups and organizations to:
> 1) Maintain their cultural identity;
> 2) Interact confidently and effectively with the dominant Australian society;
> 3) Identify goals;
> 4) Determine strategies to achieve their goals;

5) Work effectively with government and the private sector to access the resources necessary to implement these strategies."

MCATSIA also identifies the purpose of capacity building and agreed on the following vision:

> "The ability to live successfully as Aboriginal and Torres Strait Islander people and communities in their own country and as part of the broad Australian society."

The Aboriginal Services Division believes that we require a different construct to address Aboriginal poor health and social inequity. Our thinking is based on UNICEF's analysis of what Nations have to do to improve the lives of the world's children. The analysis has equal applicability to Aboriginal people and communities in Australia.

UNICEF identifies what it is that is impeding progress to improve the health, development and education outcomes for children. Three reasons are emphasized:

- disabling, rather than enabling environments
- resource problems and
- lack of participation and transparency.

Redressing these requires an understanding of, and commitment to human rights and the claims people can make on governments to create environments in which people can live and "enjoy the respect to which they are entitled" (Woll, 2002). Human rights are the basis of a just society and affirm the intrinsic worth of people, respect and fairness.

We would reframe the capacity building debate from a focus on capacity building to a focus on building and supporting enabling environments. 'Enabling' environments would ensure safety, access to primary health care, education, skills acquisition, family support, employment, economic opportunity, fairer distribution of resources to support Aboriginal communities, sustained participation and representative governance.

If enabling environments (or communities) are the goal, capacity building is the strategy to help reach it and community development the process adopted. Capacity building would reflect the key components of organizational and workforce development, resource allocation, partnerships and leadership. People who are safe, healthy, supported and educated are more able to achieve personal goals and contribute to their community.

The Division works within a community development framework. Broadly defined this means:

> "...the process of facilitating the community's awareness of the factors that affect their health and quality of life, and ultimately helps empower them with the skills needed for taking control over and improving those conditions in their community which affect their health and way for life. It often involves helping them to identify issues of concern and facilitating

their efforts to bring about charge in these areas." (*Draft National Strategic Framework for Aboriginal and Torres Strait Islander Health*, 2002, p38).

BUILDING ON WHAT WE KNOW – LEARNING FROM PAST MESSAGES

There is no shortage of reports, National and State, which tell us what to do to improve Aboriginal health and well-being.

The Council of Australian Governments has made Reconciliation with Aboriginal people a priority. In November 2000 the Council, made up of the Prime Minister and State/Territory Premiers/Chief Ministers, acknowledged Aboriginal and Torres Strait Islander peoples' continuing social and economic disadvantage and disparity of life expectancy compared with the non-Indigenous population and committed themselves to addressing this disadvantage.

The Council recognized that a 'new approach' was required, an approach which must:

"(a) engage with Indigenous communities as partners with shared responsibilities in the development of policy and practices and the design and delivery of services;

(b) focus on enabling local leadership, building local resources and tailoring services to meet local need;

(c) ensure all levels of government, agencies and organisations work jointly with each other and with communities to achieve optimum outcomes;

(d) adopt flexible funding approaches which are responsive to local needs and support integrated and innovative initiatives; and

(e) promote economic independence and advancement."

It was agreed that Governments would make sustained efforts and would:

"• invest in community leadership initiatives tailored to local needs, which builds the capacity of Indigenous communities to develop and implement programs and participate effectively in partnerships; and

• in partnership with Indigenous communities, review and re-engineer existing programs and services, to ensure they deliver practical measures which support families, children and young people, emphasizing prevention and early intervention, with particular emphasis on family violence, drug and alcohol dependency and other symptoms of community dysfunction."

These national objectives are, as we shall see, consistent with 'new approaches' to be explored later in this response.

The Framework Agreement on Aboriginal and Torres Strait Islander Health was first signed in 1996 and resigned in 2001. This agreement, between the Federal Health Minister, the State Health Minister, ATSIC and South Australian Aboriginal Health Council, sets clear priorities for action that all States/Territories have to report against. In SA consultations with the Aboriginal community have led to the development of local regional plans. A number of communities identified family, children's and youth services as matters of importance. Health cannot be divorced from other dimensions of people's lives – housing impacts on health; environment impacts on health; poverty impacts on health – all impact on children.

One priority in the Agreement is the commitment to improve Aboriginal people's access to mainstream services and assist those services to be more culturally aware and responsive. This applies as much to community services as it does to health.

House of Representatives Report on the Inquiry into Indigenous Health
The House of Representatives Standing Committee on Family and Community Affairs Report of *Health is Life – Report on the Inquiry into Indigenous Health* (2002) made the following observations on the topic of Building Community Capacity – they are worth reiterating, as they remain relevant today:

> "It is not simply enough to say that the community should be allowed to determine the nature of their health services, if they do not have the capacity to do so.
>
> Frequently communities rely on outside professional advice and expertise. When these people leave, services deteriorate until such time as another person can be found.
>
> There needs to be a commitment to developing mechanisms which work within Indigenous autonomy, but which provide the tools to develop such autonomy, without developing dependence.
>
> There needs to be an agreed long term strategy, with appropriate resources, to move to community control.
>
> In the context of community control, communities need to be allowed to learn from their mistakes. Indigenous communities easily attract criticism for financial mismanagement, but the Committee found that they have considerable difficulty in accessing the administrative support they need to address these problems.
>
> For instance, if the community store has financial problems, there should be mechanisms to include support and expertise to ensure that the problem is not compounded.
>
> There needs to be a way to balance the requirements associated with accountability, against developing a core of commercial and management expertise in funded organizations and communities."
> (Pp 44-46)

The Committee recommended that the Aboriginal and Torres Strait Islander Commission "provide advice to the Minister for Aboriginal and Torres Strait Islander Affairs, within six months, on possible mechanisms to improve the level of management support provided to Indigenous organizations, including mechanisms to improve the way funding bodies respond when organizations get into financial difficulties".

Their Future Our Responsibility
Building on earlier research conducted on behalf of the Commonwealth Government (*Proposed Plan of Action for Child Abuse and Neglect in Aboriginal Communities*, 1996), the Secretariat of National Aboriginal and Islander Child Care has published a blueprint for Government commitment to Aboriginal children. *Their Future Our Responsibility* has advocated that the Federal Government pledge its support for a number of significant policy directions, including;

- Development of a National Aboriginal and Torres Strait Islander Family Policy which will aim to reduce the number of Aboriginal and Torres Strait Islander children being removed from home for child welfare and poverty reasons;
- Expansion of Aboriginal and Torres Strait Islander Family Support services;
- Establishment of national benchmarks for all government services at all levels to ensure planning takes into account the high proportion of Indigenous children under age 30 (70%);
- Implementing *Bringing them home* recommendations and the SNAICC *National Plan of Action;*
- Improved family support services;
- A national commitment to early childhood development;
- Reinstatement of funding for the ATSIC Community and Youth Support Program.

Draft National Strategic Framework for Aboriginal and Torres Strait Islander Health – Framework for Action by Governments (June 2002)
The draft national strategic framework is based on a commitment to nine principles that are necessary for sustained improvement in Aboriginal and Torres Strait Islander Health into the 21st century. These are:

- cultural respect;
- holistic approach;
- health sector responsibility;
- community control of primary health care services;
- working together;
- localized decision making;
- health promotion;
- building the capacity of health services and communities;
- accountability for health outcomes.

The draft framework draws together nationally agreed strategies, state and territory policies and plans and national collaborative policy and planning frameworks. Nine key result areas are identified. Allocation of resources commensurate with need, real costs of services and **capacity to deliver** improved outcomes is also a key objective of the framework. 'Capacity building' is a theme running throughout the Framework for Action.

Our Children, Our Future, Everyone's Business – Towards a National Indigenous Child Safety and Family Well Being Framework is currently being finalised. *Our Children, Our Future* sees as its vision and future destination the 'Rekindling (of) Cultural Well Being to Strengthen Families and Communities to Care for Children and Keep Them Safe'. It establishes how we need to proceed in South

Australia if we are to achieve a legal and service response that is truly respectful of Aboriginal family relationships.

Building on the Partnership approach established through the SA Aboriginal and Torres Strait Islander Health Framework Agreement, *Our Children, Our Future* articulates a clear way forward to achieve the vision. This includes the four principal recommendations made to progress the Framework within each State/Territory. The importance of an international human rights framework is emphasized in particular the UN Convention on the Rights of the Child, and the commitments its ratification implies for governments. Thus, investment in maternal, infant and child health; family support services; education and youth development and participation are essential prerequisites to healthy development. The principles and priorities, which were identified by the Council of Australian Governments, are reflected in the Sixteen Principles developed for the National Indigenous Child Safety and Family Well Being Framework. Further, *Our Children, Our Future* identifies models of 'best practice' in working with Aboriginal families and sets out clear accountability guideposts to assist in reporting against key desired outcomes.

