Submission No 27

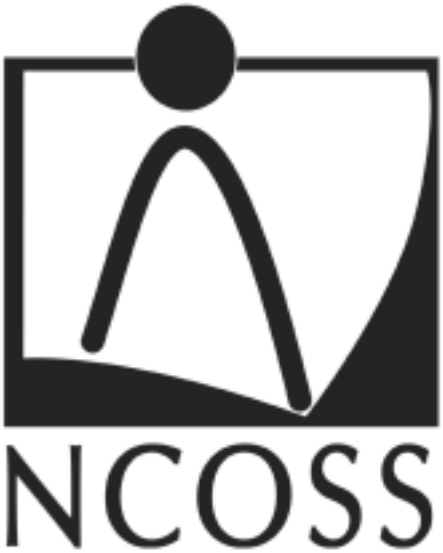
INQUIRY INTO OVERCOMING INDIGENOUS DISADVANTAGE

Organisation: Council of Social Service of NSW (NCOSS)

Name: Ms Kristie Brown

Date received: 25/01/2008

Submission to the Legislative Council Standing Committee on Social Issues Inquiry into Closing the Gap - Overcoming Indigenous Disadvantage



November 2007

Council of Social Service of NSW (NCOSS), 66 Albion Street, Surry Hills 2010
Ph: 02 9211 2599, Fax: 9281 1968, email: kristie@ncoss.org.au

Table of Contents

1. About NCOSS

The Council of Social Service of NSW (NCOSS) is an independent non-government organisation (NGO) and is the peak body for the non-government human services sector in NSW. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

It was established in 1935 and is part of a national network of Councils of Social Service, which operate in each State and Territory and at Commonwealth level.

NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals.

Member organisations are diverse; including unfunded self-help groups, children's services, youth services, emergency relief agencies, chronic illness and community care organisations, family support agencies, housing and homeless services, mental health, alcohol and other drug organisations, local indigenous community organisations, church groups, peak organisations and a range of population-specific consumer advocacy agencies.

2. Introduction

The cultural, social and economic environment in which people live shapes their health. These factors are considered to be social determinants of health. The Interim statement from The World Health Organisations' (WHO) Commission on social determinants of health explains that:

> *The conditions in which people grow, live, work and age have a powerful influence on health. Inequalities in these conditions lead to inequalities in health.*[1]

Viewing lifetime expectancy through a social determinants of health framework illustrates that inequalities between Aboriginal and non-Aboriginal people across a broad spectrum of areas – from housing to employment, education to infrastructure – all shape the health of Aboriginal people. Put simply, unequal societies are less healthy societies. The seventeen-year life expectancy gap between Aboriginal and non-Aboriginal people is a manifestation of the inequalities and disadvantage faced by Aboriginal people across social, political, cultural and economic fields.

The social determinants of Aboriginal health cannot be separated from the effects of colonisation and dispossession. In introducing their monograph on the social determinants of Aboriginal health, Anderson, Baum and Bentley argued that:

> *It is not possible, in our view, to understand the persistent poor health status of the original custodians of Australia since the time of European arrival and invasion*

[1] The Commission on the social determinants of health, interim statement, *Achieving health equity: from root causes to fair outcomes*, CSDH, WHO, 2007.

without situating this understanding within the history of dispossession, colonization, failed attempts at assimilation, racism and the denial of citizenship rights.[2]

As such, 'closing the gap' in Aboriginal life expectancy is inextricably linked to overcoming the range of social, cultural, political and economic disadvantages faced by Aboriginal people. NCOSS believes that changes to policy, legislation and services aimed at closing the gap in Aboriginal life expectancy cannot succeed if they take place without meeting the very basic principle of self-determination of Aboriginal peoples. The principle of self-determination needs to be fully embraced in practice, as the right enjoyed by all peoples to guide their own destiny and have control over decisions that affect their own lives and those of their communities and families.

This submission is primarily relevant to the second point of the first term of reference for the Inquiry: *The impact of the following factors of lifetime expectancy*. Further information relevant to the remaining terms of reference is attached for the reference of the Committee in Appendix A.

NCOSS is providing this submission on the basis that in working with our members to advocate for disadvantaged communities we often highlight and are exposed to issues related to the marginalisation and disadvantage experienced by Aboriginal people. This submission brings together work that NCOSS has undertaken across a range of areas through our advocacy activities. In addition to this, Appendix C details recommendations NCOSS has made to the NSW Government for the 2008/09 budget relating the Aboriginal Affairs, and Appendix D provides an overview of consultations NCOSS undertook with Aboriginal communities in 2007, for the purpose of developing the recommendations made in Appendix C.

NCOSS is not a peak Aboriginal organisation and is mindful that expertise in this area rests elsewhere.We recommend that in the spirit of self-determination the committee work closely with Aboriginal organisations, including non-government organisations, in developing their report.

3. Aboriginal disadvantage and the social determinants of health

3.1. Life Expectancy

It is well documented that the life expectancy of Aboriginal and Torres Strait Islander peoples is significantly below that of the non-Indigenous population. The national estimates for this gap vary from 17 – 20 years, depending on the formula used to determine life expectancy. For example, the Human Rights and Equal Opportunity Commission have reported that changes to the formula used to determine life expectancy by the ABS saw the life expectancy gap reduce by three years.[3] However, life expectancy gaps can only provide an 'average' of this gap. The gap can be greater or smaller in certain communities based on a range of factors such as access to health services and

[2] Anderson, I, Baum, F & Bentley, M (eds.) *Beyond Bandaids: exploring the underlying social determinants of Aboriginal Health; papers from the social determinants of Aboriginal Health workshop, Adelaide, July 2004,* Cooperative Research Centre for Aboriginal Health, 2007.

[3] Human Rights and Equal Opportunity Commission, *A statistical overview of Aboriginal and Torres Strait islander peoples in Australia*, August 2006, http://www.humanrights.gov.au/social_justice/statistics/index.html, viewed 9 January 2008.

transport. Significant levels of under-reporting of Aboriginal status in mortality statistics also affect the accuracy of life expectancy statistics.

It should also be noted that,

> *Australia has fallen significantly behind in improving the life expectancy of its Indigenous peoples. Although comparisons should be made with caution (because of the way different countries calculate life expectation) data suggests Indigenous males in Australia live between 8.8 and 13.5 years less than indigenous males in Canada, New Zealand and the USA. Indigenous females in Australia live between 10.9 and 12.6 years less than indigenous females in these countries*.[4]

3.2. Environmental health

The effect of the physical environment on the health status of a population is well recognised – the absence of functional "health hardware" (access to clean safe water, sewerage and waste disposal and electricity) can have a negative impact on health, particularly with regard to infectious and parasitic diseases (such as diarrhoeal diseases and rheumatic fever), eye and ear infections, skin conditions, and infections of the respiratory tract. A summary of these health effects is available here: http://www.healthinfonet.ecu.edu.au/html/html_environment/environment_physical.htm#review

ABS data shows that generally the closer the community is to a town, the more likely it is to rely on town water supplies, sewerage systems, mains electricity etc[5]. The more remote communities rely more heavily on bore water supplies and generators to supply electricity. We can surmise that as most aboriginal communities in NSW are categorised as inner and outer regional[6] they are more likely to have access to "town services".

The issue, though, is not just the availability of such health hardware but its ongoing maintenance. There is evidence that shows aboriginal housing to be more likely to need repairs and that their water supplies are less likely to be regularly tested for problems.

ANTAR, in their Building For Better Communities report, outline the Healthy Housing Worker Pilot Program undertaken by Murdi Paaki, where community members were trained to fix housing problems[7]. This not only addressed health and housing issues but also education, training and employment. Such programs illustrate what can be done to ensure access to health hardware and its ongoing maintenance in ways that involve and benefit the Aboriginal community.

3.3. Health

3.3.1. Chronic Disease

In many cases Aboriginal people are subject to both higher rates of chronic disease as well as higher rates of mortality as a result of chronic disease. For example, the leading

---

[4] Human Rights and Equal Opportunity Commission, *A statistical overview of Aboriginal and Torres Strait islander peoples in Australia*, August 2006 http://www.humanrights.gov.au/social_justice/statistics/index.html, viewed 9 January 2008.
[5] ABS, Housing and Infrastructure in Aboriginal & Torres Strait Islander Communities, Catalogue 4710.0 August 2006
[6] *ibid*
[7] See: http://www.antar.org.au/content/view/412/189/

cause of death in Aboriginal people, as with the non-Aboriginal population, is cardiovascular disease. However Aboriginal people are more likely to suffer a heart attack and to die from it, both when they are and aren't admitted to hospital[8], than the non-Aboriginal population. In relation to chronic illness, the report of the NSW Chief Health Officer[9] also illustrates that:

- Aboriginal people are more than twice as likely as non-Aboriginal people to die as a result of diabetes
- Aboriginal people are three times more likely to be hospitalised for chronic respiratory diseases
- Aboriginal men are twice as likely as non-Aboriginal men to have lung cancer, while Aboriginal women are over four times more likely than non-Aboriginal women to have cervix uteri based cancer
- Renal dialysis accounts for the largest number of hospitalisations for Aboriginal people
- Nationally there are around 40% more cancer deaths among Indigenous Australians than expected on the basis of non-Indigenous rates[10]
- National figures indicate that Indigenous people have a higher prevalence of long-term musculoskeletal conditions across most age groups than non-Indigenous people[11]

In 2005 the Australian Health Ministers' Conference endorsed the *National Chronic Disease Strategy,* which is being implemented in NSW through documents such as the *State Health Plan.* There is some consideration of chronic disease in Aboriginal communities through these frameworks. However NCOSS is advised that whilst they provide a valuable framework for the consideration of chronic illness amongst Aboriginal people at a clinical level, attention should also be paid to community-based and non-government services which may have the capacity to prevent chronic disease, and to reduce hospitalisation for individuals who suffer from chronic conditions. NCOSS is also advised that there needs to be improved engagement between NSW Health and consumers in relation to chronic illness generally.

NSW Health has also implemented the Aboriginal Chronic Conditions Area Health Service standard.We recommend the committee follow-up on the implementation and outcomes of with NSW Health.

NCOSS believes that the level and scope of chronic diseases affecting Aboriginal people highlight the need for improved levels of detection, early intervention and management, prevention and treatment in a culturally appropriate way to Aboriginal people. NCOSS supports the further development of comprehensive chronic disease prevention programs through Aboriginal community controlled health services.

3.3.2. Oral Health

Across Australia Aboriginal and Torres Strait Islander people are more likely than non-Indigenous Australians to have lost all their teeth, have gum diseases and receive less caries treatment[12]. Severe periodontal disease is more prevalent for Aboriginal and Torres

[8] AIHW, Aboriginal and Torres Strait Islander people with coronary heart disease – summary report, AIHW 2006
[9] The Health of the People of NSW: Report of the Chief Health Officer 2006, NSW Health, 2006
[10] Australian Indigenous Health*Infonet*, 'Overview of Australian Indigenous Health Status: Cancer', http://www.healthinfonet.ecu.edu.au/html/html_health/specific_aspects/chronic/cancer/reviews/cancer_our_review.htm#1
[11] AIHW, The health and wellbeing of Australia's Aboriginal and Torres Strait Islander people 2005, AIHW 2005
[12] AIHW, THe health and Welfare of Australia's Aboriginal and Torres Strait Islander people 2003, AIHW, 2003

Strait Islander people for all ages above 35 years. The early stages of poorer periodontal health are evident in Aboriginal and Torres Strait Islander people aged 18-24 years.

Good oral health is fundamental to overall health. Links have been established between poor oral health and a number of other conditions, for example periodontitis and cardiovascular disease, which is the leading cause of death in Aboriginal people, and periodontal disease and diabetes.

Barriers in access to dental treatment are significant for Aboriginal people. The National Survey of Adult Oral Health 2004-06[13] highlighted that Indigenous people were more likely to report avoiding dental care due to cost, being unable to afford recommended dental treatment, and having difficulty paying a $100 bill. Similarly, The National Aboriginal and Torres Strait Islander Survey in 1994, reported that only 46% of Aboriginal and Torres Strait Islander people in rural areas had access to dental services.

In NSW Aboriginal children have higher levels of decayed, filled and missing deciduous teeth than non-Indigenous children[14], and have higher hospitalization rates as a result of caries[15]. NCOSS understands that funding has been provided to a number of projects targeting Aboriginal children through the Oral Health Promotion Demonstration Grants scheme: '*Clean teeth, wicked smiles', 'Koori Kids, Koori Smiles', 'Pain-free Preschoolers'* and *'Koori smart, deadly art'*. It is worth noting, however, that these programs are restricted in the geographic area they cover and do not receive ongoing funding. NCOSS also understands that in line with The NSW Legislative Council's Standing Committee on Social Issues *Inquiry into Dental Services in NSW*, NSW Health has hired a state-wide Aboriginal Oral Health Manager, and that NSW Health is working with Aboriginal Medical Services (AMS) on a range of issues.

For many years NCOSS has pointed to the need for a significant investment in public dental services in NSW. The Legislative Council's Standing Committee on Social Issues *Inquiry into Dental Services in NSW*, tabled in 2006 also recommended that:

> *The funding of public dental services in New South Wales be reviewed and increased to improve public dental services and be comparable to other states.*[16]

Despite this clear recommendation NSW sill spends less per capita on public dental services than every other State and Territory. In 2006/07, for instance, Queensland had a per capita dental expenditure of $33.97, while NSW lagged significantly behind at $18.80. A significant investment into public dental services is required, with specific funding allocated to improving the oral health of Aboriginal people.

3.3.3. Mental Health

There is evidence that Aboriginal people experience higher rates of mental illness than the general population[17], with evidence pointing to hospitalisation rates for mental and behavioural disorders in Indigenous people being twice those of the rest of the population.[18] The Australian Institute of Health and Welfare has noted 'large discrepancies'

---

[13] AIHW, Australia's Dental Generations: The national survey of adult oral health 2004-06, AIHW, 2007
[14] AIHW 2005, *op cit*
[15] AIHW, Oral Health of Aboriginal and Torres Strait Islander Children, AIHW 2007
[16] Dental Services in NSW, NSW Legislative Council Standing Committee on Social Issues, 2006
[17] Swan &Raphael, Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy National Consultancy Report, 1995
[18] AIHW 2005, *op cit*

in the mental health of Aboriginal people compared to non-Aboriginal people based on hospitalisations, incarceration and mortality linked to mental health conditions[19]. Some research has noted suicide rates amongst Aboriginal young people in NSW to be amongst the highest rates compared to International literature[20]. Nevertheless, the AIHW has noted that insufficient data is available on the mental health of Aboriginal people in NSW[21].

MHCC have also highlighted barriers to access and equity of mental health services in NSW including "geographic isolation; a lack of culturally appropriate services; a shortage of Indigenous staff within non-Indigenous services; limited training of mental health services staff regarding Indigenous issues; stigma and stereotyping"[6]. Compounding this MHCC argue that where Aboriginal people gain access to services they are frequently culturally inappropriate and ultimately fail to meet the needs of Aboriginal people.

NSW Health have recognised some of these challenges in the development of the 1997 Aboriginal Mental Health policy, the NSW Aboriginal Health and Well Being Policy for 2006-2010 and associated implementation plan. NCOSS encourage the committee to take action on implementation of these plans in their report, particularly in relation to how the plans provide integrated service delivery between non-government and government services. (http://www.health.nsw.gov.au/policy/cmh/atsi.html).

3.3.4. Alcohol and tobacco

National data shows that Aboriginal people are less likely than non-Aboriginal people to consume alcohol, however, those who do so appear more likely to consume alcohol at dangerous levels[22]. Data indicates that NSW has the highest percentage of Indigenous people 15+ who have a risky or high risk consumption of alcohol , at 17.5% (measured over a twelve month period)[23]. In NSW hospitalisations as a result of alcohol-related conditions are 4 times higher for Aboriginal people than non-Aboriginal people[24].

Current smoking rates for Aboriginal people are twice those of the general population across all age groups. NSW has one of the highest daily smoker rates amongst Aboriginal people of any state or Territory at 50.7%[25]. Of particular concern are smoking rates amongst Aboriginal women during pregnancy, for which NSW has the second highest rate at 57.6%[26], with most indicating they had more than 10 cigarettes a day (54.3%). NCOSS has been a consistent supporter of analysis that draws links to smoking as an issue associated with disadvantage and poverty, co-signing *Lifting the Burden:* The Tobacco Control and Social Equity Strategy July 2006 to June 2007, which highlights Aboriginal and Torres Strait Islander people as a specific target group.

Comprehensive data on Aboriginal people and other drugs and substances is not available, however the National Drug and Alcohol Research Centre (NDARC) provides some information on the provision of support to Aboriginal people, which indicates that

---

[19] AIHW, Aboriginal and Torres Strait Islander Health and Welfare Unit: Mental Health, http://www.aihw.gov.au/indigenous/health/mental.cfm
[20] *ibid*
[21] AIHW 2003, *op cit*
[6] Mental Health Coordinating Council, *op. cit*
[22] AIHW 2005, *op cit*
[23] ABS, National Aboriginal and Torres Strait Islander Social Survey, 2002, Catalogue 4714.0, June 2004
[24] The Health of the People of NSW: Report of the Chief Health Officer 2006, NSW Health, 2006
[25] ABS 2004, *op.cit*
[26] AIHW, Indigenous Mothers and their babies: Australia 2001-04, AIHW, 2007

they are more likely to be receiving treatment in relation to alcohol, cannabis or solvents than for opiates, amphetamines or benzodiazepines.[27]

3.3.5. The health of young people

In NSW the overall profile of the Aboriginal population is much younger than the profile of the non-Aboriginal population. Around 40% of the Aboriginal population is under 15 years of age, compared with 20% of the non-Aboriginal population. The percentage of the Aboriginal population 65 years and over is just under 3%, compared with just over 13% of the non-Aboriginal population.[28]

The recently released *Young Australians: their health and wellbeing 2007* states that the "health disadvantage [of Aboriginal and Torres Strait Islander people] begins at an early age and continues to impact on health and wellbeing throughout life". The report highlighted that:

- Indigenous Australians aged 18–24 years were 1.5 times as likely to have a disability or long-term health condition as non-Indigenous young people
- Indigenous young people are less likely to access primary health care services and more likely to access tertiary health care services, such as casualty or being admitted to hospitals.
- There are higher rates of asthma and diabetes for Aboriginal young people than non-Aboriginal people

The report also found that:

> *There is a higher prevalence of established risk factors among young Indigenous Australians compared with other young Australians—young Indigenous Australians are more likely to smoke, have higher proportions who are obese and physically inactive, have poorer nutrition and higher rates of substance use*

NCOSS believes this makes it particularly important that culturally appropriate programs and policies are available that target the health needs of young Aboriginal people.

