Volume Four

Strengthening the Capacity of Aboriginal Children, Families and Communities

CITATION

The following citation should be used when reproducing or quoting any part of this publication:

> Silburn SR, Zubrick SR, De Maio JA, Shepherd C, Griffin JA, Mitrou FG, Dalby RB, Hayward C, Pearson G. ***The Western Australian Aboriginal Child Health Survey: Strengthening the Capacity of Aboriginal Children, Families and Communities.*** Perth: Curtin University of Technology and Telethon Institute for Child Health Research, 2006.

Curtin University of Technology, the Telethon Institute for Child Health Research and the Project Steering Committee wish to acknowledge the significant contribution of Dr. David Lawrence to this publication. Dr. Lawrence designed and developed all aspects of the statistical analysis framework used in this and previous WAACHS volumes – including innovative data modelling techniques unique to the WAACHS, applications for the output of tables and charts, and other specialist design work.

National Library of Australia Cataloguing-in-Publication

The Western Australian Aboriginal child health survey: strengthening the capacity of Aboriginal children, families and communities.

Includes bibliographical references.
ISBN 0 9775975 0 4 (v. 4).

1. Children, Aboriginal Australian - Health and hygiene - Western Australia. 2. Children, Aboriginal Australian - Social conditions. 3. Youth, Aboriginal Australian - Social conditions. 4. Youth, Aboriginal Australian - Health and hygiene - Western Australia. 5. Children, Aboriginal Australian - Education - Western Australia. 6. Youth, Aboriginal Australian - Education - Western Australia. I. Silburn, Sven. II. Zubrick, Stephen. III. Telethon Institute for Child Health Research. IV. Curtin University of Technology. Centre for Developmental Health.

613.04320899915

Cover Photograph: Tony McDonough

This publication was produced by the Telethon Institute for Child Health Research (TICHR) through its Kulunga Research Network, a formal partnership between the Institute and the Western Australian Aboriginal community controlled health sector.

PROJECT STEERING COMMITTEE

The Western Australian Aboriginal Child Health Survey has been carried out under the direction of the project's Aboriginal Steering Committee. Present and past members of the Committee include Ted Wilkes (Chair), Ken Wyatt, Gloria Khan, Gordon Cole, Bruce Roper, Pat Kopusar, Danny Ford, Shane Houston, Henry Councillor, Gregg Stubbs, Shirley Bennell, Lester Coyne, Irene Stainton, Heather D'Antoine and Daniel McAullay.

As the Aboriginal custodians of the survey data, the Aboriginal Steering Committee is responsible for the cultural integrity of the survey content, field methodology, analysis and interpretation of findings. This committee also has oversight of the survey's community feedback and dissemination strategy to ensure the appropriate utilisation of the data for the benefit of Aboriginal people.

PROJECT FUNDERS

The funding for survey design, interviewer training, field work, data analysis and reporting of this and previous volumes of findings was secured from competitive grants (Healthway and Lotterywest); the Australian Government (Department of Health and Ageing – coordinated through the Office for Aboriginal and Torres Strait Islander Health, Office for Indigenous Policy Coordination, Attorney-General's Department, Department of Education, Science and Training and Department of Families, Community Services and Indigenous Affairs); the Government of Western Australia (Departments of the Premier and Cabinet, Health, Education and Training, Justice, and Housing and Works; the Department for Community Development including the former Office of Youth Affairs; the Disability Services Commission; Western Australia Police; and the West Australian Drug Strategy); and corporate sponsorship (the Rio Tinto Aboriginal Foundation).

FAMILY, COMMUNITY AND HOUSING REFERENCE GROUP

Production of this volume was guided by a reference group that comprised the following people: Pauline Bagdonavicius and Wendy Dawson (Co-chairs), Yvonne Patterson, Richard Mathews, Genevieve Errey, Kaija Ward, Kellie Properjohn, Katrina Hopkins, Jim Codde, John Gregg, Patrick Egan, Ian Hafekost, Jeff D'Souza, Lisa Baker, Jenny Collard, Joe Lipari, Dennis Eggington, Oriel Green, Gloria Khan, Dawn Wallam, Ty Emerson, Simon Ball, Neil Fong, Danny Ford, Jill Mills, Lyn Acacio, Grania McCudden, Jim Morrison, Helen McNear, Glenda Kickett, Deb Shaw, Jade Maddox and Cliff Weeks.

The role of the reference group was to ensure the policy relevance of the data analysis and reporting, to assist with development of appropriate commentary in each chapter, to oversee the peer review process, to facilitate the uptake of findings into policy and practice and to plan for the launch of the volume.

ACKNOWLEDGMENTS

The authors wish to acknowledge their gratitude to the 1,999 families who agreed to participate in this study and to the school principals and teachers from 410 schools who provided information on the survey children whose parents consented for this to be collected. We hope that their trust in us is returned with benefits for Aboriginal and Torres Strait Islander peoples as a result of this work.

The survey planning and grant proposals were the initial responsibility of Stephen Zubrick, Sven Silburn, Anne Read and Sandra Eades.

Curtin University of Technology is acknowledged for the support provided through its Centre for Developmental Health who are the employers of Ted Wilkes, Stephen Zubrick and Sven Silburn.

Special thanks to present and past Telethon Institute for Child Health Research staff who provided key administrative, financial, information technology and staffing support, particularly, Leanne Scott, Ellen Seymour, Helen Howells, Melinda Berinson, Hoan Nguyen, Elke Scheepers and Helen Daley. We particularly thank the survey 'engine room' staff including Lorrie Martinovich, Margaret Skinner, Francine Eades, Ros Yarren, Jenny Burton, Jodie Deacon, Tracey Eades, Karen Fong, Olivia Fry, Robert Herbu, Amanda Marsh, Onna Newell, Fred Yasso, Anna Robson, Rozanne Silburn and Pamela Stynes; and the Kulunga network, especially Colleen Hayward, Glenn Pearson, Adele Cox, Jacinta Johnson, Daniel McAullay, Kate Butler, Clair Scrine, Roz Walker, Jennine Pickett and Tracey-Lee Edwards.

