

# Ending the cycle of vulnerability

“The true measure of a nation’s standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born.” – UNICEF 2007

It is often said that the ultimate test of a society is how it treats its most vulnerable. If this is so, how are we to judge Australia, when we consider the health, wellbeing and hopes of some of its most vulnerable citizens: Indigenous children?

The statistics are shocking. An Indigenous child born between 1996 and 2001 can, on average, expect to live approximately 17 years less than a non-Indigenous child born in the same period. Indigenous infants and children are 2-3 times more likely to die compared with non-Indigenous infants and children. Between 2001 and 2004, 13% of all Indigenous births involved babies with a low birth weight: more than double the proportion born to non-Indigenous mothers, and a similar rate to that in developing countries. Indigenous children in Australia continue to fall prey to Third World diseases, which in turn impact on their future education and employment.

While the risks of physical sickness and injury are unforgivably high, they are not the only concern. The Western Australian Aboriginal Child Health Survey, conducted in 2001 and 2002, found that 24% of Aboriginal children were at high risk of clinically significant emotional or behavioural difficulties compared with 15% of non-Indigenous children. The survey also identified that of those surveyed 9% of girls and 4.1% of boys aged between 12-17 years had attempted suicide in the previous 12 months.

There is a complex web of factors that have an impact on the health and wellbeing of Indigenous young people, including remoteness, forced separation or forced relocation, major life stressors (such as death, separation and divorce)

and financial strain. Many rural and remote Indigenous communities still do not have access to the basic level of environmental health experienced by the rest of the population, and overcrowded housing, in particular, remains a significant problem.

In South Australia, the Mullighan report on sexual abuse of Indigenous children in the Anangu Pitjantjatjara Yankuntjatjara (APY) Lands (released in 2008) and Social Inclusion Commissioner Monsignor David Cappelletti’s *To Break the Cycle* report on youth offending (2007) have provided some grim insights into the broader context of conditions for young Indigenous people.



After releasing his report on abuse in the APY lands, Commissioner Ted Mullighan described the extent of the child sexual abuse within the Lands as “devastating, widespread and severely under-reported”. He highlighted that it “occurs in the context of destructive and disorganised communities, poor health, poverty, alcohol and other substance abuse, the breakdown of traditional law and authority, generational cycles of abuse and neglect of children, violence, fear and a general powerlessness of many women”. The links between

alcohol and other substance abuse and child abuse and neglect have been well documented, and exact a high price, across generations.


As Professor Fiona Stanley noted in her Hawke Lecture on Indigenous health in Adelaide late last year, there have been a plethora of reports and research papers, Royal Commissions, inquiries, reviews and surveys, some going back more than ten years, outlining the issues and proposing solutions, yet “few of these recommendations from any of these expensive exercises have been taken up properly and completely by any state or federal government”. The AMA’s own annual Indigenous Health Report Card

tells much the same story in each of its seven iterations since 2002 when it urged that the situation for Indigenous people “cannot be allowed to continue”.


Yet change may be coming. In the last year the Council of Australian Governments agreed to six ambitious targets to ‘close the gap’ between Indigenous and non-Indigenous Australians, including halving mortality rates for Indigenous children, and its October 2008 National Partnership agreement included \$1.6 billion for Indigenous

health, with \$564 million of joint funding over six years to address the needs of Indigenous children in their early years. It is clear that this constitutes a significant commitment towards closing the gap between Indigenous and other Australians. Will it deliver? This will be the challenge.

Around Australia, there are a range of ‘good news’ stories about initiatives that have worked, and are working. These include community-based initiatives such as the Jalaris ‘Kids Futures Club’ and Health Outreach Service in WA; ▶



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the Yarrabah Indigenous Men’s Support Group of the Gurriny Yealamucka Health Service in Queensland; the ‘Safe Sleeping’ SIDS prevention initiative in WA; the Wellington Aboriginal Community Health Service ‘Healthy for Life’ initiative in NSW; the ‘Family Wellbeing’ project of the Apunipima Cape York Health Council in Queensland; and the Mooditj Sexual Health and Lifeskills Program for Indigenous Young People, which has been implemented in communities in WA, the NT, NSW and SA.

Some local initiatives flagged by SA Health include the Remote Indigenous Stores and Takeaways Project to improve access to healthy food in remote Indigenous community stores; Healthy Ways – Stage Two, which is to have a focus on improving nutrition for Aboriginal mothers, babies and young children and support child development through play; Anangu Bibi, the pilot program of the Aboriginal Family Birthing program in Whyalla and Port Augusta; the Smoke-free Pregnancy Project; and Kanggawodli, the Aboriginal Step-Down Unit at Dudley Park in Adelaide, a new facility that will host an expanded step-down program to help country and rural/remote Aboriginal patients access accommodation and transport services.

South Australia has had successes in increasing infant and child vaccination rates, which has a major health impact. The Family Home Visiting program, which is available to Indigenous children born in the program areas and was established under the Every Chance for Every Child policy, has also gained positive responses, and provides significant support to mothers and babies. Under the SA Country Health Care Plan, Port Augusta, which has the largest population of Aboriginal and Torres Strait Islander people in country SA is planned to become a ‘centre of excellence’ in the care of Aboriginal and Torres Strait Islander people and continue as a key centre for Aboriginal child health.

