Fitzroy crossing evidence *need catchy title
How many children will (from how many roads….

The high suicide rates in young Aboriginal people in Fitzroy Crossing in the Kimberley region of Western Australia in recent years prompted a Coronial Inquiry which met for several months in 2007 and has just now (January 2008) completed its deliberations. We are still waiting for the Coronor, Alastair Hope, to deliver his final report. I was called to give evidence to the inquiry because of my Institute's long standing research and interest in Aboriginal health and well being.

I spent the Sunday before the Monday of my evidence going over many of the reports, Royal Commissions, Inquiries and surveys which had come up with recommendations, most of which I agreed with. Mostly they agreed with our research, and many were similar to those that had been implemented successfully overseas. Two weeks before we had had the Federal election with Kevin Rudd and his team removing the government that had failed to effectively implement many of the recommendations which I was reading. It was 6 months after the Northern Territory "intervention" or "invasion' as some my Aboriginal colleagues in NT called it.

As I made notes, I felt anger, sadness and some despair spreading within me. Why had so many state and federal governments failed so comprehensively to respond to these expensive, carefully researched, painfully reported tomes, many of them saying the same sorts of things over the last 20 years? Perhaps I was exhausted because it was the end of a big year. Perhaps I was "ground down" by the previous 11 years of walking the tightrope – trying to convince governments of the importance of the stolen generation, of the importance of Aboriginal control, of the acknowledgement of history being important for healing and self-esteem for today's Aboriginal families and children, what was needed for healthy development and so much more – but doing it in such a way to avoid directly criticising the government or their senior bureaucrats so that they would continue to work with us. Perhaps I was beginning to realise what it was like to be Aboriginal in Australia in 2007.

I typed up my notes, printed them out and took them with me to the hearing but left my reading glasses in the car which meant that I gave all my evidence without referring to the notes at all! I

seemed to overcome my fatigue and despair and drew strength from the anger I had been feeling and gave an overview of how I view Aboriginal issues with as much passion, science, evidence and care as I could muster. I feel also that for once I really let my sense of frustration take over my usual reticence particularly in front of the media (who had turned up like the paparazzi to film me entering the court).

In spite of not being able to read my notes and even though what I said was in response to questions from the lawyers and the coroner, I managed to get in every point (I think!) which I had put into the notes. My only lapse, early on in the interrogation, came following a question from John Hammond asking me how I thought families would be affected by such devastating deaths in their young people. This made me weep because it is important to put yourself in the shoes of those who suffer such situations if you want to really understand them, so I felt incredibly sad. Although I recovered quickly, this was reported in all the media more than the substance of my evidence.

I have kept the notes and present them here because the reporting in the media is so transient and often bears little resemblance to the main messages nor to the interacting and complex situations for Aboriginal people. It may be that those responsible for policy (which actually is relatively easy) and implementation of practice (which is really hard) will read this and find them of use. It may be that Aboriginal people will read them and take heart that there are lots of non-Aboriginal people who care deeply about their circumstances and want them to change.

1.Evidence of what needs to be done is available

Western Australia has had access to a number of documents from Royal commissions, inquiries, reviews and surveys with very similar sets of findings and recommendations. Some go back more than 10 years. These include the Royal Commissions in to Aboriginal Deaths in Custody and the Stolen Generation, the Gordon Inquiry, the Reid Review of Health Reform in WA, the Productivity Commission's Overcoming Indigenous Disadvantage Report, the 4 volumes of our own WA Aboriginal Child Health Survey and the Ministerial Council for Suicide Prevention State Plan to name a few. ***add all references*

If we need to go over the evidence again I can do so but it is all there in these reports. In particular the Stolen Generation report and the WAACHS have sets of recommendations which if implemented would start to improve the adverse Aboriginal circumstances in a logical and sustainable way. And changes in these adverse circumstances would start to reverse the high levels of suicides we see in the Kimberley and elsewhere.

Few of these recommendations from any of these expensive exercises have been taken up properly and completely by any state or federal government so that it makes you wonder why anyone would ever recommend another Royal Commission for any Indigenous issue (*? Footnote John Hammond legal council for the Fitzroy crossing people did recommend another one when he summed up!). I would refuse to chair any new committee for government if I could not also chair the implementation committee.

