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Central Australian Aboriginal Congress.

Aboriginal Male Health- Brothers Supporting Brothers- a central Australian Aboriginal perspective.

Submission to: The Senate Select Committee on Men's Health.

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Response to: Department of Health and Ageing Information Paper: Development of a National Men's Health Policy

March 2009

Congress Submission

This submission provides a preliminary outline of research findings undertaken over a number of years with central Australian Aboriginal males. It primarily draws upon an extensive community consultation project and the proceeds of workshops with Aboriginal males at the 2008 Ross River Summit. This information is backed by the extensive knowledge of health issues that Congress has developed over 36 years as a leader in the provision and development of comprehensive primary health care.

Recommendations are boxed throughout the submission. Recommendations are framed to answer key issues in Aboriginal Health policy development drawing upon the direct experience of our research and program development. These recommendations do not exactly follow the format of the community consultation package of the *Issues Paper for the Development of a National Men's Health Policy* or the five terms of reference of the Senate Select Committee inquiry, however we are confident that they address all the issues raised by both investigations.

Introduction

Central Australian Aboriginal Congress (Congress) notes the increased interest in men's health at a national level. Congress welcomes the range of government inquiries and policy discussions currently underway if these lead to the types of structural and conceptual changes outlined in this paper.

Further government consultation that leave government health and related human services programming, planning and financing in their current piecemeal manner would represent a failed opportunity to shape a better future for Men's, and particularly Aboriginal Male Health.

Aboriginal Male Health Policy is evolving against a background of changing Aboriginal Affairs ideology (particularly in the N.T.), the national reviews of health service, structural change caused by the international economic crisis and subsequent financial pressures. For the Aboriginal population of central Australia (Congress's service and membership catchment), these changes are but recent pressures, part of a continuum of events, both exogenous and endogenous, that shape and form perceptions and physical realities of our people's health. As a reaction to the social dysfunction that exists in many Aboriginal communities, all Aboriginal Males, as a group, have been targeted and convicted as the cause of this dysfunction. This approach is wrong, adding further burdens and causing greater pain within the community and to individuals. "Aboriginal men have been targeted as if they were the only perpetrators of child sexual abuse in communities. This is inaccurate and has resulted in unfair shaming, and consequent further disempowerment, of Aboriginal men as a whole" [Anderson & Wild. Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007:57]. As this paper will illustrate Aboriginal males are conscious of their role in positively shaping their health and that of their families and their communities.

The Organisation

Central Australian Aboriginal Congress (established 1973), was created as the political voice of Aboriginal people in central Australia. Over time it has developed to be a leading exponent of comprehensive primary health care, providing a broad range of services, promotive, preventative, curative and rehabilitative.

Congress Aboriginal Male Health Branch

Congress was founded through the active agency of Aboriginal men and women from central Australia. In its formative years senior Aboriginal men as well as younger Aboriginal males took many leading roles in the organisations development, governance and service delivery, thus setting the standard of Aboriginal male commitment to individual and community health that is being pursued today by the Congress Male Health Branch. The Congress Male health program was established in 1997. For many years its funding was through narrowly targeted Commonwealth Health (OATSIH), there were only two staff (Co-ordinator and Aboriginal Health Worker) and its premises were situated within the larger general clinic. During this time the program struggled to meet the broader health needs of the Aboriginal male population. The stigma attached to the program because its core funded function was for STI screening caused many males to avoid the service. Its setting within the clinic meant that many males didn't feel comfortable for cultural reasons to access the service where women were present both as reception staff and in the waiting areas. Due to these factors and the associated cultural protocols and the limited funding, the program staff found it difficult to have adequate contacts to deal with the complex issues that were affecting males in the community.

In 2002, male Cabinet members began meeting regularly as a reference group to the program. After implementing recommendations regarding the establishment of a male only health clinic (2003), the Congress Cabinet funded the program to undertake a comprehensive consultation project, to establish the health needs of the Alice Springs Aboriginal male community. This project lasted eighteen months. After many consultations it produced a list of priorities to assist in making positive changes to the program to address male health.

What Alice Springs Aboriginal males think and say about health

From the community consultations, Aboriginal males identified a priority list of the issues that they saw having the most impact upon their health, these were:

1. Substance Abuse: Grog, cannabis and sniffing,
2. Access, cultural / gender appropriateness and privacy,
3. Health Education and Compliance,
4. Violence and family breakdown,
5. Environmental health,
6. Suicide, self harm and mental health,
7. Sexual Health,
8. Youth issues, parenting and youth activities,
9. Employment,
10. Nutrition and,
11. Chronic Diseases, especially diabetes and heart disease.

