

**COMMONWEALTH GRANTS COMMISSION
INDIGENOUS FUNDING INQUIRY**

**ABORIGINAL & TORRES STRAIT ISLANDER COMMISSION
CAPE YORK PENINSULA REGION SUBMISSION**

This paper will document particular issues in relation to three main issues: health; housing and infrastructure; and education, training and employment. It is important to acknowledge that these are not the only issues that require examination and discussion. Of particular importance to the many Indigenous people within the region are native title issues and land management issues in general. This paper should read in conjunction with the ATSIC State of Queensland submission.

HEALTH

The responsibility for funding Aboriginal Community Controlled Health Services was transferred from ATSIC to the Department of Health and Aged Care in 1995. Since that time ATSIC has not had any direct funding involvement in this area.

The current health status of indigenous people in the Peninsula Region are extremely poor and are not improving. Indigenous mortality rates in 1992 were 2.9 times higher for females and 2.6 times higher for males than for Queensland overall. The data collected in 1996 shows little difference in these figures.

The draft Cape York Health Strategy 2000 produced by the Apunipima Health Council summarises the current situation as follows:

“High levels of interpersonal violence related to widespread alcohol abuse are recorded in clinics though out the Cape. Many families now and in the future will have high levels of chronic disease (high blood pressure, mental health problems, diabetes, renal and respiratory illness) resulting from stressful social environments, poor food, tobacco smoking, alcohol abuse and a lack of exercise. People from Cape York also experience high levels of infectious diseases (otitis media, pneumonia, gastro-enteritis, rheumatic heart disease, scabies nephritis, hepatitis) poor housing, overcrowding, poor hygiene”.

Deaths from respiratory system disorders are about 20% higher for males and 10% higher for females in Aboriginal communities than in the rest of the state. Aboriginal communities are classified as such when 50% or more of the population is Indigenous. (Refer to attached copy of Apunipima Cape York Health Council Cape York Health Strategy 2000, for additional information relating to health issues for this Region. Please note that this is a draft working document and the final Strategy will be completed by the end of this year).

1. Needs of Indigenous People

- Access to health services in most remote townships is limited. There are fourteen (14) communities in the Peninsula. Only three communities in the Peninsula have

hospitals: Cooktown, Weipa and Bamaga. Cooktown is a predominantly non-Indigenous community, Hopevale which is an Aboriginal community and 30 minutes drive from Cooktown does not have a hospital. All the other communities have health clinics.

- Apart from the communities with hospitals the only other community that has a resident doctor is Kowanyama. Most other communities have frequent visits from the Royal Flying Doctors Service e.g the communities of Pormpuraaw and Aurukun have a weekly visit from the Royal Flying Doctors Service. Kowanyama has a weekly visit (one day duration) from a Clinical Nurse Consultant for early Childhood.
- There are no dental services in the Peninsula communities. Most communities only have a visit from a Dentist on a six monthly basis. School dental teams visit on a yearly basis for a duration of 2 weeks, although a community such as Kowanyama, with a population of 1200 people, has a state of the art dental clinic there are extremely limited dental services.
- For a range of health services, people in the Peninsula are required to travel to Cairns. Due to the remoteness of particular areas there are restrictions on the availability of flights.

Relocation factors:

- Relocation of people to Cairns for medical reasons also presents immense difficulties with being separated from families. Dislocation from families is a serious issue for people living in the Cape. There are numerous problems of patients being separated from families, often family members may want to accompany their relative and will have to pay the associated costs.
- Considerable problems exist in relation to transport from when people arrive in Cairns for medical reasons. Problems are also experienced for their travel back to communities.
- People often experience problems in getting adequate accommodation whilst in Cairns.
- People seeking medical treatment in Cairns have been identified as a group of people that do not have appropriate temporary accommodation. A recent study undertaken by the Department of Aboriginal and Torres Strait Islander Policy and Development (DATSIPD) shows that there are approximately 98 people homeless in Cairns. There are numerous factors that attribute to this problem: there are several organisations with responsibility for administering temporary accommodation and caring for displaced people, however the sheer number of people to house, the diversity of backgrounds and circumstances, not enough financial resources for many of these organisations to operate effectively, and an un-coordinated approach by different government agencies attribute to the problem.
- Pregnant women from the Peninsula communities are required to travel to Cairns or Thursday Island to give birth. For these cases it is usually necessary for patients to move to Cairns for 6 weeks prior to the due date of birth. This usually means separation from the family in a time when it is crucial that the women receives wider family support.
- Dialysis patients are required to relocate to Cairns as this service is not available in any of the communities.

