



April 9, 2008

Senate Legal and Constitutional Affairs Committee
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Re: Senate Committee Inquiry into the Stolen Generation Compensation Bill 2008

Please find attached a submission to the Senate Committee Inquiry into the Stolen Generation Compensation Bill 2008. The submission has been authorised by the Telethon Institute for Child Health Research.

Our submission draws heavily on the empirical evidence from the Western Australian Aboriginal Child Health Survey on the intergenerational effects of forced separation from family and forced removal from traditional lands (please note that a complete analysis of these issues is contained in the attached report, "Measuring the Social and Emotional Wellbeing of Aboriginal Children and Intergenerational Effects of Forced Separation").

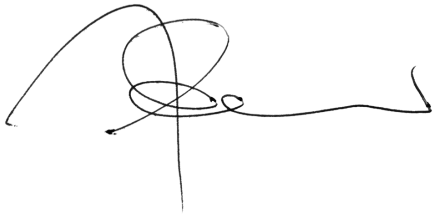
Contributions to this submission were made by Mr. Carrington Shepherd, Professor Sven Silburn, Professor Stephen Zubrick, Ms. Heather D'Antoine, Dr. Roz Walker, Ms. Sue Ferguson-Hill, Mr Glenn Pearson, Ms. Elizabeth Cromie, Mr. Jason Barrow, Ms. Theresa Venz, Ms. Peta Gooda and Ms. Tracey-Lee Edwards.

We believe the establishment of a Stolen Generation Compensation Bill is a landmark undertaking and provides an opportunity to redress some of the significant detrimental legacies of past policies and practices relating to forcible removal and separation. Consequently, the Bill can make important contributions to the health and wellbeing of Aboriginal and Torres Strait Islander peoples across Australia.

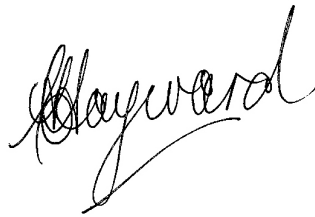
We note that the Inquiry process includes public hearings at selected locations. We strongly recommend that Perth is included as a venue given the extent to which Aboriginal families in this State have and continue to be affected by these past policies.

We trust that the information provided will assist the Senate Committee with their Inquiry.

Sincerely,

A handwritten signature in black ink, appearing to be 'Fiona Stanley', with a large, sweeping initial 'F'.

Professor Fiona Stanley
Director
Telethon Institute for Child Health Research

A handwritten signature in black ink, appearing to be 'Colleen Hayward', written in a cursive style.

Associate Professor Colleen Hayward
Director
Kulunga Research Network
Telethon Institute for Child Health Research



Submission to the Senate Committee Inquiry into the Stolen Generation Compensation Bill 2008

**Prepared by the Kulunga Research Network
Telethon Institute for Child Health Research**



Submission to the Senate Committee Inquiry into the Stolen Generation Compensation Bill 2008

SUMMARY

This submission outlines the evidence-base that describes the nature and extent of forced separation of Aboriginal children from their families and relocation of Aboriginal people from their land and their intergenerational consequences, with a particular focus on recent empirical data.

The evidence-base is irrefutable and fully supports the need for a comprehensive national framework for compensation. We believe that a framework of this nature is a practical step that supports the spirit of the Prime Minister's recent Apology to Australian Indigenous Peoples and the broader process of reconciliation. A framework needs to be broadly focused, and inclusive of a financial compensation model and other forms of restorative justice.

This submission outlines what we see as crucial elements of the process of restorative justice. This includes: building the capacity of community based mental health services in both mainstream and community controlled health sectors; developing an Aboriginal Healing Foundation to support the creation and sustainability of Indigenous healing centres and other community initiated activities and services that promote wellness; and improved and expanded treatment and support services for Aboriginal people with alcohol and other substance use problems.

It is critical that all aspects of the framework for compensation, including leadership, direction-setting, development, implementation and accountability, need to be done in consultation with, and be fully inclusive of, Aboriginal and Torres Strait Islander people. Further, full consideration needs to be given to services, programs, processes and interventions that are already in existence and supported by the Aboriginal community.

We also support the implementation of all of the recommendations from the 1997 *Bringing Them Home* report (HREOC, 1997).