Recommendation 42 of the 1997 Bringing Them Home Royal Commission recommended that Rec 4.1 of the Deaths in Custody Royal Commission (1991) be implemented to address the underlying social disadvantage of Aboriginal people which directly influenced their high rates of incarceration and their feelings of despair. Other recommendations from the Deaths in Custody report related to reducing alcohol abuse, including working with Aboriginal communities and organizations; ways to enhance the positive aspects of Indigenous culture and to seek alternatives to prison especially for youth. An overview of all international research has found that the only outcome of incarceration of young people is to increase crime (Rutter and Smith 1995). It is also a risk factor for suicide (ref)

The first recommendation of the Stolen Generation report was to fund more recording of stories of forced removal because of the importance of telling the stories as a first stage of healing for those removed and for their children and grand-children. (footnote – ABC radio national program on oral histories and their importance for the next generation as well as for empowering community was played on Hindsight in 2006 and repeated 24/1/08 www.abc.net.au/now)
Recommendation 2 was for an implementation working group, reporting to COAG, evaluating progress via ATSIC and other national Aboriginal organizations and annual reporting on the rest of the recommendations by Commonwealth, state and territory

governments. Recommendation 3 was about reparation, and 4 about the importance of including subsequent generations in any reparation because of the well documented effects on those whose parents and grand-parents were removed – which we subsequently quantified in the WAACHS for the first time for a total population here in WA (WAACHS and AIFS article).

Recommendation 5 was strong about an apology for this aspect of our history; this is very important in relation to today's hearing as we must acknowledge that a large proportion of what we are observing and anguishing over today stems directly and inter-generationally from these earlier actions. Alternative explanations only result in Aboriginal people feeling that they are flawed people, but any group so treated and marginalised would have similar patterns to our Aboriginal populations – as we see with other countries such as Canada and New Zealand.

Recommendation 9 was about the training of all professionals working with Aboriginal families in any area so that they would be aware of the history and effects of forcible removal and to include this also in all relevant professional training curricula. Programs to expand, preserve and value Indigenous culture, languages and history were included in Rec 12.

There were 5 recommendations under Mental Health covering fully all aspects which if they had been implemented would have meant much better outcomes than we are seeing today, including fewer young suicdes. They included to identify and quantify the extent of mental health problems – our WAACHS has done that to a certain extent even though some of the findings of the extent (of mental health impacts following the stolen generation) were not accepted by the former government in Canberra, prompting a complete re-analysis and special report (ref).

The report realised the power and importance of Indigenous healing, along with preventive and primary mental health and well being services which trained, employed and supported an Aboriginal mental health and well being workforce in partnership with non-Aboriginal personnel who were well trained and understanding of the history and impact of forcible removal. They also included parenting and family well being programs, acknowledging that not having had parents at crucial stages of child and youth development meant that many Aboriginal parents

were not competent or confident when they became parents themselves. Prisoner services to treat and rehabilitate those with mental illness and substance abuse were also recommended.

In addition to these reports, every state and territory has many other reports with recommendations, detailed policies, suggestions for programs and so on.

We know what to do – why don't we do it?

2.How to implement is the major issue

There needs to be a better process for accountability for implementing all these recommendations. Surely if you really care about making any impact you should take heed from all these readily available and wonderful documents and think carefully before you produce yet another which recommends the same sorts of things but without any real hope that it will make any difference? The area of government accountability is not my area of expertise, but the reason we do our research is that we wish the evidence to be used to improve outcomes for children, young people and families. Can you imagine how we feel when we produce a set of reports such as the WAACHS, at considerable cost and huge effort, with Aboriginal carers and young people giving us their deepest concerns, with us reassuring them that the data will make things better, with final chapters in each of them which attempt to put the data and research into policy frameworks and then the implementation does not happen or is only half hearted? Are bureaucrats unable to respond to evidence, are the current programs they are working on (many of which do not work for Aboriginal families or others with disadvantage) unable to be changed or don't they care? How do we make them care?

Let us decide on a set of indicators – such as those from the Productivity Commission's Overcoming Indigenous Disadvantage (ref) and make improvements in these Key Performance Indicators for our senior bureaucrats part of their **accountable** job descriptions. If they don't perform to improve these indicators then they should be significantly penalised or at least not get their bonuses. Many Aboriginal organizations have been audited to death while government departments are rarely really held accountable for the non-delivery of services for the most disadvantaged and highest risk people in our community. **Most**

programs fail those who are most disadvantaged and at highest risk (an international problem) (ref OECD Istanbul meeting 2007)**.**

When policy is made remotely from people's circumstances and contexts and does not engage (nor understand) them when planning or implementing it, then it is most likely that the policies will fail, as they have done for decades in Australia. Instead of closing down Aboriginal organizations, cutting their funding or make them go through numerous and ridiculous hoops to get it, we should be rapidly enhancing the capacity of Indigenous organizations and communities, developing effective partnerships with government and non-government organizations to help that capacity.