The dedication and hard work of the field interviewers who were employed to locate families with eligible Aboriginal children and conduct the household interviewers is especially acknowledged. These include: Lois Alexander, Susan Appleyard, Maria Ayoub, Rosalie Ayton, Kaye Barnett, Rhonda Barrett-Smith, Amanda Bell, Zarak BinSaad, Lynne Blanche-Fenn, Wayne Blee, Chris Bloomer, Leonie Boddington, Julia Boyle, Pauline Bradley, Jeremy Brennan, Linda Brislin, Moira Brodie, Alexis Callaghan, Carol Carson, Julie Clampett, Sandra Clancy, Bronwyn Claughton, Joanna Corbett, Lester Coyne, Alice Cruickshank, Anthony Culbong, Deborah Cullen, Mavis Curley, Linda Curson, Peta Cuthbertson, Sophie Davidson, Jan DeGlanville, Wendy Dimer, Teresa Edwards, Elaine Ellard, John Fenn, Tony Fitzgerald, Wendy Freeman, Yvonne (Bonnie) Garlett, Nick Gill, Laura Gladstone, Gloria Golding, Nancy Gordon, Allison Gregory, Rennie Hanson, Louise Hanson, Shirley Harris, Rachel Hartley, Roslyn Hay, Alida Hazelgrove, Sue Hedley, Alison Heinritz, Doris Hill, Jack Hill, Carisma Hines, Andreas Hohn, Diedre Ikan, Greg Keynes, Dianne Keyes, Teresa King, Lucy Lemann, Peter Lonergan, Frances Maloney, Liz Manna, Margart Martin, Susan Massey, Fran May, Kirsty McIntosh, Chelsea McKinney, Helen McLean, LeeAnn Merritt, Llyn Neil, Jan Newman, Catherine Newton, Craig Noonan, Sue Palmer, Graham Parton, Steve Petty, Antonia Phillips, Jan Phillips, Jeffrey Pike, Elizabeth Plowman, Joanna Ponsen, Sharmayne Quartermaine, Karen Read, Kim Read, Marnie Richardson, Anna Robson, David Ronan, Karen Rooksby, Linley Roosmale, Chris Royle, Veronica (Ronnie) Ryan, Claire Ryan, Elizabeth Sabella, Peter Sharp, Meredith Simmons, Joy Spencer, Andrea Spencer, Dawn Stephens, Amanda Stuart, Binney Terry, Neenya Tesling, Bernard Tholen, Barbara Thorley, Lisa Twigg, Penelope van-Lierop, Colin Young, and Margaret Yull.

ACKNOWLEDGMENTS *(continued)*

This study would not have been possible without help from: Robert Goodman (Institute of Psychiatry, London), Paul Albert (Western Australian Department of Education and Training), Audrey Jackson (Association of Independent Schools of Western Australia) and Therese Temby (Catholic Education Office, Western Australia). Support and assistance from Mike Daube, Dianne Kerr, Yvonne Patterson, Hillary MacWilliam, Bruce Roper, Ted Penny, Yvonne Green, Majella Stevens, Kim Ward, Grania McCudden, Karen Trimmer, Kathy Whipp, Wendy Oddy, Beverley Raphael, Wendt Hall, Jessica Ball, Jo-Ann Archibald, Tammy Gibbs, Liz Chester, Cheryl Kickett-Tucker, Danielle Taylor, Chris Green and Julia Fanali is also acknowledged. Thanks also to Tom Pinder, Di Rosman, Carol Garfield and Lexie Stoney for assistance with data linkage.

We are grateful to the selected expert reviewers who provided independent comment on sections of the report relevant to their expertise.

Finally, we extend sincere thanks to the Western Australian regional office of the ABS which provided, under the terms of our consultancy contract, invaluable technical advice and practical support. In particular we would like to thank Nev Cooney, Alan Hubbard, Chris Spencer and Ken Tallis from the ABS.

FOREWORD

Planning for the Western Australian Aboriginal Child Health Survey commenced many years before the fieldwork got under way and published findings began flowing from this work. It has been a long journey for all involved and particularly for those who have led the realisation of the many combined efforts needed to complete this landmark study. There are many people with recollections of their contribution to the survey. For my part, I have fond recollections of driving and flying with colleagues to centres as far afield as Esperance, Carnarvon, Warmun and Geraldton to consult with Aboriginal people about the potential value of the survey, to canvass their support and seek their views about what it should encompass. All of our meetings with Aboriginal people across Western Australia reinforced for me the desire of Aboriginal individuals, families and communities to support this work – particularly if it helped towards an understanding of what was needed to make the lives of Aboriginal children better.

The previously published volumes of findings from the survey have begun to fill important gaps in our knowledge about the health, social and emotional wellbeing and educational experiences of Aboriginal children. They have also put forward important recommendations for refinement in the focus of policy and action on the ground to address the needs outlined in each of these areas. The current volume adds significantly to the previous volumes with its focus on the cornerstone of Aboriginal Australia – family and community, i.e. the myriad of Aboriginal families and communities linked together by our shared history, our presence in this country for thousands of years and our struggle to maintain the integrity and strength of family and community in the face of more than 200 years of change. There is no doubt that, underlying all of the changes since 1788, the fragmentation of Aboriginal families and communities has been one of the most devastating effects of colonisation. This highlights the need to regenerate and enhance the capability and strength of Aboriginal families and communities in dealing with the many challenges they encounter in contemporary Australia.