Introduction

The evidence from other formerly colonised nations such as Canada and New Zealand indicates that a restorative vision can be achieved, and can benefit not only Indigenous people but also broader society. However, this needs to be based on a proper understanding and acknowledgement that forced separation and institutionalisation have had devastating intergenerational consequences for Indigenous people's mental health and wellbeing and hopes for the future.

Evidence-base

The *Bringing Them Home* report has documented the past laws, practices and policies which resulted in the separation of Aboriginal children from their families from the 1800s through to the 1960s. Submissions to the *Bringing Them Home* Inquiry demonstrate

clearly that the effects of being forcibly separated from family and/or relocated away from traditional lands can have devastating effects on an individual over their lifespan and on subsequent generations. These effects extend to long-term problems with health and wellbeing, including social and emotional wellbeing (particularly in circumstances where Aboriginal people have suffered the trauma of abuse) (Silburn et al., 2006).

While the accounts provided via the *Bringing Them Home* Inquiry are valid proof of the adverse effects of forced separation and relocation, until recently there has been little empirical data to document the extent and nature of the intergenerational effects. The Western Australian Aboriginal Child Health Survey (WAACHS) provides a robust scientific evidence-base of these effects on today's children and their carers (De Maio et al., 2005; Zubrick et al., 2005).

The WAACHS is a large-scale epidemiological survey of the health and wellbeing of 5,289 Western Australian Aboriginal and Torres Strait Islander children aged 0-17 years. It was conducted in 2002 and enables reliable population estimates of Western Australian Aboriginal children and young people living in households where one or more parents/carers and/or grandparents were forcibly separated from family or forcibly relocated away from traditional lands (Zubrick et al., 2005). More importantly, the survey methodology has allowed systematic comparisons to be made of the associated health and wellbeing outcomes for the survey children and their parents/carers in households affected by forced separation or forced relocation in contrast to outcomes observed in households not affected by these experiences. The survey operated with approval of institutional ethics committees meeting the requirements of the National Health and Medical Research Council of Australia. In addition, all phases of the survey and its development, design, and implementation were under the direction of the WAACHS' Aboriginal Steering Committee.

It should be noted that while the WAACHS findings are confined to the effects of past child removal policies on the Western Australian Aboriginal population, they help to inform aspects of the national discussion generated by the *Bringing Them Home* report.

Extent of forced separation from natural family

Primary and secondary carers of Aboriginal and/or Torres Strait Islander origin were asked whether they had been 'taken away' from their natural family by 'a mission, the government or welfare agency', although they were not asked to identify which of these entities took them, where or when they were taken or under what circumstances this took place. The only information collected was whether they were taken away. Around 12.3 per cent (or 1,280) of primary carers and 12.3 per cent (or 670) of secondary carers reported they had been subject to such separation.

Aboriginal carers were also asked whether either of their parents had been forcibly separated from their natural family by a mission, the government or welfare agency. Some 20.3 per cent (or 2,110) of the mothers of primary carers (e.g. grandmothers of the survey children) and 12.6 per cent (or 1,310) of the fathers of primary carers (e.g. grandfathers of the survey children) had been forcibly separated.

Among all of the Aboriginal children and young people living in Western Australia, 35.3 per cent (or 10,500) were found to be living in households where a carer or a carer's parent (e.g. grandparent) was reported to have been forcibly separated from their

natural family. While this proportion did not vary appreciably by overall geographic remoteness, there were differences depending on which ATSiC region children lived in. For example, a greater proportion was reported in the Broome ATSiC region (53.0 per cent) than in South Hedland (27.3 per cent) and Kununurra (26.1 per cent).

These proportions are higher than those reported nationally. Data from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) show that a much higher proportion of child separation occurred within Western Australia than occurred nationally (ABS, 2004).

Extent of forced relocation from traditional country or homeland

Around 23.8 per cent (or 7,090) of children were living in households where a carer or grandparent had been forcibly relocated from an area that was their traditional country or homeland. This proportion varied by ATSiC region – from 41.8 per cent in the Broome ATSiC region to 14.0 per cent in the Geraldton ATSiC region.

Households affected by forced separation and/or forced relocation

Around 40.9 per cent (or 12,200) of children were living in households where at least one primary or secondary carer had been affected by forced separation from their natural family or forced relocation from traditional country or homeland.