Is it a matter of not enough funding in our boom state? Then perhaps we could fund some of these programs and partnerships by quarantining some of the monies from alcohol taxes to set up a foundation like Healthway, which is funded through state tobacco taxes. My sense, however, is that this is not about funding- it is about people – we need the best trained, committed public servants who care about Aboriginal people as people and wish to really make a difference **with and for** Aboriginal people (see comments below wrt Aboriginal workforce).

3.Other countries with Indigenous colonised populations have done better than Australia– can we learn from their lessons?

The three countries for which we have some comparable data are Canada, New Zealand and USA (Ring and Brown MJA; Oxfam and TICHR 2007). Whilst these countries and their Indigenous populations have different histories and patterns, there are also amazing similarities. The Canadian "residential schools" program is equivalent to our stolen generation. The same health and social problems have been observed in all colonised Indigenous populations such as alcohol abuse, child abuse, mental illness, cardiovascular disease and diabetes rates. I believe that we need to look closely at what policies have been implemented in these countries as while they still have problems, many indicators such as life expectancy, are much better in these countries than in Australia and are improving while ours are worsening (latest AIHW

figures on Aboriginal Health and Oxfam/TICHR report on closing the gap).

What have they done differently? In Canada there were treaties, widespread acknowledgement of history, apologies and reparation for those removed into residential schools, a $300M Healing Foundation headed up by Aboriginal staff which funds a range of activities aimed at overcoming the trauma and grief (it has reduced suicides markedly), much more successful programs for an Indigenous workforce and to make mainstream services more acceptable for Aboriginal people, a national research Institute of Aboriginal Peoples Health headed up by an Aboriginal Director and a nation-wide $50M Early Head Start program for Aboriginal families.

In New Zealand, there was also a treaty, acknowledgement of history and non-Maori pride in things Indigenous (eg the haka), a health workforce of 15% Maori and Islander which nearly mirrors their level in the population (the first Maori doctor graduated in 1899 - ours was in 1989!).

In USA, there were treaties, tribal lands controlled by Aboriginal councils which appear effective and make decisions for the majority, the public health system is run by the military so that things like rubbish disposal, fresh water and hygiene services all work very well. The Indian Health Service is strong with accountability and a commitment to an Indigenous workforce.

There may be other differences of which I am unaware, but when we see such differences in outcomes which could be related to different ways of doing things we should at least find out.

4. Suicide, child abuse and neglect, domestic violence and substance abuse are all outcomes – understanding causal pathways to enable effective prevention is crucial to the long and medium term strategies.

It is very important for you to understand that the issues which we are now seeing in Fitzroy Crossing and other places are **outcomes** of generations of disadvantaged circumstances for Aboriginal people. Whilst they are themselves causes of future problems, they are the outcomes of pathways that started generations ago ie we are seeing cycles of disadvantage. This is

not to say we cannot intervene effectively, we just have to realise that these things will not be turned around quickly and if we don't intervene effectively now, in another generation (the youth of today will be pregnant tomorrow) the situation could well be worse. In addition, a proper understanding of these historical causal pathways should influence how we intervene and the effectiveness of what we do.

The reason I continue to try and am still hopeful is that the pathways to most of the problems we are observing today are shared – that is interventions that reduce the risks of child abuse and neglect, are also those which will improve educational outcomes and reduce juvenile suicide and crime. Environments that are good for child health, development and well being are well known and they are good for everyone. Whilst we need to provide crisis services, and while the media bay for them, to only focus on the crisis end of these pathways will never reduce their impact – it could actually make them worse as funding them only will not identify nor "turn off the tap" whose "stream" is increasing every year. And some of the principles of interventions that work will also work better for crisis services as well such as an effective Aboriginal workforce (see below).

Hence while I strongly support the women of Fitzroy Crossing in their proposals to reduce alcohol sales to reduce these other problems, it needs to be done with the understanding that by itself it will not be the sustainable solution. All the other recommendations of the various reports mentioned earlier will also need to be addressed. As well, to remove alcohol without providing alcohol withdrawal programs and support is almost inhumane. Safe housing, social support for women and children, male violence programs, counselling for families and enhancing Aboriginal capacity are all important too. When Aboriginal people come with suggestions of what they feel their community needs we need to ensure that they are listened to. The more Aboriginal people are in control the more sustainable and effective are the solutions but we need to ensure that they have the capacity to deliver (see point 7 below).

5. Causal pathways to health and social problems

Many pathways to a range of child, youth and adult problems (health, mental health, substance abuse) commence in utero and early childhood. Adverse environments in pregnancy increase the

risks, turn on adverse genes, and these risks are then compounded by adverse circumstances in childhood.