Much of what is outlined in this volume focuses attention on a range of problems which are well known to Aboriginal people and service providers. Many of these issues require leadership from government and common sense and committed approaches to policy development so that we can break the cycles which perpetuate disadvantage for Aboriginal families and communities. Families and communities provide the hub of support for human growth and development for Aboriginal children. I would urge all who use this volume to read and consider the key actions discussed in Chapter Eight that are needed to improve family and community outcomes for Aboriginal people. This volume reiterates and builds upon the key messages of previous volumes – particularly that family and community development programs should seek to increase parent's and carer's education and family functioning, improve family economic circumstances, increase cultural connectedness and reduce levels of stress.

Aboriginal families and communities would also welcome the work of agencies that:

- increase the appropriateness of housing to reflect and support the differing construct of Aboriginal families
- counter the trend to evict families with young Aboriginal children in their care causing a domino effect of disadvantage as the capacity of other households is stretched to support evicted relatives

- support Aboriginal families to break into the great Australian dream of owning their own home
- explore opportunities to give Aboriginal families a greater chance to find employment and share in Australia's economic prosperity through post-school educational and training opportunities for Aboriginal parents
- understand and support the right of Aboriginal people to maintain traditional cultural values and practices and support efforts to re-establish Aboriginal languages where they have declined
- find innovative ways to provide economic support to the large number of relatively older Aboriginal people who are raising children in their extended families, and
- act to counter the biological, social and educational impacts on Aboriginal children who live with chronic family stress.

A range of other recommendations flow from the findings of this and the earlier volumes which, as a combined body of work, make it clearer than ever how our current efforts must be significantly boosted if we are to meet the request of the Aboriginal participants of our early community consultations. They asked that the lives of Aboriginal children be improved through a better understanding of what is required. It is now our responsibility to use the knowledge gained from the survey to ensure that what needs to be done is done, and continues to be done, to make the lives of Aboriginal children better.

Professor Sandra Eades

The Sax Institute
Sydney

September 2006

CONTENTS

CONTENTS *(continued)*

ABOUT THIS PUBLICATION

This publication was produced by the Telethon Institute for Child Health Research (ICHR) through its Kulunga Research Network, a formal partnership between the Institute and the Western Australian Aboriginal community controlled health sector, with the assistance of the Australian Bureau of Statistics (ABS).

ATTRIBUTABLE COMMENTS

The views expressed in the numbered chapters of this publication relating to the implications of the Western Australian Aboriginal Child Health Survey (WAACHS) findings and for future directions in Aboriginal health are those of the Institute. Views expressed in the Foreword and in the Preface are those of the authors noted.

RELATED PUBLICATIONS

This publication is the fourth of five volumes planned for release from the WAACHS. The focus of this volume is on Aboriginal families with children aged 0–17 years (at the time of the survey) and the communities in which they live. The first volume, released in June 2004, focused on Physical Health; the second volume, released in April 2005, focused on Social and Emotional Wellbeing; and the third volume, released in March 2006, focused on Education. The final volume planned from the survey will focus on justice issues.

CUSTODY OF THE DATA

An Aboriginal Steering Committee oversaw all phases of the survey. This Committee remains the custodian of all data collected and is responsible for the cultural integrity of the survey methods, analysis and dissemination processes.

UNDERSTANDING THE DATA

The tables and text included in this volume are derived either directly from the WAACHS, or through linkage of WAACHS data and administrative data. Survey reports were provided by carers and teachers of Aboriginal children, by Aboriginal young people aged 12–17 years, and by school principals. These reports were accepted as given. Interviewers were not in a position to verify responses either at time of interview or afterwards.

ACCURACY OF THE ESTIMATES

All data presented in this volume have been subject to rigorous statistical analysis. Estimates from the survey have been calculated at a 95% level of confidence. The confidence intervals are displayed on graphs by means of vertical confidence interval bars (⌶). There is a 95% chance that the true value for a data item lies between the upper and lower limits indicated by the confidence bars for that item. Further details on the reliability of the estimates is provided in Appendix D.

Figures in this volume have been rounded to three significant digits. Therefore discrepancies may occur between the sums of the component items and totals.

COMMUNITY FEEDBACK

The Kulunga Research Network has designed a communication strategy which will maximise information available to Aboriginal communities. The results and findings are being reported and profiled for each of the ICC (previously ATSIC) regions throughout the state.

CONTACT FOR INQUIRIES

If you would like more information about any topics covered in this volume or about the survey in general, please email us at:

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This publication, and previous publications in the series, are available electronically as a PDF file on the Institute's web site:

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PREFACE

Dennis Eggington
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We would like to congratulate the many dedicated contributors to this volume on the research they have produced. The depth and comprehensiveness of the study of Aboriginal family and community health in the following chapters provides a sound basis for reform of policy and practice in the area of family and community development. This research gives governments, policy makers and service delivery agents the guidelines for ways in which we can strengthen families and provide children with safe, healthy environments. As the authors of this volume argue, the crisis in Aboriginal family and community health is urgent and the demands for the development and implementation of effective responses to this crisis can no longer be ignored.

For Australia to properly address the wrongs of the past and to build a positive future for all its citizens, there is a need for Aboriginal and non-Aboriginal people to work in concert, to learn from each other while acknowledging the rightful place of Aboriginal people as the First Nations people of this country. As authors of this Preface we have done just that, commencing as is appropriate with an Aboriginal voice and context.