3.3.6. Child and Maternal health

The peak age group for births amongst Aboriginal women in NSW is much younger than for all women, with 75.8% of Aboriginal women giving birth under the age of 30. Approximately one in five Aboriginal women who gave birth in NSW from 2001-2004 were under 20, which raises concerns about increased risk factors for fetal complications and low birthweight.[29]

Data from the NSW Chief Health Officer indicates that whilst the proportion of Aboriginal mothers attending antenatal classes is increasing, it remains well below levels of attendance for non-Aboriginal mothers (69.5% compared to 87.3%)[30]. Also of concern is the number of Aboriginal mothers in NSW who smoked during pregnancy, at 57.6%, with over half of this group smoking more than 10 cigarettes a day.[31]

---

[27] AIHW 2003, *op cit* and AIHW 2005 *op cit*
[28] The Health of the People of NSW: Report of the Chief Health Officer 2006, NSW Health, 2006
[29] Leeds et al, Indigenous Mothers and their babies 2001-2004 Australia, AIHW, 2007
[30] NSW Health 2006 *op cit*
[31] Leeds et al, 2007 *op cit*

Perinatal deaths, fetal deaths and neonatal deaths for babies born to Aboriginal mothers in NSW are higher than for non-Aboriginal mothers (13:10, 10.3:7 and 3.7:3)[32]. It is worth noting, however, that NSW had the lowest levels of deaths of babies born to Aboriginal mothers of all other States and Territories, which may be indicative of the effectiveness of the NSW Health *NSW Aboriginal Maternal and Infant Health Strategy*.

3.3.7. Sexually Transmitted Infections (STIs) and blood-borne viruses.

There is some difficulty identifying communicable disease rates amongst the Aboriginal population in NSW, however data collected across a number of states indicates that notification rates for Indigenous people were higher than the non-Indigenous population across a number of communicable diseases, including syphilis, gonococcal infection, Hepatitis A, B and C.[33] STIs also cause Indigenous people to be hospitalised at much higher rates than non-Indigenous people (four times the rate for Indigenous makes and six times the rate for Indigenous females.)[34]

There is some evidence that HIV/AIDS infection rates amongst the Aboriginal and non-Aboriginal population is declining, albeit slower amongst the Indigenous population[35]. However, it is worth noting that in contrast to the total population, Aboriginal women are three-times more likely to contract HIV[36] and it is more likely to be acquired through heterosexual contact (39% compared to 11% amongst the total population). [37]

Notification rates for Indigenous people shows that they are contracting Hepatitis A at eight times the rate of the general population[38]. This has been linked to sanitation levels and inadequate water supply[39]. Similarly, data shows that Aboriginal people are three times as likely to have serological evidence of infection with Hepatitis B.[40] Notification rates for Hepatitis C are also four times the rest of the population.[41]

Of great concern in relation to sexual health is the large number of young Indigenous women who have reported primarily not using any contraception (14%)[42]. Also concerning is the apparent rise in notifications of Chlamydia and gonorrhea amongst young Indigenous people (13% and 34% respectively between 2002 and 2005)[43]. NCOSS would like to direct the committee's attention to a review of NSW Indigenous Sexual Health promotion activities, available here: http://nchsr.arts.unsw.edu.au/pdf%20reports/ATSI%20Sexual%20Health%20Prom.pdf

There are a range of organisations, including non-government organisations, taking a focused approach to Aboriginal sexual health, including The Hepatitis C Council, the AH&MRC, the AIDS Council of NSW and Family Planning NSW. NCOSS suggests that the committee seek feedback from these organisations.

---

[32] *ibid*
[33] AIHW, 2005 *op cit*
[34] *ibid*
[35] *ibid*
[36] *ibid*
[37] Australian Indigenous Health*Infonet*, 'Infectious Diseases: HIV/AIDS', http://www.healthinfonet.ecu.edu.au/html/html_health/specific_aspects/infectious/hiv_aids/hiv_aids.htm#summary
[38] AIHW 2005, *op cit*
[39] AIHW 2003, *op cit*
[40] AIHW 2005, *op cit*
[41] *ibid*
[42] AIHW, Young Australians: their health and wellbeing 2007, AIHW, 2007
[43] *ibid*

3.3.8. Aboriginal Health Workforce

A key determinant of Aboriginal access to health services is the presence of trained Aboriginal staff and the provision of culturally-appropriate services.

NCOSS believes that the recruitment, employment, retention and professional development of Aboriginal staff is an essential component of the effective delivery of health services, particularly Aboriginal specific health services. There are, however, significant workforce shortages of health professionals, particularly Aboriginal workers. This has been recognized through both the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework[44] and the NSW Health Aboriginal Workforce Development Strategic Plan, 2003-2007[45]. NCOSS encourages the committee to follow-up on the implementation and information available on the evaluation of these documents, as well as planning for ongoing Aboriginal health workforce initiatives, in completing their report. In particular, NCOSS is concerned that Aboriginal health workforce initiatives be developed in close conjunction with relevant aboriginal community-controlled health services, as well as the non-government health sector, which is facing ongoing and significant workforce shortages.

3.4. Children

3.4.1. Child Protection

According to The Secretariat of National Aboriginal and Islander Child Care (SNAICC):

> *Issues such as poverty, illness, substance abuse and the inter-generational effects of previous Stolen Generations policies mean that Aboriginal and Torres Strait Islander children and families are more likely to need the services provided by child protection departments*[46]

In NSW in December 2006, Aboriginal children represented 29.6% of the children in out of home care (up from 26.7% in June 05), and the numbers of children had increased by almost 1000 between June 2005 and December 2006. While the percentage of Aboriginal children who had been reported to DoCS was slightly lower than this (but still hugely overrepresented) at 16.5% of all reports, a high percentage of reports (19%) did not identify indigenous versus non-indigenous status, so the rate could well have been higher.[47]

According to SNAICC, NSW has one of the highest rates of involvement of Aboriginal children in the child protection system of any state or territory in Australia and it argues that one of the benchmarks for all governments should be lowering the rate of removal of Aboriginal children for welfare (or neglect) reasons[48]. They argue for an increased focus on the provision of culturally appropriate, community controlled, family support and early childhood services as the mechanism for achieving this objective.

---

[44] Australia Health Ministers' Advisory Council, 2002: http://www.health.gov.au/internet/wcms/publishing.nsf/Content/DA4283E5D5C265BDCA25722E007B377B/$File/wrkstrgy1.pdf

[45] NSW Health 2003, http://www.health.nsw.gov.au/pubs/a/pdf/ab_work_strat.pdf

[46] SNAICC, briefing paper: The Seven Priorities for Children, 2002

[47] Data sourced from the website of the Department of Community Services, Child Protection Quarterly Data, July 2005 – March 2007,produced by Information and Reporting, NSW Department and Community Services

[48] Secretariat of National Aboriginal and Islander Child Care, Their Future: Our responsibility, http://www.snaicc.asn.au/publications/pdfs/their_future.pdf

While there are attempts in NSW to reform the child protection system through the development of the Brighter Futures Program, increased numbers of caseworkers, and the allocation of funding to the Aboriginal Child and Family Strategy run out of the Communities Division of the Department of Community Services, there is some concern that the data outlined above demonstrates that either the reforms aren't working or their impact has not yet kicked in. Questions need to be asked about the level of engagement of Aboriginal communities and Aboriginal community organisations with these programs, as well as the dedicated levels of resourcing attached to them.

A number of mainstream NGOs have made strategic and philosophical commitments to raising the level of Aboriginal staffing in their child and family programs. Barnardo's , for example, has a target of 10%. Building capacity in Aboriginal organisations is also a necessary prerequisite for successful work in child protection and intensive family work. However, this also requires a level of capacity in organisations across the human services (both government and non-government) that play a supporting role – mental health, drug and alcohol, counseling etc. Our consultations around NSW with Aboriginal workers and communities indicate that many dedicated positions remain unfilled for long periods of time and that there simply are not enough of them in rural and regional areas.

There are many Aboriginal organisations better placed than NCOSS to point to the way forward, and to talk about what works in Aboriginal communities, for Aboriginal families and for Aboriginal children. We would direct the committee to the multitude of resources on the SNAICC website that discuss, at both a philosophical and a practice level, what needs to happen. This includes their Ten Point Plan in response to the Northern Territory intervention.

3.4.2. Child Sexual Assault

The NSW Government response, produced in March 2007, to the report on child sexual assault, *Breaking the Silence* is billed as an "Interagency Plan" to "tackle" child sexual assault over a five year period. However there is widespread concern that the response is premised on a better use of existing resources and cost neutral measures rather than a well resourced and holistic approach to supporting Aboriginal communities to deal with this difficult issue. While some new services are flagged (for example more sexual assault services including counselling, more Aboriginal specific positions, improved staffing of services in rural areas), there is no funding attached to the announcement of the plan.

What is most frustrating is that the response could so easily be the right one if resources were attached to it. There are eighty-eight recommendations most of which pick up on recommendations from the Task Force. They include making child sexual assault a priority within the Two Ways Together strategy, the whole of government approach to indigenous issues, and linking this to the State Plan; focusing on early intervention and prevention services; recognising the importance of education and the role that can be played by schools; raising community awareness and engaging Aboriginal community leadership; focusing on local community solutions; improving and expanding violence prevention services; exploring innovative responses, such as the Hollow Waters healing program from Canada; as well as a whole range of responses designed to better support the victims of child sexual assault and their families, and to respond more appropriately and consistently through the law and justice system.

Improving coordination and removing barriers to access to services for Aboriginal people are a start but they are not sufficient of themselves. The existing service system, particularly in rural and remote areas, is overstretched already and has not been designed to meet the needs identified in the Task Force report. NCOSS would have hoped to see some more specific and detailed commitment to improved resourcing from the state government to match Commonwealth funding for Violence Prevention Units in rural areas with the intention of providing more stable and permanent resourcing of Aboriginal communities. NCOSS has also previously argued for funding for separate Aboriginal Men's and Women's Health Clinics to enable a more holistic response to, and accessible support for, entrenched health problems that can result from and contribute to ongoing violence, including child sexual assault, in Aboriginal communities.

There seems to be a heavy reliance on the Department of Community Services Early Intervention program to provide the complete solution to prevention and early intervention, but this program, while potentially providing some new resources, has not been developed in partnership with Aboriginal communities and is heavily focused on families with very young children. There are huge gaps here for older children and young people, highlighted in the Task Force Report, that will not be addressed. Moreover this program is based on 80% of its referrals coming through the Helpline. The Task Force clearly identified the problems Aboriginal people have in making reports to DoCS, and a clear preference by many to work with community based organisations. This will need to be factored in to the implementation of early intervention services in areas with large Aboriginal populations.

Many of the Task Force recommendations, particularly those with higher level funding implications, have been put in the too hard basket and left for "further consideration and possible implementation", or labelled a Commonwealth responsibility. While it is true that the Commonwealth could and should do more, the state must also be willing to put resources in. The Violence Prevention Units are one area where joint funding would make a difference, as is the provision of two years early childhood education for all Aboriginal children. We don't need more research on this – it is clearly an important intervention for Aboriginal children, has been identified as a priority in the NSW Aboriginal Education Review (2004) and is a key priority for MCEETYA (the Ministerial Council on Education Employment, Training and Youth Affairs).

3.5. Older people

Aboriginal and Torres Strait Islander people have been disadvantaged for many years, without access to many of the opportunities that other Australians take for granted. The issues facing older people from Aboriginal and Torres Strait Islander communities are complex and require specific attention.

Because Aboriginal people have lower life expectancy than the general population, it can be more difficult for Aboriginal older people to gain timely access to aged care services and without attention to cultural responsiveness and individual needs, the appropriateness of those services can be reduced. Recent studies show that the rate of significant and severe disability among Aboriginal people is 2.4 times higher than other Australians. Additionally, the number of older people in Aboriginal and Torres Strait Islander communities is increasing. However, the usage of many community support services by Aboriginal people is disproportionately low.

NCOSS has previously advocated for the introduction of a seniors card for Aboriginal people from 45+. The NSW Government currently provides a Seniors Card to older people

aged 60+ years who work less than 20 hours per week. Seniors cardholders are entitled to a range of discounts from government and private business services as well as significant transport benefits. Due to the lower life expectancy of Aboriginal people, many people do not have equitable access to Seniors Card concessions and benefits from age 45 years. While the priority must be improved life expectancy, Aboriginal people must be able to access affordable services. The 2001 Census indicated that there were around 12,700 Aboriginal and Torres Strait Islander people between the ages of 45 and 60 years in NSW. It is estimated that around 5000 people could be eligible if the Seniors Card were extended to provide identical concessions, at an estimated cost to government of only $1 million. The card could be re-named for Aboriginal communities.

NCOSS would also like to draw to the attention of the committee The Ageing 2030 Roundtable, which was conducted by the Minister for Ageing, the Hon Kristina Keneally MP in late October 2007 to develop an Ageing Strategy in NSW. The NSW Dept Ageing Disability and Home Care (DADHC) determined to conduct a specific Aboriginal consultation around this in coming weeks. These findings will certainly contribute to the support and wellbeing of older Aboriginal people in NSW. The Plan is expected by the end of 2007.

In 2006, the NSW Aboriginal Community Care Gathering held a statewide conference for Aboriginal and Torres Strait Islander workers in community care and disability services. The conference affirmed, through its latest Position Statement, Leading Our Way In Community Care (Attached in Appendix B), that the most important ways to provide equitable access to culturally appropriate services were to progress the self-determination of services delivered by Aboriginal people with quality training and appropriate recruitment, proper representation within decision-making systems, designated investment in Aboriginal and Torres Strait Islander service provision as well as improved access, service quality and transport. The Conference also found that service fees could create hardship for Aboriginal people, that transport was a major barrier for older Aboriginal people, that carers require counselling, respite, education and training to support their caring role and that training for Aboriginal community care workers is critical to quality service provision and staff retention.

Specific issues raised by the Gathering Committee identified the following needs of older people and their family carers from Aboriginal communities as critical:

- The access ages for aged care and community care support services should be lowered to 45 years, in line with the HACC program, because of the lower life expectancy of Aboriginal and Torres Strait Islander people.

- Improved access to health care for older people and their family carers. Health care must be culturally responsive and involve an Aboriginal worker in assessment and direct service provision. Improved access to dialysis treatment, dental care, and prevention and treatment of diabetes and asthma are particularly important; these must be available in their local communities.

- Specific access to community care services which are provided by Aboriginal people in culturally respectful ways. At present, such access is ad hoc and inadequate. Aboriginal people should be able to use mainstream services, with access to Aboriginal specific services where required. Improving the balance between access to mainstream and specialist Aboriginal services should increase access to services for older Aboriginal people with unmet needs.

- Family carer needs are paramount to equitable access to support services. Deliberate attention is required to assess and address the needs of family carers of Aboriginal older people. Federal carer programs must include and specifically target Aboriginal carers.

- The provision of, and access to, appropriate, local and affordable housing to Aboriginal and Torres Strait Islander people and communities is critical to the wellbeing of Aboriginal older people and their family carers. Housing has been included as part of the National Aboriginal Health Strategy. Increased funding for the Commonwealth State Housing Agreement is needed to support Aboriginal people. Barriers to the provision of appropriate home modifications for people in Aboriginal housing must be eliminated.

- Transport is an enabling service for other critical support services for Aboriginal and Torres Strait Islander people. Affordable, accessible and responsive transport for health, cultural, and social reasons is woefully inadequate within Aboriginal and Torres Strait Islander communities. Transport could be included as part of the National Aboriginal Health Strategy.

- Appropriate Aboriginal policies must underpin responsive provision of community care services to Aboriginal people. Good policy for Aboriginal community care provision can be found in the Leading Our Way in Community Care Policy Position.

NCOSS also directs the committee to the recommendations made in the NSW Aged Care Alliance State Election Kit 2007 and the Federal Election Kit 2007, available at www.ncoss.org.au

3.5.1. Aboriginal carers

Aboriginal and Torres Strait Islander carers play a fundamental role in providing care within their community. Many Aboriginal and Torres Strait Islander carers find the provision of mainstream services too inflexible to meet their changing needs. In fact, many Aboriginal and Torres Strait Islander people do not identify as having a caring role despite their cultural commitment to the support of their family members. To be responsive to the needs of Aboriginal and Torres Strait Islander carers, mainstream services must be flexible and understanding of the access needs of Aboriginal people eg. by employing Aboriginal and Torres Strait Islander staff, providing cross-cultural training, recognising the need for emotional support for carers, culturally appropriate assessment, access to information and training and responsive transport services.

3.5.2. Aboriginal Community Care and Disability Services

Community care and specialist disability services play a crucial role supporting older persons and people with disability from an Aboriginal and Torres Strait Islander background. The Australian Institute of Health and Welfare reports that Aboriginal and Torres Strait Islander people experience severe disability at 2.4 times the rate of other Australians. By comparison, 3.4% of NSW clients in the Home & Community Care Program were Aboriginal & Torres Strait Islander people. While only 23.8% NSW HACC clients were aged less than 70 years, for Aboriginal clients, this figure was 68.1% due to a number of factors including reduced lifespans.

Only 2.8% of the Aboriginal and Torres Strait Islander population are aged 65+ years; this compares to 13% for the non-Indigenous population. According to the Senate Poverty Report 2004 and the Productivity Commission Report on Government Services 2005, Aboriginal people make disproportionately low use of residential aged care services. These facts intensify the importance of providing appropriate care to Aboriginal people as they age. It is important to note that many Aboriginal people with disability do not currently utilise disability services. NCOSS notes that resources for the employment of culturally appropriate staff and volunteers can ensure that services are appropriate and are accessed by Aboriginal people. Concurrently, emphasis must also be placed on improving the responsiveness of generalist services to Aboriginal communities.

The NSW Aboriginal Community Care Gathering Committee comprises nominated Aboriginal and Torres Strait Islander workers and community members who represent their regions. The Gathering Committee has identified the need for improved support services to Aboriginal people through increased autonomy and development support to service organisations, as well as transport (also see the Aboriginal Transport under Ministry of Transport in this document), respite and general access to HACC and disability services. Improved management of community resources within and between localities is needed particularly in rural and regional areas where large areas can be covered more effectively through coordination among different service providers.

Workforce issues continue to be a major barrier to equity in service provision to Aboriginal people. NCOSS regional consultations consistently identified the need for more Aboriginal workers and more training opportunities. There were also consistent reports of unfilled Aboriginal positions across the health and human services sectors. NCOSS strongly recommends the development and implementation of a specific workforce plan, covering short and long term strategies for increasing the Aboriginal workforce in community care and disability services. This aligns with the NCOSS Industry Development Plan on workforce issues.

There are significant regional inequities in the employment of non-government Aboriginal HACC Development Officers in NSW. The Gathering Committee contends that areas with Aboriginal HACC Development Officers are demonstrably ahead of other regions in the establishment and co-ordination of funded services to Aboriginal people with disability, older people and carers. These positions are vital for linking services and service systems, providing training and support and assisting local communities. Ideally these positions should be targeted to western NSW where there are currently limited resources available for local transport development, and a strong case to better meet the needs of Aboriginal communities that are dislocated from services and employment.

3.6. Education

What follows in this section are some updated extracts from the NCOSS Submission to the Review of Aboriginal Education (March 2004). NCOSS understands that there has been some progress in some parts of the education system arising from the adoption of recommendations from the final report of this review. In particular we believe that the Schools in Partnership model has proved to be successful where it is operating. However, there are still gaps for Aboriginal children attending non-partnership schools; in early childhood education; and in TAFE.