At State level there are four principal documents that have relevance to this Inquiry. These are:

- the DHS Statement of Reconciliation and Reconciliation Business Plan;
- the ASD Strategic Directions 'Our Journey';
- the Iga Warta Principles;
- the ATSIC/State Government Partnering Agreement.

The DHS Statement of Reconciliation sets out nine commitments to improve Aboriginal health and well being. These include:

- actively working to increase the number of Aboriginal people employed within the portfolio;
- actively working to increase the number of Aboriginal people in decision making positions;
- addressing the disproportionate number of Aboriginal people in institutions, especially within the juvenile justice, child protection and alternative care systems;
- actively working to eliminate systemic racism in the workplace;
- incorporating Aboriginal needs, issues and positive outcomes in all our planning including consultation with key stakeholders and Aboriginal communities;
- actively supporting and implementing recommendations from the Royal Commission into Aboriginal Deaths in Custody and the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families;
- increasing the understanding of Aboriginal identity and experience in the portfolio and in the broader community;
- actively promoting the needs of Aboriginal people across government and in the general community;
- providing leadership in the reconciliation process between Aboriginal and non Aboriginal South Australians.

A Reconciliation Business Plan has been prepared and sets out outcomes and measures against the Reconciliation Commitments. Key amongst these are improved health and longer life, including better birth and early infancy outcomes; greater representation of Aboriginal people in the DHS workforce and decreased representation of Aboriginal children in the child protection and juvenile justice systems.

ASD 'Our Journey', sets out five principal strategic directions:

- Support Aboriginal governance and community controlled service provision
- To change the thinking of mainstream agencies in the way they provide services to Aboriginal communities;
- Improve Aboriginal access to mainstream services;
- Argue for equity in resource allocation;
- To build community capacity and relationships.

Integral to the Aboriginal Services Division philosophy is the belief in the right of Aboriginal people and their communities to take responsibility. The Division has focused its efforts on the support of existing Aboriginal controlled governance structures and advocating for the resources – human and financial – necessary for these structures to function. The Division is committed to building and sustaining respectful relationships between government and its funded agencies and the Aboriginal communities they serve. The Division also plays a major role in the development of national and state Aboriginal policy.

The Iga Warta Principles

The Iga Warta Principles take their name from one of the Adnyamathanha homelands in the Northern Flinders Ranges where Aboriginal community workers and health professions met to discuss renal health. The gathering identified six principles that were seen as important to guide service delivery to Aboriginal communities. These principles, which are included in all DHS Service Agreements, are:

- sustainability – in funding and programs;
- an emphasis on prevention;
- recognition of the environmental determinants of health;
- empowerment of Aboriginal families and communities;
- cultural respect;
- service coordination and linkages between regions and Adelaide.

The ATSIC/State Government Partnering Agreement was signed in December 2001. The agreement, which builds on the COAG Agreement, details specific initiatives for joint action by SA and ATSIC. Priority outcomes of relevance to this Review include:

- Reducing the rate of Indigenous youth suicide and self harm within SA communities and improving human services provision to vulnerable young people;
- Addressing the mental health/emotional well being needs of Aboriginal people, including young people;
- Tackling substance misuse, including petrol sniffing;

- Building on successful programs such as Family Well Being;
- Making Aboriginal maternal, child and youth health a priority for action, building on the National Indigenous Child Safety and Family Well Being Framework;
- Implementing the Indigenous Violence Strategy Framework for Action;
- Providing community based family and youth programs which focus on prevention and early intervention;
- Considering judicial reforms including changes to the Youth Court to make it more responsive to the needs and circumstances of Aboriginal children and their families – the Nunga Court at Port Adelaide is regarded as an appropriate model;
- Supporting and guiding youth participation processes.

An implementation and reporting framework has been developed, and all state government departments are required to report on their efforts to address all the priorities identified.

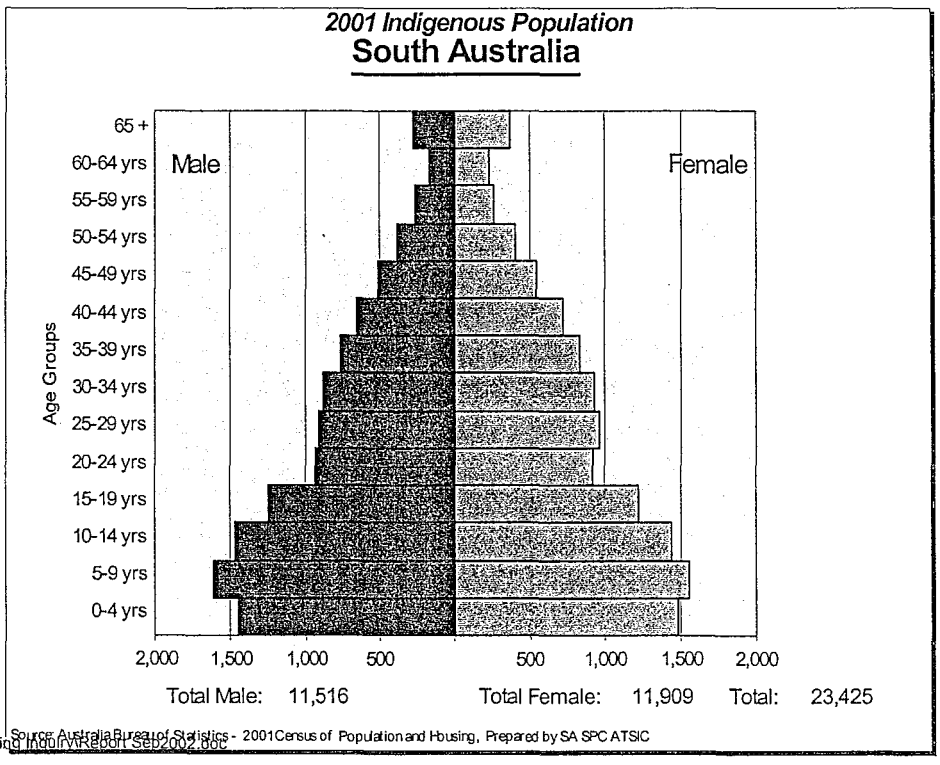
The collective goals of the National and State Reports summarized here are for a world in which Aboriginal peoples health and well-being can be improved. Supported families and communities are essential building blocks in achieving this goal.

BUILDING THE CAPACITY OF COMMUNITY MEMBERS AND ORGANIZATIONS TO BETTER SUPPORT FAMILIES

Noel Pearson has talked of the 'numb acceptance' with which the statistics on Aboriginal disadvantage are greeted. Describing the Cape York Aboriginal communities he said that if non Aboriginal families experienced a life expectancy of '50 years and sliding'; if almost 11% of 15 – 40 year olds had a sexually transmitted disease; if the populations of country towns suffered the same imprisonment rates as those of Aboriginal communities, 'nothing less than a state of emergency' would be declared – but because it was black communities so affected "these outrageous statistics were greeted with numb acceptance". (*Weekend Australian*, June 29-30 2002).

There is wide spread agreement that investment in basic social services, education, primary health care, support of parents and families via early intervention and prevention programs, makes economic sense. For example a report released in March 1998 by the Department of Human Services and the Australian Institute of Family Studies, detailed the economic costs of child abuse and neglect. In SA over a one year period, 1995/6, it was conservatively estimated at $51.59 million. When the costs of responding to abuse related child deaths, disability, injury and impairment were factored in, the costs rose to $354.92 million – more than the State earned from wine and wool exports. The report recommended that a modest additional $3.5 million a year (and the amount would be far more today) be invested in extended prevention programs.

There is also a fear that children as a group are 'losing ground' economically compared with adults and older people. The latest Census (ABS 2001) shows that within 20 years the number of elderly will outnumber children for the first time. In the case of Aboriginal people, the profile is of a younger demographic with a higher proportion of children and young people under the age of 24 than the non-Aboriginal population.



South Australia

Age Table	Indigenous	Non Indigenous
0-14 yrs	38.5%	19.4%
15-24 Yrs	18.5%	13.1%
Youth (< 25 yrs)	*57.0%*	*32.5%*
25-64 yrs	40.2%	53.2%
65 yrs and Over	2.8%	14.3%
Total	100.0%	100.0%

Source: ABS 2001 Census of Population and Housing

In 1996 the National Child Protection Council established by the Commonwealth government published a review of Home Visitor Programs in Australia in the context of preventing child abuse and neglect. The review made some important findings:

- Child abuse and neglect is a complex and multi-factoral social problem which cannot be viewed in isolation from broader social/environmental issues;
- Home visitor programs, varied and different as they are, are valuable as a support for families at risk of child abuse and neglect;
- Home visitor programs enhance "social capital" in the community by building stronger communities by building strong relationships which 'bond' individuals and families together in a positive way;
- Home visitor programs provide opportunities for children at risk and their families to reach their full potential and participate productively in the community;
- Home visitor programs can improve other measures of maternal and child health well-being and functioning.

