

SUBMISSION INFORMATION FOR

THE SENATE SELECT COMMITTEE  
ON REGIONAL AND REMOTE  
INDIGENOUS COMMUNITIES

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January 09

The following submission outlines the geographic areas in which I have worked, and the positive and negative aspects of the communities as I saw them.

This is by no means exhaustive, and some matters are a result of policy, others due to a lack of policy, or merely approaches I have observed that have worked or not.

I hope this is of assistance, and I am available to expand on any issues if required.

Yours in caring

Carrol-ann Maher RN RM

## Summary:

Problems with Indigenous health and welfare predominantly relate directly to issues of education and employment.

There are now indigenous communities where the majority of families are in at least their third generation of unemployment, and in some cases no one has been employed in five generations. The loss of self esteem, lack of positive role models and lack of funds is such that the individuals are, on the whole, damaged for life. There are seen to be a very few ways out of the traps, sporting excellence and musical ability being the two which are most often pursued, but are by their nature going to provide employment to very few. Additionally in other sports entry level participation requires resources that are not available (eg cost of outfitting for soccer, transport for swimming training, lack of facilities for tennis, equipment for golf, not to mention the lack of any possible involvement in equestrian or motor sports)

The lack of visible employment and impoverished conditions leads to all the associated low socio-economic ills, poor health, poor nutrition, lifestyle diseases such as cardio vascular and diabetes, lack of motivation, substance abuse, depression, suicide and domestic violence. Children see little point or hope in pursuing what educational opportunities are available. Families are frequently fragmented and dysfunctional. In many cases children become sexually active at puberty and parents shortly after. The financial benefits for a 15 year old mother seem far rosier than the amount available through abstudy or youth allowance, even without considering "baby bonus". Unfortunately few of these young parents have well developed parenting skills.

Lack of nurturing in early childhood has ongoing effects, not the least of which seems to be a significantly lowered verbal IQ. Differences of 40 basis points between verbal and non verbal IQ are not uncommon with indigenous offenders in the NSW correctional system. This is reportedly due to the lack of adult interaction in infancy. In many indigenous communities the care of infants is frequently taken over by older children. It is not uncommon to see a five or six year old caring for their younger siblings. While this seems to increase the children's self reliance and coping skills, the level of care they can provide is manifestly inadequate. From my observations, the emotional and functional maturity of indigenous children seems to be higher than for the broader community (that is they mature earlier) but seems to lag behind after early adolescence (possibly due to the lack of role models.)

In NSW the Department of Community Services (DoCS) is seen, by the indigenous community as a whole, to consist of punishment programs rather than any recognition or understanding of how the DoCS culture has changed to be supportive rather than punitive, with many different programs put in place to benefit communities..DoCs is seen strongly by Indigenous families as a organization dedicated to the removal of children from Aboriginal communities.

There is in most Government and welfare agencies a lack of Aboriginal staff, particularly at any senior level. Non indigenous people will always have difficulty dealing with indigenous communities, as in Aboriginal relationships, the person transcends the position i.e. The individual must be able to be placed in relation to family affiliations, past performance, acquaintances and possible agendas...

For instance, If I introduced myself (previously) as “Carrol from DoCS” I would get the “white fella” treatment, few would talk to me, those that did would tell me what they thought I wanted to know, or should hear. Issues would be glossed over. If I came however as “Carrol, you know her, used to work at Bowra, Jimmy Little’s niece, cousin of the Harrisons at Nowra, her mother was on Cummeragunga.” I can be placed and communication will be easier, and possibly more open (I immediately become a Sis(sister)). Certainly what I had to say would attract more credibility.

There is an entrenched welfare mentality in some communities, and the remote communities are often physically and culturally isolated. Government funding and assistance helps support these communities, but often without appropriate disinterested consultation. (an example of this is Tabulam, where a nursing home was built but never staffed or equipped, due to factional fighting between the two groups that make up the community). Social Security benefits are often seen as an inalienable right, as is low cost housing and the maintenance of cultural heritage, at any cost.

The lack of appropriate education, coupled with strong family ties and limited role modeling, and an extreme lack of willing and able indigenous administrators has led to numerous instances of waste, mismanagement or corruption. In many communities any person who has an administrative position is thought to be “on the take” and other families/factions will attempt to take control away from them to gain advantage for themselves. In many cases there seems to be a generally lower level of accountability for public funds administered by indigenous organisations, and the reporting of “results” is prone to exaggeration or falsification. For instance the NCAP program at a north Coast town records every person who was employed on the local CDEP program as a “job placement”, going so far as to post date their paperwork with NCAP, which was signed after they had started CDEP.