With a demographic that tells us that the population of Aboriginal children, especially under the age of 15, is high (40% of the Aboriginal population compared to 22% 0-15 in non-indigenous population) and growing rapidly, the education needs of Aboriginal children demands our attention.

3.6.1. Early Childhood

It is now well accepted by many Aboriginal organisations and leaders that the future lies in the provision of positive early childhood experiences and in particular, the access of Aboriginal children to affordable, culturally appropriate and high quality early childhood services.[49] Continuity and congruence between early childhood education and care and the early years of school (K-2) must also be ensured to sustain learning and social outcomes. If Aboriginal children are to experience a successful engagement with lifelong learning, then early childhood education and care is where that begins.

There are a number of barriers to accessing early childhood services, including preschool programs, in NSW. The Productivity Commission report on Government Services for 2007 indicates low participation rates for Aboriginal students in preschool services and there has been very little expansion of targeted Aboriginal services over the past ten years despite the growth in numbers of children aged 0-5.

While across jurisdictions the proportion of Aboriginal children in preschools is similar to and in some states (WA, SA and ACT) higher than their representation in the community, this is not so for NSW. While Aboriginal preschool age children represent 4.2% of the preschool age population, they are only represented in preschool attendance at 3.1%[50]. Given the high numbers of Aboriginal children in NSW this is particularly worrying. Their under representation in child care approved by the Australian Government is even more marked, at 1.5%.

Transport, trained Aboriginal staff, nutrition programs and capacity to link children and families to the range of other services they need are all central to providing good early childhood programs in addition to existing requirements.

As is common in the non-government sector, Aboriginal services may struggle with the burdens placed on them by complex legal and financial duties for management committees. They often have to juggle multiple funding arrangements and accountabilities, and attracting trained and/or qualified staff can also be difficult. Services need constant support. Without this, Aboriginal communities can be left for long periods without access to any early childhood services. There have been a number of recent examples of long established Aboriginal children's services in NSW struggling with auspicing arrangements and the recruitment of trained staff. (For example, the mobile at Brewarrina that has struggled to obtain an auspice and appropriately trained staff over recent years, and the three early childhood services in Bourke that have recently amalgamated voluntarily in an attempt to remain viable.)

---

[49] Atkinson, J, "In the Town of Everywhere", Developing Practice, Number 19, 2007
SNAICC, *Seven Priorities for Aboriginal and Torres Strait Islander Children and Families*, 2002 and numerous other briefing papers and reports on the SNAICC website, including their Ten Point Plan developed in response to the Northern Territory Intervention.

[50] Productivity Commission, Report on Government Services, 2007

SNAICC (The Secretariat of National Aboriginal and Islander Child Care) has argued that services for Aboriginal children need to be community based and controlled as well as being " flexible, multifunctional and responsive to local needs".

There is an urgent need to review the current preschool system in NSW and the barriers to access raised by the disjointed and inequitable funding policies that exist between DET and DoCS. Services need to be funded according to a logical rationale that promotes access and affordability for culturally appropriate services, and planning needs to occur across departments, not in isolation. While Aboriginal communities were key to some of the additional preschools being rolled out in DET, the level of consultation with both existing services and communities was poor.

There is potential through the Preschool Investment and Reform Plan (Department of Community Services) to address the affordability of preschool for Aboriginal families. However there is insufficient funding allocated to this plan to do everything that is asked of it. Given that Aboriginal preschool education has traditionally been a federal responsibility, and is meant to be a high priority for MCEETYA, assistance from the Commonwealth in achieving free preschool for children from low income Aboriginal families for at least two years prior to starting school, should be high on the COAG early childhood agenda.

Given what is now known, and acknowledged by Government, about the importance of the early years for children's future development, and the levels of disadvantage faced by Aboriginal communities in NSW, access to early childhood services is critical to addressing educational disadvantage.

3.6.2. Transition to School

Families First, and particularly the Schools as Community Centres (SACC) component, has developed some interesting and effective models for engaging families and children in early childhood programs. The South Kempsey school/Dalaigur Preschool/SACC transition initiative, for example, has clearly been successful in engaging parents as well as young children in its activities and at the same time, developed their relationships with the school itself. However, there is still a need to ensure that playgroups and SACC programs build on their work to link families in to early childhood education programs (in whatever settings they can be provided) that can make the bridge to school easier for Aboriginal children.[51]

School readiness is now the topic of some debate as to what it means and the impact it has on how early childhood programs are delivered. NCOSS would argue that school readiness is a two way street in which early childhood services play a role in terms of skills development and socialisation that is age appropriate and child centred. Schools must also play a role in ensuring that they are ready for the children they are about to receive. It is the second element that is so often missing and while it is important for all children, it is particularly important for Aboriginal children in terms of the need to provide culturally appropriate learning experiences.

There are a number of things that can be done by schools to improve their own readiness for Aboriginal students. Cultural awareness training for all staff is a start but needs to be seen as a base for building ongoing relationships with Aboriginal communities, families

[51] There has been a lot of work done on what works in for Aboriginal children as transition to school programs . The most recent research was undertaken by the NSW Department of Education and Training using a national research grant, *Successful Transition Programs from prior-to-school to school for Aboriginal and Torres Strait Islander children.*

and individual children. Schools also need to be familiar with the prior to school learning experiences of Aboriginal children, both in the formal and informal sense. An understanding of the principles of early childhood education and their continuation into the school setting, is also important for schools, particularly the executive, to understand.

There are implications here for changing the relationships that exist at the start of school between teachers and students, and teachers and parents; changing the curriculum and the way it is implemented; and changing the structures within schools to better reflect and adapt to different learning styles and life experiences.

It should never be acceptable for a school to suspend a child in their first year of school, yet there is anecdotal evidence to suggest that this is not uncommon for Aboriginal students. One of the first benchmarks for change should be the number of Aboriginal students suspended or excluded in Years K-3.

We know that there are a number of transition points faced by children and families that can act as a trigger for crisis or trauma. Transition to school is one, as is transition to high school. Aboriginal students and families are particularly vulnerable at these times, and more work needs to be undertaken to understand how best to support them through these life-changing phases.

NCOSS believes that a more coordinated approach to transition should be developed, based on existing best practice, to ensure continuity and consistency in the learning experiences of Aboriginal children.

Common themes raised by indigenous communities and workers during our regional consultations in relation to Education include:

- The lack of an Aboriginal adult presence in schools: Currently indigenous students represent 4.4% of the student population compared to a 1.7% representation amongst the staffing component (many of whom are not actually located in schools)[52]. The role of indigenous staff, at all levels, is highly valued by parents and has an impact on parent engagement with the school. While the role of Aboriginal Education Assistants is currently ill-defined and often abused, this should not detract from their broader value. The Vinson Inquiry recommended that work be done to redefine the role of AEAs and increase their numbers to better support student participation. Front office staff have also been identified as key to encouraging both Aboriginal families and students to connect to the school.

- Racism in schools: The issue of racism is seen to manifest itself through the attitudes of teachers and students; through disproportionate suspension and exclusion of Aboriginal students; through failure to take account of students' lives beyond the school environment; through low expectations of student capacity; through lack of understanding of community values and the failure to develop relationships with Aboriginal families and communities. Cultural differences in child rearing practices seem to be impacting in schools in the same way they impact on the disproportionate notification and removal of Aboriginal children in the child protection system.

[52] NSW Department of Education and Training, 2006 Equal Employment Opportunity Annual Report, https://www.det.nsw.edu.au/media/downloads/reports_stats/annual_reports/year06/eeoannualrep06.pdf

- Turnover of staff: Schools with large numbers of indigenous students are often in "difficult to staff" areas of the state. It is difficult to build relationships when staff turnover is high and when schools are staffed by inexperienced teachers who themselves need support.

- Parental experiences of schooling: While Aboriginal parents want good outcomes for their children, and understand the importance of education, their own experiences of the education system can act as a barrier for their children. Similarly, lack of employment prospects experienced at the parental/community level can act as a deterrent.

- Difficulty in making the transition from school to employment: Aboriginal people become lost in the system and are uncertain about the options available to them. This has been well documented by the Aboriginal Education Consultative Group (AECG) in their Consultation Workshops summary[53] and was raised with NCOSS at a number of rural consultations.

- Schools often work in isolation and fail to look at Aboriginal children holistically: This is seen as both a failure of understanding, and a lack of resources to address the range of disadvantages facing indigenous children and young people such as health, housing etc. Health issues, and particularly the failure of the health system to pick up health conditions such as otitis media early, have a direct correlation with learning outcomes.

- Lack of relevance and inaccessibility of the curriculum: This is perhaps the most challenging issue of all in that it indicates the need for schools to develop different ways of looking at teaching and learning for different groups of students – to rethink pedagogy at a fundamental level.

- Mobility of students: There are quite high numbers of Aboriginal students who move between towns and between rural and metro areas, either for family reasons or parents' employment. While there has been some attempt at Mobility Tracking by DET to ensure transfer of information about students, more needs to be done to assist those students to cope with their lack of stable relationships with teachers, peers and community, all of which impact on their capacity to learn.

3.6.3. Vocational Education and Training

As noted above, Aboriginal people, both parents and students, are confused and uncertain about the educational and training pathways open to them and can get lost in the system. While Aboriginal people have free access to TAFE and take up rates are high, there are still concerns relating to the lower completion rates for Aboriginal students. For example in NSW in 2004 the Module Completion Rate for Indigenous students was 69% compared to 82 % for non-Indigenous students.[54]

However, some of the Aboriginal training providers (e.g. Tranby) are achieving better outcomes for students. The National Report on Indigenous Education and Training for 2001 notes that "… most improvements in outcomes seem to be occurring in non-

[53] AECG Inc, Community Empowerment Workshops Report
[54] Department of Education, Science and Training (DEST), National Report to parliament on Indigenous Education and Training, 2004, 2006

government institutions, in particular those that are controlled by Indigenous organisations and communities. The module completion rate for Indigenous controlled providers was almost 28 percentage points higher than in government systems."[55]

A national survey of Indigenous VTE students in 2004 found that VTE "provides a broad range of personal, family and community benefits, as well as employment and economic benefits."[56]

Most VET courses in schools start in year 11. Given the high interest of Aboriginal students in such courses, and the high risk of students dropping out before they experience VET, there is clearly a need to look at ways in which Aboriginal students can access VET course much earlier in their school lives – preferably from year 9. Given the difficulties of accessing a wide range of VET courses in rural and remote communities, more widespread use of distance education techniques and use of technology are also indicated.

3.7. Housing

According to the 2006 Census, NSW households with an indigenous person were far less likely to be homeowners/purchasers (36.2%) than all NSW households (66.7%), and far more likely to be renters (59.0% vs. 29.5%). Households with an indigenous person were almost five times more likely to live in social housing than all NSW households (25.9% vs. 5.5%)[57].

AIHW produces data using a multi-measure needs model, which covers homelessness, overcrowding, affordability, dwelling conditions and connection to essential services such as sewerage, water and electricity. Compared to the non-indigenous population, indigenous people experience above average rates of homelessness, housing (affordability) stress, overcrowding and houses in need of repair or replacement. Apart from the Northern Territory, lack of access to essential services, such as sewerage, water and electricity, was found to be less of a problem.

NCOSS is concerned that the NSW Aboriginal Housing office has lost funding provided under the Aboriginal Communities Development Program, and that its commonwealth funding appears to be under threat (CHIP/ARIA and the Aboriginal Rental Housing Program).

3.7.1. Homelessness

The 2001 Census estimated that there were 1,376 indigenous people who were homeless in NSW[58]. This comprised 518 people staying with friends/relatives, 391 in SAAP accommodation, 240 living in boarding houses and 227 with no conventional accommodation. 2006 Census data on homelessness is not yet available.

In 2005-06 NSW SAAP services assisted 4,300 Aboriginal and Torres Strait Islander clients and a further 2,750 accompanying children. ATSI people comprised 17.6% of

[55] Department of Education, Science and Training (DEST), National Report to parliament on Indigenous Education and Training, 2001, 2002
[56] DEST 2006, *op.cit*
[57] AIHW, Indigenous Housing Needs 2005: A multi-measure needs model, AIHW 2005
[58] AIHW 2005, *op cit*

SAAP clients (20.9% of female clients and 13.5% of male clients), and 28.1% of accompanying children.[59]

3.8. Domestic and Family Violence

In recent years, as a result of media attention and increased open community discussion, the prevalence of family violence and abuse in Indigenous communities is becoming well known. As a result there is greater awareness of the social and cultural harm that this violence is inflicting, predominantly on Indigenous women and children, and often across generations.[60] National figures from the AIHW indicate that Aboriginal women accounted for almost a quarter of Supported Accommodation Assistance Program clients escaping domestic violence in 2003-04.[61]

Therefore, when addressing inequality, issues of domestic and other types of violence and abuse must be addressed. NCOSS supports the findings of the Aboriginal and Torres Strait Islander Social Justice Commissioner, *Ending family violence and abuse in Aboriginal and Torres Strait islander communities – Key Issues, An overview paper of research and findings by the Human Rights and Equal Opportunity Commission, 2001 – 2006, June 2006*.[62]

3.9. Incarceration and the criminal justice system

3.9.1. The Aboriginal Justice Plan

According to the NSW Aboriginal Justice Plan, launched in 2005, Aboriginal people make up 1.9% of the NSW population but constituted 19% of adult male prisoners in jails and one out of every three women in prison. It goes on to advise that Aboriginal people are also more likely to be the victims of crime. The Bureau of Crime Statistics and research has found that they are the victims in around 9% of all common assaults and 14% of all assaults occasioning bodily harm in NSW. [63]

The Aboriginal Justice Plan represents a major achievement in negotiating the development of Aboriginal policy in consultation with Aboriginal communities through work lead by the Aboriginal Justice Advisory Council.

The Aboriginal Justice Plan is also important because its aim is to focus “more broadly than on the criminal justice system alone. It provides for significant activity to ensure the justice system works effectively for both Aboriginal victims and offenders while also tackling those factors that can clearly be linked to offending in Aboriginal communities”.[64]

Along with strong recommendations for early intervention and prevention measures to enhance community well being, seen as a key element of the plan, there is also a practical set of programs to assist in the reduction of the number of Aboriginal people coming in to contact with the criminal justice system. These include Aboriginal Community Justice Centres, Aboriginal Community Patrols and Circle Sentencing.

---

[59] AIHW, Homeless people in SAAP: SAAP National Data Collection Annual Report 2005-06 New South Wales Supplementary tables, AIHW 2007
[60] Human Rights and Equal Opportunity Commission, *Social Justice Report 2006*, http://www.humanrights.gov.au/social_justice/sj_report/sjreport06/index.html, viewed 9 Januray 2008.
[61] AIHW 2005, *Female SAAP clients and children escaping domestic violence 2003-04.*
[62] Available at http://www.humanrights.gov.au/social_justice/familyviolence/family_violence2006.html
[63] NSW Aboriginal Justice Advisory Council, NSW Aboriginal Justice Plan, 2003.
[64] *ibid*

NCOSS recommends that the committee seek further information about the progress and effectiveness of the implementation of the Aboriginal Justice Plan.

3.9.2. Corrective Services

It has been well documented that Aboriginal and Torres Strait Islander people are incarcerated at a rate far above that of non-Aboriginal and Torres Strait Islander Australians.

This compounding of social disadvantage through excessive incarceration is a fundamental injustice against Australia's Aboriginal population.[65]

The Royal Commission into Aboriginal Deaths in Custody recommended that imprisonment of Aboriginal and Torres Strait Islander peoples should be a sanction of last resort. Although this principle is enshrined in legislation in most jurisdictions, it is questionable whether this principle is followed in practice. Aboriginal and Torres Strait Islander people continue to be incarcerated at alarming rates.

Statistically, Aboriginal and Torres Strait Islander people experience higher rates of repeated short-term incarceration. This leads to a range of negative health outcomes for Aboriginal communities, whilst achieving little in terms of community safety.[66]

Attempting to divert Aboriginal people into alternative community based sentencing options rather than incarceration would alleviate some of the negative outcomes experienced by Aboriginal people in terms of health outcomes and therefore for life expectancy.

Incarceration has a major impact on health.[67]

The most extensive study of prisoner health in Australia to date, the New South Wales Inmate Health Survey, identified that two-thirds of inmates had substance use concerns.[68] A study of prisoner mental health in New South Wales found that more than 74% of inmates had experienced mental health problems in the 12 months prior to incarceration.[69]

The psychological impacts of incarceration in Aboriginal and Torres Strait Islander peoples have been shown to be even greater than on the non-Indigenous population. These poor mental health outcomes can lead to alcohol and drug abuse, suicide, self harm behaviours, poor nutrition, poor housing and poor diet.

There is increasing evidence to suggest that some people may be incarcerated due to the breakdown of the provision of health services in the community, such as mental health services.

The social and health support needs of Aboriginal people who have experienced incarceration have been well-identified. These include housing and tenancy support, mental health services, substance misuse support, general health services (including

---

[65] Krieg, A, *Aboriginal incarceration: health and social impacts,* MJA 2006; 184 (10): 534-536
[66] *Ibid*
[67] *ibid*
[68] Butler T, Milner L, *The 2001 New South Wales inmate health survey.* Sydney: NSW Corrections Health Service 2003
[69] *ibid*

hepatitis C management), and the need for assistance with community and family reintegration.[70]

Although the needs identified above are potentially most relevant for men, the situation for Aboriginal women who are incarcerated is also very grim. Aboriginal women are the fastest growing population in New South Wales prisons. Aboriginal women experience higher rates of substance use and mental health issues than their male peers, many having long histories of childhood and adult sexual or physical abuse.[71]

The period immediately after release from prison, the 'post-release' period, is an important time for support services to be provided and accessed. The post release services which are required include those health and social support services which have been outlined above. At present, the provision of tailored support services for Aboriginal and Torres Strait Islander persons released from prison in New South Wales is seriously limited, and must be expanded as a matter of urgency, if recidivism and incarceration rates amongst the Indigenous and Torres Strait Islander persons are to be addressed.

Most studies of prisoner health have focused on improving the delivery of health services to people in prison. Unless the effect of the constant churn of prisoners in and out of prison is adequately acknowledged, programs will be largely ineffectual at engaging clients and achieving lasting health gains.[72]

The consequences of incarceration on health outcomes, particularly in regard to mental health, are only just beginning to be properly considered, and more research in this area is required. It is, however, becoming evident that the first 6–12 months following release from prison is a high-risk time for those who have been incarcerated. Recent studies in Western Australia showed that released Aboriginal prisoners have an almost 10 times greater risk of death than the general WA population and an almost three times greater risk of death compared with their Aboriginal peers in the community. The main causes of death are suicide, drug and alcohol related events, and motor vehicle accidents.[73]

Any discussions about Aboriginal health must address incarceration. We cannot hope to achieve major improvements in wellbeing, quality of life and arguably in life expectancy, while continuing to pursue manifestly unacceptable incarceration practices.[74]

3.9.3. Juvenile Justice

Aboriginal and Torres Strait Islander young people (predominantly males) are massively overrepresented in the state's juvenile justice system. In 2005-06 indigenous young people constituted:

- 28.6% of young people attending a youth justice conference,
- 34% of those under community supervision,
- 37.3% of those remanded in custody and
- 47.5% of those sentenced to detention[75]

---

[70] Krieg 2006, *op cit*
[71] Krieg 2006, *op cit*
[72] Krieg 2006, *op cit*
[73] Stewart, L, et al, *Risk of death after release from jail,* Aust NZJ Public Health 2004: 28: 32-36
[74] Krieg 2006 *op cit*
[75] NSW Department of Juvenile Justice, Annual Report 2005-06, http://www.djj.nsw.gov.au/pdf_htm/publications/annualreport/AnnualReport0506.pdf

The Australian Institute of Criminology estimates that indigenous young people in NSW were over-represented in detention by 24.1 times their representation in the total youth population. This compares to 23.0 for the comparative national figures[76].