The Ministerial Council on Education, Employment, Training and Youth Affairs Taskforce on Indigenous Education reinforced these findings. The discussion paper "*Solid Foundations: Health and Education Partnership for Indigenous Children Aged 0-8 years*", (2001), reported that early childhood programs focusing on birth weight, psychological stimulation and maternal and child health, enhanced health and social outcomes.

Aboriginal communities and Aboriginal community development and health workers have called for a return to practical, community based programs which assist parents with parenting, budgeting, housekeeping and hygiene. These programs existed in the 1970-1980's but ceased when funding was withdrawn. The DHS is in the process of 'resurrecting' homemaker/family support workers in five remote/rural communities and metropolitan Adelaide.

The justification for investing in early intervention and family support programs is overwhelming. Many Aboriginal communities and individual families are ravaged by the impact of substance abuse and family violence – so often a direct consequence of substance abuse. Alcohol and malnutrition have a lasting impact on foetal and infant development. In the AP Lands for example, failure to thrive remains a huge problem with an estimated 25% of infants and young children suffering. Thirty seven percent of child admissions to Alice Springs Hospital are from the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Lands *(Tregenza, 2002)*. It is also estimated that Indigenous women are 45 times more likely than other women to suffer violence. The *Violence in Aboriginal Communities* Report concluded that "some violent communities need to be viewed as in states of dire emergency " *(Neill, 2002).*

Communities experiencing such privations also suffer high rates of emotional distress that impacts on parental capacity to care for dependent children. All Aboriginal communities in South Australia have identified emotional well being as a priority for action, recognizing the consequence of unresolved grief and loss.

A DIFFERENT SERVICE RESPONSE

In principle and when possible, Aboriginal people want services to be developed and run by Aboriginal people supported by 'mainstream' professionals, preferably within Aboriginal controlled organisations. This is not to deny the right of choice for Aboriginal people to access mainstream services if this is their wish; it is widely acknowledged however, that the latter do not adequately meet the needs of Indigenous people because of well documented barriers to access (Commonwealth Grants Commission, 2001). These barriers include the way programs are designed, how they are funded, their presentation and cost. The more geographically distant one is from Adelaide the greater the access barriers.

The Standing Committee on Aboriginal and Torres Strait Islander Health (a formal committee of the Australian Health Ministers Advisory Council) is currently developing a "Cultural Respect" framework that aims to improve mainstream responses. All DHS funded services are required to improve access of Aboriginal people to services via service agreements which include a commitment to implement the South Australian Aboriginal and Torres Strait Islander Health Framework Agreement; the COAG Principles and the Iga Warta Principles.

It is the deeply held view of Aboriginal people that service delivery has to change. The focus of 'western' models of service delivery has been on separated service agencies, which operate in silos and, in the case of remote communities, 'fly in, fly out' with little integration or joint planning in partnership with Aboriginal communities. Existing mainstream services are often not culturally sensitive to the needs of Aboriginal people, particularly traditional people from remote areas. This results in Aboriginal people being sicker and requiring more prolonged care when they do eventually seek help. The lack of coordination of services and lack of integrated care models of service does not help. Only quite recently in SA has there been recognition that these approaches are failing Aboriginal children, families and communities as they do not acknowledge 'the time honored institutions that have sustained communities over time'. (*Graham, 2002*) A 'different' service model is required – one which:

- recognizes Aboriginal people's experience of the social structures and institutions which have impacted on their lives;
- translates this into well defined service delivery models which strengthen and assist community resources and capacity;
- identifies and builds on the wisdom, knowledge and skills of Aboriginal people and communities and respects and utilises the wisdom and knowledge of Elders;
- builds self confidence and self esteem and works towards the goal of real and sustained social justice.

At the service level it means agencies must make changes and be prepared to work across traditional and bureaucratic boundaries and develop a continuum of services that respond in a way that is culturally appropriate to Aboriginal children at risk and their families.

This response must:

- share power and resources;
- recognise services must be holistic;
- aim for community accountability;
- work in the context of their neighborhood and community;
- does not interpret "self determination" as abandonment and instead, to use Noel Pearson's definition, sees it as the right of Aboriginal people to take responsibility.

There have been a number of significant reports written which discuss at some length the need to approach service delivery in a different way. In 1996, the Aboriginal Services Division within the (then) Department for Family and Community Services released a report that sets out a culture based service model for work in Aboriginal Communities. *Doing It Differently* articulates key principles, values and beliefs – Family cultural values; holistic understanding of well-being; recognition of the ability of Aboriginal people to solve their own problems; family focus; self determination and the right to control one's own life and communities. The emphasis in the model, which is a recurrent theme in subsequent successful programs, is on "comprehensive holistic service delivery which keeps and builds strong Aboriginal communities, supporting the provision of care and sharing of knowledge to enhance Aboriginal family well being while offering a healing approach to those experiencing stress and pain" (p.15). Inter-connectedness and relationships between Indigenous peoples, their history and stories are the foundation. Children are the responsibility of family, supported by kin and clan.

This report was followed by the development of a strategy for Aboriginal community services in the twenty first century. As part of this process a review was conducted of the Department's consultations on Aboriginal services over a 25 year period, 1972-97. The key messages and major themes from this review are summarized below.

- support of Aboriginal families and communities to prevent family breakdown to achieve measurably better outcomes for Aboriginal children, young people and their families
- Aboriginal people's involvement in policy and planning
- services must improve Aboriginal community well being and represent effective and efficient use of resources
- opportunities must be given for Aboriginal communities to implement and manage services. (*Lawrie-Smith, A. 1997*)

A Different Future sets out the philosophy of Aboriginal Family and Community Care outcomes expected from the strategy and the action necessary to achieve them. It is worth reiterating the identified challenges that are in:

"- a flexible system which recognises diversity within Aboriginal communities;
- a client focused system where the needs of people and families override narrow program criteria;
- an integrated system where holistic service delivery is encouraged and nurtured where it can make a difference." (p.8)

In 1998, the Aboriginal Services Division within the Department of Human Services released a discussion paper which put forward a framework for exploring service delivery and management models in an Aboriginal community setting *(Lawrie-Smith, A. 1998).* Building on the earlier reports and enhancing a similar philosophy and principles, the paper sets out three possible service models: coordinated care; Aboriginal Family Services model and the Port Augusta Families Project model. All have relevance to Aboriginal communities. The Aboriginal Family Services and Port Augusta models are in fact examples of successful programs in Aboriginal service development.

The Aboriginal Family Services model is being developed as part of the Northern Metropolitan Aboriginal Family Project. Like the Port Augusta Aboriginal Families Project, the aim is holistic culture based service development that provides specialized and innovative services to Aboriginal families. The 'target' group is vulnerable Aboriginal families with high and complex needs, who cannot be "engaged" in mainstream services and where children are at higher risk of coming into the child protection system. Priority problems include child protection; family violence; substance misuse; gambling; housing and financial management.

The Murray Bridge Aboriginal Family Team was established in April 2000. It is based on the premise that individuals, families and communities have many needs, which may not be met by a single organisation or program. It has adopted a holistic and integrated service delivery approach, working in partnership with the South Australian Housing Trust, Aboriginal Housing Authority, Aboriginal Community Resources, Aboriginal Health and Family and Youth Services. The Aboriginal service team promotes the self-determination and self-management of the Aboriginal community to strengthen families and protect children. Aboriginal mentors and community Elders who provide practical support and positive role modeling are a key feature of the service. Anecdotal evidence suggests the program is producing good results; however there is a need for the service to be properly evaluated, using culturally appropriate methods to provide a valid measure of its impact.

The Port Augusta Aboriginal Families' project has been operating since 1998 and has gained national recognition as an innovative service. It shares many of the principles and values of the culture based service model described in the *Doing It Differently* Report (1996). It is based on a crisis model of intervention that is client centred, strengths and solutions focused with an emphasis of shifting control from the agency to the family to take responsibility for child safety. The service is situated at an independent location that is acceptable to the Aboriginal community and so is less likely to alienate clients.

According to the model, Aboriginal workers carry relatively small caseloads (4-6 cases), to allow time and space for intensive work with families. The service seeks to empower families using a partnership approach to help families take responsibility for the protection of their children. Empowering as opposed to controlling families changes the dynamics that traditionally exist between Aboriginal families and government agencies generally and child protection services specifically. Work is conducted on issues identified by the client at the pace of the client. The focus is on

problem solving, and promoting the problem solving and decision-making skills of the client *(Hepworth & Larson, 1990).*

The most recent report of the Port Augusta Aboriginal Families Project (2000) describes impressive outcomes with Aboriginal families who in the past have been resistant to change using mainstream services. According to the report, the service model is 'capable of facilitating dramatic change with client families' *(McCallum, p.44, 2000).* The report cautions against attempting to transfer this model to another site. It recommends that a full analysis should be undertaken to provide information to enable the philosophy and principles of the model to be implemented in a way suitable to the new location. It is understandable that transplanting the program would not be prudent considering the regional differences between country and metropolitan locations. Port Augusta has different clan and kin dynamics, service networks are different, family groups appear to be more transient due to the Port Augusta region being the cross-roads of a number of Aboriginal homelands.
Note: (Source for previous three paragraphs: DHS Innovation Initiatives Program Grant Application, 2000).

