

Doing “best practice” before we knew it was: the evolution of an Aboriginal primary health care service in Tasmania

Heather Sculthorpe, Tasmanian Aboriginal Centre

Ya pulingina. I hope you enjoyed the opening ceremony in the Concert Hall on Saturday evening; and for those who missed it, my commiserations – it was a good show.

Not only was it entertaining, but it also illustrates something of the breadth of the activities and achievements of our community and our services here in Tasmania. We could not have done anything like that 30 years ago.

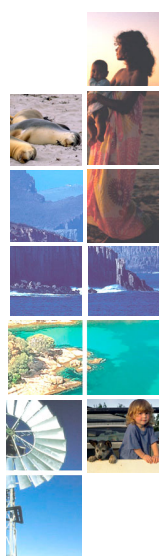
And that is the theme of my talk to you today. I’d like to outline briefly some of the major achievements of our community and of the Tasmanian Aboriginal Centre and show how those achievements make for “best practice” in an environment which has often been hostile to our aspirations. Then I’ll look at some of the changes which are needed to smooth our path for the future and conclude with some recommendations.

The Tasmanian Aboriginal Centre celebrates its 30th year of existence in 2003. Like most of the other Aboriginal organisations around the country which started in the early 1970s, we were helped to get organised by sympathetic white people – mostly academics and left-leaning lawyers – often members of the Communist Party of Australia – who saw the injustice around them and had the organisational skills and connections to point us in the right direction. But it was obviously the yearning of the Aboriginal people for a better deal for their community and better ways to express themselves as a community that resulted in a viable organisation and movement that has survived the tests of time.

And that’s our first example of best practice – organisational forms and practical solutions cannot be imposed but must grow from the people themselves.

It was only a few months before the white people were kicked out of our organisation and it became a wholly Aboriginal body. That meant that the hundreds of Aborigines who had attended large community meetings in the years leading up to the formation of our organisation had to step forward and play a more active role in Aboriginal community life. Many of them are still active in the organised Aboriginal movement today. And there’s another example of best practice – Aboriginal community control and active participation are essential if Aboriginal aspirations are to be expressed accurately and services designed and delivered to meet the real needs of Aborigines.

In 1973 we worked for little or no wages to make contact with as many Aborigines as possible and to address immediate social needs like housing, food, discrimination, imprisonment for minor offences, over-policing, skin infections and poverty. We also organised sporting events, dances, fund-raisers, meetings and anything else we could think of to bring the people together as a community. Have you picked it? – there’s



another example of best practice – addressing the real needs of the people and encouraging social cohesion for better health and emotional well-being.

Not that we used words like that in those days – we just enjoyed being together with other Aborigines and all the problems were so obvious that something just had to be done – our interventions might have been ad hoc and knee jerk stuff, but we certainly got the bureaucracy moving.

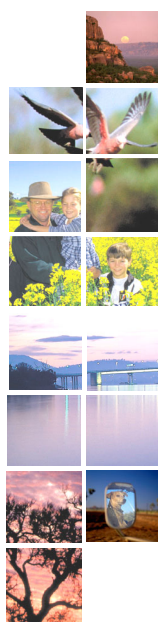
We got our first government grant of substance around October 1973 when the then Commonwealth Minister for Aboriginal Affairs in the Whitlam Labor Government, Gordon Bryant, gave us \$40,000 for an Aboriginal legal aid service. That allowed us to engage a lawyer on a part-time basis and establish a proper Aboriginal Legal Service.

Of course we had to continue to address all those other social problems we'd been dealing with before the funding came – and that got us into trouble eventually with the bureaucracy who thought we were straying outside the terms of our funding conditions. We learnt quickly how to sail close to the wind without going too far over the line – but we also learnt to be good advocates in our own cause and not to compromise our principles for the sake of keeping the peace with bureaucrats and funding providers. After a typewriter, our second equipment purchase was a calculator – and we've made sure ever since that our financial practices and accounting methods have been beyond reproach. We can find another example of best practice there – financial accountability has to be spot on to avoid making it easy for governments to shut you down when they don't like what you're doing or saying.

It wasn't long before even the Department of Aboriginal Affairs came to see that it was impossible to operate an effective legal service without dealing with the social problems that led to breaches of the law and conflict with police. It came to be acknowledged that taking a holistic approach to problems was – you guessed it – best practice.