INTRODUCTION

In writing my contribution to the Preface, I (Dennis Eggington) do so from a twofold perspective. Along with many other Aboriginal Australians, I work to meet the dual obligations to our community and to my family. In my role as Chief Executive Officer of the Aboriginal Legal Service of WA, Inc (ALSWA), I daily confront the destructive and corrosive effects on our community of over-representation of Aboriginal people in the criminal justice system in Western Australia. This is part of the Aboriginal circumstance referred to throughout this volume which must change. Incarceration rates for Aboriginal Western Australians, in mid 2003, were the highest in the nation, at approximately twenty-three times the national average. According to a recent State government inquiry, Aboriginal Western Australians are 'one of the most imprisoned peoples in the world and the trend is increasing.'[1]

Through our community's efforts to reverse this trend, we know that the compilation and effective presentation of evidence of current and past human rights abuses is a crucial step in the process of redressing those abuses. We also know that evidence, however compelling, shocking or incontrovertible, has little effect if there is no political will to implement reforms which will practically address Aboriginal disadvantage. I urge the policy makers and government representatives reading this volume to acknowledge and act upon the findings of the Western Australian Aboriginal Child Health Survey. And I think this fourth volume on Aboriginal family and community health will remind the people of Australia that they too have obligations, and that the political will for change must come from all of us. Our children have the right to be born into a world where they can grow up Aboriginal, free from the devastating circumstances that continue to limit human development within our community.

The historical legacies of dispossession — chronic housing shortages, ill health, alarming morbidity rates, disproportionately high levels of arrest and imprisonment, and unemployment and poverty — are experienced by Aboriginal Australians within one of the wealthiest countries in the world. Australia is ranked fourth internationally in terms of the United Nations' Human Development Index (HDI) for 2003, with HDI scores very similar to those for Sweden, the Netherlands, the United States and Canada. Yet Aboriginal Australians as a group experience health, income and educational levels which place them at around 103rd in the world, in between the HDI scores for Cape Verde and China.[2] This disparity in the human development of Aboriginal people compared to that of non-Aboriginal people in Australia cannot be allowed to continue. It is, as the contributors to this volume argue in Chapter Eight, an 'emerging humanitarian failure.' The capabilities and choices of Aboriginal Australians must be ensured through legislative and policy frameworks that promote fair distribution of wealth and opportunities for wealth creation, and equality of outcomes in a practical way.

I write also as a Noongar man, as a father and grandfather of Aboriginal children. I have been fortunate to grow up in a loving family. Despite some difficult times we were also a family that stayed together. This life circumstance provided me with the foundations to create a positive environment for my own family. Children are at the heart of our families, and therefore our community. The research detailed in this and previous volumes of the Western Australian Aboriginal Child Health Survey emphasises the importance of nurturing children in their early years. One of my main concerns as an Aboriginal grandfather is that we do not bequeath to the next generation the appalling conditions — the disease and morbidity rates, the level of violence and substance abuse, the incarceration rates, the chronic poverty — which characterise our Western Australian Aboriginal community today. As the survey authors show, it is now internationally recognised that investment of resources in health and development during early childhood is 'the single most effective strategy currently available to governments and communities for reducing the worst effects of poverty and breaking the cycle of inter-generational disadvantage.'[3] It is clear from this survey that there is a critical need for breaking the cycle of disadvantage. The authors also delineate the policy ground rules to be adopted for strengthening Aboriginal family and community health. This volume presents the evidence and proposed directions for reform, and the urgency for action is obvious.

As Aboriginal ill health is reproduced through inter-generational poverty, so too does the constant struggle for recognition of our human rights takes its toll. The daily confrontation with racism experienced by Aboriginal parents, grandparents and children is an inter-generational burden that causes ill health. My mother, a Noongar woman born in Gnowangerup and who grew up in the Great Southern region, lived under a legislative and administrative regime in Western Australia that was overtly racially discriminatory. The civil and political rights of Aboriginal people in Western Australia were explicitly denied by State laws until reforms in 1963. My Noongar relatives and Aboriginal people across Western Australia fought for their rights, and protested against the odious and destructive government controls over their family life, their financial affairs, and their employment, residence, health and education. The campaign for Federal constitutional change in 1967 was, in Western Australia, much more than a campaign for equal citizenship rights for Aboriginal people.

The ongoing fight for social justice and an end to racial discrimination has had an impact well beyond the Aboriginal community itself, and this tradition of activism is a source of pride for us. But while the struggle for social justice is on the one hand an empowering heritage, there are negative aspects as well. Racism remains a fundamental problem in contemporary Australian society, and it is to our society's detriment that there are no coherent national strategies to address this permanent barrier to a genuinely inclusive nation. While many Australians experience racial prejudice, the impact of racism on the development and wellbeing of our Aboriginal community in particular compounds the social and economic disadvantages which are already acute. It is wearing for Aboriginal people to have to challenge, generation after generation, the de-humanising attitudes that lie at the base of racism. The contribution of this stress to the past and current Aboriginal circumstance is starkly quantified in this and previous survey volumes.

From racist taunts on the school playground to racial vilification in the media, the burden of confronting that abuse falls on the Aboriginal people at whom it is directed. In Volume Two of the Western Australian Aboriginal Child Health Survey, social exclusion was identified as one of the four main constraints in the social and emotional wellbeing of children and young people. Social exclusion can be overt, such as outright abuse and bullying, or less transparent, such as non-recognition or inappropriate disapproval. Research shows that racial discrimination has a negative impact on health, with causal links to depression and anxiety.[4] We know as Aboriginal people that in having to find the resilience to oppose racism, the effort can be tiring. The daily bombardment of media, playground taunts and stares are difficult to stop. It can erode a child's sense of identity and self-worth, and undermine the support and approval coming from parents and grandparents and extended family.

The contributors to this and previous volumes of the Western Australian Aboriginal Child Health Survey have identified the necessity for reversing social exclusion. Racism will not disappear overnight, and there needs to be the political will to confront and eradicate it. I urge political leaders and policy makers to adopt the proposals in this volume for further promotion of cultural awareness and positive cultural identification, and for continued and reinforced sanctions against racism. It is not acceptable that racism remains yet another damaging legacy for future generations of Aboriginal children. It is a burden that a child should not have to bear.