These figures reflect the operation of laws governing bail and sentencing, and decisions by the police and courts. It is apparent that the level of overrepresentation by indigenous young people increases with the seriousness of the sanction imposed. The rate of offenders sentenced to detention particularly reflects the rate of repeat offences committed by indigenous young people, which is turn related to levels of poverty, exclusion, disadvantage, poor educational outcomes, and family and community dysfunction.

With a considerable proportion of young offenders sentenced to detention graduating to the adult criminal justice system, a high priority needs to be placed on measures to divert less serious offenders away from the detention system and to put into place educational and post-release services to reduce the level of recidivism. This can be quite challenging when people are returning to unstable and disruptive family and community environments.

3.10. Employment

NCOSS is a founding supporter of the Barwon Darling Alliance which has developed out of the COAG trials in the Murdi Paaki region. The Alliance has been established as a unique collaboration between the five local government areas of Central Darling, Bourke, Coonamble, Brewarrina and Walgett to develop a different response to the social dislocation, low (negative) employment, and economic depression faced by this particular region of the State.

The BDA have proposed an enterprise zone approach to overcoming the problems in Murdi Paaki, based on successful work undertaken in the United Kingdom. It focuses on the creation of real jobs, very much aimed at the long term unemployed, through government incentives for private business investment. This is seen as the way to kick start an economic turn around that will have positive social flow on effects.

The alliance is currently lobbying both State and Federal Governments for funding and support to initiate a five year trial. Further information can be found at: http://www.aph.gov.au/house/committee/atsia/indigenousemployment/subs/sub057.pdf

3.11. Transport disadvantage in Aboriginal Communities

Isolation from transport services and infrastructure is a defining characteristic for many Aboriginal communities in NSW. The barriers experienced by many Aboriginal people in gaining transport can make existing problems, such as accessing employment, education, services, and recreation, worse.

Some of the transport issues faced by Aboriginal communities are historical in nature, and trace back to the segregation of Aboriginal communities that began in the mid to late 19th century. Segregation laws dislocated Aboriginal people from jobs and services, often expressly forbidding Aboriginal communities from taking these opportunities. As a result geographic isolation (and thus transport problems) was created, shifting Aboriginal communities away from services, employment and training.

[76] Natalie Taylor, Juveniles in detention Australia: 1981-2005, Australian Institute of Criminology, 2006

Today a large number of Aboriginal people in NSW still face a number of barriers to accessing transport. Some of these barriers include:

- Isolation from Services: Many Aboriginal communities are physically isolated from public and community transportation. Frequently, isolation from services reflects the historical segregation of Aboriginal people from services and jobs, with poor connections between isolated Aboriginal communities and towns / regional centres. Isolation from services can also occur in an urban setting – for example public transport services can be very poor in the Mt Druitt / Blacktown region in Sydney (one of the largest Aboriginal communities in NSW).

- Discrimination: Many Aboriginal people report that they have experienced discrimination in their use of existing services, including transport services. Across Australia, Aboriginal people are routinely being refused bus, taxi or other services on the basis of unfair discrimination.

- Inflexible / Culturally Inappropriate services: Existing services are frequently unable to respond flexibly to the particular needs of Aboriginal communities. For example, although there is prioritisation for these journeys in some communities, many Aboriginal people face significant difficulties organising transport to funerals, often because there are a lack of public or community transport options. Because of the history of mainstream service provision to Aboriginal people, there is a strong case for Aboriginal communities to provide their own culturally appropriate services.

- Poor Access to Health Services: Access to health services is a crisis issue for some Aboriginal communities. Aboriginal people typically face poorer health outcomes than the non-Aboriginal people, with a life expectancy on average 20 years lower than for non-Aboriginal people in Australia. Transport is a key barrier for Aboriginal people in accessing health treatment.

- Poor Coordination of Services to Aboriginal Communities: Frequently there is poor coordination between local, public and community transport providers, which can either make existing services difficult to use, or fail to take opportunities to share resources in order to solve community problems. The long travelling times mean that many people who do not have access to a motor vehicle are discouraged from attending medical appointments. Better coordination of services can help to improve links to vital services.

- Affordability: Affordability of services is an important issue, particularly for low income Aboriginal people. Frequently services can be expensive, particularly for people who don't have access to concession public transport fares. For example in states Community Development Employment Projects (CDEP) participants do not get a concession entitlement, despite receiving an income equivalent to an unemployment allowance. Other transport costs, such as maintaining a motor vehicle, can be high for people living in isolated communities.

- Licensing and Fines: There is a shortage of licensed drivers in Aboriginal communities across Australia. This can be a serious issue for young people who wish to learn to drive, but do not have access to a car and don't have access to older licensed drivers (driving school is expensive, and is not an option for low income families). Fines are also a significant (and related) issue. Currently in NSW,

the Government uses licence suspension as a sanction for unpaid fines. This has had dramatic effect for many Aboriginal people – particularly in communities where not only are there few motor vehicles, but a small number of people with a valid licence.

- Poor Consultation with Aboriginal Communities: Aboriginal people are frequently excluded from transport consultation and planning processes. This makes existing disadvantage worse, since Aboriginal people are continually excluded from developing solutions to the current problems. Planning processes must involve Aboriginal communities in order to redress the poor prioritisation of Aboriginal transport issues.

Solving transport disadvantage in Aboriginal communities will require a concerted approach from Governments, transport operators and local communities. We must begin to acknowledge that transport issues are a key factor in understanding the barriers that face many Aboriginal people. An important starting point is to create processes for Aboriginal people to be involved in planning for future transport needs.

4. Conclusion

The disadvantage experienced by Aboriginal people has a direct and negative impact on their health. The complex and overlapping interplay between the factors outlined in this submission means comprehensive strategies based on a recognition of the social determinants of Aboriginal health is required if the seventeen year life expectancy gap between Aboriginal and non-Aboriginal people in NSW is going to be overcome.

NCOSS thanks the committee for the opportunity to respond to this inquiry, and offer our further assistance should it be required.

5. Appendix A: Further Information and Resources

In addition to the documents already cited, and in considering the terms of reference of the inquiry, NCOSS draws to the notice of the committee the following sources of information:

Northern Territory Intervention

NCOSS has publicly endorsed a response to the Northern Territory Intervention, which is available in full text here: http://www.ncoss.org.au/hot/indigenous/acoss-joint-letter-re-indigenous-26jun07.pdf

Domestic Violence

- Family violence among Aboriginal and Torres Strait Islander peoples: http://www.aihw.gov.au/publications/index.cfm/title/10372

- Orana Women's Safehouses report: https://secure.inodes.org/wrrc/currentprojectsissues/current/ourprojects/oranareport/view NCOSS recommends the committee follow up on the implementation of the recommendations in this report, following the advice provided on undertaking appropriate consultation in the area, outlined on p. 52 of the report.

Health

- The health and welfare of Australia's Aboriginal and Torres Strait Islanders 2003: http://www.aihw.gov.au/publications/ihw/hwaatsip03/hwaatsip03.pdf

- The Australian Medical Association's 2007 report card on Aboriginal and Torres Strait Islander Health: http://www.ama.com.au/web.nsf/doc/WEEN-73EVX9/$file/Reportcard_2007.pdf

- National summary of the 2003 and 2004 jurisdictional reports against the Aboriginal and Torres Strait Islander health performance indicators: http://www.aihw.gov.au/publications/ihw/ns03-04jratsihpi/ns03-04jratsihpi.pdf

- The health and welfare of Australia's Aboriginal and Torres Strait Islander People 2003: http://www.aihw.gov.au/publications/index.cfm/title/9226

- The health and welfare of Australia's Aboriginal and Torres Strait Islander People 2005: http://www.aihw.gov.au/publications/index.cfm/title/10172

- NSW Health 'Aboriginal Health' publications: http://www.health.nsw.gov.au/pubs/subs/sub_aboriginal.html

Fines

Not such a Fine Thing! Options for Reform of the Management of Fines Matters in NSW, Homeless Persons' Legal Service/PIAC, April 2006.

Housing

- Indigenous housing needs 2005: a multi-measure needs model: http://www.aihw.gov.au/publications/index.cfm/title/10166

- Indigenous housing indicators 2005-06: http://www.aihw.gov.au/publications/index.cfm/title/10485

Homelessness

Homelessness in the Aboriginal and Torres Strait Islander context and its possible implications for the Supported Accommodation Assistance Program: http://www.facsia.gov.au/internet/facsinternet.nsf/aboutfacs/programs/house-newsaap_keys.htm

6. Appendix B: Leading our way in Community Care

NSW Aboriginal
Community Care
Gathering
Committee

LEADING OUR WAY IN COMMUNITY CARE

POLICY POSITION

April 2007

Introduction

Background

In July 2000, the NSW Ageing & Disability Department , now Department of Ageing, Disability and Home Care (DADHC), sponsored Focus for the Future a State Home & Community Care (HACC) Gathering of more than 65 Aboriginal Managers and Co-ordinators. These Aboriginal Managers and Co-ordinators represented a variety of HACC and HACC-related services, Disability Services and Community Aged Care Packages. The Gathering was convened and organised by the Council of Social Service of NSW (NCOSS) under the guidance of a committee of key Aboriginal HACC workers and leaders.

The Gathering met for 3 days to discuss and workshop a range of issues relevant to service provision, management and training, government reforms and most importantly, autonomy and self-determination amongst Aboriginal and Torres Strait Islander (ATSI) service providers and communities. The Gathering recognised the work of the previous HACC Strategic and Development (HACC SAD) Committee, which sought to advance Aboriginal autonomy through the development of 26 recommendations.

In June 2003, the next Gathering Conference also entitled Focus for the Future was conducted over three days in Coffs Harbour. Over 120 people attended this conference, which ratified and acknowledged the achievements of the 2002 Policy paper, identified priorities for future policy work, affirmed the ongoing work of the Gathering Committee and voted to conduct another Gathering Conference in two years.

Achievements

Since that time, the Gathering Committee has worked even harder both on this new policy position paper and other successful activities such as major presentations at statewide, national and regional mainstream conferences eg NSW Respite Conference, National Aged & Community Services Assoc Australia Conference; representation on national, regional and statewide committees eg National Aboriginal & Torres Strait Islander HACC Reference Group, National Dementia Group, Aboriginal Disability Network; appeared before the Senate Inquiry into Aged Care in 2005 and the NSW Government Public Accounts Committee Inquiry into HACC and Home Care; contributed to the NSW Aged Care Alliance Federal and State Election Kits; contributed to the NCOSS Pre-budget Submissions of 2003 to 2005; prepared responses to government and other consultation processes and papers including Disability Supported Accommodation, DADHC Future Directions 2004, Home Modifications Information Clearing House, consultation on Elder Abuse, the Australian Community Care Needs Assessment instrument.

This new updated Policy Position entitled Leading our way in Community Care was released for consultation at the 2006 Gathering Conference of the same name in Dubbo. Aboriginal workers in community care, both government and non-government, management committee people and interested consumers, have provided feedback and constructive criticism on this version in advance of its completion. This Policy Position forms the basis of future policy work by the Gathering Committee and its representations to Government.

Purpose

The objective of this Policy Position is to set out the principles and strategies necessary to improve support services to Aboriginal and Torres Strait Islander older people, people with disabilities and carers. It describes an agenda for change and the commitment of Aboriginal people and communities to work together with Government. The Gathering Committee will promote this Policy Position through the Aboriginal community, Government agencies and mainstream service providers.

Published by:

NCOSS, Council of Social Service of NSW
66 Albion Street, Surry Hills NSW 2010
phone: 9211 2599 ext 117
fax: 9281 1968
email: info@ncoss.org.au
website: www.ncoss.org.au

Guiding Principles and Recommendations

This Policy Position is arranged under eight chapter headings. Each chapter contains Guiding Principles and Recommendations on topics that are important to the improvement of services to Aboriginal people in community care. The Guiding Principles are meant to identify the most important features of each topic while the Recommendations are designed to explain what needs to be done including appropriate methods for implementation.

Autonomy & Self-Determination

Guiding Principles

1 Self-determination for Aboriginal people is the fundamental guiding principle. Self-determination means being in charge of our own decisions and having ownership of our services:

Self-determination means:

- Consumers have the right to choose and have a voice in receiving culturally appropriate services.
- Carers and families have the right to input into decisions about service provision to the person they care for, and the right to receive support and assistance in their caring role.
- Service Providers are self-managed Aboriginal community based organisations that are incorporated, independent and that are responsible for overall service delivery. Accountability must be built into the system at all levels.
- Funding Bodies have planning processes that are appropriate in identifying the needs of Aboriginal communities and resource allocation mechanisms that are fair and equitable and recognise the high costs of service delivery.

2 Aboriginal community self-determination (as described above) must drive and direct the identification and provision of services.

3 Autonomy for Aboriginal people includes the following elements:

- Owned, controlled and operated by the local community
- Planning, evaluation, monitoring and reporting in a culturally appropriate manner
- Decisions are to be made by local Aboriginal people
- Locally owned decision making process
- Sufficient resources to ensure cultural appropriateness

Recommendations

R1 In consultation with local service users, Aboriginal and Torres Strait Islander community members, workers and funding bodies should work together to develop and implement a plan towards autonomous Aboriginal services. Autonomous Aboriginal Community Care and Disability services are to be developed over time and through a staged process in line with consulted Aboriginal views on autonomy and control within the local area.

R2 The Department of Ageing, Disability and Home Care (DADHC) to fund the development of a discussion paper on autonomy for Aboriginal Community Care Services for use in consultation with the Aboriginal community.

Aboriginal Representation

Guiding Principles

4 Effective links between the community and government Ministers must be established and maintained.

At the whole of state level, the Aboriginal Community Care Gathering Committee will be in touch with the relevant Ministers and their departments to provide advice and make recommendations on policies and directions for Aboriginal representation within Community Care and related systems.

5 All representatives on the state committees are to be adequately resourced to attend meetings.

6 Provide adequate resources to ensure that isolated and remote communities are represented on government and non-government statewide Community Care committees.

7 The input of Aboriginal and Torres Strait Islander people on community care needs (including the needs of older people, people with disabilities and their carers) is critical to ensure the success of new initiatives and projects developed through the Indigenous Co-ordination Centres.

Recommendations:

R3 Government Ministers will ensure that Aboriginal input and participation is built-in at all levels of planning and is appropriately resourced .

R4 Aboriginal Representatives on Ministerial Advisory Committees relevant to community care (eg Australian Government Department of Health and Ageing (DoHA), and NSW Department of Ageing, Disability and Home Care (DADHC), Department of Community Services (DoCS), Department of Housing, the NSW Disability Council, Attorney-General's Department, NSW Health, Ministry of Transport etc) network together at least annually on a cost shared basis.

Guiding Principles:

8 Recognition and respect for the consumer and their whole family and care situation must be maintained at all times.

9 Assessments for Aboriginal people must be holistic, including assessment of carer needs at every opportunity.

10 Aboriginal people must have the choice to have assessments and case management conducted by Aboriginal workers.

11 There must be effective co-ordination between both Aboriginal and non-Aboriginal service deliverers and providers of comprehensive assessment, case management into Aboriginal communities to reduce intrusion and confusion for clients (including health, enhanced primary care, community care etc.).

12 Culturally appropriate assessment processes and forms for all Home and Community Care (HACC) and other community care and related services must be developed to enable consistency.

13 For Aboriginal and Torres Strait Islander clients, there should be no separation of assessment and service provision so as to protect the cultural appropriateness of services, to overcome cultural differences and reduce duplication of assessment.

14 Aboriginal and Torres Strait Islander people should have multiple entry points for access to community care services and support.

Recommendations:

R5 Assessments must include the entire family and/or care situation to be sustainable and effective.

R6 Qualified Aboriginal workers must conduct assessments and case management for Aboriginal people.

R7 Until trained Aboriginal assessment workers are available in ACATs (Aged Care Assessment Teams), it is fundamental and culturally appropriate that Aboriginal workers be resourced to accompany the ACAT workers at all times during an assessment.

R8 It is mandatory that non-Aboriginal assessment workers undertake local and ongoing cultural awareness training before assisting in the assessment of Aboriginal clients.

R9 Relevant government departments should collaborate in the development of a strategic plan to generate adequate numbers of skilled Aboriginal assessment workers to conduct assessments.

R10 Assessments involving ACATs are only carried out for Aboriginal people who are frail aged and not younger people with disabilities. The ACATs should refer the assessment of Aboriginal people with disabilities to experts in disability assessments.

R11 Accredited accessible Aboriginal specific training must be available for Aboriginal community care workers to be able to carry out comprehensive assessments. Established Aboriginal

community care service providers must be trained in Comprehensive assessment and be adequately resourced to do so.

Service Development, Co-Ordination & Effective Management

Guiding Principles:

15 Funding bodies must be responsible to ensure that all government funding to community care (including all services to older people, people with disabilities and their carers) for Aboriginal communities is operating effectively and receives adequate resources.

16 To ensure appropriate access, community care services must be transparent and accountable to Aboriginal people so that service provision is inclusive of the local Aboriginal community. Service Providers will ensure that nepotism must not override community business and service delivery.

17 Aboriginal people will operate their organisations:

i. in a culturally appropriate manner to each local community

ii. along effective and efficient management and financial accountability principles.

18 To ensure resources are efficiently managed, accountability and reporting procedures should be consistent across all government funding bodies.

19 Within mainstream services, Aboriginal identified positions (including indigenous positions), Aboriginal identified funding and resources must be transparent and retained only for Aboriginal people. Mainstream services should be clear in reporting results or service outputs; ie reporting on how many Aboriginal people use and access services.

20 Multi-purpose service outlets are highly recommended but may not be suitable for all local Aboriginal communities due to cultural and geographical factors.

21 Aboriginal HACC Development Officers, as full time workers, are required in all regions in order to link services, provide training and support, facilitate local cultural awareness training for workers and communities and to assist local communities to respond to the needs of Aboriginal people.

22 Departmental requirements including Minimum Data Set (MDS), Annual Returns and reports, validation, Integrated Monitoring Framework (IMF) must take into account specific service provision to Aboriginal people. HACC and other community care standards, quality assurance and contracting should be applied in an Aboriginal culturally appropriate manner to the local area.