Some examples which are common in Fitzroy Crossing and other poor communities include(**these need proper arrows ? put in as a figure?):

i) poor maternal health/ infection/malnutrition/ in pregnancy > low birth weight plus poor childhood environments > dramatic increased risk of type 2 diabetes, obesity, heart disease and renal failure>premature death;

ii) maternal alcohol exposure in pregnancy > irreversible brain damage > behavioural problems/mental retardation > poor school performance > delinquency/rape/ > substance abuse > suicide etc

iii) poor maternal health/overcrowding/maternal smoking > repeated ear infections >deafness > poor language skills >poor school performance > behaviour problems > delinquency, suicide etc

iv) poor living conditions/lack of hygiene > skin sores > kidney and heart infections (rheumatic fever/glomerulonephritis) > renal and heart failure>premature death.

And of course this excessive sickness and premature death removes the adults from their important roles in caring for the next generation

Implementing the recommendations of the WAACHS on health, mental health, families/communities and education immediately will start to reduce some of these risks. The most powerful causal pathway of course commenced with the forced removals and we need to move quickly to acknowledge this – see stolen generation point 8 below.

6. Many deaths in young people are avoidable

Deaths due to suicides, accidents, homicides and infections are preventable if we understand the causal pathways. For example, the current spate of incarcerations for child abuse and domestic violence will mean that most families in some communities are affected. We need to appreciate that if we don't help these families come to terms with this trauma, shame, and emotional morbidity, it could lead to suicide clusters and further deaths. So

as we go in with the appropriate punitive action, it is also important for us to give mental health support to those who are in the community and are at high risk. Those who are abusing are also needing therapy and rehabilitation to try and use the prison experience to turn them around.

The high rate of infectious deaths is also of concern for children and again primary health care and prevention (vaccinations, better living conditions, proper infrastructure, primary health care and even swimming pools) have been shown to be effective.

7. Aboriginal human capacity is limited

The Aboriginal population is young and growing younger compared to the rest of the aging Australian population. Their population pyramid looks like a developing country (figure of 2 population pyramids from ABS 2007). Over 50% of Aboriginal people are aged less than 20 years; 30% of babies are born to teenage mothers; for every Aboriginal child on average there is 1.1 adults compared with over 3 for other Australian children. And many of those adults are sick, mentally ill, in prison or abusing substances which means that many children are either without their primary carers or having to care for them themselves.

The average age of Aboriginal males dying in WA is now 47.9 years and for women 57.0 years - much much lower than for all Australians. This means that many children do not have their parents and grand-parents to guide them in to adulthood and prepare them for all the things we want them to do – enter school healthy and ready for it, complete an education, participate socially, economically and civilly in today's complicated world.

This depleted level of human capacity must be acknowledged as the major factor it is when we are planning any services for Aboriginal people and must make us be realistic in terms of how much they are able to respond to our expectations. My experience is that every community I have visited has good people who can take on leadership roles with support and ongoing realistic and long term resources and partnerships (eg the Torres Strait and NPA communities; Yirrkala school in NT; Turkey Creek WA)

8. Stolen generation effects are the major cause of today's situation – ie forcible removal of people from family and land

Our Institute has now documented and quantified many aspects of the descriptions and reports in the Stolen Generation Royal Commission (refer WAACHS). The proportion of the families in the survey (2,500 carers of 5,500 children with nearly 90% response rates across the whole state) reporting forced removals from land and parents differed from nearly 60% in Broome to 30% in the South West. These are huge proportions for any population and the adverse inter-generational effects have now been partially quantified. Those removed had much higher rates of mental health problems, gambling, and substance abuse and their children had higher levels of social and emotional and other health problems. The effects on subsequent generations are parenting problems as these reflect the lack of parents when young, behavioural problems, violence, unresolved grief and trauma, depression and mental illness and feeds in to the stress pathways I outlined under point 5.

Many reports suggest that this is a human rights breach of enormous proportions and recommends strongly that restorative justice and healing be implemented. The lack of implementation of these recommendations make me both angry and amazed. This is because I believe that forced removal, based on all that I know about child development, the importance of parents and family and for Aboriginal people the importance of land, is the **single most important antecedent factor** in the many causal pathways into today's poor outcomes. And many in Australia, even those working with Aboriginal people, do not seem to understand the trauma and ongoing pain that this has caused. It feeds directly into the situation of the modern Indigenous circumstance.

Are you going to lock up 50, 60, 70 % of Aboriginal men and youth? In 2007/8 is this the most intelligent solution that this wealthy state can come up with?