FIRST NATIONS RIGHTS AS HUMAN RIGHTS

On 29 June 2006, the newly established United Nations Human Rights Council adopted the Declaration of the Rights of Indigenous Peoples. The articles of the Declaration have been debated for eleven years and, as this volume is being printed, the declaration as finally adopted will go before the United Nations General Assembly.[5] The right to self-determination and the right to freedom from discrimination and forced assimilation figure prominently in the Declaration. The first article reiterates the human rights of Indigenous peoples:

> *Indigenous peoples have the right to full enjoyment, as a collective or as individuals, of all human rights and fundamental freedoms as recognized in the Charter of the United Nations, the Universal Declaration of Human Rights and international human rights law.*[6]

The Joint Statement issued by the UN Permanent Forum on Indigenous Issues in May 2006 stressed the importance of a human rights based approach to Indigenous rights. The Declaration itself, which the Permanent Forum fully endorsed, reinforces Indigenous peoples' rights to political, civil and economic freedoms in addition to their specific cultural and social rights. The UN Permanent Forum stated that 'persistent human rights violations … continue to be suffered by Indigenous peoples in every region of the world', and that often such violations went unchecked. The Permanent Forum on Indigenous Issues stated that:

> *Rampant denial of our collective and individual human rights is a root cause of debilitating poverty and injustice. Past and ongoing dispossessions of our lands and resources continues to have grave impacts on Indigenous peoples … Impoverishment of Indigenous peoples has had and continues to have a devastating impact, particularly on Indigenous women and children. Among other aspects, widespread poverty disproportionately undermines their education, health, security and well-being, while increasing the risk of violence.*[7]

The health and wellbeing of Aboriginal families and communities in Australia needs to be understood in the context of the protection of their human rights. The causal links between poverty and the denial of human rights, between impoverishment and the dispossession of land and resources, must be acknowledged. Safeguarding the human rights of Aboriginal people is a requirement, not an option, for government action in relation to Aboriginal health and development.

The emphasis on the human rights of Aboriginal families and communities has particular relevance in the Australian context. Along with the United States and New Zealand, Australia has been identified by the UN Permanent Forum on Indigenous Issues as having:

> *dismal human rights records relating to Indigenous peoples … all of these States [United States, New Zealand and Australia] are either now or have been the subject of "early warning and urgent action" procedures by the Committee on the Elimination of Racial Discrimination.*[7]

The Permanent Forum described the 'key positions' put forward by the United States, New Zealand and Australia regarding the human rights of Indigenous peoples as 'most often discriminatory.'[7]

In confronting the crisis in Aboriginal health and development, Federal and State governments and the wider Australian community need to take into account the international condemnation of our country's record on human rights for Aboriginal Australians. The failure of past and current approaches highlights the lack of attention paid to safeguarding the human rights of Aboriginal people in this country. In the past, human rights abuses towards Aboriginal people were overt, perpetrated knowingly and with impunity, and in many instances formalised by racially discriminatory legislation at both State and Federal government levels. It is from the historical background of the explicit denial of human rights that the contemporary situation should be addressed. Australian governments still have considerable work to do before human rights abuses towards Aboriginal people are firmly relegated to history.

The commitment to protecting human rights must be at the centre of all policies and programmes in relation to Aboriginal community health and development. This is a fundamental commitment to insisting on equality of outcomes and opportunities. Without such commitment, the circumstances which currently exist for Aboriginal

Western Australians will remain so much more marginal than those for non-Aboriginal Western Australians. The circumstances and the social disparity they embody are human rights issues. This fourth volume of the Western Australian Aboriginal Child Health Survey details the looming humanitarian crisis which we as a nation need to overcome.

In responding to the findings of this volume, political leaders and policy makers must also refer to the international human rights conventions to which Australia is already a signatory. The United Nations Convention on the Rights of the Child was adopted by the General Assembly in November 1989 and came into force in September 1990. Australia became a signatory to the Convention two months later.[8] The Convention on the Rights of the Child defines a number of articles which are particularly relevant to the current Western Australian Aboriginal Child Health Survey volume on Aboriginal family and community health. Article 6 of the Convention includes the statement that:

> *States Parties shall ensure to the maximum extent possible the survival and development of the child.*[9]

The evidence presented in this and previous volumes of the Western Australian Aboriginal Child Health Survey shows that Australia is failing in its obligation to 'ensure to the maximum extent possible' development for Aboriginal children whose health, education and income status is markedly less than that for non-Aboriginal children. Article 24 of the Convention requires that State Parties 'recognize the right of the child to the enjoyment of the highest attainable standard of health' and introduce measures, among others, to 'diminish infant and child mortality.'[9] But the evidence shows that this is not happening. Aboriginal infant mortality in 2001 was almost three times the rate for non-Aboriginal babies, and comparable to the disparity in infant mortality observed in Australia over thirty years ago.[3]

The commitment to improving Aboriginal child health and development is not one which can be negotiated or ignored by the Australian community. The increased investment of resources needed to ensure the development of Aboriginal children is not one of several alternative responses — it is the only course to take. Investment in Aboriginal child development must happen for Australia to properly meet its international obligations in relation to the protection of human rights for all its citizens.

THE HISTORICAL LEGACIES

The historical bases of contemporary Australian Aboriginal poverty have been referred to in previous volumes of the Western Australian Aboriginal Child Health Survey. Dispossession of land and the trauma inflicted through government policies of removing Aboriginal children from their families have had profoundly destructive and enduring impacts upon the social and emotional wellbeing of the Aboriginal community in Western Australia.

The UN Permanent Forum on Indigenous Issues identified the denial of Indigenous human rights, through dispossession of lands and resources, as a cause of impoverishment. Poverty is an overriding theme in contemporary studies of the Aboriginal community. Throughout the research produced by the Western Australian Aboriginal Child Health Survey, the disparity in income and opportunities for wealth between Aboriginal and non-Aboriginal Australians is identified as one of the key impediments to the development of children and young people. This current volume of the survey shows that high levels of financial strain are major contributors

to Aboriginal family stress. The long term economic outcomes of dispossession are difficult to quantify, but they are manifest in low levels of income and home ownership, and limited access to wealth creation.