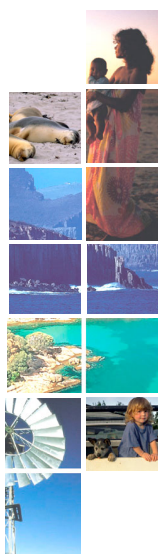
We were constrained in what we could do by the amount of money we had – not many Aborigines were able to work full-time without wages and few had their own cars to get around the State. So we started applying for whatever funds were on offer at the time – it was no use waiting for something that we might have identified as our “priority need” because the bureaucracy was always years behind us in identifying those things as important and we had so many needs that we just wanted to keep going with whatever funds we could find. I don't know if that approach could be termed best practice, but it sure is practical.

Meanwhile we were building up a network of branches around the State: on Flinders Island, in Launceston, Burnie and Huonville. At first those branches were just monthly meetings of Aborigines finding out what was going on and contributing their views to our organisation's work. When funding permitted we opened regional offices in Launceston and Burnie and employed local people to provide services there. Flinders Island quickly decided they wanted to go it alone and formed their own service organisation which still exists. We still provide some health services on nearby Cape Barren Island and run programs on lungtalanana (Clarke Island). We found we had so much to do in the major population centres that we could not maintain our presence in the Huon Valley and – as many of you from rural and remote areas would know – it was a luxury we could not afford to replicate services less than an hour away from the capital city. We consider it best practice to provide services as close as possible to



where the people live; but also to concentrate on the greatest good for the greatest number when choices have to be made – a choice not always supported by people in the country of course.

That is the genesis of our state-wide organisation. Gradually throughout the 1970s we added small programs like a home help service – which grew later into a family support and care program targeting families at risk of having their children taken into State care; and an arts and craft project getting people together to learn new skills and find an outlet for their talents. In the 1980s we added a substance abuse program which was the forerunner of our health service; a youth program which shrivelled when ATSI funds were cut nationally; an elderly support program which grew into our current aged care service; and a playgroup which started on a voluntary basis and became our Aboriginal Children's Centre funded under the MACS program to provide long-day care and school holiday programs; it now provides a whole range of services for kids but faces constant battles to secure sufficient funds to cater for the many and varied needs of the children, some of whom you saw in the opening ceremony on Saturday.



In the 1990s we added the *pakana kani* language program – and you heard some results of that work in the opening ceremony. We added a LinkUp family tracing and reunion service and the community packed into the parliamentary chamber to hear members of the Stolen Generation receive the expressions of sorrow and regret from the Tasmanian Parliament on behalf of the Tasmanian people. We now have a youth justice program and an alternative to detention program which operates from lungtalanana in the Furneaux Islands. We have a land management program working to restore the health of our lands on the islands and around Hobart at Risdon Cove and Oyster Cove. And we have added gradually to the range of services provided by our Aboriginal Health Service fully funded for the first time in 1990. We have shed a few functions along the way as, after 30 years, we settle into what is now called our “core business” to match our human and financial resources.

Some of the functions we have had to drop off have been, or are in the process of being, taken up by other groups (housing management is foremost amongst these) or will be revived in future years if the need is still there and the resources are available (an Aboriginal school is the prime example). Others have been taken up by individuals in the community: these include business development through the cultural enterprise of mutton birding and the practice of cultural arts like shell-stringing and weaving – which you can see going on in the foyers at this conference – and the commercial production of traditional Cape Barren Island music by the “Island Coes” which you had a taste of from the young fiddler at the opening ceremony. The fact that these functions have been taken up by others in our community would qualify – I think – as successful “community capacity building” – yet another example of best practice.

We think our current range of services is pretty good at meeting the needs of our community in a holistic way – and dare I say again, we consider it an example of best practice in attempting to deal with the whole person at both an individual and community level.

But wait – there's more! Underlying our service delivery and community development work since the 1970s has been our concentration on Aboriginal political and cultural rights. In fact this is our main claim to fame, our main achievement and the main reason we are so often attacked by governments of all persuasions.



We have always taken Aboriginal self determination seriously and we have never used that term to mean merely Aboriginal community control of service delivery – important though that is. We have been a player on the international stage well before the government started its current meagre funding to assist the repatriation of human remains and cultural property from overseas institutions. Our representatives have been reviled and threatened with treason charges for going to Libya; they've been arrested or otherwise detained for protecting our lands from flooding in Tasmania's south-west, for preventing insults to our murdered ancestors through re-enactments of the foreign invasion at Risdon Cove on Hobart's outskirts, when demanding the right to travel overseas on our own Aboriginal passports, and when reclaiming our lands at various locations throughout this State.