Impact on health and wellbeing of forced separation and relocation

The association between forced separation and a range of health and wellbeing indicators was analysed using robust statistical methods to account for a range of likely confounding factors. Using this method it was found that after accounting for age, sex and level of relative geographic isolation, carers who had been forcibly separated from their natural families (compared with carers of Aboriginal children who had not been forcibly separated) were:

- 1.95 times more likely to have been arrested or charged with an offence
- 1.61 times more likely to report the overuse of alcohol caused problems in the household
- 2.10 times more likely to report that betting or gambling caused problems in the household
- Less than half as likely to have social support in the form of someone they can 'yarn' to about problems
- 1.50 times more likely to have had contact with Mental Health Services in Western Australia.

Further, Aboriginal children whose primary carer had been forcibly separated from their natural family were found to be 2.34 times more likely to be at high risk of clinically significant emotional or behavioural difficulties than children whose carers were not forcibly separated.

It should be noted that the comparisons outlined above are made within the population of Aboriginal children. We know that Aboriginal children, in general, are at an elevated risk of emotional and behavioural difficulties when compared with non-Aboriginal children (Zubrick, 1995) – hence a comparison between Aboriginal children with carers who had been forcibly separated and the general population of children is likely to reveal even stronger associations.

Intergenerational effects of forced separation

The WAACHS findings confirm the impact of the forced separation of primary carers from their natural family on the risk of clinically significant emotional or behavioural difficulties in their children. After accounting for age, sex and level of relative isolation, those children for whom both their primary carer and their primary carer's mother had been forcibly separated from their natural family were over two and a half times as likely to be at high risk of clinically significant emotional or behavioural difficulties, while those children whose primary carer was forcibly separated but the primary carer's mother was not separated were over twice as likely to be at high risk of clinically significant emotional or behavioural difficulties.

Representative surveys such as the WAACHS and NATSISS should be used as the best estimate of the minimum number of people and families affected by separation. It is unlikely that the number of Aboriginal people who were separated will ever be precisely ascertained from historical sources, given the differences in removal policies which existed between the States and the ways in which these changed in their application over time.

International evidence and models

Canada's Aboriginal Healing Foundation (AHF) model

The AHF was established in 1998 with an allocation of \$350 million to be expended within a 10 year time frame. This was established as a result of "*Gathering Strength – Canada's Aboriginal Action Plan*", a federal strategy to renew the relationship between Aboriginal people and the Government of Canada. The Foundation is an Aboriginal-run, not-for-profit organisation funding community healing projects. Its mission is "...to encourage and support Aboriginal people in building and reinforcing sustainable healing processes that address the legacy of physical and sexual abuse in the residential school system, including inter-generational impacts" (Aboriginal Healing Foundation, 2006). The Foundation was given a year to set-up; 4 years to disburse the \$350 million healing fund on a multi-year basis, and 5 years to monitor and evaluate the projects.

The findings from the evaluations of the Canadian Aboriginal community healing initiatives are particularly instructive. In particular they show that an average of 10 years is required for a community to reach out, dismantle denial, create safety and engage participants in therapeutic healing. The progress and duration of healing was affected by the level of community awareness and capacity, readiness to heal in individuals, the availability of organisational infrastructure and access to skilled personnel. The achievement of healing goals was also better achieved through services provided by Aboriginal practitioners and those with longer involvement in counselling and therapeutic activities. Finally, the economic evaluation of the AHF funded community healing centres showed that funding of healing as an alternative to incarceration was cost-effective and lowered recidivism rates with each \$2 spent on healing saving \$6 - \$16 of government expenditures on incarceration.

RECOMMENDATIONS

The findings from empirical sources such as the WAACHS and NATSISS and the evidence from the *Bringing Them Home* Inquiry—all of which have been informed by Aboriginal people—provide clear insights as to the needs of Aboriginal people who have been

affected by forced separation and relocation. Some of these needs are articulated below and we recommend that they be considered as part of this Inquiry process. There are many existing groups and organisations working successfully on community-supported, grassroots services and initiatives that are consistent with the ideas discussed here – this work should form the building blocks of the process of restorative justice, forming the basis of further expansion of services.