The documentary records show that Aboriginal people in Western Australia have asserted their traditional ownership of land and their control over resources through various violent and non-violent means from the declaration of British sovereignty in 1829 onwards. The story of the Aboriginal land rights movement begins with the first attempt at European settlement in Western Australia. But only rarely in the past did Aboriginal people have the opportunity to express their land aspirations in a formal and official context, and to present their demands for some form of redress or compensation from the colonisers for dispossession of Aboriginal land.

In 1984, the Aboriginal Land Inquiry was the first State government attempt to address aspirations for land and how Aboriginal relationships to land should be protected. The Inquiry Commissioner, Paul Seaman QC, stated in his report that his terms of reference did not extend to the issue of compensation for dispossession. He also reported that many Aboriginal people, particularly in the southwest of the State, had expressed their concern to the Inquiry that despite commitments for compensation from the Commonwealth government, there had been no action. Commissioner Seaman was convinced that 'the great majority of people of Aboriginal descent in Western Australia can make the case that they or their forebears were forcibly dispossessed of traditional lands.'[10] He noted the 'very deep sense of injustice about their past treatment and dispossession in this State' felt by the Aboriginal people who participated in the inquiry. Submissions from the National Aboriginal Conference and the Kimberley Land Council argued that Aboriginal sovereignty at the time of British colonisation should be formally recognised by Australian governments. The Kimberley Land Council referred to 'legal and moral obligations' imposed on the State and Federal governments due to the 'unlawful deprivation of sovereignty.'[10] While none of the submissions to the Inquiry suggested that freehold land should be resumed from non-Aboriginal people, Commissioner Seaman reported the view frequently expressed by Aboriginal people that, in relation to land, they 'should not have to now beg for what is theirs by moral right.'[10]

Aboriginal land rights legislation in Western Australia was never enacted, and Commissioner Seaman's recommendations for a form of 'modified title' for Aboriginal land were not implemented. The few instances of compensation negotiated under the Commonwealth Native Title Act 1998 have affected only a small number of native title holders in Western Australia. Similarly, the recognition of native title benefits only those groups of Traditional Owners who can meet stringent requirements for 'proof' of native title, through evidence of the continued operation of a system of laws and customs from which they derive rights and interests in the area of land, or land and waters, that they claim. Native title holders are, by this definition, concentrated in small communities in the more remote parts of the State. For the overwhelming majority of Aboriginal Western Australians, legal recognition of traditional land tenure is not even a distant possibility.

Dispossession, and the absence of any effective compensation for it, represents a substantial historical loss for Aboriginal families and communities in Western Australia. The inter-generational disadvantage referred to throughout the volumes of the Western Australian Aboriginal Child Health Survey has its beginnings in dispossession of land and resources as a result of colonisation. In addition to dispossession of land, systems of forced unpaid labour, low wages and withheld

benefits also represent a major extraction of capital from the Aboriginal community in Western Australia. The issue of stolen wages is currently the subject of a Senate Committee inquiry, and ALSWA in its submission to the Inquiry urged the Committee to establish a national and comprehensive inquiry to properly investigate the issue.[11] In Western Australia, unpaid wages and withheld benefits amount to a massive economic resource that was taken from Aboriginal people.

The appropriation of the wealth created by Aboriginal workers was effected through legislation, which provided the basis for employment and administrative practice. From the Aborigines Protection Act 1886 through to the Native Welfare Act 1954, employment of Aboriginal people in Western Australia was proscribed as a type of fixed term contract, in which the Aboriginal worker was bound to the employer for a period of twelve months and could be charged with an offence against the Act if he or she sought to leave. Employment agreements could be renewed and, although the legislation stipulated that Aboriginal employees should be provided with minimum standards of food, clothing, blankets and medicine, there was no mention of wages.[12]

Chief Protector A.O. Neville admitted in a report to the Minister for the North West in 1925 that many Aboriginal people throughout the State 'exist under a system of semi-slavery'. A Departmental survey in 1923 showed that, although some Aboriginal workers, particularly those in towns and on some pastoral stations in the Pilbara and Gascoyne regions, were paid wages ranging from 10/- to £1 per week, the majority of station workers in the north and north-west of the State were paid no wages at all. They received food and clothing only.[13] For many Aboriginal pastoral workers in Western Australia during the prosperous post-World War II decades, food and clothing rations in exchange for their labour was the norm.

The extent of the appropriation of the value of Aboriginal wages remains to be quantified, and indeed very little historical recognition is given to the major contribution Aboriginal workers have made to the wealth of Western Australia. Particularly in relation to the pastoral industry, Aboriginal people until the 1960s made up the majority of the workforce and their participation was central to the prosperity of that industry. In 1952, then Commissioner of Native Welfare Stanley Middleton, estimated that Aboriginal 'contribution towards our State economy' was a direct ratio of the value of pastoral production, which for the financial year 1949–50 was £26,000,000.[14]

In terms of human development, the outcomes of consistently low or no wages for Aboriginal people were recognised at the time. As is the situation now, low income and inadequate housing were major causes of poor health within Aboriginal families. In the mid 1950s, statistics from the district medical officer in Broome in the Kimberley showed that Aboriginal infant mortality in the town was about one in three, and that this was due to malnutrition. The Native Welfare officer who reported on this appalling state of affairs asserted that it was 'self-evident' that the main cause of malnutrition among the Aboriginal population in Broome was economic. Aboriginal workers earned about one third or less of the basic wage, so families did not have the money to purchase the foods needed for a balanced diet. The Departmental officer commented that Aboriginal people regarded vegetables as 'a white man's food' since they could afford little more than bread, jam, meat and tea.[15]