Having a workforce in place to deliver services to Indigenous people and communities is and will continue to be a significant challenge. According to Dr Nigel Stewart, head of the Northern Regional Paediatric Unit at Port Augusta Hospital where he has worked as a paediatrician for the last 15 years, things have improved since he first began working for the hospital, when



children were literally still “dying in the sandhills”, but we still have a long way to go – and in the past governments have not really “had the hunger” to fix things. However, with better data collection in South Australia than some other states, and our smaller Indigenous population, he believes our state has a “natural advantage”: we are small and swift enough to be able to take innovative pilot programs and replicate them.

**The social determinants of health and wellbeing – things like education and meaningful employment – are fundamental to any kind of health initiative.**

Yet finding the people to do so remains difficult. He sees a constant turnover of workers in the sector, and it can be hard to recruit. This is a significant problem. After all, as he puts it, “Health is a people business, and without enough people you cannot deliver the services.”

It is clear that increasing the Indigenous health workforce will be a significant step forwards in providing services to Indigenous people, and South Australian universities are making real efforts, according to Dr Tamara Mackean, president of the Australian Indigenous Doctors Association (AIDA), and a senior research fellow with the Centre for Aboriginal Medical and Dental Health at the University of WA. South Australian doctors have also helped to support the AIDA *Pathways into Medicine* pilot



“Accountability and early and ongoing monitoring of progress are also vital. Bureaucrats, departments, ministers and governments should be held accountable when it comes to Indigenous health. Years of failure are no excuse to keep failing, and right now we are failing Indigenous people, and Indigenous children. It is just not good enough. We have seen various initiatives and programs that have worked. Such initiatives need to be supported, and extended.”

Dr Ford also emphasises that real success cannot be achieved without the engagement and participation of

Indigenous communities and Indigenous health organisations. “Policy and programs do not exist in a vacuum. They have to respond to people’s real needs, wants and situation – and of course they also have to be appropriately and consistently funded.”

“Partnership is the key: between Indigenous people, communities and services, federal and state governments, universities, health workers and patients. We all know how serious the problems are. We all want to see them fixed. I hope there is now a serious will from governments to make a difference. Let’s work together and make it happen.”

project to promote health and medical careers to Indigenous school children, with positive responses.

There has also been a “sea change” in medicine, according to Dr Mackean, with students today exposed to a more integrated and comprehensive curriculum around Indigenous health and wellbeing, that is being taught by, or with the involvement of, Indigenous people.

There is also an increasing recognition of the fact that Aboriginal people traditionally have a holistic view of health and wellbeing, and that services and programs need to be culturally appropriate and responsive.

Dr Peter Ford, the AMA(SA) president and a member of the federal AMA’s Taskforce on Indigenous Health, hopes that change is coming for Indigenous communities and Indigenous children.

“The early years of life – and before birth – are so important to future health and wellbeing. If we are to close the life expectancy gap between Indigenous and non-Indigenous Australians, tackling the poor health outcomes experienced by children must be the foundation, and to really make a difference we will need to address the broader factors and intergenerational health influences in Indigenous children’s lives,” he stated.

“We need to look at preventing illness and injury, but we also need to help people rebuild lives and communities. The social determinants of health and wellbeing – things like education and meaningful employment – are fundamental to any kind of health initiative.”

## What can be done?

The federal AMA’s Indigenous Health Report Card lists 10 Indigenous child health targets for governments to meet. It recommends a range of policies and programs to help ‘close the gap’ and the benchmarks and health dimensions it focuses on provide a framework for tracking national progress on Indigenous child health, which it believes should also be central in the federal Government’s evaluation of the NT Emergency Response. This intervention is now in its second year, and the AMA will be closely watching how its outcomes measure up. The report card makes a range of recommendations, which include:

- That a national network of Indigenous community-controlled primary health care services specifically for Indigenous mothers and children be established.
- That state, territory and federal governments partner with Indigenous health organisations and representative bodies in the design and implementation of child and maternal health services.
- That culturally-appropriate services be established within two to five years in urban, regional and remote locations, to identify and respond to the mental health needs of Indigenous children and adult carers.
- The development of an Indigenous medical and health workforce and a strategy to maximise the engagement of the mainstream medical and health workforce. This strategy should include a focus on closing the salary gap between doctors working in Aboriginal Medical Services and doctors employed in state systems.
- A national audit by the federal Government to measure housing conditions, access to clean water, sanitation facilities and the conditions for safe and healthy living. Programs of housing and community maintenance should be implemented to ensure that within five years critical health living conditions exist in 75% of all housing, and that appropriately-sized housing is available where needed.
- That the Federal Government coordinate national improvements in data management to ensure that information regarding Indigenous identification and health is available and comprehensive.
- That a major focus in closing the Indigenous child health gap be capacity building within Indigenous communities to promote good health, to identify and monitor emerging health issues and develop local responses.

*For more information or to view the AMA Report Card in full, or to read the AMA Position Statement on Aboriginal And Torres Strait Islander Health, visit: [www.ama.com.au](http://www.ama.com.au).*