Although detailed in legislation and recommended in numerous reports and the current DHS Reconciliation statement, the development of an integrated Aboriginal service that holistically addresses the well being of Aboriginal people is still in its infancy in South Australia. Steps are being taken to move in this direction in Ceduna, Whyalla, Mount Gambier and Coober Pedy, but there is a long way to go.

Service Provision in Remote Aboriginal Communities
Responding to the safety needs of women and children and the elderly in remote Aboriginal communities in South Australia presents challenges unfamiliar to people who work in urban settings. Basic expectations such as safety provided by a police presence, adequate and affordable food and access to good primary health care are not guaranteed. Staff recruitment is difficult where positions do exist, and fly/drive in, fly/drive out, service provision is the norm. No remote community has a permanent Department of Human Services presence actually located within the community. The 'closed' nature of some of the remote communities, and the fear that disclosure of abusive behavior will result in revenge, their geographical isolation and absence of police protection (the nearest police station may be a five hours or more drive away), has resulted in escalating levels of violence against the most vulnerable who are least able to protect themselves – women, children and the aged. The inclusion of people with kinship obligations, or who are themselves perpetrators of abuse, in positions of decision making authority increases the perceived need for silence.

Alcohol, petrol sniffing and other substances are major determinants of violence. These also impact on children through rape, unwanted pregnancies, poor post natal health, application of petrol soaked rags to the noses of infants, and the neglect of children by adults when affected by alcohol or other substances, or absent on 'binge' weekends. Community members with authority may be drinkers, users of substances or perpetrators of violence. In such circumstances, Community Councils may be resistant to professional intervention. Those who have bravely spoken out against the long standing code of silence and pleaded for government help have

often been the older women (the grandmothers) upon whom much of the burden of maintaining some semblance of family cohesion has fallen.

In 2001 the Queensland Government released a major report into law breaking in the Cape York Indigenous communities with a particular focus on alcohol and substance abuse and strategies to reduce the latter and protect the vulnerable from violence. The analysis of the serious social problems being experienced by these remote communities has direct relevance to South Australia where remote Aboriginal communities are experiencing similar difficulties.

The Cape York Study identifies seven principles that would govern the Cape York Reform Agenda (similar to those articulated in the Iga Warta Principles) and four key themes:

- strengthening individual and family capacity;
- creating safe environments;
- building sustainable environments;
- reorienting service delivery.

The rebuilding of trust and relationship building between Government and Aboriginal communities is also emphasized as integral to any reform process. These principles are re-iterated throughout this response.

The key strategies that emerged from the Cape York Justice Study points the way forward for service delivery reform to remote communities throughout Australia and is embraced in South Australia as the way forward. These strategies are:

- interventions which immediately address emergency situations, decrease harm and improve safety (for example zero tolerance of family violence);
- community development (welfare and governance reform, economic development, education and training, investing in social capital, developing and building capacity and leadership and collaborative partnerships);
- public sector reform (coordinating departments, regions and services).

A three tier model is proposed which would consist of:

- At the central level, the authority and resources to coordinate and monitor the efficient performance of all state government activities; including facilitating consultations between communities and public servants; assisting with the development of community action plans and assisting with governance options; coordinating funding at state level and coordinating funding initiatives between ATSIC and the Commonwealth at regional level.
- A regional hub at a location to be agreed where senior officers from all relevant Government Departments would work across remote communities and support local community service teams.
- At community level, coordinated across discipline/department service teams, with a coordinator, including community development workers, to build relationships with all community members and service providers and assist in the development of community action groups and a community development plan.

As stated, the separation of services into specific areas such as housing, health, childcare services, income support and education makes little sense to people who require all these services. The successful program models of service delivery described in this section, attempt to provide an Aboriginal controlled service response to families based in one location agreed to by the community in question. Central to the single point of entry model is teamwork – people working together at community level from a variety of relevant backgrounds and disciplines. These could include maternal and child health and early childhood nurses and educators; social and family support workers; Aboriginal primary health care and education liaison workers; community development and youth workers and police, under the leadership of a coordinator. These teams would form a 'hub' of genuinely coordinated services. 'Statutory" social work would be part and parcel of the team's response.

In the past, too much was expected of solitary workers, based in communities and without sufficient support or backup resulting in rapid burnout. The 'team' model recognises that a problem shared will (hopefully) be a problem solved. The local community team would require back up by central and regional based administrators who would facilitate communication between communities and the central functions of State and Commonwealth Governments.

Family Violence

Violence between family members in Aboriginal communities ("family" includes the extended family – a kinship network of discrete, intermarried descent groups) has complex, varied and inter-related social, economic and psychological causes.

The Commonwealth Government response *Violence in Indigenous Communities* (2001) states that while "there is a plethora of literature on spouse assault, homicide, rape, sexual abuse, child violence, suicide and self injury" there is, by contrast "considerable lack of data on one-on-one violence, inter-group violence, psychological abuse, economic abuse, cyclic violence and dysfunctional community syndrome" (p.3). The latter two describe more complex violence dynamics.

It is difficult to get an accurate picture of the extent of family violence although a review of the available statistics demonstrates the over representation of Indigenous Australians as both victims and perpetrators of violence. According to the (then) Commonwealth Justice Minister, Indigenous women were 45 times more likely to suffer domestic violence than non Indigenous women *(Neill, 2002)*. Recent research carried out at two Northern Territory Hospitals found that 90% of admissions that related to assault, were of Aboriginal people, suggesting that "this major public health issue is escalating" *(Williams et al 2002)*. It is agreed that violence against Indigenous women and children is under reported. This can be because of feelings of shame, loyalty to the perpetrator and fear that s/he will be imprisoned, fear of consequence for themselves and their families and fear that children may be removed. While we may have an imperfect data picture of incidence, the stories told by Indigenous people are powerful.

The culture of silence about family violence in Indigenous communities is being challenged. The *Aboriginal and Torres Strait Islander Women's Task Force on*

Violence Report released by the Queensland Government in 1999 was "unflinching about the epidemic of violence ravaging many Indigenous communities today" *(Neill, 2002)*. Neill describes the decade or more of inaction since the Royal Commission into Aboriginal Deaths in Custody called for more research into Indigenous violence as "a failure of Governments to confront the issue". This has "translated into a lack of public concern, which in turn abets political neglect".

The Aboriginal and Torres Strait Islander Task Force into Indigenous Violence, together with Noel Pearson's analysis of the erosion of Indigenous culture, by alcohol and welfare dependency, has brought into the public domain the responsibilities of government to respond to the crisis identified and challenges the complacency that exists about the suffering of Aboriginal communities.

SUPPORTING ABORIGINAL ORGANIZATIONS AND REPRESENTATIVE COUNCILS SO AS TO DELIVER THE BEST OUTCOMES FOR INDIVIDUALS, FAMILIES AND COMMUNITIES

Supporting 'capacity building' through Aboriginal Governance

As the National Aboriginal and Torres Strait Islander Health Strategy 2001 Draft discussion paper noted, "there is growing evidence that control, support and social cohesion improve the health outcomes of individuals and communities", (p.36). The draft paper gives a number of examples of programmes that confirm this.

Central to capacity building is the achievement of Aboriginal self management and the building and support of Aboriginal controlled governance structures. These include Advisory Boards such as the Aboriginal Health Advisory Committees, and the Aboriginal Youth Action Committees and Boards of Management in Aboriginal controlled organisations.

An issue frequently raised by Aboriginal communities and Board Members of Aboriginal controlled organisations is the critical need for training and staff development to enable those representing their communities to be fully cognisant of their roles, function and responsibilities.

The Aboriginal Services Division regards action in this area as a priority. It is involved in some significant work in this regard:

- strengthening the role and function of the Aboriginal Health Advisory Committees (AHACs), which are based in each of the seven Health Commission Regions, has been the focus of Aboriginal Services Division.
- The Committees were established to advise Regional Health Boards on the priority health issues affecting Aboriginal people and putting them 'on the table' for action.
- The Division is working with the AHACs to develop a model of governance reform that would strengthen their role and authority. This has been accompanied by the development of a Memorandum of Understanding, based on extensive consultation with the Aboriginal community, Aboriginal organisations and mainstream health services. The MOU seeks to clarify the AHACs role vis a vis the Regional Health Boards and sets out the roles and responsibility of each.

