



Victorian Aboriginal Community Controlled Health Organisation response to the focus on Aboriginal Child Sexual Abuse Issues.

“If I had a magic wand what I would like to see happen is both State and Commonwealth to work together and governments working with Aboriginal communities in equal partnerships and really listening to us.”

“...the key is working with the Aboriginal communities; it's all about working in partnership. It's identifying the issues and sitting down together and coming up with the solutions. That is the key.”

_____ Jill Gallagher Stateline Victoria ABC Television 22nd June 2007.

VACCHO is concerned about any activity targeting the health, wellbeing and welfare of Aboriginal people that does not include Aboriginal people as partners in the solution.

This is because such activities are likely to be:

- seen as heavy handed by members of the Aboriginal community;
- less effective than cooperative approaches in achieving outcomes;
- disempowering of an already marginalized Aboriginal community;
- at risk of wasting money which governments and electorates may find difficult to allocate to effective programs on the failure of heavy handed approaches;
- a breach of best practice in national and international health program, community development and sustainable design and;
- a failure to learn from reviews and strategies from the past.
- An erosion of electoral support for Aboriginal Community Controlled Organisations.

VACCHO is also concerned that heavy handed and high profile interventions which target whole communities and fuel racism and may ultimately be divisive and ineffective. There are particular sensitivities resulting in high levels of anxiety regarding government programs targeting children in the historical echo of the stolen generations.

The recent announcements regarding changes to the approach to Aboriginal Affairs in the Northern Territory fail in a range of ways to commit to Australia's obligations under the UN charter on economic, social and cultural rights, the convention on the rights of the child and the convention on the rights of Indigenous peoples. The Federal government

announcements fail to comprehensively address the recommendations of the “Little Children are Sacred” report and have been accused through their lack of consultation as being racist and paternalistic.

Addressing child well being requires a comprehensive approach addressing the determinants of health and well being across a range of health and social indicators including education, housing, security and health. In this sense a healthy child has the best chance in a healthy family who have their best chance in a healthy community.

The Australian Medical Association and Access Economics estimate that health equality would require \$450 Million per year. The Indigenous Social Justice Commissioner, Mr. Tom Calma, in his 2005 report set a goal of health equality in 25 years. To address the wholistic definition of health, adopted from Aboriginal community input in the 1989 Aboriginal and Torres Strait Islander Health Strategy would require significant resource investment, coordination and leadership.

It is possible that the Prime Minister’s office is the only one in the land with the power to coordinate the conduct of government departments, to provide a legislative framework, to lead the development of partnerships with State and Territory governments and the Aboriginal community and access the resources required to address the broad determinants of health and human rights of Indigenous people that underlie this issue.

Aboriginal peoples in Victoria have our own cultures, languages and relationships and a unique history prior to and including white settlement which means that their history and current circumstance is different from other areas of Australia.

Our community in no way excuses or condones violence of any sort and holds in particular disrepute violence against weaker members of the community. At its extreme, child abuse and rape is among the most despicable of all behaviors that people are capable of. It should not hurt to be a child.

It must be recognized, though would be hard to extract from the media of recent weeks, that the vast majority of Aboriginal children live in loving and supportive homes where every effort and investment is made in their wellbeing and fulfillment. Out of our unique history the Aboriginal people in Victoria have established our own organisations and relationships both as aspirational organisations and ways of redressing failure of mainstream services to meet the needs of Aboriginal people.

Aboriginal Community Organisations in Victoria are centres of understanding and shared experience. These organisations are often the point of delivery of a wide range of services across home and community care, health, justice, heritage, employment, education, family support, counseling and others.

VACCHOs membership of twenty five Aboriginal Community Controlled Health Services have localised understanding of the lived experience of our communities, the

complexity of the issues faced by communities of how programs could best work in those communities.

There are many fine examples of organisations, programs and partnerships addressing the needs of Aboriginal Victorians. These organisations are undertaking the hard tasks of providing Aboriginal people with some equality in health outcomes.

VACCHO and the Cooperative Research Centre jointly published “Communities Working for Health and Wellbeing: Success stories from the Aboriginal Community Controlled Sector”.(VACCHO & Cooperative Research Centre for Aboriginal Health. 2007) to highlight successes in the Aboriginal Community Controlled sector.