In addition the males identified to the project members the types of support they needed to take a more active role in health promotion. We found that males do want to take responsibility but often don't understand:

- How to make themselves well,
- White fella law on age of consent, domestic violence, traditional marriage to young girls,
- How they can work with white fellas to stop our people from getting sick with the grog,
- How to stop being angry when they are mixed up through being taken away from our families,
- How to make behavioural changes when they get released from jail cause they don't help us in the big house,
- Where they can go to get away from family when they are hassling, cause we often don't want to fight but have no where to go but the pub.

As well, men were quite clear about what sort of support they needed in order to overcome these blockages to address their identified issues.

- They told us it is hard to sit down and listen to education and concentrate on learning when they are hungry,
- They said education is important but there should be an Aboriginal Co-facilitator as often English is a 2nd, 3rd or 4th language for them,
- They told us they learn by seeing and talking rather than from books
- That education should be through group discussions,
- They would like to learn to eat well but often haven't got access to cooking facilities,
- They want to be healthy but that there should be a male doctor for Adult Health Checks on males.

Congress organised an Aboriginal Male Health Summit (Ross River, July 2008) which was attended by over 400 Aboriginal males. Workshop topics at the Summit were drawn from issues raised by the many hundred Aboriginal males who had been attending regular Monday morning drop-in sessions held at the Male Health Centre in the previous year. These were:

- Children are our future,
- Domestic violence: Whitefella law- black fella law,
- Pornography/sexuality,
- Male Wellbeing (health): Health a role in prevention-prevention is better than cure,
- Grog and other substance abuse,
- Environmental health: housing/communities,
- Education/ employment/income/business,
- Aboriginal culture/ leadership/ role of males in the future.

What is Aboriginal Male Health? More than the body parts approach

From these extensive consultations it is clear that these Aboriginal males see their health as formed by a complex set of social, behavioural and genetic factors. This is not a narrowly defined biomedical view of health. Male health has often been

narrowly defined- the biomedical (body parts) approach. While particular illnesses and diseases or other physical health concerns are included in the issues raised, they are not the only defining sense of health or wellbeing for these men- they do not define their distinctive health needs around their prostate. Nor is health status an individualised issue. Aboriginal males locate their health within complex social relationships, between each other, to their families and within the broader socio-political context of their communities [Inteyerrkwe Statement Ross River Male Health Summit 2008- attached].

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2. Health status is not an individualised issue. Aboriginal males locate their health within complex social relationships, between each other, to their families and within the broader socio-political context of their communities.

Empowering Policy vs. Reactive Control

Congress has responded positively to the outcomes of this research. This has been most evident in structural terms and through the scope of service delivery. The establishment of a male only clinic has been enhanced with a move to a slightly larger and more private premise, an old house where a greater range of services can be considered, although it is still overcrowded stressing its aged infrastructure. A greater range of services are now provided on a regular basis, these include:

- Male Adult health checks and support for healthy lifestyle changes.
- Education, presentation and demonstration sessions- held every Monday morning covering healthy food and cooking, domestic violence, safe driving, legal issues, fatherhood and social and emotional wellbeing.
- Psychologist and Counselling services.
- Sexual health screening, treatment, education, index and contact tracing.
- GP services (two sessions per week)
- Rehabilitation of sex offenders
- Access to personal hygiene facilities, showers, toilets and washing machines
- Drop in facility, tea and coffee and food, chance to sit and talk with other men socially and pay musical instruments etc.
- Men's groups
- Access to appropriate Aboriginal male staff who can deal with cultural issues arising within the program setting.

There has been a concomitant growth in program staff from the one Co-ordinator and one Aboriginal health worker, funded from Commonwealth Health (OATSIH) in 1997. Today it is staffed by: a Branch Manager, Aboriginal Liaison Officer, Male nurse, Psychologists including a Sexual Offender Coordinator, Community Development Officer (3 days) and Consultant cultural brokers (1.5 days). It is a separate Congress Branch with a cultural advisory group.

Funding comes from a range of sources including the NT Dept Health Families & Corrections, the Commonwealth Departments of Health and Ageing- Office of Aboriginal & Torres Strait Islander Heath & FaHCSIA, as well as core funding from Congress.

The men's responses to these new services have been dramatic. For example through providing access to a male doctor for Adult Health Checks (one session per week) in 2008 there were 2063 episodes of care provided to 598 unique males with a third of males from bush communities, 376 individual males had a completed Adult health check. More than half were under 35 years of age; this is addressing the gap that existed in young men's access to Congress. The Monday morning health and education sessions are regularly attended by over 50 males, with on average 6 receiving completed AHC during these mornings.