AHAC Committee members and Aboriginal controlled Board Members want and desperately need, training and development on governance issues. How this should be done in a culturally appropriate way, is both a priority and a challenge for Aboriginal Services Division/Department of Human Services, particularly as Board Members in some organisations are traditional people with limited English language skills.

When considering ways of building capacity for Indigenous communities, recognition needs to be given to unique Indigenous social and economic values and how they differ from mainstream Australian society. Contemporary Australian Aboriginal

societies comprise distinctive values and practices that give primacy to relationships, rather than financial or material resources.

Aboriginal enterprises often have broader obligations to sustaining and enhancing social relations and maintaining kinship, rather than solely as a means for developing infrastructure or increasing wealth. Acknowledgement also needs to be given to the tension that can sometimes exist between individual ownership and community ownership. For example, successful enterprises that have been developed through the efforts of a particular family or clan can then be pressured by other community, members to revert to wider community ownership.

There are inevitably many challenges in reconciling 'traditional' decision making with 'western' requirements of accountability and outcome focussed reporting. The influence of, and power exercised by, family groups can exclude people from the decision making process who would normally exercise authority. Community councils may serve to meet the interests of a few rather than the interests of the majority.

Governments can and must support standards of behavior and decisions, which are respectful of human rights and support those Community Board members who are striving to meet these standards. No society is static – groups adapt and change according to the circumstances they are in. No one group should have the power to deny basic rights to others whatever the circumstances.

Governments must be clear about what they expect from Aboriginal organisations and spell this out in funding agreements. Accountability is not a one-way street – Aboriginal organisations also have an obligation to meet the needs of all community members. This will cause tensions as certain groups/individuals lay claim to speak for or determine service allocation by virtue of prior connection to land, thus disenfranchising others who may live in a community because of forced relocation or work. Governments do however need to understand who the holders of wisdom and knowledge are (the true Elders) and engage them in decision-making.

The Aboriginal Services Division has argued for a return of 'traditional' local level decision-making processes in the context of child protection. This would see Aboriginal community child and family advocacy panels established in every community. Elders would play a pivotal role in decisions affecting Aboriginal children from that community. The Committees, it is recommended, would have statutory powers under legislation.

The question of success or otherwise of regional governance structures will probably elicit varied responses. There are examples of successful Indigenous organisations that are well managed and held in high esteem. It is also the case, particularly in more remote communities that there is a plethora of incorporated Aboriginal organisations all with their own boards, competing for funding from the same funding bodies and generally struggling to manage. Where there is an effective, functioning Community Council it makes sense for it to be the 'umbrella' under which other bodies sit. This would streamline administration and make for efficient and cost effective management. However, it has to be acknowledged that the reason why

some groups 'break' away is because of perceived nepotism and disenfranchising of community groups.

There is a pressing need for ongoing training, support and skills transfer to assist Aboriginal organisations in the management of committees and community-controlled services. These should be in the form of lasting programs, which can be used in the community as the need arises. Board membership changes and this has to be recognised in the development of training programs.

Leadership and mentoring

The NSW Health Department's paper *A Framework for Building Capacity to Improve Health* defines leadership as:

> "...a function of training experience and personality. Within a capacity building approach practitioners are seeking to foster the characteristics of leadership within programs and across organizations, by developing and building leadership qualities in themselves and others..." (p16).

Leadership cannot be seen as a western construct only – relevant to the world of complex organizations. Aboriginal leaders include Elders, whose knowledge of law and holding of wisdom adds special status to their advice and views.

As traditional communities in particular negotiate a path between the old values and beliefs and those of the all-invasive dominant culture, leaders have emerged who can assist in this process. One SA Aboriginal community rated leadership as extremely important, seeing the potential for community leaders to expand the community's participation in decision making, building bridges and partnerships with government and 'lifting' the profile of Indigenous business and sharing information.

Young Aboriginal people with leadership potential need to be identified and supported and actively encouraged to learn leadership skills which will in turn open up opportunities for employment and community participation. The Commonwealth Department of Community Services "Stronger Families and Communities" initiative, a component of which was dedicated to encouraging Indigenous Youth Leadership, had exciting potential. However, we understand that this will not continue, at least in its present form, providing yet another example of a promising approach being abandoned.

The Aboriginal Youth Action Committees established throughout the State are a good example of youth participation in action. South Australian Local Government is also encouraging Aboriginal young people's participation via strategies aimed at engaging Aboriginal young people in civic affairs which have relevance to them – for example, use of public space for recreation purposes.

Mentoring in the workplace requires greater commitment and this means dedicated Aboriginal positions for Aboriginal people, and a process instituted where there is a transfer of skills from non-Aboriginal employees to Aboriginal employees. The aim of such an approach is to enable Aboriginal people to move into the positions, within a specified time frame. This may incur additional costs in the short term but the investment is more than justified.

THE ROLE OF GOVERNMENTS AND THE IMPORTANCE OF PARTNERSHIPS

Governments have obligations to citizens. These include the protection of basic human rights and the provision of services. There has been and continues to be, ideological debate about the extent of the role of government, with views ranging from government as the provider of services and 'welfare' as a right to the opposing view of government having a minimal role with more responsibility put on individuals and the competitive market place as the provider of services.

Governments cannot withdraw from their civil contract with citizens. In our view the argument should not be whether government **has** a role (it has) but **how** it should fulfill it. Central to the latter is to reach agreement on what government/s need to do to change the way they work with Aboriginal communities.

In this response we have already explored a different approach to service delivery. There are some fundamental principles, including South Australia's own Iga Warta Principles, which must be reflected in government processes and operations. These include:

- Aboriginal control and/or ownership of services and programs – this is acknowledged as having made the most significant contribution to Aboriginal access to health and community services. This includes recognition and Aboriginal Advisory structures.
- Commitment to long term partnerships with Aboriginal people, organizations and communities.
- Cultural safety and respect.
- A flexible system where the needs of individuals and families transcend narrow program criteria.
- 'Holistic' and integrated services at community level.
- Reform of present funding approaches, which redress inequity and ensure long term funding commitments
- A focus on measurable outcomes.

Partnerships

Efficient and respectful partnerships are integral to the way the Aboriginal Services Division and the DHS do business with Aboriginal people and communities. We can point to a number of promising approaches that aim to increase Aboriginal participation, ownership of and employment in a range of programs.

The Aboriginal Services Division's approach embraces community development philosophy: this recognizes the inter-relationship between individuals, the communities in which they live and the systems which support them. Establishing and cementing these relationships and partnerships to bring about change is the focus of our work.

EXAMPLES OF PROMISING APPROACHES

Statement of Reconciliation

As stated, the Department of Human Services in South Australia has developed a Statement of Reconciliation to assist and guide the process of capacity building in Aboriginal communities. The Department has been working as a partner with various agencies, government and non-government, to develop a three tiered approach to community capacity building that recognises the inter-relationship between individuals, the communities in which they live and the systems that support them. A number of strategies have been adopted which focus on the following areas which are detailed below.

Building the individual's capacity through

- Providing accurate information to enable individuals to make informed choices about services.
- Promoting positive health information.
- Recognising and capitalising on the strengths and abilities of individuals.
- Identifying areas where individuals can contribute to the design and delivery of their own services.
- Designing services and facilities that support individual aspirations and promote independence.
- Providing opportunities for individuals' knowledge and skills to be utilised in meaningful ways in the community.
-
- Building community capacity by
- Engaging members of the community to become active participants.
- Developing a service charter, which clearly outlines rights and responsibilities.
- Recognising and encourage the development of linkages between individuals, their neighborhood and the wider community.
- Fostering collaborative partnerships between individuals, GP's, and other community based services.
- Pursuing ways to involve community members in the interface between the acute, residential and community care sectors.
-
- Building systems capacity by
- Developing culturally appropriate consumer participation centered models and processes of service planning, delivery and evaluation.
- Fostering consumer self-management practices.
- Identifying needs and gaps in service provision through consultation with individuals, neighborhood and communities.
- Working towards systems and services that take into account the physical, social and emotional aspects of health and well-being.
- Identifying opportunities for health promoting activities that encompass prevention, early intervention and rehabilitation.
- Implementing consumer friendly and responsive systems.
- Developing clear and effective processes for recruiting, training and supporting consumer consultants, representatives and other volunteers.

Principles that these capacity building strategies are build on are: client empowerment though providing informed choice, promoting consumer participation in decision making and developing genuine partnership between individuals, the community and service systems.

Community Development

As stated, the Aboriginal Services Division works within the community development framework described earlier in this response. While the Division has community development workers located in six South Australian Aboriginal communities – Coober Pedy; Ceduna; Whyalla; Mt Gambier; Riverland and Metropolitan Adelaide - all staff contribute to the communities with which they are involved, including those that do not have community development workers attached to them.

The decision by the Division two years ago to "invest" in community development approaches came about as a result of a commitment to "acknowledging and honouring the voices of Aboriginal people" by:

- Building relationships with Aboriginal people and their communities;
- Resourcing Aboriginal communities at a local level;
- Encouraging better access to mainstream services
- Being an agent of change with Aboriginal people and their communities.