- Good health measures need to begin through an education process in the early years of schooling.
- There is a lack of sport and recreation facilities in the communities which results in boredom and associated problems. The problems may include an increase in alcohol and substance abuse, low self esteem, and low social development skills. The isolation and tropical weather conditions makes it difficult to have a continuous program.

Appropriateness of services:

- For several reasons, including a shortage of ‘culturally-appropriate’ medical centres, there is distinct need for more indigenous health workers in the remote areas.
- Cross-cultural training should be mandatory for all staff taking up employment in remote communities or communities that are identified as having a large Indigenous population.

BARRIERS

- For people who are not used to dealing with public authorities, language is a major problem.
- Lack of confidence to consult with mainstream doctors and health workers.
- Lack of knowledge of services available.
- Arriving in Cairns for medical treatment is a culture shock.
- Inadequate and overcrowded housing together with alcohol and substance become major barriers for the well being of the individual and the community.

Services provided by ATSIC

- Indigenous Women’s Initiatives funds provide awareness of health services and issues e.g. Education Awareness, Counselling, Health & Nutrition and Domestic Violence.
- Sport and recreation programs.

ATSIC Services link with other Commonwealth, State and Local programs

- There are extremely limited resources being channelled into alcohol and substance abuse which is a major problem in all Peninsula communities. This is a serious issue which in turn affects health, living conditions, money to buy food, employment prospects, education aspirations.
- A major link exists between ATSIC and State bodies such as State Health in relation to NAHS funding for environmental Health (Sewerage, Water, Drainage and some Housing). All DOGIT communities in the Peninsula have had NAHS projects funded over the last 4 years.

HOUSING AND INFRASTRUCTURE

ATSIC provides supplementary funding to Indigenous people. A 1999 Community Housing and Infrastructure Needs Survey (CHINS) was conducted throughout Australia, it stated that 33% of housing managed by Indigenous housing organisations was reported to be in need of major repair or replacement.

The housing and infrastructure needs across the Peninsula are at a high and critical level. The current level of funding falls well short of meeting these needs.

1. Needs of Indigenous People

- Low rate of indigenous home ownership, with the vast majority of people living in houses rented from an Aboriginal housing organisation (community councils in most Cape communities). Only 3% of indigenous people owned or were purchasing their homes compared to 35% of non-indigenous people. For households with indigenous occupants the average household size was 5.3 persons per dwelling compared to 2.5 for dwellings with no indigenous occupants (ABS 1996).
- Housing requirements in Peninsula are large with houses overcrowded, extended families residing in the one house, large waiting lists and a significant proportion of housing stock being aged and of an inadequate standard (NAHS Qld Environmental Health Assessment – June 1999 – ARUP).
- The demand for housing is being decentralised from the townships to the outstation areas on both a permanent and semi permanent basis. This is a growing demand given the acquisition of land and the transfer of title under various State and Federal legislation's. The Commission supports an initiative of people moving to their traditional homelands through the establishment of outstations.
- In the towns of Laura, Coen and Cooktown, in which the majority of residents are non-Indigenous, private rental is too expensive or not available. Therefore people have to attempt to require access to government funded rental properties. In these communities there is a lack of State funding for housing. Over the past three years the Commission, through the Peninsula Regional Council has been the main contributor to the housing stock in these communities.
- In the Peninsula a new community at Old Mapoon has been established with people relocating to this community. In this community the demand for housing is high. In addition, there are new and emerging communities, Port Stewart is one with the Commission providing the support to develop this community through the provision of housing, community building, water supply and ablutions.
- Given the low income levels of indigenous people in the Peninsula rent charges are low and do not cover the demand for repairs and maintenance requirements consequently housing stock standards are difficult to maintain.