The service has taken a supportive approach to men's health and has consciously moved the focus away from the stigmatising limitations of its earlier health funding setting. This has occurred against a background of considerable social vilification of Aboriginal males following the sensationalist responses to the 'Little Children Are Sacred' Report and the subsequent posturing that lead to the Commonwealth Government's Northern Territory Emergency Response or the Intervention as it is known. In fact the services counter-response of holding the Ross River Aboriginal Male Health Summit has been hailed as important part of the process of male healing to these pressures. [Dodson, Reconciliation Australia to Liddle July 2008]. These impressive changes in health seeking behaviour have occurred due to the positive approach of the service to supporting their brothers. This approach has been successful to date because it has had two important characteristics. Firstly the Congress Male Health program has sought to empower men to address their health issues, and secondly it has taken a broadly based view of health, attempting to incorporate and address the social determinants of men's health as well as providing curative health care.

However this approach is hampered by two persistent and inter-related approaches to Aboriginal males and health service provision. The first has already been touched upon, and that is the reductionist view that often focuses on biomedical views of health. Whether body part orientated or disease orientated, this view drives a narrowly defined or siloed approach to health service funding. This limits programs from being able to develop long-term and sustainable holistic health provision, which has the capacity to address complex social and relationships, based health needs. As this holistic view is the manner in which many men perceive their health, these narrowly focused programs, frustrate efforts to engage males in health programs. The second barrier to successful health service provision to Aboriginal males lies in the negative context that most funding for non-biomedical services is framed. Program funding is available for violence and anger management, rehabilitation of sex offenders, sexually transmitted infections, alcohol and drug services and prisoners. Whilst not denying that Aboriginal males are represented in all these categories- sometimes over represented, when these are the predominant representations of Aboriginal males in health policy and program funding, then an incredibly disempowering message is sent to that population of how they are viewed by the rest of society- or at least its decision makers. There needs to be a greater emphasis on positive male health programming that supports males taking positive action to strengthen and support one another. The acceptance of the role of men's sheds and father/uncle and son/nephew programs is a welcomed small move in that direction. However in Aboriginal male health there is considerable ground for policy shift on the issue of supporting initiatives that provide positively framed programs for Aboriginal males.

3. Aboriginal Male need male only services, this means exclusive use of male only premises, with only Male staff.

4. Aboriginal males need access to appropriate Aboriginal male staff who can deal with cultural issues arising within the program setting.

5. Aboriginal males will engage with appropriate health services and will utilise these services for health checks and screening programs.

6. Funding for Aboriginal male health services needs to support broad based health interventions that deal with holistic views of health this includes being funded to address social determinants of health issues.

7. Narrowly focused programs, frustrate efforts to engage males in health programs.

8. In Aboriginal male health policy and program support there is considerable ground for policy shift on the issue of supporting initiatives that provide positively framed programs for Aboriginal males.

A comprehensive approach requires comprehensive health services

One of the strengths of the Congress Male Health Branch has been its development within an Aboriginal community-controlled comprehensive primary health care (CPHC) service. The elected governing body of Congress- the Cabinet comprised of Aboriginal men and women from across central Australia has provided considerable support to the program. The male members of Cabinet formed a reference group that has supported the program staff, Cabinet funded the 18 month community consultation and has consistently supported providing core funding for the service's growth and development. Being part of a larger CPHC the Male Health Branch has been able to access a range of resource backing that would be beyond the reach of a stand alone service. These include: access to GPs and other allied health staff, Human Resource, Administration and Finance services, health service program planning and evaluation, and the support of health policy advocacy directly from Congress and through it, that of the federation Aboriginal Medical Services Alliance of the N.T. Because of Congress's commitment to address social determinants as well as medical health issues, the Male Health Branch has had financial and policy support to pursue a broad health agenda that narrowly defined health service provision of funding bodies may have stifled.

9. Aboriginal male health programs should be located in Aboriginal community-controlled primary health care services which can provide the necessary community support and structural and policy support.

Attachment

Inteyerrkwe Statement

"We the Aboriginal males from Central Australia and our visitor brothers from around Australia gathered at Inteyerrkwe in July 2008 to develop strategies to ensure our future roles as husbands, grandfathers, fathers, uncles, nephews, brothers, grandsons, and sons in caring for our children in a safe family environment that will lead to a happier, longer life that reflects opportunities experienced by the wider community.

"We acknowledge and say sorry for the hurt, pain and suffering caused by Aboriginal males to our wives, to our children, to our mothers, to our grandmothers, to our granddaughters, to our aunties, to our nieces and to our sisters.

"We also acknowledge that we need the love and support of our Aboriginal women to help us move forward."

Speech John Liddle Male Health Manager

I would like to commence by paying my respects to the Eastern Arrernte people and their ancestors on whose lands we meet.