These include programs for mothers and babies which have achieved 100% immunization rates among the children at some of the sites involved in the program, another major program success is the Baia-Lak Birrah Lii Playgroup Program at Wathaurong Aboriginal Co-operative and also the Study of Young People’s Health and Wellbeing and Dulap Bininang Meeting Place. Each of these programs could be a contact point for reporting, supporting and addressing issues of child sexual assault and an opportunity for improving Aboriginal children’s well being..

In an ideal system contact with one part of the service delivery sector would provide opportunities for contact with the service delivery needs of the person from all parts of the service sector. This would require a knowledgeable and networked sector.

The broad demands placed upon services put staff under significant levels of stress. Throughout the Community Controlled service sector staff are often related to community members and live as part of the community that the organisation services. This is a strength for the organisation. In cases of lateral violence, child abuse and child sexual assault it can also place staff in difficult and stressful circumstances. To ensure the support for staff, to assist in the professionalism of staff and services it is important that professional supervision is available to staff from independent and suitable qualified and culturally competent personnel.

The “Little Children are Sacred” report of the Northern Territory board of enquiry into the protection of Aboriginal Children from sexual abuse” takes a long term, sustained broad agenda for the response to the issues of concern. This report outlines a credible and comprehensive response to these issues in the Northern Territory.

A board of enquiry is not required for Victoria but there would be benefit from reviewing the reports of the past from the Royal Commission into Aboriginal Deaths in Custody and the National Aboriginal Health Strategy of 1989 onward. This review should include the consideration of recent Family violence reviews as well as the Northern Territory, ‘Every Child is Sacred’ report and consideration of the application of the recommendations to Victorian circumstances.

A review could also consult with Aboriginal peak and service organisations about the needs of the community and service sector to address the needs of the Aboriginal community in response to childhood well being issues of concern.

Victoria's Aboriginal population has significantly higher of substantiation of reports (68 per thousand of population. 11 times the non-Indigenous rate) of child abuse and the taking of orders for the care of Aboriginal children. There is 3.61 per thousand reports of child sexual abuse. These figures are in part due to the quality of Victorian data and the urbanized nature of the population with few remote isolated communities resulting in higher rates of identification and reporting.

The figures may also be boosted by the forensic skills of the Victorian police which are coordinated in specialist units at some locations such as the model utilized in Mildura.

Victoria's Aboriginal family placement policy sees 63% of Aboriginal children placed with Aboriginal carers.

An adequate response to Aboriginal Child sexual assault undoubtedly requires significant resources. The effective utilisation of these resources requires the budgeting and legislative capacity of governments. It also requires the wisdom, experience and partnership of the community to whom the reforms are directed.

For the rights of the child to be protected and to ensure Australia meets its obligations to the international convention on the rights of the child, among others, in the long term responses must build on sustained efforts and organisations. Knee jerk responses, crisis interventions or pronouncements will fail unless backed by sustained effort and the embedding of solutions in the day to day life of the community and the architecture of the service sector they engage with. 'It takes a village to raise a child'. An investment in children requires an investment in the family as well as an investment in their 'village'.

A comprehensive and sustained response requires partnership with and leadership by Aboriginal community sector. Many of the recommendations of the Northern Territory report are focused on education and school based services as part of a comprehensive response.

While VACCHO welcomes the spotlight that the Prime Ministers' announcement has brought, the urgency of the issue has been cried loudly and regularly by the Aboriginal community many times since the government came to power in 1996 to become over time, the longest serving Prime Minister since the 1967 referendum.. The script from which the Prime Minister reads is Canberra and Federal government centric, heavy handed and devoid of the words of partnership and inclusion. Undoubtedly Aboriginal Child sexual abuse is an Australian and not just an Aboriginal or a Northern Territory problem.

The area of child well being is a complex one as is Aboriginal Affairs. There are many social determinants as well as clinical and situational factors which have a bearing on the

outcome for the child. In addressing these issues the cooperation of State and Federal governments is essential. Equally central to the development of any response is the engagement of culturally appropriate services the leading provider of which in the Victorian context is the Aboriginal community controlled health sector.

The complexity of this issue and the long term nature of a sustained response will demand a long term commitment to establishing a response and to redress the systemic failures of the past as well as the crisis of the present.

In building a long term capacity to address the breadth of social determinants the capacity Aboriginal partner organisations is essential to their equitable participation and to the just addressing of this inequality in outcomes. Aboriginal community organisation capacity needs further investment and sustained support to provide the community with the skills and resources to participate in forging solutions.