We have suggested that WA urgently consider a Healing Foundation like the one in Canada which has been so successful in reducing suicide rates (www.ahf.ca) . If people realise that there are reasons for their problems which can be addressed then they have hope enough to live and make a go of their lives. If no-one appears to understand that these traumas were real and powerful

influences on health and well being, then why not just drown your sorrows in alcohol and try to forget? I strongly suggest that we establish a Healing Foundation immediately and monitor its effects.

Others have commented that the Stolen Generation report has led to a reluctance to take children who are being abused away from their very risky situations. For any child who is being abused or at high risk this is an emergency. Professor Dorothy Scott, head of the Centre for Child Protection at University of SA, has suggested that when we closed child institutions following adverse reports, that we may have thrown the baby out with the bath water (Scott personal communication). Possibly we should have made them good rather than closed them altogether. There is an urgent need for safe houses in many Aboriginal communities for children and women; if these can be set up in ways that make them truly safe homes for these children, then it may well be that they are an important part of the solution.

9. The importance of an effective Aboriginal workforce

The most exciting and sustainable sets of recommendations are about rapidly increasing the Indigenous workforce in the areas of health such as doctors, nurses, Aboriginal health workers, allied health etc, welfare-particularly child protection officers, police aides and police, education -including teachers and Aboriginal and Islander Education Officers, and social workers, psychologists and lawyers.

The excitement comes from the realisation that there are so many benefits both individual and collective, from Aboriginal control, ownership and employment in their own service provision. How stupid of us not to have realised this and made this the cornerstone of our implementations! There is now clear evidence that Aboriginal controlled services with proper support and particularly in partnership with competent and committed government and non-government services are much more likely to succeed because Aboriginal people trust them and use them more effectively. They do not feel ashamed to come and they are made to feel welcome rather than dirty, stupid and unwanted (eg Jeffries-Stokes MPH thesis 1990 Eastern Goldfields; Chandler & Lalonde UBC papers). In our swimming pool study (lehmann et all BMJ 2006), it was the teachers led by an Aboriginal Principal which

made the pool such a success – much more so than the non-Aboriginal health professionals

Aboriginal controlled services provide employment for Aboriginal people wherever they live – as health workers, educational aides, nurses, welfare workers, police and so on. This means real jobs providing really important services. It also means that Aboriginal people have an income and resources to house, clothe, feed, educate and provide for healthy development of their families.

Individual self esteem increases – people realise that they can work in these important jobs and succeed more than we do. This is the best way to stop the welfare dependency of which Aboriginal people themselves are critics. Their mental health and that of their families improves. We move from a notion of Aboriginal deficits to strengths based approaches. And what is interesting is that community self-esteem also increases. Michael Chandlers's data from British Columbia (ref) showed that communities with more Aboriginal people employed in and in control of, community services, had youth suicide rates that were lower than in any group (white or black) in the whole of BC ie Aboriginal controlled health, education, legal and fire services were hugely protective for youth suicide.

Dr Cheryl Kickett-Tucker is an Indigenous researcher doing post-doctoral research in our Institute on self-esteem in Aboriginal children and youth. It is clear from her work and that of her international collaborators in USA (Johnson et al), that how Aboriginal children perceive the dominant culture perceives their culture is a major resilience factor. If we are working together with Aboriginal people to provide the best services in which they themselves have a major role, the overall Australian community will applaud and their sense of self-esteem and resilience will increase. The media reporting positive stories about Aboriginal people and situations would also help here. Day after day of awful pictures and horrible reports make all of us feel depressed but it is very damaging to those who are most affected.

The 11 AEIOs in the Kimberley under the supervision of Ms Edie Wright in the Education Department are an excellent example of how employment of local people can make a difference. They have certainly read the recommendations WAACHS vol 3 on education. They recently travelled down to the Institute to present to us the

various ways they were implementing these recommendations. It was a most wonderful, positive session and full of hope for the future. As one of the education officers said to us " Principals come and go, teachers come and go, but these kids are our kids and we want to do the best we can for them." We should immediately double the numbers of these people.

Last December I attended the Marr Mooditj Foundation Aboriginal Health Worker annual graduation ceremony. Over 40 graduates in various areas of health worker training received their certificates and are now a workforce ready to be employed. Many of them had overcome enormous barriers to achieve this education and pass their certificates. I challenge the Department of Health to find employment for every one of them – it is possibly one of the most important immediate investments they could make for improving Aboriginal health.

Another example in urban Perth was the Indigenous Family Program run by Aboriginal leaders to provide welfare support to those families with the most dire circumstances and who were the most common users of all services. It was reviewed by Curtin University as the most cost effective service but was mainstreamed and lost its effectiveness.