23 To achieve appropriate and quality work practices within community care service provision, Aboriginal networking must be recognised and adequately resourced at all levels.

24 Partnerships between Aboriginal and non-Aboriginal community care services and health workers are critical to the adequate provision of support to Aboriginal older people, people with disabilities and carers.

25 All Aboriginal staff in NSW Health, including Aboriginal Patient Liaison Officers and Aboriginal Health Education Officers and other hospital staff (eg discharge, ComPacks, social workers, transport etc) should know, understand and refer to community care systems and services.

26 Effective, accessible and culturally appropriate complaints procedures must be recognised as an important consumer rights principle, and must be inclusive of Aboriginal consumers and service providers.

Recommendations:

R12 Existing effective Aboriginal service models are to be identified and examined for suitability for other Aboriginal communities within NSW taking into account regional environmental cultural factors. A number of innovative Aboriginal projects should be established and evaluated. Additionally, resource materials should be developed to assist Aboriginal services in creating and establishing new services to address gaps.

R13 Strategies to improve both government interdepartmental co-ordination (Health, DADHC, Commonwealth etc.) and service provider co-ordination (Health, HACC, CACPs other Commonwealth programs etc.) must specifically respond to Aboriginal needs.

R14 To achieve improved appropriate and effective work practices within Community Care provision, networking between Aboriginal providers and with non-Aboriginal providers must be recognised and adequately resourced at all levels.

R15 All Aboriginal and non-Aboriginal service providers and community care funding bodies must have culturally appropriate complaints procedures meeting the needs of Aboriginal and Torres Strait Islander people.

R16 Government agencies which provide community care funding must come together in a partnership agreement to develop a standard consistent approach to accounting and reporting procedures to avoid multiple and duplicate reporting systems.

R17 Aboriginal HACC Development Officers, as full time workers, must be funded and adequately resourced in all regions in order to link services, provide training and support, facilitate local cultural awareness training for workers and communities and to assist local communities to respond to the needs of Aboriginal people.

R18 Mainstream managers and workers have the responsibility to encourage and support partnerships between Aboriginal and non-Aboriginal community care services and health workers.

R19 Indigenous Co-ordination Centres and the NSW Aboriginal Community Care Gathering Committee must create effective ongoing links to ensure that local projects and planning include a consideration of community care at every stage.

Guiding Principles:

27 Funding bodies will

- implement planning processes that are appropriate in identifying the needs of the Aboriginal community
- have resource allocations that are fair and equitable
- recognise the high costs of service delivery to Aboriginal communities.

28 Appropriate planning mechanisms are essential to effective autonomy for Aboriginal people.

29 The Community Care system must be needs based and must reflect equity principles for Aboriginal people.

30 It is the responsibility of government funding bodies to provide relevant demographic data on Aboriginal communities to all community care service providers and the sector. Information from Departmental accountability requirements (ie MDS, IMF, validation etc) must be collated towards the demographic data on Aboriginal communities.

31 The identification and management of unmet needs data within Aboriginal communities is essential, sometimes due to the fact that serious support needs may remain hidden under the role of family duties or responsibilities.

Recommendations:

R20 All funding allocations and planning processes at State and local levels must demonstrate Aboriginal equity. Mainstream planners must work with Aboriginal Departmental Officers in setting up regional planning processes specifically for consulting Aboriginal communities and agencies in each region to identify needs.

R21 Ensure that every community care funding round has Aboriginal-identified dollars in every region and at state level to advance equity.

R22 An Aboriginal and Torres Strait Islander specific needs analysis is undertaken in every local area to ensure culturally appropriate flexible service delivery. This needs analysis will be conducted on a regular basis in a transparent manner and must involve all relevant Aboriginal stakeholders.

R23 Regional Forums will provide guidance to the planning process in the identification and development of Aboriginal services and providers for future funding.

R24 Feedback on Aboriginal service provision from data collection processes and other relevant information must be regularly provided to all community care service providers across the regions.

R25 DADHC must develop a State Aboriginal Plan covering all community care and related services to Aboriginal communities across NSW. The State Aboriginal Plan is based on community needs as identified through regional planning processes. This Plan will consult with all relevant non-government stakeholders. The Plan should be publicly available with measures and targets for improved responsiveness and service provision to Aboriginal people and communities.

R26 Research must be regularly conducted into the care and support needs within Aboriginal communities, including the holistic needs of people requiring care and the needs of new family carers.

Guiding Principles

32 Aboriginal identified positions are necessary in all community care services. Increased workforce participation of Aboriginal and Torres Strait Islander people in all aspects of the community care industry would greatly improve service provision adequacy, responsiveness and appropriateness to Aboriginal communities.

33 Every hospital and area health service outlet should fund and staff or fill Aboriginal identified positions. These positions should be a priority for recruitment whenever they become vacant.

34 All mainstream service providers should undertake locally appropriate cultural awareness training and regular updates to ensure responsive and welcoming service provision to Aboriginal people.

35 All Aboriginal Community Care workers must have access to information and training provided by government agencies at the local and regional levels.

Recommendations:

R27 Government must develop an Aboriginal Workforce Plan for community care services involving a range of strategies for the recruitment, retention and skills development of Aboriginal workers. Traineeships and the recognition of the existing skills of Aboriginal workers are integral to the training and accreditation process. Additionally, strategies and incentives to enhance the recognised experience and qualifications of existing Aboriginal community care workers must be developed and implemented in the Aboriginal Workforce Plan. The Plan could also consider scholarships for Aboriginal people with guaranteed jobs contracted to country areas.

R28 DADHC to develop standards and targets for Aboriginal participation within the community care workforce, and then strategies for implementation.

R29 NSW Health must develop standards and targets, ensuring that every hospital and area health service outlet has Aboriginal identified positions.

R30 Co-ordinated approaches to cultural awareness training at national and state levels must be developed across all government departments involved with Aboriginal programs and short term groups be convened to oversee this.

R31 Recurrent funding must be available to develop accredited training modules that address financial, management, operational and human resource issues with Aboriginal community based organisations. Accredited training should also include quality improvement and capacity building in service delivery and organisations as well as leadership in governance issues.

R32 DADHC to provide community care information and training resources, including initial orientations, covering all Community Care programs and services, ie program objectives, eligibility, service types, entry criteria, exclusions etc. DADHC should utilise existing successful examples of non-government information resources to be available across NSW.

R33 Government must provide specific local Aboriginal training for Aboriginal community care service providers from the outset regarding any changes to community care including reforms and other initiatives, program guidelines and boundaries, eligibility and referral protocols.

R34 The National and NSW training strategies must include an emphasis on Aboriginal cultural awareness and how Aboriginal and Torres Strait Islander people interact in the local community.

R35 Training about local Aboriginal cultural awareness must be made available to service providers. If mainstream services receive Aboriginal specified funding, cultural awareness training must be compulsory for ongoing staff and management committees. Mainstream services should be required to provide evidence of local cultural awareness training initiatives completed by all staff.

R36 DADHC to liaise with TAFE and university to ensure that there is an Aboriginal component in all qualifications and Aboriginal specific training for all community care and related courses.

R37 There must be accredited accessible and available Aboriginal specific training for Aboriginal community care workers to carry out comprehensive assessments. Established Aboriginal community care service providers must be trained in Comprehensive assessment and be adequately resourced to do so.

Aboriginal Carers

Carers are family members, friends and neighbours who provide care and support to children and adults who have a disability, mental illness/disorder and chronic condition and also to people who are frail aged. Carers receive wages and are not employed to undertake the caring role but may receive government benefits. [People employed to provide support services are staff, not carers.]

Guiding Principles:

36 The roles, rights and responsibilities of Aboriginal carers must be recognised and acknowledged.

37 The needs of Aboriginal carers and those they support are not identical, and therefore carers' needs will require specific attention.

38 Aboriginal carers must be able to access a range of supports and services that are appropriate and flexible to their needs throughout their lives and have a choice about relinquishing care. Support services can include respite, emotional support, practical support and financial assistance.

39 Supports and services to address carers' needs are to be equitable across regions, and regional networks.

40 Aboriginal carers must be included in services as partners in care especially during assessment, service delivery and reassessment.

41 Aboriginal carers should be able to access education and training courses, for example, first aid and other practical supports. Aboriginal carers must also have the opportunity to access training about the social, emotional and physical impact of caring. This training could be formally recognised as prior learning to assist Aboriginal carers with entry into tertiary courses and/or the workplace.

42 Culturally appropriate information is to be available at all times when needed and in a timely manner and in language that is culturally appropriate and in a variety of formats and mediums.

43 Advocacy assistance must be available to family carers when they are dealing with services. There are presently only limited avenues for assistance for carers or the person they support, especially during assessment, service delivery or reassessment.

Recommendations:

R38 A whole of government Carers Policy for NSW must be developed and must specifically recognise Aboriginal carers. This must be appropriately resourced and implemented.

R39 Positions must be identified at a regional and local level for working with Aboriginal carers. The regional development positions should involve developing and coordinating different services with the disability, aged care and other sectors. The local positions should be carer-support specific.

R40 All services working with Aboriginal carers must ensure that appropriate referrals are made and must ensure that services work together. Aboriginal carers should be supported through a seamless system of Aboriginal carer support wherever they live in NSW.

R41 Assessment of the needs of the carer must be separate from that of the care recipient. This is a vital first step in providing protection and support to enable family carers to sustain their caring roles. Like the client's assessment, these assessments should be as holistic as possible.

R42 All services are to be trained in Aboriginal carer inclusion and protocols. The protocols provide information and guidelines on working with carers in a culturally sensitive manner.

R43 Aboriginal carers must be able to access education and training courses, for example first aid and other practical supports. Abori-ginal carers must also have the opportunity to access training about the social emotional and physical impact of caring. This training should be formally recognised as prior learning to assist Aboriginal carers with entry to tertiary courses.

R44 Culturally appropriate information for Aboriginal carers is to be available at all times when needed.

Guiding Principles:

44 Self-determination in the provision of community transport is essential to appropriate services to Aboriginal people. Such self-determination must cover service delivery, development, monitoring & evaluation, planning and implementation.

45 Transport issues should be regularly discussed at all Aboriginal state and regional representative forums.

46 Aboriginal community care clients and carers must be eligible for transport services wherever they are in the state.

47 Transport funding that comes into a region must appropriately respond to the entire target population ie proportion towards Aboriginal people.

48 Transport should be enabling and flexible so as to respond to Aboriginal cultural needs.

49 Culturally appropriate drivers will provide culturally responsive transport to Aboriginal people.

To achieve this, the following is required:

- locally appropriate cultural awareness training for all transport drivers
- flexible and responsive transport services to better support older Aboriginal people, Aboriginal people with disabilities and Aboriginal carers.

50 Aboriginal transport must not rely on Aboriginal volunteers. Aboriginal transport should be resourced appropriately to provide paid Aboriginal drivers. Volunteers should provide complementary services not essential transport services.

51 The participation of Aboriginal people in the transport workforce must be increased, including the employment of mechanics, maintenance people, service administration etc.

52 Aboriginal people are part of the community. Mainstream transport has been funded to provide a service to the entire community. Mainstream transport should be transparent on how many Aboriginal people use funded transport services.

53 Aboriginal people should be free to use an Aboriginal specific transport service or a mainstream service depending on their preference and needs.

54 Aboriginal people are identified as a special needs group under community care programs. As such, mainstream community transport providers should ensure they are providing culturally appropriate service to Aboriginal older people, people with disabilities and carers. Aboriginal specific transport services should have local Aboriginal management and will ensure that drivers and volunteers are culturally appropriate to the community they serve.

55 Aboriginal transport has historically been poorly resourced and services providing transport to Aboriginal people have lacked recognition. These services must be adequately funded to provide culturally appropriate services.

56 DADHC and Ministry of Transport should champion the need for culturally responsive transport to support community care consumers in the areas of health, education & training, employment and so on. This will include services to transport, for example, grandparents,

generations living together due to economic inequities and other common living situations which could involve older people, people with disabilities and carers.

Recommendations:

R45 DADHC must co-ordinate with the Ministry of Transport on the provision of community care to improve transport for older people, people with disabilities and their carers.

R46 Government Departments ensure that Aboriginal transport issues are included on the agendas of state and regional forums and other representative structures.

R47 Strategies must be developed and implemented to ensure that community care clients can access services if they move location or while in transit.

R48 Local Community Care Forums should always discuss transport issues. Local transport working groups could be established and could comprise Aboriginal people who join together to discuss transport issues and work towards local solutions. The establishment of similar groups is required at the Regional, State and National levels.

R49 Appropriate funding as determined through consultation processes is allocated to develop and maintain these local, regional, state and national community care transport groups.

R50 An Aboriginal specific needs analysis should be conducted to ensure that transport is provided in a culturally appropriate manner that allows for flexible service delivery.

R51 The Ministry of Transport Aboriginal State Co-ordinator will co-ordinate and resource Aboriginal community care transport working groups and identify and ensure adequate resources.

R52 Adequate transport resources are provided to Aboriginal carers to ensure their needs are addressed.

Glossary

Annual Returns: End of year reports required from funded services to Department of Ageing Disability and Home Care

CACP: Community Aged Care Packages

Carers: Carers are family members, friends and neighbours who provide care and support to children and adults who have a disability, mental illness/disorder and chronic condition and also people who are frail aged. Carers receive wages and are not employed to undertake the caring role but may receive government benefits. [People employed to provide support services are staff, not carers.]

DADHC: Department of Ageing, Disability and Home Care

IMF: Integrated Monitoring Framework

Mainstream: Non-Aboriginal

MDS: Minimum Data Set

7. Appendix C: NCOSS pre-budget submission recommendations related to Aboriginal Affairs, 2008-09

7.1. Interagency Plan to address Aboriginal Child Sexual Assault

Results:

- Reduced rates of child sexual assault in Aboriginal communities
- Improved resourcing to agencies to address identified strategies
- Superior responses to victims of child sexual assault
- Enhanced prevention strategies
- Better participation of Aboriginal communities in addressing Aboriginal child sexual assault

State Plan: R1, R2, R3, R4, F1, F4, F7

The NSW Government has made an extensive response to the report commissioned by the Attorney-General's Department into child sexual assault in Aboriginal communities – *Breaking the Silence – Creating the Future.* While the response is billed as an "Interagency Plan" to "tackle" child sexual assault over a five year period, there is widespread concern that the response is premised on a better use of existing resources and cost neutral measures rather than a well resourced and holistic approach to supporting Aboriginal communities to deal with this difficult issue. While some new services are flagged (for example more sexual assault services including counselling, more Aboriginal specific positions, improved staffing of services in rural areas), there is no funding attached to the announcement of the plan.

There are eighty-eight recommendations most of which pick up on recommendations from the Task Force. They include making child sexual assault a priority within the Two Ways Together strategy, the whole of government approach to indigenous issues and linking this to the State Plan; focusing on early intervention and prevention services; recognising the importance of education and the role that can be played by schools; raising community awareness and engaging Aboriginal community leadership; focusing on local community solutions; improving and expanding violence prevention services; exploring innovative responses, such as Hollow Waters healing program from Canada; as well as a whole range of responses designed to better support the victims of child sexual assault and their families, and to respond more appropriately and consistently through the law and justice system.

Improving coordination and removing barriers to access to services for Aboriginal people are a start but they are not sufficient of themselves. The existing service system, particularly in rural and remote areas, is already overstretched and has not been designed to meet the needs identified in the Task Force report. NCOSS would have hoped to see some more specific and detailed commitment to improved resourcing such as a commitment from the state government to match Commonwealth funding for Violence Prevention Units in rural areas with the intention of providing more stable and permanent resourcing of Aboriginal communities. NCOSS has also been arguing for funding for separate Aboriginal Men's and Women's Health Clinics to enable a more holistic response to and accessible support for entrenched health problems that can result from and contribute to ongoing violence, including child sexual assault, in Aboriginal communities.

There seems to be a heavy reliance on the Department of Community Services Early Intervention program to provide the complete solution to prevention and early intervention, but this program, while potentially providing some new resources, has not been developed in partnership with Aboriginal communities and is heavily focused on families with very young children. There are huge gaps here for older children and young people, highlighted in the Task Force Report, that will not be addressed. Moreover this program is based on 80% of its referrals coming through the Helpline. The Task Force clearly identified the problems Aboriginal people have in making reports to DoCS, and a clear preference by many to work with community based organisations. This will need to be factored in to the implementation of early intervention services in areas with large Aboriginal populations.

Many of the Task Force recommendations, particularly those with higher level funding implications, have been put in the too hard basket and left for "further consideration and possible implementation", or labelled a Commonwealth responsibility. While it is true that the Commonwealth could and should do more, the state must also be willing to put resources in. The Violence Prevention Units are one area where joint funding would make a difference, as is the provision of two years early childhood education for all Aboriginal children (we don't need more research on this – it is clearly an important intervention for Aboriginal children, has been identified as a priority in the NSW Aboriginal Education Review (2004) and is a key priority for MCEETYA, the Ministerial Council on Education Employment, Training and Youth Affairs).

The Interagency Plan will also require resources for its development, for research, for funding new programs and positions arising out of that research, and for monitoring of the plan to ensure that it actually makes a difference.

Actions

- An immediate injection of dedicated funds for planning, research and the development of a monitoring/evaluation framework.
- Funding for new programs and new positions/staffing for existing services as they are adopted following local consultations with Aboriginal communities and developed from further research.

Cost: An immediate $5 million, ongoing funding between $30-40m.

7.2. Dementia Action Plan

Results

- Earlier diagnosis and assessment of dementia across NSW,
- Improved supports and more targeted services for Aboriginal people, younger people, people in rural and remote areas and people with other disabilities
- Prevention strategies and supports to people with memory loss

State Plan: S1, S2, F1

Evidence/Rationale

Dementia is a national and state health priority. In line with the growth of the population of older people, the number of people with dementia will soar in coming years. However, it is not only older people who are diagnosed with dementia.

While community care programs provide in-home supports to people living with dementia and medical treatment is becoming more accessible, there remains a critical need to develop strategies to respond to the rapid projected increase in the number of people with dementia.

Access to early diagnosis and assessment is inconsistent across NSW, especially for people with concerns about their memory. Accordingly, care planning, treatment and referral for people with dementia must be available directly from the point of diagnosis.

Several groups of people with dementia require more targetted support and service provision. The incidence of dementia in Aboriginal people is higher than in the general population, similarly for some people with intellectual and psychiatric disability. The emergence of younger people with dementia will require more specific and appropriate service and diagnostic supports.