Aboriginal Community Controlled Health Organisations in Victoria are multifunctional service centres often referred to as Aboriginal co-operatives (co-ops) and offer more than simply medical services. Their programs also include services in aged care and disability, housing, drug and alcohol management, legal and justice support, and the prevention of family violence. They also have cultural and social and emotional wellbeing programs. These Aboriginal health organisations are unique in Australia. They are incorporated, controlled by the Community, and shape service delivery to meet the needs of the local Community they serve. Being Community controlled means that all co-ops have annually elected Aboriginal boards, a majority Aboriginal staff and management, and the power to hire and fire both non-Aboriginal and Aboriginal staff who work at the service. Aboriginal Health Workers (AHWs) are integral to service delivery and carry out a number of roles. Aboriginal Community Controlled Health Organisations (ACCHOs) are also important Community spaces where people come together to maintain family and Community connections and culture.

Aboriginal Community Controlled Health Services in Australia grew from political activism and the fight for self-determination, justice and equality that gained momentum in the 1960s and 1970s. ACCHOs are unique in their ability to provide culturally responsive health services to their Communities, defining health as the social, emotional and cultural wellbeing of the whole community (National Aboriginal Health Strategy Working Party 1989). The scope of ACCHOs has expanded from general practitioner and dental clinics to include the promotion of health and wellbeing through specialised services for youth, women, men, HACC, education, employment, housing, the elderly, and for those with special needs or particular health-related concerns. A wholistic approach to health, a recognition of the needs and knowledge held in Aboriginal Communities, and an understanding of the importance of Community-driven solutions have been central to the development and evolution of the Aboriginal Community controlled health sector in Australia (Kaplan-Myrth 2003).

The philosophy of Aboriginal Community control is particularly strong in Victoria where VACCHO celebrated its 10th anniversary in 2006. VACCHO's member organisations

are multi-functional Community organisations that have health as a key part of their responsibility, with some offering full health services. VACCHO works ‘to ensure there is a strategic planning forum and a community controlled advocacy to represent Aboriginal people in their struggle for improved health status’ (VACCHO 2006). Community control in health requires that ownership and management of the health-related initiatives and services be vested in the local Aboriginal community, generally through a local Indigenous board of management. This emphasis on self-determination allows the local community to decide on its priorities, policies, management structure, staff and service profile, within government funding guidelines (Shannon et al. 2006). As well as a desire for self-determination, Community control in health came about because the needs of Aboriginal Communities were too often not met by mainstream health services.

“Community control in health is about people owning it, having a say about their own health and having the opportunity to provide feedback... it is important to listen to the feedback that communities are providing... We have come a long way and are very lucky to have all twenty five health services in Victoria but there is still a lot of work to be done and many challenges to be faced” (Practice Manager).

There is a need for on site and in community support for families under stress to address their issues and support them in the social aspect of the child rearing and family environment.

Despite the fact that the health status of Aboriginal populations in Victoria remains consistently below that of the larger community, there are many positive stories that have come out of ACCHOs over the past three decades. Because there is so much to be done, the positive outcomes, strong partnerships and Community capacity building that result from Community controlled health initiatives can easily be overshadowed by health inequalities, negative media reports and competition for limited state and federal funding. Too often, projects finish too quickly when funding ends. New projects begin and although the knowledge gained by those involved often influences future projects, many of the successes facilitated by Community controlled initiatives remain unrecognised. Findings get stored on a shelf as those involved in the project move on. A longer term basis for funding and program design and delivery is required.

It doesn’t end when it’s over. One of the greatest strengths of Community controlled initiatives in health is the Community capacity building that accompanies any project or study, long-term or short. By operating under the philosophy of Community control, initiatives have positive outcomes for the Communities involved.

There is, in Victoria, the foundations for a sustainable response to ensure the well being of Aboriginal children. The Aboriginal community services sector of Victoria has in its fold organisations to address the Aboriginal Child Care, Aboriginal Advancement, legal services, community services, education needs and the Victorian Aboriginal Community Controlled Health Organisation and its twenty five members among others who can make an active contribution to this issue and are central to coordinating a sustained solution.

Services need to be provided as part of integrated Aboriginal community service delivery in an ongoing manner.

In the Aboriginal population of Victoria 50% are under 25 years of age. This generation depends on a cooperative and sustained response to ensure their well being. The Aboriginal peoples of Victoria, whose history reaches back in the depth of time, whose future depends on the capacity of this generation to retain their cultural identity and to survive and pass on their culture and identity to future generations.

With all Australians taking their appropriate responsibility for the issue, then partnership is as inevitable and the well being of our children given their best chance.