A definition of Community Development work was developed by the locally based community development workers and formally endorsed by the Division earlier this year. It can be summarised as follows:

Community development is about building the capacity of communities to determine their own directions and futures. It is about fulfilling a "linking" role between community needs and desires, and the Government and non-Government organisations that have the means to respond.

The role of the community development officer (CDO) is not to undertake a crisis response service that is already the business of existing agencies, but to ensure that new structures and policies are in place that hit the target from the "front end" i.e influencing_structural_change.

In the process of developing "regional agreements" or "working protocols", or government policy, or local partnerships, the CDO builds_*the_relationships between the community and the agency.*

This means that the CDO needs to be able to align their position with the community and to expose structures and discourses that work against community capacities. The CDO also needs to build new courses of action with the community which work towards enabling Aboriginal people to become a player or partner at the negotiation table – not a client.

This goes to the heart of the CDO's role – to promote real self-determination.

Once an aligned position between the CDO and the community has been established, it is also the role of the CDO to ensure that the negotiation table is established. This structure needs to be able to bypass systematic barriers – to move beyond the submission process to a point where community issues and concerns are raised and real outcomes with agreed courses of action are established.

Finally, the CDO is responsible for ensuring the ongoing evaluation of outcomes – in collaboration with the community and the service providers.

The Community Development Officer "role" is therefore complex, however does follow some established processes:

1. To establish strong links with Aboriginal communities, councils and key organisations;

2. To undertake a planned and strategic approach to community development with those communities, in a way that suits the communities and where they are at in terms of needs as well as strengths and weaknesses;

3. To establish negotiation points for the community at both the **micro** and **macro** level with key service providers, heads of departments and agencies where bureaucratic barriers are "left at the door" and a process for real actions and agreed responses are established;

4. To evaluate outcomes with the community and regularly re-visit the negotiation table.

This "way of working" has resulted in, amongst many outcomes, the following developments:

- In Coober Pedy a complete revision of how services should be provided to the Aboriginal community. This builds on the work of the Community Development Officer, who has brought a small inter - disciplinary local team together to develop a Family program based at the Umoona Aboriginal community.
  In time it is hoped that this will develop into an Aboriginal controlled family service supported by mainstream agencies.

- Also in Coober Pedy the Aboriginal Advisory Committee, comprising the chair people of the key Aboriginal organisations and their Directors (or equivalent) meet regularly to monitor progress on the Alcohol Strategy and Regional Health Service, both of which impact significantly on Aboriginal people.

- In Whyalla, the Community Development Officer has worked with the local Aboriginal community and a number of mainstream service providers to establish an Aboriginal controlled Health and well being Centre called Nunyara. Funding has been provided largely via the Commonwealth's

Aboriginal Primary Health Care Access Program. The Centre is well on the way to being fully operational. The DHS Human Services agencies in Whyalla have also just agreed to work together on an Aboriginal "Youth and Family Links" project which seeks to provide a coordinated response to crisis intervention for Aboriginal youth 25 years and under and their families.

- In Ceduna, a Youth Services MOU signed in June 2001 brought about the establishment of a Youth Services Forum consisting of relevant local service providers and local young people. This Forum is overseeing the development of a Bush Breakaway Program which focuses on breaking offending behaviour cycle of young people in the area, a Youth Activities Services program which is auspiced by the Aboriginal Women's Group and a range of new activities in the Ceduna Youth Centre.

- In Mt Gambier the Community Development Officer has worked with the local Aboriginal community to develop and submit a proposal for an Aboriginal controlled Health and Wellbeing Centre. The Community Development Officer has facilitated the planning process between grass roots community members and key Government and non-Government stakeholders to make progress on community identified priorities. The service will bring together in one place the many programs and services currently in operation in Mt Gambier, thus facilitating ease of access.

- In the Riverland the Community Development Officer has focussed on bringing the many Aboriginal organizations and groups together to look at identifying community priorities in an integrated way. In a recent development, Family And Youth Services and the Aboriginal Services Division have commenced work with local providers to develop a service planning model for the region.

- In the Southern suburbs of Adelaide the Community Development Officer has worked with Aboriginal community and the mainstream health service to establish the Aboriginal and Torres Strait Islander Health Team and Health Service. This team is now fully operational and working from its own premises. The other priority has been to increase access to mainstream Human Services, with a particular emphasis on creating employment opportunities for Aboriginal staff in DHS offices in the South.

- In the Western suburbs of Adelaide, the same Community Development Officer is working to map and strengthen existing partnerships and develop processes and strategies for partnerships between DHS, Non Government Organisations, the Aboriginal community and the service system.

- In partnership with the Department of Education and Children's Services the DHS (Aboriginal Services Division and Health Promotion Unit) have developed an Aboriginal Maternal and Child Nutrition Project, "Healthy Ways," which aims to improve birth and early life, health and education outcomes for Aboriginal children in selected remote communities. The two-person team are

- members of the Community Development Team, and their project focus is on promoting healthy eating and reducing the risks associated with smoking. This project is seeking to develop strong links with the local schools and thereby encourage greater school attendance and improved educational outcomes. Initiatives are being developed in each community by community members themselves and there is significant potential for increased local employment .

- The Aboriginal Services Division works closely with colleagues in the Commonwealth Department of Health and Ageing – Office of Aboriginal and Torres Strait Islander Health. The Division is working increasingly in Regional Teams, with officers from OATSIH and the Department of Family and Community Services. Commonwealth and State officers jointly support Aboriginal Health Advisory Committees in the seven Regional Health Areas.

The South Australian Agreement on Aboriginal and Torres Strait Islander Health

In 1996 the South Australian Government entered into an Agreement with the Commonwealth Government (Department of Health and Ageing); the Aboriginal Health Council of South Australia and the Aboriginal and Torres Strait Islander Commission (ATSIC).

The first Agreement on Aboriginal and Torres Strait Islander Health identified the following outcomes:

- Increased level of resources allocated to reflect level of need;
- Joint planning to be coordinated at the State level by the South Australian Aboriginal Health Partnership;
- Access to mainstream and Aboriginal specific services which will reflect the higher level of need;
- Data collection and Evaluation.

The significance of the Agreement on Aboriginal and Torres Strait Islander health cannot be under estimated. It has led to the first comprehensive State wide consultations with all Aboriginal communities in South Australia and the development of State Aboriginal Regional Plans – "*The first step*" 1997. This has enabled South Australia to attract significant funding from the Commonwealth.

Aboriginal communities identified four issues of major concern, and these have been the focus of the Partnership's first three years:

- Training more Aboriginal Health Workers
- Diabetes
- Substance abuse
- Social and Emotional Well-being.

The Agreement on Aboriginal and Torres Strait Islander health was resigned in August 2001 for a further three years and has identified new priority areas (in addition to those referred to above):

- Promotion of Partnership activities;
- Development of a Statewide Health Information Strategy;
- Development of a Statewide complaints procedure;
- Assist in development of a State Aboriginal Environmental Health Strategy;
- Assist in improving the health of Aboriginal prisoners;
- Evaluation of the *First Step*

Significant progress has been, and is being made on implementing the priority areas identified, as briefly summarised below:

- Aboriginal Health Worker Workforce Development
- Future Pathways Report
- Aboriginal Health Workers State Conference,
- 2001 Planning for a State Aboriginal Health Worker Association
- Rural Summit held at Iga Warta in the Flinders Ranges involving Aboriginal Community Elders and Health Professionals, which agreed on six service principles to be adhered to when working with Aboriginal communities.
- *Living with Diabetes* – Aboriginal Strategic Plan.
- State Strategy and Action Plan for Social and Emotional Wellbeing for Aboriginal people.

A State Aboriginal Substance Abuse Strategy is being developed.

As a consequence of the Regional Plans outlined in *The first step*, the South Australian government attracted funding as part of the Aboriginal Primary Health Care Access Program. This is being "rolled out" in five regions – Hills Mallee Southern, Adelaide (Northern Metro); Northern and Far Western (Port Augusta and Whyalla) and the Riverland and Wakefield.

The State Government (DHS) and the Commonwealth have entered into a Memorandum of Understanding with the Aboriginal Primary Health Care Access Program. Planning is driven and owned by the Aboriginal Health Advisory Committees in the five regions where the program is being implemented.

CURRENT ISSUES WITH INDIGENOUS FUNDING

Currently, Aboriginal non-government organisations are funded on a 12 month basis. This inhibits the organisation's capacity to conduct long term strategic planning and establish long term infrastructure agreements. Any proposed funding model needs to reflect the disparity of health and well being outcomes on Aboriginal communities in South Australia. The timing of the funding cycle also needs to be examined. The application and assessment process is often subject to an extensive period required for approval and implementation, and this contributes to frustration and apathy. Frequently, by the time a solution to a problem in identified, and funding is obtained, the impetus for change has been lost and the people with the energy to drive the project have moved on, or lost support.