Various organisations are proactive in taking training to the communities, and I have worked for numerous entities providing training for health workers at remote communities. However while the training has generally been seen as successful, there has usually been little possibility of any employment being generated from that training, for example a TAFE sponsored Aboriginal Health Worker course ran at Bellbrook NSW, with fifteen graduates, however the nearest employment prospects were at Kempsey some 60 km away, and few people had licences or vehicles. Only one person gained employment and that person had a car. The position involved shift work so no other person could have been successfully employed by sharing transport. Despite this limited success, this training was seen as a spectacular success, increasing the “genuine” employment in the community by 100%. (Only one other person in the community was holding down a full time non CDEP job.)

Nepotism is seen as a necessity and a virtue. I have heard the senior administrator of a Government funded service (New Careers for Aboriginal People) say “I am here for my XXXX family, and I’ll give everything to them first.” “Successful people come from successful families” is a truism in any population but nepotism brings down communities and instills feelings of hopelessness in other members of the community who have not been born into the “power” families.

Successful programs, especially where ongoing funding is attached and administration is vested in local organisations are the subject of intense local competition and infighting, at times leading to physical violence, slander, property damage and the collapse of services. This has happened previously with numerous CDEP programs and medical services.

On other occasions different groups may attempt to set up competing organisations to try and access the perceived gold mine. This has nothing to do with the provision of services, but more the ability to skim off administration costs. For example an aboriginal woman, while on parole for fraud related offences, set up a medical clinic in a town which already had an AMS, a divisive and expensive operation.

Third party interventions may prove destructive, or government guidelines inappropriate. For instance Mimi Mothers ran a submission for an extended period to obtain Bolwarra farm, near Valla NSW, the intent was to use the premises as a refuge, and the farm as a training establishment for tourism to showcase the culture. The farm was purchased by the Indigenous Lands Corporation, but then, on the recommendation of the anthropologists who had investigated the property, title was passed to another local group which purportedly represented traditional owners with a greater interest. This group had not applied for the land, had no use for it, and no expertise to manage it. All plans for this property went by the wayside and members of that family moved into the farm and no further plans for it are evident.

Excellent projects are often hampered or destroyed by transitory funding. For example the community kitchen at Tabulam provided excellent nutrition for families and training for some local people. Sponsored through TAFE, it closed when funding ceased. This project had monies being paid by the community for food purchased and in time, more than likely, could have been fully sustainable and did produce good nutritional food for this remote town. All the funds that had been put in for this project and time spent training appears to have been wasted as no real jobs have eventuated and with the closure the health benefits were lost.

The ongoing struggle for funding consumes much of the resources of non-government organisations, indigenous or not, and changes or reductions in funding may mean the demise or curtailment of worthwhile projects. An example is the Men's Shed at Nambucca Heads, which as an intergenerational project, with skills transfer and education components was hugely successful. Funding was not recurrent, and when faced with closure funding was supplied through HACC, however this placed restrictive guidelines on attendance, which excluded the ongoing participation of the Goori men who had been attending since inception.. For the Goori men the Mens Shed had been a chance to learn new skills and to share their skills with others, it also gave them a chance for socialization and a reason to get up in the mornings and give back to the community as a whole.

Entrenched racism still exists in all levels of society.

- In 1999 when I attended a specialist Gynecologist's appointment with an Aboriginal client, and was told "I've never seen an aboriginal woman with cervical cancer, they must have something that protects them".

- When a Goori woman, who lives in Spain with her husband, visited the small town where she was raised, local people became hostile only when she revealed that she spoke Spanish and owned homes in Sydney and Spain. The attitude seemed to be that she was not entitled to do so, or that she was lying.
- When an elderly Aboriginal woman was dying in a small country hospital, her family confided to me that they felt she was being given less attention than other patients. Shortly after her death, her grave was desecrated.
- When taking part in the NT intervention, some children's health issues were dismissed as "all Koori kids have that, don't worry about it" but I assure you had it been in a non indigenous area, the condition, would have been highly investigated.

Indigenous communities are seen as a source of money and an opportunity for exploitation. For example in a store attached to a remote indigenous community a tin of Camp Pie sells to a community member for \$7.50, to a school teacher or administrator for \$3.00. Apples grown in the store's attached orchard sell for \$2-3.00 each. Milk is \$4.50 litre. Food is cooked or undercooked in vats of fat and people get shortchanged but the communities members do not dare to question conditions for fear of being banned from the shop for great lengths of time.