Acute poverty was also a feature of the community that set up camp on the river at Fitzroy Crossing after Aboriginal workers were sacked and they and their families evicted from Christmas Creek station in January 1969. Initially, there were over two hundred men, women and children in the camp, and although some of the women and children had bank books, their average balance was $3.[16] Two years on, in 1971,

the 'displaced persons camp', as it was referred to in Native Welfare reports, had grown to a population of between 600–700 people. This included several hundred workers and their families who were laid off from the stations over the months of the northern wet season. Facilities at the camp were two bucket showers and five trench toilets, and there was no running water. The almost complete lack of money in the camp, along with overcrowding and inadequate sanitation, meant that health standards were abysmal. Trachoma was epidemic and at one stage in 1970 affected 55 per cent of the children, with the rate decreasing to 36 per cent after the children were treated with eyedrops. Diarrhoea was rife at the camp, and children suffered chronic gastroenteritis, ear and eye infections, skin sores and anaemia.[17]

These examples are from the Kimberley region where the system of low or no wages for Aboriginal workers was the standard until the late 1960s. But poverty due to low income was a feature of Aboriginal communities throughout Western Australia. Far from 'protecting' the welfare of Aboriginal families, the Aborigines Department and its successor the Department of Native Affairs played a central role in perpetuating destitution. This was demonstrated in the Department's management of Moore River Settlement north of Perth, established by the Aborigines Department in 1918 as a segregated institution to which Aboriginal children and town camp residents were forcibly removed. It was chronically underfunded and the buildings dilapidated. The 'inmates' as they were called regularly sought to escape, and cruel punishments were inflicted for this and a range of misdemeanors including 'insubordination.' The diet and accommodation for Aboriginal people at the Settlement was grossly inadequate and disease was endemic. Moore River Settlement was singled out for criticism by the Aboriginal people who gave evidence to the Mosely Royal Commission in 1935, and by these accounts it was a place of misery and impoverishment.[18]

For the children taken from their families and interned in Moore River, or removed there with their families, it was the precursor to an adult life of low income and limited opportunities. They were poorly educated and received virtually no training at the Settlement, so when they were sent out to work by the Department they were ill equipped to deal with often unreasonable expectations of their employers.[18] Furthermore, since the Chief Protector (later the Commissioner of Native Affairs) was their legal guardian under the Act, their wages and personal finances were controlled by the Department. Although trust funds were established on behalf of individuals and they were supposed to have full access to their money once they turned twenty-one years old, in practice their personal financial transactions were closely monitored by the Department well into adulthood.

The devastating impact of the Department's controls over the personal finances of Aboriginal workers was illustrated in the life history of Jessie Smith, née Argyle. Jessie was taken from her family and her Miriuwung country in the East Kimberley in 1906 when she was five years old. She was taken by police on the orders of the Aborigines Department, and along with her brother Toby was sent to Moore River Settlement thousands of kilometers south.[19] As a teenager, Jessie Argyle was sent to work as a domestic servant, and was under constant threat from employers and the Department that she would be returned to Moore River if she did not 'settle down' and work hard. By 1924, Jessie Argyle was earning 20 shillings a week, of which the Department took 75%. This was used to fund the Department's so called 'protection' of her welfare, an intrusion for which she never asked and which she regularly resisted. Payments were deducted from her account for board, for second rate medical attention, for the train fares on the occasions when she was sent to places for work and for payments to the

people who 'escorted' her on these forced journeys. Even the measly five shillings she was left were in practice withheld from her, since the Department avoided allowing adult Aboriginal workers to take cash from their trust accounts and instead gave them government coupons for clothing and other goods.[19] Through these administrative practices, thousands of Aboriginal people like Jessie Argyle worked full time for wages but most of their money was taken by the Department. With no more than pocket money amounts of cash and coupons for clothing, these Aboriginal people were excluded from participation in the mainstream economy, even though their labour in part sustained that economy.

These accounts demonstrate the way in which wealth was appropriated from the Aboriginal community in Western Australia. This varied over time and there were regional differences, but the consistent theme was that the system was a one-way transfer of economic resources, with far more money generated through Aboriginal workforce participation than was ever returned to them in terms of wages or government funding for second rate, and often segregated, housing, education and health services. It highlights the fact that Aboriginal poverty is not a recent condition, nor is it based in the relatively modern experience of welfare dependency. It is based in dispossession, of land and of the value of labour. Inter-generational disadvantage within the Aboriginal community has historical origins which are unambiguous. What is apparent from the research presented in this fourth volume of the Western Australian Aboriginal Child Health Survey is that the historical legacies of dispossession are challenges which our governments and the wider community must confront and overcome.

IMPORTANCE OF COMMUNITY CONTROL AND CO-ORDINATED SERVICE DELIVERY

The first report of the Secretaries' Group on Indigenous Affairs, published in 2005, outlined the 'whole of government' approach to governance and service delivery for Aboriginal and Torres Strait Islander peoples adopted by the Federal government after the dismantling of ATSIC. Emphasis was placed in this report on the 'harnessing' of mainstream programs and service delivery for Indigenous people. As the Chair of the Secretaries Group, Dr Peter Shergold of the Department of Prime Minister and Cabinet, wrote:

> *We need to ensure that the mainstream delivers the same opportunities for Indigenous Australians as we expect for non-Indigenous Australians.*[20]

Another priority identified by the Secretaries' Group was that of 'effective engagement with Indigenous Australians and capacity-building support.'[20] Effective Aboriginal involvement in the decision making process for improving outcomes for family and community health has been a consistent demand by Aboriginal people for decades. As the contributors in Chapter Eight of this volume comment, 'it would seem remarkable that such a request would even need a rationale or justification.' The evidence is there to show that success in improving outcomes for Aboriginal health is contingent on the participation of Aboriginal people at every stage of the development, implementation and assessment of programmes and service delivery.