Alzheimer's Australia NSW asserts that a delay in the onset of dementia by five years could halve the number of people with dementia by 2040, thus reducing the human and economic cost of care. Prevention strategies will benefit not only the person and their family but also be more cost effective.
An available and appropriately trained workforce is critical to support the ongoing care and management of people with dementia and their families. As the population grows and the incidence increases, reliance on volunteers for support services is increasingly untenable. Planning the supply of workers to deliver skilled, high quality dementia care will avert a looming crisis for this potentially vulnerable group. (Also see NCOSS Industry Development Plan on workforce issues)

Actions

That the NSW Government provides funding for

- $3 million for an early diagnosis and assessment program which includes mobile cognitive & memory assessment teams, point of diagnosis services such as counselling etc
- $2.5 million for a dementia access and equity program which will target Aboriginal people and their families, identify service models for younger people with dementia and people with dual diagnosis of dementia and psychiatric or intellectual disability, outreach to rural and remote areas and support ongoing consultation with carers
- $1.5 million for an education and information program specifically promoting the benefits of an early diagnosis of dementia
- $1.5 million for a prevention program that promotes lifestyles changes to reduce the risk of dementia as well as research
- $1.5 million for a workforce strategy that improves the supply of trained dementia care workers in primary, acute and the community care settings, as well as reducing the reliance on volunteers.

Cost: $10 million recurrent

7.3. A Charter of Human Rights in NSW

Results

A NSW Charter of Rights could guarantee human rights and ensure that all NSW laws and policies were consistent with these rights. It would:

- Protect the fundamental human rights of all members of the NSW community.

- Complement our democratic system by protecting the very rights and values that underpin it.
- Bring all our human rights into one easy to find law.
- Ensure that the practices of Government and public authorities are consistent with human rights.
- Ensure that laws are interpreted and applied in line with human rights.
- Use easy to understand language so that everyone in the community is able to understand their basic rights.
- Be based on a comprehensive process of public consultation, so that it reflects the community's shared values and beliefs.

State Plan: R4

Evidence/Rationale

Australia is the only western nation without a national Bill of Rights. As a result, some states have taken up the challenge of addressing the lack of comprehensive human rights protection. Widespread public consultation has supported the development of Charters of Rights in the ACT and Victoria, and they are also being considered in other states including Tasmania and Western Australia.

Human rights are about the fair treatment of individuals and are put in place to ensure that people are treated with dignity and respect. They are particularly important for people who suffer disadvantage. Human rights are a means of promoting social justice for people who have been subjected to historical disadvantage including Aboriginal and Torres Strait Island peoples.
Although some rights are protected by equal opportunity and anti-discrimination laws, these laws are patchy and do not cover many areas of rights. For example, the right to vote, freedom of expression, the right not to be arbitrarily detained and the right to join a union and have access to collective bargaining are not clearly protected.

The current lack of protection of human rights can potentially have a major impact of individual's rights, including infringements on their economic, social and cultural rights as well as individual's civil and political rights.

Current concerns over terrorism require a Government commitment to ensure that new laws and counter-terrorism measures do not infringe human rights and do not work against the democratic values we are trying to protect.
Human rights belong to all people. A Charter of Human Rights is a form of democratic insurance that helps to keep the Government accountable.

Actions

- A widespread community consultation on how best to protect and promote human rights, including whether or not NSW should adopt a Charter of Human Rights, and if so what the Charter of Human Rights should include and how it should work.
- Following the community consultation, the adoption of a NSW Charter of Human Rights as an Act of the NSW Parliament.

Cost: $500,000 to be provided in 2008/09 and spent over two years

7.4. Community Care and Disability Services for Aboriginal People

Results

- Equitable delivery of community care and disability services to Aboriginal and Torres Strait Islander people;
- Better representation and greater autonomy for Aboriginal people within the community care sector.
- Improved transport services for Aboriginal people,
- More Aboriginal workers in specialist and generalist community care and disability services in NSW.

State Plan: R4, F1, F4

Evidence/Rationale

The Senate Poverty Report March 2004 states "Indigenous people suffer ill health and disability at a greater rate than non-indigenous people….Ill health impacts significantly on work priorities and places a burden of care on individuals and communities."

Community care and specialist disability services play a crucial role supporting older persons and people with disability from an Aboriginal and Torres Strait Islander background. The Australian Institute of Health and Welfare reports that Aboriginal and Torres Strait Islander people experience severe disability at 2.4 times the rate of other Australians. By comparison, 3.4% of NSW clients in the Home & Community Care Program were Aboriginal & Torres Strait Islander people. While only 23.8% NSW HACC clients were aged less than 70 years, for Aboriginal clients, this figure was 68.1% due to a number of factors including reduced lifespans.

Only 2.8% of the Aboriginal and Torres Strait Islander population are aged 65+ years; this compares to 13% for the non-Indigenous population. According to the Senate Poverty Report 2004 and the Productivity Commission Report on Government Services 2005, Aboriginal people make disproportionately low use of residential aged care services. These facts intensify the importance of providing appropriate care to Aboriginal people as they age. It is important to note that many Aboriginal people with disability do not currently utilise disability services. NCOSS notes that resources for the employment of culturally appropriate staff and volunteers can ensure that services are appropriate and are accessed by Aboriginal people. Concurrently, emphasis must also be placed on improving the responsiveness of generalist services to Aboriginal communities.

The NSW Aboriginal Community Care Gathering Committee comprises nominated Aboriginal and Torres Strait Islander workers and community members who represent their regions. The Gathering Committee has identified the need for improved support services to Aboriginal people through increased autonomy and development support to service organisations, as well as transport (*also see the Aboriginal Transport under Ministry of Transport in this document*), respite and general access to HACC and disability services. Improved management of community resources within and between localities is needed particularly in rural and regional areas where large areas can be covered more effectively through coordination among different service providers.

Workforce issues continue to be a major barrier to equity in service provision to Aboriginal people (also see section on NCOSS Industry Development Plan). NCOSS regional consultations consistently identified the need for more Aboriginal workers and more

training opportunities. There were also consistent reports of unfilled Aboriginal positions across the health and human services sectors. NCOSS strongly recommends the development and implementation of a specific workforce plan, covering short and long term strategies for increasing the Aboriginal workforce in community care and disability services. This aligns with the NCOSS Industry Development Plan on workforce issues.

There are significant regional inequities in the employment of non-government Aboriginal HACC Development Officers in NSW. The Gathering Committee contends that areas with Aboriginal HACC Development Officers are demonstrably ahead of other regions in the establishment and co-ordination of funded services to Aboriginal people with disability, older people and carers. These positions are vital for linking services and service systems, providing training and support and assisting local communities. Ideally these positions should be targeted to western NSW where there are currently limited resources available for local transport development, and a strong case to better meet the needs of Aboriginal communities that are dislocated from services and employment.

Actions

The NSW Government provides:

- $345,000 funding to provide full time employment of three non-government Aboriginal HACC Development Officers, plus $150,000 non-recurrent establishment grants. This should be increased by three new workers each year until all Department of Ageing, Disability & Home Care regions are covered;
- $280,000 funding for 2 innovative Aboriginal transport projects to improve the delivery of transport to Aboriginal people
- $180,000 funding for strategies supporting the development of Aboriginal non-government organisations to improve the provision of community care and disability services by and for Aboriginal people
- $250,000 funding for strategies under an Aboriginal workforce plan for community care and disability services

Cost: $805,000 recurrent pa plus $150,000 non-recurrent

7.5. Seniors Card for Aboriginal People

Results

- Seniors Card available to Aboriginal and Torres Strait Islander people from 45 years of age.
- Removal of current inequity in Seniors Card concession program
- Reduction in social disadvantage by improving transport affordability for older Aboriginal and Torres Strait Islander people

State Plan: R4, F1

Evidence/Rationale

The NSW Government currently provides a Seniors Card to people aged over 60 years who work less than 20 hours a week. This entitles cardholders to a range of discounts for government and private business services. Significantly, the Seniors Card enables beneficiaries to take advantage of concession fares and Pensioner Excursion Tickets on some transport services.

Due to the reduced life expectancy of Aboriginal people, more than 17 years lower than the rest of the population, many Aboriginal people will never have access to Seniors Card benefits. Lowering the eligibility age for Aboriginal people to 45 years would improve access to benefits and affordable services that are currently available to other older people in NSW.

Expanding the eligibility for the Seniors Card would prove useful given reforms in the bus services area. The NSW Government has expanded bus concessions and the Pensioner Excursion Ticket to all parts of metropolitan Sydney and some country areas. Lowering the eligible age for Aboriginal and Torres Strait Islander people would allow them to take advantage of these concessions and help address some of the transport disadvantage faced by Aboriginal people.

Action

Expand eligibility for the Seniors Card to Aboriginal and Torres Strait Islander people aged 45 years and older.

Cost

NCOSS is unable to adequately determine the costs for this proposal. Approximate impacts for the NSW Government can be determined by reference to forward estimates allocations for concession and Pensioner Excursion Ticket (PET) expansion in the bus services area.

7.6. Sport and Recreation Transport Coordination

Results

- Improved access and connectivity of young people to local and cross regional sporting events in rural and regional NSW
- Greater participation of community members in sporting and recreational activities.

State Plan: R4, S4, P4, P6, P7

Evidence

Low income young people and families routinely experience difficulties participating in local sporting events because of barriers accessing transport. NCOSS regional consultations have consistently highlighted that transport to sporting and recreational events is a significant issue for many young people across rural and regional NSW. This situation is exacerbated where households do not have access to a motor vehicle. Transport between regional areas to attend competition events can also be a significant problem: for example, NCOSS rural and regional consultations in Coonamble and Lightning Ridge demonstrated that transport was a key barrier to the participation of Aboriginal young people in sporting events in neighbouring towns.

The Department of the Arts, Sport and Recreation currently provides support for travel costs through schemes such as the Country Athletes Scheme and the Far West Travel Scheme. These initiatives are welcome, but are limited to targeted individuals and teams, rather than aimed at promoting sporting participation at a community wide level. The Ministry of Transport has made some progress towards facilitating transport to sporting and recreational destinations - for example a pilot bus route in the Wentworth region of South West NSW – but many projects will require an ongoing commitment of funding from

the NSW Government across agencies to ensure that services are sustainable and affordable.

NCOSS recommends that the Department of the Arts, Sport and Recreation fund a two year mobility coordination / brokerage pilot in Far West NSW. The project should include at least $80,000 in project funds to broker new services. Mobility management and brokerage models have been used across NSW to address situations of transport disadvantage, and involve coordination and purchase of existing spare capacity of bus, taxi, community and courtesy vehicles to meet community transport needs. NCOSS recommends that the pilot works closely with the Ministry of Transport regional Coordinators and human service agencies to share resources and develop sustainable services that are able to meet a range of community needs, such as transport to employment and services.

Action

Provide $200,000 in 2008-09 for a coordination and brokerage pilot project in Far West NSW.

Cost: $200,000 in 2008-09 ($400,000 over 2 years)

7.7. Transport Services for Aboriginal Communities

Results

- Improved availability and appropriateness of existing services for Aboriginal and Torres Strait Islander communities.
- New services that reduce the social isolation of transport disadvantaged Aboriginal communities.

State Plan: R4, F1, P6, P7

Evidence/Rationale

Isolation from transport services and infrastructure is a defining characteristic for many Aboriginal communities. Because of a long history of social exclusion, many Aboriginal and Torres Strait Islander people face geographic isolation from services, and are unable to take advantage of existing services because they are not culturally appropriate. Poor consultation often reinforces this situation, with Aboriginal people often locked out of planning processes for transport services.

There are a number of key issues that impact upon on the ability of Aboriginal people to access transport services, including physical isolation from public transport routes; lack of flexibility in existing services; discrimination and poor coordination of services.

NCOSS believes that many improvements to services are possible given the transport reform environment in NSW. The Ministry of Transport has a state-wide Aboriginal Transport project officer, which was a very positive step towards addressing current issues. There are now three additional HACC funded transport developments workers on the Mid-North Coast bringing the total to eight non-government Aboriginal transport development workers. All of these workers, however, are located along the eastern seaboard of NSW.

Future commitments to fund Aboriginal Regional Coordinators, Community Transport, and local NGO based development workers in inland NSW are necessary steps to alleviating current levels of disadvantage and will help to develop local processes to identify needs

and involve communities. NCOSS believes this is crucial if there are to be improvements in this area. (See also the transport related recommendation in "Community Care and Disability Services for Aboriginal People", in the section relating to the Department of Ageing Disability and Home Care.)

Auction

Commit $1m to fund Aboriginal Regional Coordinators and local community based development workers, prioritising inland areas of need.

Cost: $ 1 million in 2008-09

7.8. Aboriginal Health

Results

- Improved mental and physical health and well-being outcomes for Aboriginal men, women and communities.
- Aboriginal health outcomes and life expectancy in line with health outcomes for the general community.
- Lower rates of chronic disease in the Aboriginal population.

State Plan: S1, S2, S3, F1, F3, F4, F5

Evidence/Rationale

The health status of Aboriginal Australians is the worst in the developed world[77]. It is significantly poorer than that of non-Aboriginal Australians[78], with the life expectancy of Aboriginal Australians in NSW approximately seventeen years less than non-Indigenous Australians[79].

NSW has the highest percentage of the Aboriginal and Torres Strait Islander population of any State or Territory (29.2%)[80], making the health status of Aboriginal Australians a particular priority for NSW.

A key component of improving the health of Aboriginal people is prevention and early intervention. In NSW in 2004, more than three-quarters (76.4%) of all premature Aboriginal deaths were potentially avoidable[81]. Similarly, hospitalisation rates for conditions for which hospitalisation can be avoided through prevention and early management were twice as high for Aboriginal people as non-Aboriginal people.[82]

Aboriginal people are more likely to be affected by a range of chronic health conditions, including chronic respiratory diseases, diabetes, cardiovascular disease and kidney disease[83]. Prevention of chronic disease is an essential element in improving Aboriginal Health and life expectancy.

As set out in *Two Ways Together*, improving the health and wellbeing of Aboriginal people in NSW requires the development of a genuine partnership approach that will enable

77 Indigenous Health Right Statement, ANTAR Indigenous Reference Group, 2004

78 Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report, Australian Institute of Health and Welfare, 2007

79 The Health of the People of NSW: Report of the Chief Health Officer 2006, NSW Health, 2006

80 Australian Indigenous HealthInfoNet, http://www.healthinfonet.ecu.edu.au/ (accessed 22/9/07)

81 The Health of the People of NSW: Report of the Chief Health Officer 2006, NSW Health, 2006

82 The Health of the People of NSW: Report of the Chief Health Officer 2006, NSW Health, 2006

83 The Health of the People of NSW: Report of the Chief Health Officer 2006, NSW Health, 2006

Aboriginal people and communities to take responsibility for the solutions[84]. The right to self-determination is a fundamental component of this framework.

Actions

- NSW Health to fund 55 Women's Health workers in NSW Aboriginal Medical Services at $4.125 million per annum
- NSW Health to fund 55 Men's Health workers in NSW Aboriginal Medical Services at $4.125 million per annum.
- NSW Health to fund the Aboriginal Health and Medical Research Centre to undertake preventive work around chronic disease at $351,200.

Cost: $8,601,200 per annum

7.9. Non-Emergency Health Transport & IPTAAS HEALTH

Results

The Transport for Health recommendations will result in:

- Significant improvements in health connectivity or rural, regional and remote communities, Aboriginal communities and amongst low income earners.
- A reduction in the number of people missing health appointments due to transport problems of at least 50%.

State Plan: S1, S2, F1

Evidence/Rationale

Barriers to accessing transport affect people's ability to seek treatment when needed. For example, many people located in rural and regional areas who do not own a motor vehicle are likely to face significant difficulties travelling to specialist services, some of which are located 200 or 300 Kms away from their home.

Many Aboriginal communities report that they are dislocated from services to connect them to health providers. This means that it is not uncommon for Aboriginal people in isolated communities to walk or hitchhike long distances to attend medical appointments, or routinely miss health appointments because of the poor availability of transport.

People who require intensive treatment for an illness – such as cancer or dialysis treatment - may often be required to travel long distances many times per week. Dialysis patients in Western NSW, for example, can travel 300-400 km a number of times per week in order to receive treatment.

Health related transport is a significant issue for people with physical and other disabilities who may need treatment to avoid adverse health outcomes.

Although transport to health services is clearly a problem in rural and regional NSW, it can also be a problem in metropolitan areas. Poor planning for public transport to health destinations, inaccessible transport services, and limited resources for community transport all pose barriers for access to health services. Many patients resort to unaffordable forms of transport, such as taxis, in order to get to important health appointments.

84 Two Ways Together: NSW Aboriginal Affairs Plan 2003-2012, NSW Department of Aboriginal Affairs

- Approximately 700,000 people across NSW experience difficulties accessing health care when they need it[85]. 50% report a shortage of general practitioners in their area[86].
- Almost one quarter of people living in rural and regional areas will face difficulties accessing health care when they need it[87].
- Access to health treatment is getting progressively worse in NSW: there has been a significant increase in the proportion of people having difficulties getting health care; from 9.9% in 1997 to 13.9% in 2005[88].

People on low incomes experience comparatively poorer health outcomes than the general population[89]; transport is a significant contributing factor. Approximately 16.4% of people in a low income category have difficulty accessing health treatment when they need it[90]. This means:

- Some low income people routinely miss health appointments because of transport problems.
- For some low income households, the ability to meet food, energy and other essential bills is compromised as a result of high health transport costs.
- Some low income people, particularly in rural and regional areas, must move away from family and support networks in order to access health services.

There are a number of services and forms of support available to people who need to access health services, but they all have limitations.

Public transport is not always available to some locations, particularly in country NSW. Services in some regions can be inaccessible to people with mobility impairment. Costs can be high – rural and regional bus services are expensive, and do not offer the same range of concessions as metropolitan services. For some people physical access to transport is a barrier to it being used.

Resources for Community Transport (Home and Community Care Program) are inadequate and there can be long waiting lists. Community transport providers must respond to high demand for health related transport. This means that a significant proportion of trips, sometimes up to 90%, are to health related destinations. A report *No Transport No Treatment* commissioned by The Cancer Council NSW, the NSW Community Transport Organisation and NCOSS (to be released late 2007) describes a major study of community transport in NSW. This report found that community transport must turn away 90,000 requests for transport to health services each year. This is due to insufficient resources.

Non emergency health transport has a very limited state-wide budget, and has inconsistent availability and eligibility.

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) is designed to assist with access to specialist medical treatment and oral surgical health care, for people living in isolated and rural communities in NSW, through the partial

---

[85] Based on data from Centre for Epidemiology and Research, NSW Department of Health. 2005 Report on Adult Health from the New South Wales Population Health Survey. 2006.Online at http://www.health.nsw.gov.au/public-health/survey/hsurvey.html

[86] NCOSS Submission to the Inquiry into the Operation and Effectiveness of Patient Assisted Travel Schemes, May 2007

[87] ibid

[88] Data from NSW Population Health Survey 2005

[89] Centre for Epidemiology and Research, NSW Department of Health. 2005 Report on Adult Health from the New South Wales Population Health Survey. 2006. Online at http://www.health.nsw.gov.au/public-health/survey/hsurvey.html.

[90] NCOSS Submission to the Inquiry into the Operation and Effectiveness of Patient Assisted Travel Schemes, May 2007

reimbursement of actual travel and accommodation costs. To be eligible patients need to travel more than 100 km (one way) from where they usually live to obtain specialist medical treatment not available locally. There are several grounds on which exemption can be sought from the nearest treating specialist rule, but there is a low level of awareness of these exemptions.