This "best practice" of doing what has to be done to assert the collective rights of our people and bring our issues to public attention has been emulated by other groups such as Green Peace and other environmentalists and by farmers, foresters and others with their street protests and city marches. The difference is that those groups have always been part of the Australian collective which chose representative democracy as its form of government and which therefore has the right to vote its governments in or out of office; we – on the other hand – have yet to win that right for ourselves; and that's what we mean by the right to self determination for Aborigines.

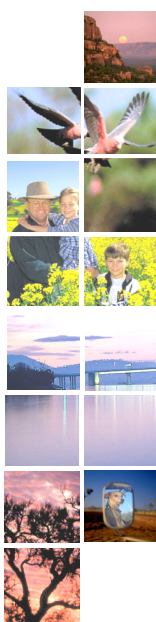
Although we still have that battle ahead of us, we have made some gains such as the legislative return of small areas of land to the Aboriginal community by the Tasmanian Parliament in 1995 and the recognition of our traditional right to fish in Tasmania's Living Marine Resources Act. Neither of those pieces of legislation has been effective to restore our rights suppressed by the British invasion of our lands 200 years ago; but the restoration of those rights remains the inspiration and motivation of our people.

It is our willingness to pursue those rights vocally and publicly which has resulted in the community pride you saw displayed in our opening ceremony at this national conference. Self-respect and pride in our Aboriginality has blossomed during these 30 years of struggle for recognition of our rights and the artists who give voice to these emotions are an important part of the same struggle as the political activists – indeed it is an example of our cohesion that they are often the same people.

Now to deal quickly with the practical changes we see as most useful for the further development of the health and well-being of our community.

We need white people to treat seriously our demands for the recognition of our Aboriginal rights – to try to put themselves in our place as a dispossessed minority in our own lands; and to support our demands for a negotiated treaty or similar means of reconciling the competing demands of our two peoples. This is much bigger than what the Howard government likes to call "practical reconciliation" which is no more than the individual human rights of any person living in Australia.

Then we need the funding providers to stop thinking they know what's best for us. The rules and restrictions around what we can do make it almost impossible to just get on with meeting community priorities – I don't mean dispensing with "financial accountability" but being free to put the money we receive to use where it's most needed. If they are in charge of the process they would call it "pooling resources" under the Primary Health Care Access Program or something similar – but if we want



to be in charge of the process and they haven't named it – then they say it cannot be done.

Governments should be concentrating on the things they're meant to do best – like providing the public hospitals and public health specialists needed by everyone in the country. That would free us up to do what we do best – provide comprehensive primary health care services including health promotion and illness prevention. They might even find the money to do it with if they got rid of some of the army of bureaucrats employed to tell us what to do, to write strategic frameworks and strategic plans we don't have time to read, and to engage consultants to evaluate projects they can't implement themselves.

Politicians should be showing the way in respecting Aboriginal culture. They should learn how to pronounce words in the Aboriginal language of their areas and use them properly on appropriate occasions rather than the current lip service now sometimes given on ceremonial occasions. It would take them only a few minutes to get a few words right – but they hardly ever bother to show even that level of respect.

And finally, governments should recognise the appalling level of ill health in Aboriginal Australia by making greater financial efforts to address the problems. An easy start would be to do away with the need for arguments about remoteness classifications and things of that ilk; special measures to address health inequities in rural, regional and remote Australia should simply be extended to include Aboriginal health wherever Aborigines live.

RECOMMENDATIONS

That the financial incentives and other special measures available for the improvement of health outcomes in regional, rural and remote Australia be extended to Aboriginal Australia wherever situated geographically in recognition of the continuing disparity between Aboriginal and non Aboriginal health status and recognising that definitions – including definitions of remoteness – imposed from outside Aboriginal Australia do not reflect the realities of Aboriginal Australia.

That COAG and other bodies representing the three tiers of white government in Australia commit themselves to understanding and using respectfully elements of the Indigenous languages of their regions as agreed by the Indigenous speakers of those regions.

That Commonwealth and State governments acknowledge financially that Aboriginal community controlled health services are the principal – and often the only – source of primary health care for Aborigines and are not merely “complementary” to white mainstream services which have failed dismally to sustain healthy Aboriginal nations over the past 200 years.