A preventive approach

There needs to be a greater focus on, and substantial investment by Australian governments into, developmental (longer-term) preventive interventions to reduce mental health problems and life stress and improve the quality of interactions between children and their carers. These approaches can also achieve the broader and longer-term objectives of promoting community and family resilience – as well as reducing the early determinants common to child abuse, violence, substance abuse and suicide.

Preventive approaches must focus on building the capability profile of Aboriginal communities, families and individuals. The capability profile of the Aboriginal population can be characterised by: lower levels of education; a median age of about 20 years of age; lower levels of occupation skill and qualification; fewer adults and role models per child; and high life stress. This combination of circumstances not only generates impoverishment of the environments in which Aboriginal children are raised but compromises the wider pool of resources essential for child growth and development.

Addressing these problems requires a more holistic and community informed approach that focuses on strengths, empowerment and positive cultural-identity. The Aboriginal night patrols and street patrols that operate in many country and urban areas around Australia are a good example of successful community initiated action.

There needs to be significant investments to build the capacity of community based mental health services in both mainstream and community controlled health sectors.

A Healing Foundation

We believe this Inquiry should closely examine the Government of Canada's "Aboriginal Healing Foundation" (AHF) model. A significant investment in the creation and on-going support of Indigenous healing centres and other community initiated activities to promote wellness, could create a restorative vision for the Aboriginal peoples in Australia. As such, we strongly recommend establishing a Healing Foundation for Indigenous Australians. It would strengthen the Australian and State Government's existing commitments to working in partnership with Aboriginal people and communities in overcoming Indigenous disadvantage.

The experience from Canada has shown that an average of ten years is required for a community to reach out, dismantle denial, create safety and engage participants in therapeutic healing. The Australian evidence confirms that a long term commitment is required to address the intergeneration effects of forced separation and relocation. Therefore, it is imperative that a Healing Foundation create a long term vision and establish short, medium and long term objectives.

A Healing Foundation should support an extensive range of community healing and wellness activities—including, for example: men's and women's support and healing

groups; youth-elder community workshops and conferences; practical support of traditional ceremony and cultural business; traditional healing; individual counselling; youth leadership programs; family counselling; parenting and nutrition education; and supported residential options for young people.

As outlined in the evidence-base, one major consequence of past policies and practices of forced removal and separation is substance abuse, and many are now calling for alcohol bans in various communities in Australia. To do so without improved and expanded alcohol and drug treatment, rehabilitative and preventative education and counselling programs is inhumane and likely to be ineffective.

Processes

We support the creation of a Stolen Generations Tribunal. There should be gender equity in the composition of the Tribunal as well as strong Aboriginal representation.

The current wording of the Bill does not detail the process for compensation. This should be addressed in sufficient detail to guide those with a stake in the proposed legislation. In addition, the process should not be onerous, so as to exclude those stakeholders who are disenfranchised by virtue of their experiences with Stolen Generation policies and practices.

Endnotes

Human Rights and Equal Opportunities Commission (1997). *Bringing Them Home: Report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*. Canberra: HREOC.

Australian Bureau of Statistics (2004). *National Aboriginal and Torres Strait Islander Social Survey 2002*. Canberra: Australian Bureau of Statistics (Catalogue 4714.0).

Silburn SR, Zubrick SR, Lawrence DM, Mitrou FG, De Maio JA, Blair EM, Cox A, Dalby RB, Griffin J, Pearson G, Hayward C (2006). The Intergenerational Effects of Forced Separation on the Social and Emotional Wellbeing of Aboriginal Children and Young People. *Family Matters 2006*; 75.

De Maio JA, Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, Cox A (2005). *The Western Australian Aboriginal Child Health Survey: Measuring the Social and Emotional Wellbeing of Aboriginal Children and Intergenerational Effects of Forced Separation*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research.

Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J (2005). *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research.

Zubrick SR, Silburn SR, Garton A, Burton P, Dalby R, Carlton J, Shepherd C, Lawrence D (1995). *Western Australian Child Health Survey: Developing Health and Well being in the Nineties*. Perth: Australian Bureau of Statistics and the Institute for Child Health Research.

Aboriginal Healing Foundation (2006). *A Healing Journey: Final Report Summary Points*. Ottawa: Aboriginal Healing Foundation.

ⁱ 'Aboriginal' refers to Aboriginal and Torres Strait Islander peoples.