Another related issue can be seen in the inclusion of "token blacks" on the governing bodies of mainstream organisations, or the formation of "partnerships", with the express purpose of allowing those mainstream organisations to apply for indigenous specific funding. A case in point was when a North Coast community group successful bid for indigenous specific CACP and EACH packages, after having formed a spurious partnership with an almost defunct and much smaller Aboriginal Service. Although the initial stated intent was for the community group to eventually hand management of the project to the indigenous organization, matters were manipulated so the Aboriginal service effectively became a subsidiary of the larger group. When moves were commenced to transfer administration to another indigenous Service, there was a great dispute, which resulted in court cases, violence and the destruction of property, and a great loss of services and credibility.

I, as the Project manger of the services, was determined to train and employ only indigenous people to care for the Elders and was very successful in doing so I, and was appalled by the amount of racism that existed within the organization itself. Subsequent to my leaving the organization after 6yrs the management has employed almost all Non indigenous staff and the service is not accessed nearly as well or real solutions found to the multitude of problems which elders have to face day by day. The elders, under duress, have to accept into their homes people which don't understand or would not normally be welcome into their places of abode.

The Families First initiative failed when attempted in the Nambucca Valley's indigenous community, probably due to:

- Lack of indigenous volunteers
- Lack of understanding of cultural issues by administrators

- Program managers and non indigenous volunteers seen as judgmental as to their way of living and poverty of the houses they are forced to live in.

The Northern Territory intervention produced positives in regards to the detection and referral of many life threatening medical conditions, however in regards to possible instances of child abuse, we were told in the communities that a number of families had left before the intervention teams arrived.

The NSW Government's State Debt Recovery office and the policy of suspending drivers licences and the ability to do business with the RTA has led to generations of unlicensed, disqualified drivers. The difficulty of negotiating with the government and the inflexibility of that organization are legendary: couple that with the requirements to become licenced in NSW.

i.e. hundreds of log book hours of driving, means it is almost impossible for an indigenous person in a regional or remote location to become licenced.

**First** you have to find a friend who has a full license, some one prepared to drive with you all those hours and some one who actually owns a car and can afford to buy petrol.

**Secondly** Maybe, just maybe, if you are able to obtain your license it may help you get employment, but, of course, you have to buy a car and pay registration. With no family support or job these are formidable barriers to overcome.

As simple a matter as a fine for an unlicensed dog or not wearing a bike helmet means that the ability to do business with the RTA is suspended, with no statute of limitations. Additionally enforcement costs are added to the initial fine, so a poor person who cannot pay a \$50 fine, must then pay \$135.

On a remote community such as Bellbrook, in a population of around 200, maybe less than 10 are licenced, and there are probably less than 10 roadworthy and registered cars. There is little chance of young people obtaining a licence, without which there is less chance of travelling to obtain employment.

I had a friend who was working for me who had just purchased a new car, she was pulled over by Police and asked "who did the car belong to?" so rare was it in that area for an aboriginal woman to be driving a car, of any sort, let alone "new".

Drug and alcohol issues are endemic within Aboriginal Communities, and while possibly the majority of Aboriginal people are in fact abstinent, the extreme levels of AOD abuse and the highly visible results, especially when concentrated into "missions" are frightful.

I have seen children as young as five smoking cannabis, with tacit parental consent. Reports to child welfare services are difficult to act upon as they are overwhelmed by the volume of work.

I lived next door to a "drinking house" where community members would congregate to drink "Mozy" (cask moselle) daily, from around 7:30 am until late at night. The local supermarket would open at 7:00 am and the heavy drinkers would be waiting to buy alcohol. Getting an early start meant they could get drunk twice a day, passing out for a while before returning to obtain more alcohol in the afternoon. In a town of around 1100 people there were two hotels, two licenced

clubs and the licenced supermarket. The supermarket alone was reportedly selling more than two pallets of moselle per week. Alcohol fueled fights and affrays were common, at times with 50 or more people involved. I heard a woman beaten to death, and did not realize what was happening as I was so used to the noise and shouting.

The level of Policing in the area was pathetic; it would take 1-2 hrs on most days or nights for a urgent call to be answered even though a Police residence was available in town. When matters seemed extreme local people would call the fire brigade, who wouls at least arrive promptly and stabilize matters.

When the public would campaign for more Police, their concerns were ignored or minimized. Factors cited were costs and the lack of reported incidents. Police records seemed to be somewhat faulty as the reported incidents in one month was less than the total number of calls I had made. Indigenous as well as non indigenous people felt unsafe in their own homes. On one occasion a neighbour was the subject of a home invasion. He opened his front door and was "king hit" by a drunken male. The attacker stepped over his unconscious body and proceded to chase his partner around the kitchen, demanding "grog". I called the police and ambulance while my husband and other neighbours went to try and help the victims. Fortunately the aggressor was able to be removed, the ambulance came and provided treatment for the victim, and had left, prior to the police arriving.