There are a number of other problems relating to IPTAAS, including; the high upfront costs of the scheme, relatively high non-refundable personal contribution levels, low levels of reimbursement for accommodation costs and fuel, the lack of ability to elect a carer and the intensive paperwork required for each claim. These barriers (in particular the upfront costs) mean that many low income people simply don't use the scheme.

NSW Health does provide some funding for non emergency transport services, but a comparatively small amount of money is available for community services. The 'Transport for Health' Program has a limited budget. Many area health services, particularly in metropolitan areas, have access to few resources through the program, and have been unable to set up transport units and employ appropriate staff.

Despite significant restructures, health services in NSW have not generally taken into account the transport needs of patients. NCOSS estimates that NSW Health spends a 1/1000th of its annual budget (or $1 in every $1,000 allocated to health in NSW) on non emergency health transport services to the general community. Any expansion in funding for health transport in NSW would need to be strategically allocated in order to provide a range of options for people, and promote greater responsibility in response to transport issues by health services.

Funding must lead to delivery of services. The program should focus not only on transport coordination and demand management objectives, but also provide services for people who are not able to access other forms of transport.

Actions

Non Emergency Health Transport

- Increase access to health treatments by expanding funding for non emergency health transport services to $10m per annum
- Create health transport options for Aboriginal people, by providing dedicated services to Aboriginal communities, including the consolidation and growth of the network of Aboriginal transport coordinators.

IPTAAS

- Improve the affordability of IPTAAS for low income people by removing the administration fee for Health Care Card holders.
- Ensure travel and accommodation expenses are reimbursed to the equivalent of the public service rate.
- Ensure flexibility around upfront payments so that low income people, including Aboriginal people, are able to use IPTAAS.

Cost: $7m in 2008/09 for non-emergency health transport.
NCOSS is unable to cost the IPTAAS recommendations without access to relevant NSW Health expenditure and usage data

7.10. Increase the supply of affordable rental housing

Results

The proposal details a five year expansion program to coincide with a new Commonwealth State Housing Agreement (CSHA), due to commence in July 2008. It seeks to reduce the level of housing stress by expanding the provision of social and intermediate[91] rental housing so that by June 2013 there would be an additional 25,000 dwellings provided as follows:

- 5,000 units of community, Aboriginal and public housing under the CSHA capital funding stream,
- 16,500 units of intermediate rental housing receiving an affordable rental incentive, and
- 3,500 units of intermediate rental housing generated through the planning system.

State Plan: E6

Evidence

There are 156,000 lower income households in NSW living in private rental who are experiencing housing stress[92]. 88,000 of these households are living in Sydney, and 68,000 in the remainder of the State. 60,000 of the lower income households in housing stress were families with children; 37,000 of these are living in Sydney and 23,000 in the remainder of the State.

The current five year CSHA comes to an end in June 2008. Our proposals seek to expand the provision of social and intermediate housing over the life of the next agreement. Our proposals are also consistent with the Premier's undertaking in 2005 to develop an overall NSW Affordable Housing Strategy, which has not yet occurred.

NCOSS proposes that the next Commonwealth State Housing Agreement (CSHA) should include an identified capital funding stream dedicated solely to the expansion of community, Aboriginal and public housing stock. Given the number of low income households in housing stress, an appropriate target would be to expand the supply of social housing in NSW by 5,000 units over 5 years.

In line with current Commonwealth State matching requirements, the NSW Government would be required to contribute one third of the capital cost of new dwellings. This equates to around $420 million over the life of the agreement, or $85 million in 2008-09.

To maximize the leverage produced by this expansion, title of community housing capital stock acquired under the program should be transferred to community housing providers. This would provide them with an asset base against which they could borrow to fund the acquisition of further housing stock.

A national alliance of community and housing industry groups has proposed that a new affordable rental incentive program be established to encourage institutional investment in the provision of intermediate rental housing[93]. A central element of the proposal is the

91 'Intermediate housing' refers to rental housing provided by non-profit housing associations that is open to moderate as well as very low and low income households. It has a more exact meaning than the catch-all phrase 'affordable housing'. The accepted definition of moderate income households is between 80% and 120% of the median household income calculated by the ABS.

92 Data from Judith Yates and Michael Gabriel: Housing affordability in Australia, background report, AHURI, February 2006. Housing stress is defined as spending 30% or more of gross household income on housing costs.

93 See Major national group calls for new incentive to boost supply of low-rent housing, media release by the National Affordable Housing Summit group 20 March 2007. The Summit group includes ACOSS, the ACTU, the Community Housing Federation of Australia, the Housing Industry Association and National Shelter. Further details are available on their website at http://www.housingsummit.org.au/

provision of a capped number of recurrent subsidies from the Commonwealth and State Governments which added to the rental yield would make investment in such housing a viable proposition for superannuation funds and other institutional investors.

Capital funding for the acquisition of new housing stock would be provided by financial institutions as loans or equity investment and would be managed by non-profit housing associations. In return for receiving the affordable rental incentive rent setting and access benchmarks would need to be met. Access would be open to a mixture of very low, low and moderate income households, and not just to people eligible for social housing.

NCOSS proposes that the NSW Government agree to provide a subsidy of $2,000 per year per dwelling under such a proposal. The Commonwealth would need to provide a matching subsidy two or three times this amount. Subsidies would generally last for ten years and would be allocated via a tender process managed by the NSW Government.

NCOSS proposes that there should be 3,300 new subsidies available in NSW per year over the life of the next Commonwealth State Housing Agreement. This would enable 16,500 new dwellings to be established under the scheme by June 2013, at a relatively modest cost.

NCOSS has long advocated that the planning system be used to generate additional affordable housing stock. We were pleased that the NSW Government's 2005 Metropolitan Strategy foreshadowed a renewed interest in doing so as part of the process of developing an overall NSW Affordable Housing Strategy[94]. Since then, however, there has been little discernible progress in producing an integrated Affordable Housing Strategy or policy framework.

NCOSS would particularly urge the Government to expedite work on the promised guidance to local councils on the use of negotiated developer agreements, density bonus schemes and inclusionary zoning which requires an affordable housing levy from development, as promised in the Metro Strategy[95]. Action is also required to incorporate affordable housing provisions in the standard Local Environmental Plan (LEP) being rolled out as part of the Government's Planning Reform Agenda.

Subject to suitable guidance being issued, NCOSS considers that it should be possible to generate an additional 3,500 units of intermediate housing through the planning system by June 2013.

Actions

Develop a three-pronged strategy to substantially expand the provision of affordable rental housing over the term of the next Commonwealth State Housing Agreement by:

- Contributing to a joint Commonwealth-State capital funding program to expand the supply of community, Aboriginal and public housing.
- Contributing recurrent State subsidies to any new affordable rental incentive scheme to encourage superannuation funds and other financial institutions to invest in the provision of intermediate rental housing managed by non-profit housing associations.
- Providing guidelines under which councils and development corporations can use the planning system to generate new intermediate housing stock in key redevelopment and growth precincts.

94 City of Cities: a plan for Sydney's future, Department of Planning, December 2005.

95 See action items C4.3.1, C4.3.2 and C4.3.3 in City of Cities: a plan for Sydney's future, Department of Planning, December 2005, pp. 148-149.

Cost: $85 million per year for the capital funding program.

$6.6 million in 2008-09 (and $13.2 million in 2009-10) for the affordable rental incentive

8. Appendix D: Summary of NCOSS Aboriginal consultations 2007

8.1. Albury Consultation: 24th July 2007

NGOs
Often poor integration and communication between services because of restraints on workers attending meetings – workers often constrained to their desks and cannot get out in the community. This can occur when Aboriginal workers are placed in mainstream services.

Community Care
- Difficulty filling positions – ageing position vacant for 4 years. No home care services is some areas because services are not based in locality – eg Deniliquin.
- Generally Aboriginal clients do not use mainstream services, although a number use community aged care packages.

Youth
- Youth services are generally underfunded. There are some good programs though – "Hooptech" basketball, and soccer for Harmony Day.
- Could improve relations between police and Aboriginal young people. Current police community liaison officer is good, but is not an Aboriginal person (no Aboriginal Liaison Officer in Albury). Youth crime rate is increasing – need to start a restorative justice program in Albury.
- Shortage of Aboriginal Educational Assistants in local schools; only one employed for high schools. There was a feeling that retention rates were low and this was contribution to local crime rates. Accommodation services need more resources, particularly to support young people. Police will pick up young people at night, but will leave in cell unless there is a responsible adult they can send to.
- Transport a real issue for young people in the area, particularly to access services such as the east Albury PCYC. Many young people are not able to gain a drivers license because of unpaid fines, such as riding a bicycle without a helmet.
- DoCS won't assist kids between 8 and 14 years of age.

Housing
- Very limited housing availability for Aboriginal people. Extremely difficult to gain rental accommodation. This means there is overcrowding in existing premises.
- Need to provide basic living skills to people who are moving into the housing market. Use a case management model to address other problems facing individual.

Transport
- Difficult and expensive for NGOs to broker local services – a community organisation in Albury charges $100 a day to hire out its bus, t6eh council charges $200 a day.
- Access to transport difficult for Aboriginal people, particularly young people in the area.

Health Services
- After hours services are very expensive to access.
- There is an Aboriginal Medical Service, although it is always difficult to maintain doctors in the area.
- Participants noted issues with information on STD's and contraceptives, early diagnosis of diabetes, and access to appropriate services in the area. Transport to health services are also a concern.

Dental

- Difficult accessing dental services for many Aboriginal people. There are few dentists in the area and long waiting lists. Dental work is also expensive – people are using NILS to pay for dental work.
- Aboriginal dentists available in Wagga – a bus run is provided to access this service.
- Need to focus on dental care for children before school. Use community health home visits to assist with education, cleaning and referrals. It would make sense to have a cadetship program to encourage Aboriginal people to become dentists.

8.2. Muswellbrook Aboriginal Consultation - 30 July 2007

General

- Muswellbrook Aboriginal population is about 4% - largest of local demographic area. Will be taking in people from Redfern – problems.
- No Aboriginal Liaison Officer.

Health/crisis services

- Access to dental care for Aboriginal people, especially older people
- Optometry services – used to be mobile van run by Awabakal. Awabakal gets funding for Upper Hunter. Dentist's caravan given to Wanarua LALC but need to have willing people to get it up and running. Need for dental van in Upper Hunter.
- No relationship between funding of local programs to taxes gained through industrialisation of the area.
- Adolescent and family counsellor has just been employed – waiting list.
- Drug and alcohol abuse – parents with young children at risk. No community building to house workers for these programs. Would like to be able to run women's programs but can't get premises.
- Need premises to provide education for health, women and young people and need Aboriginal workers to staff it. State Government could provide funding for capital for this. Once organisation is up and running can usually attract funding for programs.
- Not enough emergency services across the Board – crisis centre needed for mental health, domestic violence, etc.
- Need to get more community members involved. Women are driving need for change.
- No drug and alcohol Aboriginal worker. Drug and alcohol services don't get many referrals because need Aboriginal worker.
- Specific worker needed to deal with 8-15 year olds on drug and alcohol and mental health issues in Muswellbrook. No worker in Singleton either.
- Existing workers are being turned into outreach workers from Maitland. Dental and optical is not happening, also GPs.
- Mental Health Unit here won't deal with people with drug and alcohol dependency. Awabakal provides some of these services.
- No crisis centre and many suicides. Community health provides one worker doing outreach over huge geographical area.
- Drug and alcohol services operate from Council's building. Nothing in Singleton. Merit, Methadone and drug and alcohol counselling. Also doing Singleton as outreach.
- Frustration at use of funding for Aboriginal health.

Housing

- Public housing budget going backwards. Difficulty accessing private rental (Note: Alison will send figures)
- Affordable housing – families from out of area with large families (overcrowding) are getting priority over locals – causing resentment because some locals have waited 6-7 years.
- Changes to DOH policy – recipe for social disaster. Problems for families who relocate to be near someone incarcerated in St Heliers Correctional Facility in Muswellbrook.

Education

- Education funding is looking better than it was.
- "Two Ways Together" – Muswellbrook South is a "Schools in Partnership" local management group and was using ASPA money. Two in-class tutors were paid for from ASPA money for Years 7 and 8 but 9-12 year olds get nothing.
- Buda Muda is funded to provide a bus to pick up kids to take to homework centre.
- Transition and placement for Aboriginal kids in preschools – only 3 preschools between here and Scone – no identified places for Aboriginal kids.
- Transition from preschool to kindy – no transport.
- Retention rates – good in Year 10, was 100 percent three years ago. Boys do 'work to school' program to go to TAFE.
- Mines are getting Indigenous apprenticeships up and running.
- Suspension centres should be incorporated into homework schools. Crisis centre could be used to provide these programs.

Older people

- No programs in area. Council doesn't run anything, although there is something in its social plan.
- Walcha has a bus service to help communities do shopping, morning teas, bus trips – run by Council.
- Singleton Council provides some services.
- AECG can use their services to provide programs to Elders.

HACC

- Aboriginal Home Care has now been integrated into Hunter Home Care.

Employment

- Hard to recruit people to Muswellbrook (Newcastle or Maitland is preference). Worker for literacy and numeracy is white. Many locals have police records and can't apply for these positions. Need early intervention to circumvent this.
- Recent Indigenous stakeholders meeting said there should be more opportunities in mines. Traineeship and apprenticeship run by mines but no on the job traineeships.
- TAFE should be more targeted in what it offers to Aboriginal young people, who often don't have much formal education but would be good at hands on work (in mines for eg)
- Sheree was a home school liaison officer and targeted Year 6-7 students. Will be running it again this year but needs worker.

Law and Justice

- No probation and parole worker.

Segregation/Integration

- Government funding seems to be for Aboriginal programs only. Issue of segregation, eg Aboriginal kids going on an excursion to which white kids can't go. Seems to be a generational thing – kids are OK with being integrated but parents don't want it.
- Guidelines for funding are very specific and often won't allow services to be provided to non-Indigenous people.
- Integration is important and CDEP is an example.

8.3. Dubbo Aboriginal Consultation - 18th July 2007

Transport

- Lack of transport in the Gordon estate
- Don't see the Aboriginal coordinator for transport
- From the Gordon estate, have to catch two buses to get to health services

Health services

- No Dr service in West Dubbo, one service weekly, at West Dubbo Aboriginal Women's Group volunteer service receive no funding
- Have non-Aboriginal and Aboriginal clients

Accommodation

- Moving people without consultation who then can't get private rental
- People are having their houses boarded houses up, possessions left inside, sheriff inside
- Insecure accommodation for women's group

Housing

- If you don't fit criteria for housing, don't make waiting list. Makes it hard to establish a need
- Significant homeless population
- Growing homeless population
- Stigma of being from West Dubbo
- Difficult getting housing reference, particularly if there have been tenancy problems
- Lack of emergency housing
- Stress of housing extended families
- Lack of confidence in govt – not admitting past mistakes
- Housing and DoCS not case managing – left to NGOs. Problem of short funding cycle for NGOs
- Problem of illiteracy when filling in rental forms, need support going to tribunal
- Need to make govt services more user-friendly
- Feelings of frustration, labelled trouble maker if speaking up too much
- Lack of consultation
- Once evicted from somewhere, really hard to get accommodation anywhere else -
    - use of power and control by govt
- MOU between Dept of Housing and Police – Dept of Housing calling police every morning to report disturbance overnight and the two agencies front up to the house the next morning to give warning
- People wanted to go to Kempsey, however Kempsey did not want them there so relocated again
- People moved away from support, to where they are not welcome, some people have lived here for 20 years
- DOH selling off blocks in Gordon Estate to private business

Health

- Access is a problem
- Needs a health place based in West Dubbo
- Weekly outreach service – unfunded, in the meantime it is two buses to the other side of town for health service. Bus is expensive - $1.70 each bus, almost $8 for the entire trip. Community transport – need to book in the day before, maybe only for Elders
- Not enough services for substance abuse and mental health. A one-stop shop for holistic healing in West Dubbo is needed
- Long waiting list for free community counselling – 3 month wait, not aware of Medicare counselling offer
- People turning up to emergency dept for mental health problems
- Depression rife – people with it don't identify they have it – too much to expect the person themselves to get out of it
- DoCS don't give enough support – not enough parenting programs, not enough follow-up, not enough "on the ground" programs, particularly for young parents
- Lack of clarity around community transport – how do you access it?
- One lady does methadone run off her own bat in her own car for users in West Dubbo
- People don't know what service exist, often advertised in a language they don,t understand

Education

- Pay for a bus to pick up parents and children to take them to pre school, and drop them off
- Separate funding for bus service for pre schools
- Often takes time for people to get used to a service and then it goes (short funding cycle)
- Difficulty in funding to get teachers, instructors to West Dubbo
- Schools as Community Centres position is only 14 hours/ week, one other worker 5 days week works with 9-12 year olds, short term funding, no recurrent funding
- One govt. preschool, community preschool (just been rebuilt),ABC centre, Noahs Ark (council?)
- A lot of parents not aware of importance of early stages, home to pre school, home to kindergarten need awareness/education for parents about the importance,
- Run transition programs access to training, TAFE other end of Dubbo (two buses or walk)
- Outreach courses set up with TAFE, need space for childcare
- Change the system curriculum, not appropriate for Aboriginal people

Employment

- Need to fit criteria, if don't have license can't get a job, need to give people more of a chance
- There is racism, there have been meetings in Dubbo to discuss how to "deal" with Aboriginal people
- There are more programs for Aboriginal people to help access work, slowly progressing
- Important to see own people working in shops,
- Businesses need to give trust to Aboriginal people
- Take a long time to change, biggest electorate to vote against the 67 referendum
- Racism is there underlying everything
- Should be one community, black and white, need to come together and fix it up, instead they are breaking it up in sections, eg sore thumb and fix the whole body and instead they have cut off the thumb (ie West Dubbo)
- West Dubbo known as, "vegemite valley" prior to public housing
- Dubbo West Public one f the best schools in Dubbo, but white families sending their kids elsewhere – outside their zone

Voting

- Aboriginal people don't know enough about voting or the importance
- Getting to the polling booth is difficult

Power given to DoCS

- Changes to child protection system where they can remove children quickly after one child in the family has been removed, going back to old system
- Need changes put out in plain English for both black and white people

Strategies/programs

- Grassroots community support for young mothers, need regular health checks and offering of support, need support for grandmothers
- Utilising community centres, a good way to start workshops/ information sessions more funding, for health checks, multi-purpose, education, parenting workshops, childcare for children, brining people together, parents, children
- Bringing support into community
- Bringing together agencies and organisations
- Follow-up is important
- Proper consultation with the Aboriginal people
- Community transport not meeting the needs of the community, needs to expand services
- Better discharge from hospital both in terms of transport, and follow up- no one is aware of transport services
- User friendly funding applications and getting the assistance to complete applications

- Changing the funding cycles, short term cycles, pilots

Impact of AVO's

- AVO's can come back and affect employment in later years especially if applying for government positions
- Can rule you out of positions, i.e. foster carer for relatives
- People are not aware of the implications of having an AVO
- Need different type of AVOs
- Need more education

NCOSS Pre Budget Submission - Aboriginal Land Council Working Party (Coonamble)
Aboriginal Consultation
June 2005

Demographics

Traditionally the Coonamble area belonged to the Kamillaroi and Weilwan people. While there are a couple of local families with connections to the traditional owners, the present aboriginal population in Coonamble has a more widespread ancestry as a result of relocations and mission settlements up to the 1950's and 1960's. Missions in the area included Gulargambone, Pilligia, Angeldool and Brewarrina. Many aboriginal families in Coonamble have a connection with one or other of these places.