2. Services provided by ATSIC

- ATSIC through the Peninsula Regional Council provide about \$1.2 million for housing each year for the communities in Cooktown, Laura, Coen and Old Mapoon. With the high cost of construction this translates into about 8 houses per year being far short of demand.

- In addition ATSIC provides about \$1.0 million for the development and maintenance of outstation infrastructure and housing which is spread over about 50 outstation areas in the region this translates to about \$20,000 per outstation.
- In addition ATSIC provides about \$1.5 million to assist 14 community based organisations with the administration and maintenance of their municipal services.
- Through the National NAHS-HIPP program approximately \$25 million over the past 4 years to address major housing and infrastructure requirements.
- The Regional Council funds allocations are based on submissions received from organisations, which are an expression of the housing, and infrastructure needs for the communities. The needs across the Cape are at a high and critical level. The current level of funding falls well short of meeting these needs. The allocation process enables each community to have access to funds at least same resources to meet their urgent requirements.
- The National NAHS – HIPP funds allocations are based on a State wide assessment process undertaken by Contract Program Managers with priorities set by the Commission’s State Advisory Commission.

3. ATSIC Services link with other Commonwealth, State and Local programs

- The National NAHS – HIPP program is coordinated with State funds through State based negotiations.
- The Housing and Infrastructure Bilateral Agreement between ATSIC, the State Government and the Department of Family and Community Services. There is a great need for this agreement and hopefully it will be finalised before the end of the year.
- The Regional Council program is not linked with other non ATSIC programs. It merely tries to fill a wide gap not serviced by other providers.

EDUCATION

Over the past years ATISC has only had a limited funding responsibility in respect of education. ATISC is a supplementary funding body.

1. Needs of Indigenous People.

- There are very poor literacy and numeracy standards in the majority of Peninsula communities.
- There is a need for teachers to be aware of cultural protocols and sensitivities.
- Not all communities have Secondary Schools. Many students are required to attend boarding schools and this often results in children not finishing Year 12 schooling.
- Access to Tertiary Education for Adult Education is extremely limited.
- According to the 1996 Census, only 4% (141) of Indigenous people aged 15 years or over indicated they had tertiary qualifications compared to 38% of the Non Indigenous population of the region.

Cultural appropriateness:

- The curriculum may not be appropriate in many cases, eg the different views of Australian history.
- Teaching children in English is an issue. Many children may find it difficult to learn in English. For example, a teacher may use a person's name that has recently passed away and cause grief to many people. Perhaps more work can be done on bi-lingual teaching.
- The way that the programs are being taught and the relevance of programs to children may need to be examined.
- The schools need to be properly connected to the community. In many communities in the Peninsula schools and hospitals are separated from other centres in the town. This does make for an inclusive 'education' type environment.
- Is the nature of the school environment adequate? More attention to whether it is conducive to learning.
- Cross-cultural training of teachers should be a requirement for employment. Remote areas are usually not where people first want to live which means that in many cases inexperienced teachers are sent to these areas. A comprehensive induction of teachers needs to be included in education policy.
- Relationships between parents and teachers need to strengthen. Parents may feel isolated from the schooling process and they themselves may have negative experiences of the education process and may not encourage their children to attend school.
- There needs to be attitudinal change in the way that teachers approach teaching and also in the way that parents and children approach learning. This attitudinal change may take many years.

BARRIERS

- Lack of good home environment due to overcrowding in homes, alcohol and substance abuse, and domestic violence. There are numerous issues that are inter-linked as to why children do not gain a reasonable standard of education.
- There are very few role models for the younger generation to look up to.
- Need for culturally appropriate programs in terms of curriculum and appropriate awareness of teachers of ATSI culture (see above).
- Lack of parental guidance in relation to value of education is a limiting factor.