Deaths have occurred from violence and out and out racial fights had broken out in the main streets usually due to families getting involved in racist remarks involving famlies of children at the local schools.

Reported levels of alcohol consumption are as high as 8 litres of wine daily, with a top up of yandi.

Yandi or cannabis is not seen, by indigenous communities, as being as destructive as alcohol and consumption, particularly where climatic conditions favour its cultivation, is a much cheaper and easier option. I have heard reports of individuals smoking 2-300 "cones" daily. In smaller regional communities the suppression of cannabis is far beyond the abilities of the limited police presence. Hard drugs such as amphetamines and heroin are in evidence, but the economics of their supply means that few can afford them, and the communities are not wealthy enough to support the levels of crime with which to maintain a habit.

Organisations such as Mimi Mothers at Bowraville attempt to help young women deal with families and children and avoid drugs, and I have participated in an early intervention program targeted to young people at risk, however efforts in this direction are hampered by funding issues, and overcoming the powerful forces of peer pressure and negative role models is difficult. I feel these camps should be held on a ongoing nature at least once per year to involve all children accompanied by families.

In the Tiwi Islands a seemingly effective approach has been to have the local hotel open for only a few hours each day, sell only beer an do not allow takeaways. This combined with the Responsible Service Of Alcohol and the geographic isolation has apparently limited the problems of drunkenness, without imposing an untenably harsh system.

Current policy is that “a bad family is better than no family”, and I have personally been involved when a young (non indigenous) girl who reported having been sexually abused by her father and brother and was, to all intents and purposes, forced back to her family, following “mediation.” She subsequently left to live with her boyfriend at the age of 16, following an attempt on her life by her father. This type of occurrence is even more exacerbated in the indigenous community where there are few options outside the family for placement, and accommodation is frequently overcrowded. In many towns emergency accommodation is non existent.

When managed appropriately, and run for the benefit of clients rather than as a financial “cash cow” for another organization, CCAP and EACH packages have been immensely beneficial to indigenous communities in which they operate. Case management on a holistic basis, ensures that nutritional, housing and medical needs are met. Many indigenous people reach their later years with little domestic capital, they may lack items as basic as beds, refrigerators and washing machines. Social support, advice and counseling help meet their non material needs, activities such as the Elder’s Choir, Elders Olympics and social outings help the clients maintain their physical abilities and their interest in life. The CAC Packages also provide employment for indigenous workers this in turn allows indigenous workers to have pride in their jobs and enables the purchase of houses and necessities for their families thus creating role models for their children and communities.

Such programs inject cash into communities, by way of purchased services, goods and wages, and increase the community levels of self esteem.

The money involved with CACP is recurrent funding, the future is assured and does not require administrators to spend all their time searching for funds to maintain services. Whilst setting up and managing this service I have seen a improvement in longevity because of a better, healthier lifestyle with more social interaction to look forward to. I set up The Elders Choir which has been a great success and has been running now for five years the Elders have traveled to many places and performed for many people and it has given those involved a feeling of pride and a way they can share their culture as well as preserving the language. This choir is now sustainable, due to the way it was set up and the expectation to manage its future without government funds.

I feel funding for this kind of project should be made more readily available as long as a business plan could be put in place for it to become sustainable within a certain time.

An initiative which I have seen in a number of communities is the integrated outreach services being run. Government and non-government services make visits to outlying indigenous communities on the same day, for instance centrelink, jobs network providers, health services, mental health practitioners and community corrections staff may all be present on the one day, thus allowing timely action of cross referrals, integrated case management of clients and minimal disruption and delay. For example a person with Centrelink obligations may be able to obtain medical certificates or guidance on the spot, instead of having to make two, three or more visits to a distant centre to obtain the same result.

Because of transport difficulties the extra visits for health and employment issues would not occur, which only costs the government much more money in the long term, due to long stays in hospital or long term unemployment benefits possibly for generations to come.

To make a difference, first we must save the children, allow them to grow up healthy in mind and body, give them the chance to embrace education and to reach their potential. We must remove the barriers to their employment and empowerment, and encourage them to do the same for their descendants. In the very early 20<sup>th</sup> Century there was around a 17 to 20 year difference in life expectancy between Italian immigrants in New York and the wider population. In four decades that gap had closed. We need to meet that challenge.