Other people grew up in "Tin Town" which was a collection of make shift dwellings on the river to the north of Coonamble. In the 1960's Tin Town was demolished and people moved into new housing within the township.

According to the 2001 ABS, 20.8% of Coonamble's population is Aboriginal, but the actual figure is estimated to be higher..

Key aboriginal organisations in Coonamble Shire include the Coonamble Aboriginal Lands Council, the Ellimatta CDEP, the Northwest branch of the NSW Aboriginal Lands Council, the Gulargambone CDEP, the Gulargambone Lands Council and two Working Parties, one in Coonamble and one in Gulargambone. Coonamble is also a part of the Murdi Paaki Regional Council and the Barwon Darling Alliance.

Housing

Department of Aboriginal Affairs have provided funding to run an Aboriginal Community Development Program to build good quality homes. Train and provide employment opportunities – such as being builders and carpenters. However the program ends in December.

- Considerable benefits from increased access to training
- Community wants the program to go on for longer

The DAA waiting list for houses is no longer relevant – it has remained static for 12 – 18 months. Those that become ineligible are removed but those that then become eligible are not added. So DAA determine there is not a big problem. It does not take into consideration people's changing circumstances. Can sit on this list for 10 – 12 years.

The LALC keeps a constantly changing list that is regularly updated and those whose needs become the most urgent are moved up the list. There are huge housing issues.

There is the option of applying for housing under the DAA 'exceptional circumstances' – they may or may not approve and if they do approve it can take from 6 – 8 months.

Dubbo has a DoH office but public housing is like slum housing. They are over-crowded, poorly maintained, no disability access and very little cation to make improvements. People feel badly done by.

Friction between DoH and DAA due to different standards.

Transport

To travel to Dubbo can cost $30 per person each way using the community transport service. This is not affordable for many potential passengers.

If you want to take your kids to Dubbo it costs $1.40 a km. Its cheaper to hire a bus from Coonabarabran.

Bus was allocated to the community (ex-Olympic) but Home Care has taken it over for its own services.

Survey Results from LALC Coonamble Community Action Plan Survey

Copies of the results of the survey have been placed in policy staff pigeon holes.

The survey asked community members a range of questions relating to community issues for Aboriginal people in Coonamble. Key priorities identified in the survey included need for more accommodation for young and single people, the need for an Aboriginal medical Service, the need for a retirement village or hospice for Aboriginal elders.

Murdi Paaki Youth Service, Coonamble – Site Visit

Coonamble Shire Council was unable to deal with the youth service so the auspice was handed over to Murdi Paaki.

Need more staff and expertise to get program running – at present there is one staff member and a trainee. The one person is trying to operate SAAP, Links to Learning and Sport programs.

Still a racist town and the youth centre is seen as aboriginal specific even though it is generalist, therefore 99% of the kids that attend are aboriginal.

Youth centre attempted to get rid of the 'drop in' side but marginalised kids will experience further isolationif this happens.

<u>Sports</u>

Sport and recreation activities provided after school and holiday activities but only for those that use the youth centre – this will be changing and opened up to all kids.

Youth centre ran a basketball game between the police and the kids that was huge success and built relationships and respect. Want to make this a regular activity. Also involved the community.

Sport is the way to break free – more interaction between towns and kids get to move around by playing games in other towns – needs to start early on as by the time they turn 14 they do not want to go anywhere. Also hard to get team cohesion as kids in and out of detention, bail curfews etc.

Sports uniform brings prode.

Young people feel safe in Coonamble – they know it – so do not want to leave – therefore difficult to get them involved in activities.

General

If you are over 15/16 you can get the youth allowance and this means that you can pay for some things.

Needs a whole of service response to the young people – there are mental health problems, they have never had a dental or medical check up, high involvement with juvenile justice, police and courts.

Walgett needs the services that it has however all the funding goes there and Coonamble needs it, especially risk and crisis services – the problems are more hidden here.

There are no services to refer young people on to.

Communication between services is very poor – systemic problems. You need the services working together not everyone having their separate meetings.
Young girls sell themselves for the price of a cigarette.

Accommodation and crisis support is needed – not just about funding for program but need to put a stop to the cycle as issues are continuing on into adult services.

The older kids are already lost it's the 8 – 13 year olds where there are still possibilities.

Anecdotal evidence of high levels of disconnection from culture for many Aboriginal young people in Coonamble.

No Aboriginal Community Liaison Officer in Coonamble Police Service. Evidence of poor relationship between police and Aboriginal young people in the area.

DOCS is the only government office in Coonamble.

Coonamble services do a good job with the limited resources on hand. Local services could benefit from the advice of professionals from outside Coonamble.

Education

About 50% of the young people at the centre do not go to school.

One year five student was depressed and has a disability – problems at school – was kicked out and is not allowed to return until high school.

Absenteeism a huge problem – sometimes kids want to drop back into school and visit but not allowed. This should happen as it may encourage the person back to school.

There are no other local alternatives if young people are suspended from school. Suspension can have a significant impact on families who need to make arrangements to care for the child or young person.

Links to Learning has 4 girls and 6 boys. The girls group is doing well.

Very little culture and many do not know what mob they belong to – not taught in schools.

Employment

No aboriginal people employed in local business, police, fire brigade etc.

Most people are in jobs because they want to be, not the salary and conditions.

Difficult to get workers and most of those that get a job in Coonamble are looking to move onto Dubbo as soon as possible.

Need to up skill the people in the local area – learn from the person in the job before that person moves on and you lose that knowledge or skill. Professionals could mentor locals to take on their role, but people do not want to pass their skills on in case they lose their job.

High burn out – do not have access to ongoing training and often do not see the changes that have been made until you leave the job.

Issues are intense and isolation a problem.

Family Support

Problems with the home environment include:

- Over crowding
- D&A issues
- Gambling
- No food
- Lack of direction from parents or parents never home

Parents have not been taught how to be parents so they cannot parent their children and parents have few resources to call on.

Not the fault of the police or kids for the lack of respect it's the lack of parenting.

Young people have never had anything organised in their lives and so they cannot organise.

Health

D&A and mental health counsellors are desperately needed.

Large D&A problems with kids. Mostly marijuana – leads to mental health problems.

Youth centre deals with suicidal and very depressed young people.

Council Social Plan (2004:34), "Almost 58% of Indigenous people aged 13 years or older reported alcohol use as one of the main health problems in their local area. The next most frequently perceived health problems were drugs (30%), followed by diabetes (22%), diet and nutrition (19%) and heart problems (14%)."

Sexual assault – support services wanted not clinical services.

Crisis workers are needed – have to shut the youth centre down to assist kids in crisis.

The AMS is needed and will be able to share resources and work closely together for the good of the whole community.

Young person who was suicidal did not want to go to Bloomfield (scared). Taken by Ambulance to Dubbo and then released at 2am, when a youth centre worker had to go and pick them up.

Housing

There are no accommodation services for women and children who are escaping DV.

Foundation of the problems is housing – you can get public housing if you are an adult but young people have nowhere to go – cannot go home, no where else to live and often end up sleeping at a variety of places – mum/grandma, friends etc.

Juvenile Justice

Somewhere for young people to go is needed – high recidivism rate and no where to go so end up back in detention.

Youth centre considered to have the 'bad' kids. However not 'bad' kids just kids that have made unfortunate or bad choices. For example:

- Young man was 7 years old when his dad died. There were five children and the mother could not cope so she turned to drugs and alcohol. As a result there was no food in the house, so the child started stealing. He received gratification from family as providing means to get food. Later the same child stole a car so that He could go and pick up his brother who had just been released from gaol and He was worried about him hitch hiking home. Mum has continued to be in and out of rehabilitation and has had multiple partners. Young man was moved to Walgett to live with his Uncle – strong male influence – and linked to a range of services. He has not been under police attention since December as a result (now 18). Worried what will happen when he returns to Coonamble and no support.

Circle sentencing does not work as there is no connection with the elders or culture

Aboriginal Client Liaison Officer based in Walgett and meant to cover Coonamble but distances are too far – 2 hours of travel and an hour for luch does not leave much time to work.

Council Social Plan (2004:34), " 100% of young people who have participated in Youth Justice Conferencing in Coonamble since its inception in 1998 are of aboriginal descent."

SAAP

No safe house in Coonamble.

Most kids in SAAP have been in, are about to enter or are in detention.

Has effectively become a post release service.

Transport

Young people that live outside the town cannot get in to access activities.

Unable to get a licence due to outstanding fines and so therefore cannot drive to get a job.

SAAP provides transport – one weekend provided 8 trips to and from Dubbo, have driven to Queensland, Chittaway Bay and taken young people to appointments with psychologists in Walgett.

Transport to other regional centres such as Dubbo , Newcastle and Walgett is very difficult.

Notes from the NCOSS 2006-07 Pre Budget Submission Consultation with Indigenous community members and organisations, Lismore Workers' Club, 25 July 2005

General discussion:

Transport:
Other than for Health and HACC, Aboriginal communities need transport to get to and from employment, education and for entertainment – everyday issues for Aboriginal people.

Community Development Employment Program (CDEP) – no access to transport concession card.

Education:
Communities are trying to initiate programs to work with young people re suicide, drugs and alcohol but there is no funding to do this. Lots of talk no money.

Aboriginal community-owned schools (outcome of Review). Community trials not part of Excell projects . We don't know what schools they are looking at yet.

All Aboriginal school kids will still need to integrate in white society. We want special things for our kids but worry about how they will integrate after school. Depends on the trends in the Department – ensuring culture is a prerequisite to learning.

Aboriginal schools – will schools be developed (eg modeled on Murri School in Brisbane). Kids went there because they had nowhere else to go. Started a breakfast program and built it up over the years.

Aboriginal people fought long and hard to get access to mainstream schooling. Are we giving the government an excuse not to include Aboriginal cultural programs in mainstream schools – will be a backwards step if so. Aboriginal people must be included in all aspects of school management. Mainstream schools get money for each Aboriginal child enrolled. If Aboriginal kids leave mainstream schools may be disadvantaged and non-Aboriginal kids may feel discriminated against.

The millions of dollars going to the 30 extra schools could instead provide training for Aboriginal teachers. This recommendation from the AECG must be taken in context with their others. Schools need to treat students individually. Policies already exist but aren't being implemented. Cultural Awareness is not a mandatory part of teachers training (only an elective). Teachers already in the system haven't had this training. Old ways of thinking will tend to override that of new teachers who have had cultural awareness training.

Department has fallen down with Aboriginal kids in schools. Not enough resources, lack of cultural awareness. Took 20 years to make Aboriginal studies (called Australian studies) compulsory and still not implemented.

Resources should go back into the first years of school which are the most critical for literacy.

A school at Coraki offers transition classes for kids in missions who haven't been to preschool and don't know the rules when they go to school. Classes are located in the main school (DET provide funding for DEST).

Aboriginal kids face many suspensions from school. Aboriginal community proposed building an annexe within the school to provide education for all kids on suspension. Government wouldn't fund it.

ATSIC was a voice that had a little money for housing and employment. Need local regional state and national plan to keep kids out of jail. Whole of government – need to form whole of Aboriginal

people plan. Government should be investing in resources to enable Aboriginal communities to do this nationally.

Shared Vision is advising Aboriginal communities in Lismore to look at ACE because that's all there is.

Housing:
Affordable housing – Aboriginal people on CDEP for eg, pay $180minimum weekly rent - forcing people to live in extended family situations.

Just being Aboriginal often means you can't rent anything (discrimination). Land is scarce so affordable housing options are limited. Racism is still an issue in terms of renting private accommodation.

Long waiting lists for public housing in region. Aboriginal people need to establish their own processes for their own people. Dave Kapeen said assimilation doesn't work. Many sea/treechangers are moving to the area. Rental for private accommodation around $250-$300 per week in Byron – homelessness is very high. Some Aboriginal communities were relocated from Moree and Redfern – overflow went to Byron. Limited emergency housing available. If you don't have transport you can't move out of main areas. Need education programs.

Government processes
Time to educate the government and white society about cultural awareness and respect for diversity.

No fair and equitable processes to address Indigenous issues in regional areas especially - no elected body.

NCOSS forums largely don't address Aboriginal issues. Money given by government doesn't filter down to Indigenous communities.

Consultation overload in this community – sick of being consulted and nothing happening at the end.

Aboriginal elders should be given sitting fees to attend consultations – they may not have university educations but have years of experience in, and the respect of, their communities.

Employment:
A lack of confidence and fear of racism means Aboriginal people don't apply for non-Indigenous positions. Indigenous people took up the initiative themselves to work for supported payments. Those who've been through CDEP have been kicked in the gut and discriminated against. Aboriginal people work for the people in their communities. CDEP doesn't offer transport concessions - how can they fulfill these roles? IF CDEP recipient can only make an appointment by public transport then their CDEP Officer needs to be sensitive to their client's transport needs, eg. bus timetables etc. There is an attitude problem, eg "blackfellas have always got a funeral to go to", etc.

Moree model – body which is providing employment and training while setting up other groups. They should be concentrating on providing opportunities. Moree model may not fit in other communities anyway. Should take model to the local community first before testing it.

Travel costs and travel timeframes are not built into funding for Aboriginal community workers to provide outreach services, let alone buy lunch. Small costs not budgeted for and affect workers ability to travel to regional areas.

Job network providers provide resources but don't have CDEP worker on a weekly basis. Departments such as DEWR don't acknowledge this as being valuable.

Aboriginal kids go and work at schools for work experience but find it difficult to get employment at the same school afterwards.

Welfare reform models are not what Indigenous communities want.

Health

NSW Health gets a lot of money for Aboriginal health – where does it go? If Aboriginal people get grants they have to justify the spending – not so with government.

Aboriginal mental health workers' positions remain unfilled after a year. Suicide and ante-natal depression are huge issues in the community.

Nothing being done about Aboriginal suicide in this area. Recent workshop in Byron attended by 20 people, half white. Everything Aboriginal professor addressing workshop said is what Aboriginal communities have been saying for years - not being culturally responsible to local people.

There is a program in which a magistrate can make early referrals into treatment (MERIT) – for drug and alcohol offences. Certain factors, including pleading guilty, means a magistrate can refer you to detox program. Aboriginal drug and alcohol program workers angry that the MERIT programs are not having success for Aboriginal people. Aboriginal legal services usually try to get Aboriginal people to plead not guilty. Cultural responsibility within the MERIT policy should be checked.

There are limited places in the region for women who need drug and alcohol detox and rehab. Riverlands Drug and Alcohol Centre takes women but not if they are pregnant or have small children. Women don't go because of this. The next nearest places are Sydney and one near Beaudesert.

Women are in jail for drug and alcohol misuse issues rather than criminal behaviour. Magistrates send them to jail instead of referring them to detox.

Aboriginal women being incarcerated at a higher rate than non-Indigenous.

No Aboriginal Liaison Officer working with police in Casino during peak times Wed-Sat nights. There is no funding for this. Also, there are no female ALOs.

One alcohol and drug counselor in area at Riverlands covering a large area. Community consultations have identified lack of drug and alcohol workers – but existing workers say they say not getting enough numbers coming through the doors. Need to be able to work better within existing systems.

Difficulties for Aboriginal women wanting to access ante-natal services.

Families and children

Families raising other family members (kinship care). Huge issue in Aboriginal communities but hidden. These carers are lost community members – not coming forward for many reasons and no support for them.

Priorities

Transport

Education

Housing

Government Processes - Cultural awareness (within delivery of service)

- Cultural safety – feeling entitled and able to use a service like everyone else does.
- Cultural responsibility – an Aboriginal person's responsibility to develop a process which they own.

Discussion:
In order for us to workshop the issues, we have to understand who does what in the region. What transport is available, eg? Who sits around the decision making table? (no Aboriginal people). Aboriginal people have their own transport groups within the community and also provide health related transport. How can Aboriginal people do regional planning and development when they are not included at the decision-making table? Need an Aboriginal Regional Coordination Management Group - must start with the people who must own the process. Responsibility is not shared between communities at the moment. This is the only way we can stop people coming to Aboriginal communities and asking "what do you think of this?" Need to be resourced and supported to do this. Aboriginal people don't have boundaries (ie, they don't recognize Health, Transport or DOCS area boundaries).

Suggestion by those at the meeting that they form a group and develop a plan for this area and that this group would be a more powerful tool that any work NCOSS can do. The group would need to tie in with other Aboriginal organisations such as AECG for eg which Government already listens to. The group could develop an NGO process and regional plan on all the above issues. All housing offices need to come together to formulate a plan for Aboriginal housing the area – same for transport.

A project in Casino looked at capturing what Aboriginal-specific funding comes to the area. Organisations have funding for Aboriginal services but don't advertise it. This can hinder Aboriginal projects attempts at securing funding. Organisations need to provide evidence that they have the funding in the form of minutes of meeting or letters of support.

Need something like a development application which will advertise that funds are being sought for Aboriginal services so that the community knows and it can be discussed at a local level.

DOCS Early Intervention money – felt the guidelines were very strict. YWCA was looking at it. Good thing about the process was that if you wanted to go in partnership you had to demonstrate it.

White timeframe shouldn't be imposed on discussions by Aboriginal communities. Aboriginal people don't have all the answers.

Do something locally to come up with a plan – look at other reports that have been written about the area (they will all say the same thing no matter what the date is). We've been discussing this for years – now what are you going to do?

Support concept that funds for services provided by government departments in local areas should be passed on to Aboriginal organisations already providing services, with adequate resources (eg funds to attend meetings).

Shared Vision – formed relationship with Government and signed MOUs. Government didn't share information (partnership with Premier's Department was a waste of time). Was meant to be start of improving service delivery and service development. No one knows who the Government has funded. System currently designed to keep Aboriginal people on welfare. Remove white people's salaries from funding for Aboriginal communities and talk about real $ figure. Local communities still cop the abuse when the imposed system fails.

Benchmark for success of programs – who sets the bar to measure this? If there is no Aboriginal person involved in the design and implementation then the program is not a success for Aboriginal people.

It was agreed that NCOSS should stay in touch with the development of this process.

Employment

- Can't create employment within own communities because system says you have to advertise.
- CDEP clients are paid by DEWR not Centrelink, and don't receive the half fare concessions as those on Work for the Dole, for eg. (can get a supplement through Centrelink which gives entitlement for health care card). $22 busfare from Evans Head to Lismore. This is discriminatory – others can access this transport.

Health

- Health workers who only service a local area – Aboriginal health workers will go and assist someone outside this area but non-Indigenous workers abide by Health boundaries.
- Aboriginal dental services - current system not culturally sensitive in any way. Pocket of money being used for small service in Casino about to run out. NCOSS is probably underreporting the crisis in oral health issues in Aboriginal communities. Access to any services is a problem.