Funders' requirements are complex, meaning a number of different reporting expectations often on a range of separate programs. This puts added stress on Aboriginal controlled organisations. Aboriginal organisations, particular small and remote ones, have a small pool (if any) of trained Aboriginal workers to draw from. This excludes Aboriginal community based organisations from submission based funding programs. Appropriate funding for primary and community care is critical in Aboriginal communities, particularly where there are problems around accessing hospital and mainstream services (due to inappropriateness, transportation etc). Health funding frameworks should also allow for the increased costs of provision of services in rural and remote localities, this includes transportation and high costs of essential services.

The reality of many funding programs is the short-term nature of the outcomes and funding attached to them. The Iga Warta Principles highlight the need for sustainable funding models in relation to Aboriginal programs.

Too often Aboriginal controlled organizations are set up with insufficient resource and training support leading to organization stress and sometimes collapse. This usually leads to increased financial scrutiny and very little in the way of devolved jurisdictional authority. As has been pointed out:

"Without these areas of authority and capacity, community governance and institutional development will continue to be substantively defective, and the self determination policy could well become as the Royal Commission on Aboriginal people in Canada suggested (RCAP 1996, Vol. 2 (2): 755), an exercise in 'illusion and futility' (Smith, 2002).

The Aboriginal Services Division agrees with the observations made in the House of Representatives Report on the Inquiry into Indigenous Health cited earlier in this response. From our involvement with Aboriginal controlled organisations it is evident that for some their staffing, financial base and IT support is barely adequate. This is particularly apparent in areas such as Human Resources and legal back up. Government Departments have recourse to dedicated sections to assist with HR planning, IT and staffing/legal matters and can easily access staffing assistance. Aboriginal controlled organizations have to 'buy in' these services at considerable expense and finance them from core budgets.

This inquiry must take into account the critical need and importance of infrastructure support, staffing and funding levels that enable Aboriginal communities and organisations to fulfill their obligations.

Future directions

Proposed funding models will need to consider not only the numbers of Aboriginal people located in a particular area, but also differentiate between the level of health and well being status in making resource allocation decisions. Funding organisations need to streamline the process of assessment of Aboriginal programs and need to consider the level of kind support that both the funding agency and other services in the area can provide to ensure the optimum use of program resources.

There is a need to work more closely with other key funding organisations such as the Commonwealth in the development of integrated funding models and standard reporting requirements on outcomes achieved. The funding cycle for non-government organisations should be increased from 12 months to at least 3 years. This will provide stability in the operations of Aboriginal non-government organisations and foster longer term strategic planning by the organisations. The Division supports the notion of shifting the emphasis from acute care services to primary health and community services approach.

To support this process, more sophisticated modelling of evidence to demonstrate the advantages of primary and community care services needs to be further developed. Increased resourcing of environmental health programs and nutrition strategies are good examples. Funding models need to be sensitive to the increased cost drivers facing programs that are delivered in rural and remote Aboriginal communities and the need for training to be factored in the model.

Welfare Reform Agenda

In his response of May 2000 to the Interim Report of the Reference Group on Welfare Reform "Participation support for a more equitable society " the ATSIC Commissioner for Social Justice, Brian Butler argued that the structure of Australian welfare is an issue of critical significance for Aboriginal peoples and Torres Strait Islanders. The demographics of the Aboriginal population, including the higher proportion of people living in remote locations, single parent families and greater prevalence of illness force a greater reliance on Australia's social security safety net.

In essence, there are two key aspects to the discussion of welfare: the safety net and participation issues. The safety net is access to payments because of inability to participate in employment. Access to such payments should be non-negotiable, and should not be subject to mutual obligation requirements in itself. Participation support, on the other hand, represents a range of largely positive measures to assist people to obtain employment.

> "In his response to the Interim Report, Commissioner Butler argues that:
>
> The term "welfare reliance" assumes that people choose or want to remain poor. Make no mistake, no Aboriginal person or Torres Strait Islander would choose to continue to live in the circumstances they currently do – living in cars, not being able to afford basics like shoes and clothing, parents going without in order that their children might eat. It is very difficult to conceive how a person in such circumstances might realistically front up for a job interview."

Aboriginal lawyer, activist and social commentator Noel Pearson has also made critical comment regarding the notion of welfare in Aboriginal communities. Pearson suggests that in addressing the dysfunctional consequences of passive welfare for Aboriginal people, profound structural change will be required, in particular, the reform of existing institutional arrangements for dealing with the resources provided through the welfare system, including those delivered by the state.

Pearson further suggests that genuine partnerships between government and Aboriginal people must replace the current mechanisms controlled by government. Therefore, negotiation must replace consultation. Pearson's notion in is based on the theory that

> "It is through reform of the existing institutional arrangements, that the reciprocity and individual responsibility necessary to transform the "gammon" welfare economy to a "real" economy can be implemented." (Martin, 2000).

Pearson's arguments appear to be based on the work of Claus Offe and other post-modern critics of the welfare state, who argue that provision of welfare is, by virtue of the threat it poses for the structures of capitalism, limited to a form which perpetuates dependency (Keane, ed. 1984). This is, in essence, a sophisticated form of the 'poverty trap" argument. However, this argument, like Butler's, incorporates a number of assumptions, such as reliance on a residual model of welfare and the multiplier theory in economics. Whilst a detailed deconstruction of these arguments may be useful, it is sufficient at this point to note that these assumptions are not necessarily sound. For example, CDEP may be viewed, at a rudimentary level, as encompassing principles of universal welfare that provide an explanation for its success in avoiding the stigmatisation and demotivation associated with other forms of welfare.

Similarly, the arguments for reliance on economic development, which may appear to be given some credence by CDEP, are also flawed by their reliance upon assumptions such as constructs of community, altruism, the multiplier effect and flow-down. Economic development is central to addressing poverty and developing self-determination, as is recognised in the Partnering Agreement between the Government of South Australia and ATSIC. However, issues such as governance, distribution cost, market development, seasonal fluctuations and the availability of a reliable workforce in communities which have traditional business to attend to and which are subject to a range of social and economic pressures, all have an impact.

Further, economic development does not have an immediate impact as set up time and the failure of some enterprises will have significant effects on local economies.

Whilst the impact of welfare reform on Aboriginal people will vary from community to community, dependant on local circumstances, it is probable that the benefits may be accompanied by socially detrimental effects. These are likely to be profound in the event of decisions being made by non-Indigenous or non-local officials who are not sensitive to cultural issues.

A fuller debate on the issues of welfare reform as it relates to Aboriginal communities is needed. In the interim, the detrimental effects of residual, safety-net welfare should be acknowledged and consideration should be given to developing a universal system of welfare administered at the local level. However, such a system should be inclusive of Aboriginal people who may be disadvantaged by their Aboriginality but who elect not to associate with other local Aboriginal people.

BUILDING THE CAPACITY OF GOVERNMENT AGENCIES TO BETTER RESPOND TO ABORIGINAL PEOPLE AND COMMUNITIES

Workforce Support and Development

The Workforce Support and Development unit of Aboriginal Services Division has been established to promote Aboriginal employment within the Department of Human Services through the development of Indigenous recruitment and retention strategies across all Divisions.

The underlying principles to Indigenous recruitment and retention strategies are to promote culturally appropriate service delivery to Aboriginal communities in South Australia and to promote Aboriginal employment based on principles of equity and access.

These principles are consistent with the key principles identified in the 'Our Journey' document which include:

- Creative Change Agent;
- Valuing Relationships;
- Access to Mainstream Services;
- Resourcing our Communities (Capacity building).

The statewide responsibilities seek to develop programs that affect the overall recruitment and/or retention of Aboriginal people within the Department as a whole in a number of key areas. The regional responsibilities seek to work *in partnership* with regional communities to develop strategies and programs specific to particular communities. In both approaches it is an important concern that Aboriginal people are consistently consulted with in a way that empowers the Aboriginal community to negotiate outcomes.

Examples of current projects undertaken by the Workforce Support and Development team in Statewide and Regional programs include:

Statewide:

Reconciliation Plan

The DHS Reconciliation Plan was officially launched in August 2002 and the Aboriginal Service Division has taken a lead role in the development of this plan. A key component of the Plan is Destination 3: *'A Developed labour force to enhance workforce capacity'.* The Outcomes identified in the Plan will now be built into Divisional Service Agreements with Health Units and Regional Health Services across South Australia. This provides a powerful mechanism to the Aboriginal community to negotiate service delivery with mainstream funded organisations across South Australia, as ongoing funding and support of these services will now, (in part), rely upon the achievement of key indicators reflected in the Reconciliation Plan (including the recruitment and retention of Aboriginal people).

The assessment and monitoring of reporting against Performance Indicators with regards to the Reconciliation 'Outcomes' will be undertaken by a combination of the Senior Executive of the Department and the Reconciliation Action Committee. (Which

will include Aboriginal Elders Council and representatives from the Future of Young Employees).