Services provided by ATSIC

- CDEP Wages is used to top Up Teacher Aides wages at most Primary Schools.
- ATSIC provides Language Maintenance programs to a total value of \$90,000 per year to Peninsula communities.

ATSIC Services link with other Commonwealth, State and Local programs.

- There are Primary and Secondary schooling at each community. Secondary schooling is provided at 4 communities in the Peninsula and therefore some communities are serviced better than others are.
- Most schools have very high truancy rates.
- Standard of education in the Peninsula community is much lower than the mainstream community.
- This results in problems for students when they go out of the community to attend boarding school, which results in dropouts.

TRAINING & EMPLOYMENT

Community Development Employment Program (CDEP) is ATSIC's largest program and it is the major provider of employment and on the job training. ATSIC no longer has a distinct training program but other programs may facilitate training as a part of grant funded activities.

1. Needs of Indigenous People

- All 14 communities in the Peninsula have a CDEP scheme. Eleven of these are administered by the local Aboriginal Community Council and three are administered by organisations incorporated under *The Councils and Associations Act*.
- Extremely high levels of unemployment in the Peninsula if the CDEP component is not taken into account. If CDEP workers were considered unemployed, the actual unemployment rate would be a staggering 74% of the total labour force, or about 29.5% of the total population. There is currently 3095 CDEP places in Cape York.
- The CDEP employment scheme enables the community to undertake work activities in the development of the community economic, social and cultural programs. The CDEP scheme is about the offer of meaningful work and also the eventual movement to full time employment.
- Both objectives are extremely difficult to achieve in Cape York. There are limited employment opportunities in communities, for communities with 200 – 400 participants it is difficult to gainfully employ the workforce. Opportunities for people to move to full time long term employment is also difficult given the limited opportunities available. In Cape York the level of economic activity is relatively low with opportunities in the service industry, state and local government, mining, fishing, cattle and tourism industries. Indigenous participation in these areas is low.
- ATSIC currently provides CDEP Wages of \$194 per participant per week with additional funds provided for CDEP operational and capital requirements. The CDEP wage translates to 2 days pay and from the operational funds CDEPs have the capacity, if somewhat limited, to provide full time employment to some participants. These full time positions are generally in administration and supervisory positions.
- Clearly the needs are full time employment opportunities in a region where there are few opportunities. The focus of employment in the communities is in administration and public service positions such as police, health, and education.
- Training and skill development also inhibits employment. Indigenous people's access to Federal and State funded programs is not easy given the administrative complexities of these programs and the lack of resources by these departments to promote, support and develop community based initiatives.

Services provided by ATSIC

- Refer above comments on CDEP.
- CDEP allocations are based on CDEP participant numbers with consideration given to smaller CDEPs with fewer than 100 participants through the provision of proportionately higher CDEP operational and capital allocations.

- Given the limited CDEP funds available the allocations do not meet the needs of the community and fall well short of the submissions received from our CDEP communities. The allocations are spread throughout the communities to enable them to at least do something.
- Employment is also provided through some of the Commission's specific programs, such as, municipal services, women's issue, arts and culture, broadcasting, and language maintenance. From these programs approximately 30 full time and 20 part time positions are funded. Note that about 50% positions would be filled by non-indigenous people (ATSIC program surveys).

ATSIC Services link with other Commonwealth, State and Local programs

- CDEP provides support through the provision of CDEP Wage for a range of programs funded by other agencies, particularly in DOGIT communities. Examples being: - administration; municipal services – roads, rubbish, environmental health, parks and gardens; HACC; child care and schools; community police; and other specific programs eg. social and emotional well being and domestic violence.
- Generally there are insufficient funds provided by the other agencies for their programs and CDEP is being used by Council's to supplement their non CDEP responsibilities.