For thirty years, the Aboriginal Legal Service of Western Australia has provided legal aid services to Aboriginal people in this State, and since its incorporation the organisation has been controlled by the community, through elected representatives. This has meant that the legal service is not simply responsive to community priorities – it is directed by them. Community control has also created the environment for

innovative policy development that directly addresses grassroots issues, and improves service delivery 'on the ground', to borrow terminology from the Secretaries' Group. While it is not feasible for all health and development services to come from Aboriginal community controlled organisations, the model of decision making in groups such as ASLWA and the Kimberley Aboriginal Medical Service should be used as the benchmark for Aboriginal participation in decisions about service delivery. Effective Aboriginal involvement in policy development is as important as co-ordinated service delivery. It is also important that Aboriginal involvement and employment is embedded in the infrastructure of health and development services.

FUTURE DIRECTIONS

This fourth volume of the Western Australian Aboriginal Child Health Survey provides a blueprint for policy development and implementation to address the crisis facing families and communities with Aboriginal children in this state. The findings of the survey show that the crisis is urgent. The political will to implement the changes and reforms needed must come from government, policy makers and service delivery agents. We also maintain that the Western Australian community generally has a responsibility to drive the reform agenda and demand from political leaders that the humanitarian failures of past and current policies will not be repeated. The disparity between the human development of Aboriginal and non-Aboriginal communities in Western Australia can no longer be tolerated in a nation as rich as ours.

Aboriginal children's right to health and development is a basic human right. The focus on Aboriginal health and development as an issue of human rights is imperative. It is made a matter of pressing concern because of the problems already identified in Australia's poor record on safeguarding the human rights of its Indigenous peoples. Australia also has clearly defined obligations under the Convention on the Rights of the Child. The human rights of all children in Western Australia, Aboriginal and non-Aboriginal alike, must be protected and promoted. This volume demonstrates the new directions that need to be adopted to improve health and development outcomes for Aboriginal children, so that their human capabilities can be realised to the fullest extent.

ENDNOTES

1. Hon Dennis Mahoney, AO QC, Inquiry into the Management of Offenders in Custody and in the Community, Perth, November 2005, p 284.

2. Cooke M, Beavon D, Guimond Eric. *Measuring Aboriginal Well-being in Four Countries; An application of the UNDP's Human Development Index to Canada, the United States, New Zealand and Australia*, paper presented to the 18th World Conference on Health Promotion and Health Education, April 26-30, 2004, Melbourne.

3. Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes T, Eades, S, D'Antoine H, Read A, Ishiguchi P, Doyle S. *The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People*. Perth: Telethon Institute for Child Health Research, 2004.

4. Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. *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, 2005.

5. United Nations High Commissioner for Human Rights. *1994/45. Draft United Nations declaration on the rights of Indigenous peoples*. [Online] [cited 2006 Sep 12]; Available from URL: http://www.unhchr.ch/huridocda/huridoca.nsf/(Symbol)/E.CN.4.SUB.2.RES.1994.45.En?OpenDocument

6. The International Work Group for Indigenous Affairs. *Declaration on the Rights of Indigenous Peoples*. [Online] [cited 2006 Sep 12]; Available from URL: http://www.iwgia.org/sw248.asp

7. Permanent Forum on Indigenous Issues. *Joint Statement on Human Rights*, Fifth Session, UN, New York, Agenda Item 4 (b), 22 May 2006.

8. Office of the United Nations High Commissioner for Human Rights. *United Nations Convention on the Rights of the Child. Ratifications and Reservations*. [Online] [cited 2006 Sep 12]; Available from URL: http://www.ohchr.org/english/countries/ratification/11.htm

9. Office of the United Nations High Commissioner for Human Rights. *United Nations Convention on the Rights of the Child*. [Online] [cited 2006 Sep 12]; Available from URL: http://www.ohchr.org/english/law/crc.htm

10. Seaman P. *Report of the Aboriginal Land Inquiry*. Perth: Government Printer, 1984.

11. Parliament of Australia. *Senate Inquiry into Stolen Wages*. [Online] [cited 2006 Sep 12]; Available from URL: *http://www.aph.gov.au/senate/committee/legcon_ctte/stolen_wages/index.htm*

12. *Aborigines Protection Act*, No 25 of 1886, *Aborigines Act* , No 14 of 1905 and *Aborigines Act Amendment Act (Native Administration Act)* No 43 of 1936.

13. Neville AO, to Hon Minister for the North West; also table of survey results undated, but handwritten notes show August 1923, in State Records Office of Western Australia (SROWA), Cons 993, Item 451/ 1933, *Payment of wages to natives*. 3 October 1925.

14. Middelton SG. Commissioner of Native Affairs to Minister for Native Affairs in SROWA, AN 1/25, Acc 1733, 803/ 1945, *Native Policy in Western Australia*. 25 August 1952.

15. Paquin JA. Acting District Officer, Derby, to Commissioner of Native Affairs, SROWA, AN 1/13, Acc 1667, 699/1950, *Broome — Aboriginal Matters*. 17 January 1956.

16. 14 February 1969 Report from Commissioner of Native Welfare to Minister and 21 February 1969 report from Johnson KT, Supt Northern Division to Commissioner for Native Welfare, in SROWA, AN 1/25, Acc 1733, 116/1969, *Pastoral Industry Award 1968 - Welfare of Unemployed natives ex. Pastoral stations*.

17. Motter JD. AIM Hospital, Fitzroy Crossing, in SROWA, AN 1/13, Acc 1667, 791/ 69, *Fitzroy Crossing — Aboriginal matters*. March 1971.

18. Haebich A. *For Their Own Good: Aborigines and Government in the South West of Western Australia 1900-1904*. Second edition. Nedlands: University of Western Australia Press; 1992.

19. Kinnane S. *Shadow Lines*. Fremantle: Fremantle Arts Centre Press; 2003.

20. Secretaries' Group on Indigenous Affairs. *Annual Report on Indigenous Affairs 2004–2005*. Commonwealth of Australia; 2005.