Aboriginal Health Worker (AHW) 'Professional Association'
The need for an Aboriginal Health Worker Professional Association has been identified both in South Australia and at the national level. In the year 2000, a key recommendation of the SA Aboriginal Health Worker State Conference was to develop a Professional Association. In the Aboriginal and Torres Strait Islander *'Health Workforce National Strategic Framework'* the need for Aboriginal Health Worker Associations in all states and territories is identified under Objective 2.

In South Australia, the Aboriginal Service Division Workforce Support and Development team has worked with an Interim Advisory Committee, consisting of Aboriginal Health Workers from across the state, to develop a Professional Association structure that is now independently incorporated. This is a progressive project that has developed a structure and business plan beyond that undertaken by any other state. The Aboriginal Health Worker Professional Association seeks to promote the status and professional development of the Aboriginal Health Worker role in South Australia. The vision as identified in the State conference is "to be a unified Aboriginal health Worker voice in shaping our professional status and development".

The Aboriginal Services Division has also worked closely with the Aboriginal Health Council of South Australia in the development of the Association.

Scholarships
The Workforce Support and Development team within Aboriginal Service Division also administers and /or co-coordinates a number of scholarships aimed at promoting Aboriginal participation in education programs that are relevant to future employment in the Department. These include the Scholarship Investment Fund, the Indigenous Medical Scholarship Program, the Post-Graduate Scholarship and the Pathways to Nursing (VET in Schools) program. All of these scholarships have been successful in increasing the number of Aboriginal students in Human Service related fields and in increasing Aboriginal employment within the Department.

Aboriginal Employment Register Proposal
An Aboriginal Employment Register proposal is being developed to go to the Commissioner for Public Employment. This Register would allow Aboriginal Service Division to register Aboriginal people across the State as a means of promoting access to State Public Service positions within the Department. Registered clients will be matched to positions wherever possible and they can then apply for positions within the Department. This proposal is an important step in the promotion of Aboriginal recruitment to the Department.

Traineeship Career Pathway Strategy
The Aboriginal Services Division is currently developing an Aboriginal traineeship 'career pathway' strategy to support the future of Aboriginal trainees within the Department. This strategy includes working with employers on a regional basis to ensure adequate support and resources are provided to trainees and with the

trainees to ensure that they are 'work ready' by the completion of their traineeship. There are currently 44 Aboriginal trainees across the Department in South Australia.

State Board of Management Training
In July 2002 at a regional meeting with community and service providers in the Riverland, the need for Board of Management training for Aboriginal community organisations was strongly identified by community representatives. This need has also been identified in other areas of the state and as a result, the Workforce Support and Development team has developed a statewide Aboriginal Board of Management training proposal. This proposal is now seeking a partnership funding arrangement between the Department of Human Services and the Commonwealth (Office for Aboriginal and Torres Strait Islander Health), to respond to community need and to assist in the capacity of the community to manage their responsibilities effectively and appropriately.

Indigenous Environmental Health Worker Strategy
The Aboriginal Services Division has funded an Aboriginal Environmental Health Worker in the Yalata community and the success of that program has led to other communities across the state identifying a similar need. As a result, the Workforce Support team, along with staff from across a number of Divisions and other government agencies, are currently developing a proposal to extend that program across six to eight communities in the near future. This brings new challenges in regards to adequate workforce and training support and the strategy with its associated costs will be submitted to the South Australian Aboriginal Health Partnership upon completion.

Nursing Video
The Division's Workforce support and development team is currently developing a Nursing video aimed at promoting the role of nursing throughout Aboriginal communities and to attract more Aboriginal people into nursing. The Nursing Promotions video has gone out to tender through SA Film Corporation and filming of the video will be undertaken with current Aboriginal nurses in SA as the key participants.

Crocfest
The Croc Festival is held every year in September to promote future career options to Aboriginal students from across the state. The Aboriginal Services Division maintains a strong presence at each Crocfest and it is estimated that over 2,000 students attending from approximately 30 schools attended this year's event.

Regional:

The Aboriginal Services Division is involved in a number of key initiatives across regions aimed at meeting specific recruitment and retention goals within those regions. The Division is moving to promote community partnerships and capacity building principles within Aboriginal communities.

The Port Augusta, Pika Wiya Unique Centre of Learning

This project developed from a need identified in the Port Augusta region for more appropriate methods of providing human service training and education programs to the Aboriginal community. Essentially, the Unique Centre of Learning is a central learning organisation in Port Augusta, based on the grounds of the local Aboriginal Health Service that is able to run courses from TAFE and Universities with support coming from an Aboriginal coordinator and tutors. Funding for this project has come from a range of sources including the Department of Human Services, the Australian National Training Authority (ANTA) and ATSIC. A similar model of learning is also now being considered in Ceduna on the Far West coast of South Australia.

Regional Employment Strategies

Aboriginal Employment Strategies are being developed across a number of regions in South Australia, with the key working principles including working in partnership with the Aboriginal community, local service agencies and Aboriginal staff in the region. These strategies seek to promote both recruitment and retention goals and are currently underway in the Metropolitan region, the Northern and Far Western Region and the Wakefield region.

INDICATORS OF SUCCESS IN CAPACITY BUILDING

Indicators are a useful tool to measure whether a program, service and/or strategic direction is adhering what it set out to do. The Department of Health in New South Wales has undertaken valuable work in this area (Hawe *et al*, 1999).

The following is a summary of the kinds of indicators developed to assess the ability of a community to build its capacity. The indicators depict a competent community that may be defined geographically or by affiliation or shared characteristic. The indicators are divided into three broad categories: predisposing factors, enabling factors, and reinforcing factors and are summarised in the following way.

Predisposing factors which measure

The level of commitment to the community e.g., a strong sense of community or community attachment and whether there is a large proportion of long term residents or members. The awareness of each part of the community's identity and contribution e.g., agencies, residents or members know about each other and their respective roles and have a sense of community history and make up. The level of community caring including: whether residents or members express interest in the situation or issues related to people unlike themselves in the community; whether money or donations in kind can be raised in times of emergency or special need; and whether residents or members express concern over issues which affect the community. Measurement is also made of the collective efficacy of agencies, residents or members expressing confidence in their capacity to work together to address issues which affect the community.

Enabling factors which measure

The level of participation in community affairs e.g., high levels of club membership or membership of local groups and whether people are not reluctant to sign petitions about community affairs. The ability to express collective views and exchange information including whether: agencies come together to express joint views, e.g. submissions to external authorities; interagency meetings and public meetings are common; community values have been articulated through actions taken in various previous events; agencies and organisations coordinate and act in concert with each other as required. Further, the level of conflict containment and accommodation: is there evidence that in the past agencies and groups have managed to work together in spite of differences that may arise between them? Whether agencies and residents/groups are prepared to accept the ruling of independent arbiters or mediators in the event of conflict. The ability to use resources and manage external relations including: evidence of pooling and sharing of resources (skills, facilities, staff) and the use of funds, resources or relations external to the community in order to promote community goals. The following questions are also asked: do networks exist between individuals, groups and organisations? Do agencies and groups have networks among like minded or similar groups and also do diverse networks exist among dissimilar groups? Is there reciprocity across organisational networks

(support operates in both directions)? And finally is social isolation is a problem for any particular population group?

Reinforcing factors which measure
The ability to retain formal means of representative input in decision making. Questioning also whether: positions for community agencies and members are retained in the decision-making structures and policies of those authorities whose affairs impact on the community? Are there external resources available for local issues? Is what the community learns and achieves disseminated and built upon by other communities and vice versa?

These indicators are rated according to the following responses: yes, fully; yes, in part; no, and don't know.

While these indicators have been developed in the context of health, they have relevance to all areas of community life.

CONCLUDING COMMENTS

The fundamental dilemma facing both Aboriginal people and policy makers alike is how to ensure that core government policy goals of reaching 'statistical' equality with non-Indigenous Australia, 'economic development', and economic empowerment, are not unwitting tools for the assimilation of Aboriginal people into the mainstream society.

If our business is about raising the status of Aboriginal and Torres Strait Islander Health and Social Wellbeing within South Australia, then one of the key determinants is "Capacity Building". Empowering individuals, families and communities is fundamental in achieving real health outcomes, as is the role of government to make the necessary legislative and operational changes that will assist Indigenous people to enter the true economic sphere, which will assist in building sustainable lives and futures.

In this response we have explored our own ideas (that is Aboriginal people and non Aboriginal colleagues working within the Department of Human Services) about capacity building and its place within a broader social vision – a vision which aims to support the environments where people live so that, in turn, they may fulfill their own potential and contribute to their communities. We do, however, urge the Inquiry to speak with Aboriginal communities and Aboriginal controlled organisations to hear their stories about what is happening in their communities.

It is here, at local level that the most powerful messages are given.

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