And, on behalf of the Aboriginal men here today, I welcome all our visitors to the 2008 Central Australian Aboriginal Congress Male Health Summit.

I give recognition to the Aboriginal males who have come together over the last three days working together to demonstrate their commitment to making their communities better places.

I also thank all those Aboriginal and non-Aboriginal people, who have given their time to ensure that this Summit has been so successful.

My thanks also to Arrernte Workforce Solutions for organising all the site catering and logistics

Aboriginal men from across central Australia have come to Ross River to express their support for their brothers in the Northern Territory, following the roll out of the Federal Intervention a year ago.

This includes Aboriginal men from Cape York in Queensland, Mt Isa, the central coast of New South Wales, Albany in Western Australia, and Adelaide in South Australia.

In total nearly 400 Aboriginal men have travelled to this place to discuss the health of themselves, their families and their communities.

I would also like to give recognition to Office of Aboriginal and Torres Strait Islander Health for funding the Summit.

There are many reasons why we held this Summit. I am conscious that we are not the first gathering of Aboriginal males to meet at Ross River to discuss male health - we may not be the last.

There has been over a decade of work by Aboriginal men to establish male health in the policy debates, but as I will outline later I feel we now need to move beyond the policy struggle to implementing the vision.

Nor can we, nor do we want to, ignore the “Little Children are Sacred” report’s findings and recommendations.

Many of us contributed our feelings and ideas to the Inquiry co-chairs Pat Anderson and Rex Wild (and I thank Rex for coming and joining us at this Summit).

Here I remind you what Rex and Pat said: “Aboriginal men have been targeted as if they were the only perpetrators of child sexual abuse in communities.”

They confirmed that: “This is inaccurate and has resulted in unfair shaming, and consequent further disempowerment, of Aboriginal men as a whole”.

The Commonwealth Government’s Northern Territory Emergency Response or the Intervention as it is known, has also loomed large in our lives.

While some provisions, most notably additional, long sought after financing in our communities, are welcome, other aspects of the package have had mixed impacts, sometimes creating more disempowerment, sometimes creating opportunities for social and emotional breathing space.

But I would like to say that this Summit is really an outcome of the discussions that have occurred with Aboriginal males who have attended our Congress Male Health Service in Alice Springs over the last couple of years, particularly those who have attended and participated in our discussion and information sessions to move beyond the frustrations of being scapegoated and blamed for all the ills in our communities.

As one participant said to me, “Not all men are bastards!”

Congress agrees, and has seen many men come into our service, a unique service for Aboriginal males in Central Australia, and confront their own problems and those of their community.

We have seen what a difference a responsive community-controlled service can make in people taking control of their lives.

That is what this Summit has been about, Aboriginal males taking control, not being given it, not having it forced upon them, but willingly taking up the difficult challenges that confront us all.

Our struggles have aspects that are at times unique to us as Aboriginal people in this country but also sometimes have things in common with other males in the Australian society.

Patrick Dodson has been quoted that: “There has been a process of undermining the role and status of Aboriginal men within our society since the early days of Australia’s colonisation and continuing in recent commentary around the Northern Territory Intervention”.

When you add to this the rapid changes in the role of males within that colonising society and the consequent dislocation of non-Aboriginal males and their struggle to define new self-images, it is no wonder that Aboriginal males may struggle to make sense of the contemporary world.

And if those critical views of us as Aboriginal males are expressed with no effort to understand our cultural values, or the pressures caused by the colonial relationships and contemporary social transformations, then we become alienated from this society.

This alienation is at the core of the struggle for male health and wellbeing, as it acts to debase men, stripping away their dignity and the meaning in their lives. We therefore need to confront these social relationships that shape our health.

This does not excuse inappropriate behaviour, but I believe may help explain our silences about the behaviour of those we know to be doing wrong.

This Summit is about reversing these imposed images of the dis-empowered Aboriginal male.

In doing so it draws upon the strengths of male culture as it still exists in our community and it draws upon the heritage of the many Aboriginal men and women who took control and established our community-controlled organisations over thirty years ago.

This change commences with the recognition that we are seeking our path as men, in two worlds, our Aboriginal culture and the broader Australian culture.

We know those men that we need to emulate and learn from in our culture; and we will work with our young males and male children to strengthen these cultural connections.

Our culture is a dynamic one that will meet challenges. As Summit participants we have pledged this to our communities.

We also know that to walk in the broader community as equals we must be organised and have a strong program and a willingness to pursue it. This is essential.

We can't ask others to do our work and we can't expect that our demands will be easily met. Many vital reforms flounder in their execution. Lets remember that it was nine years ago that the Learning Lessons report was written, seventeen years since the publication of the Royal Commission Into Aboriginal Deaths In Custody final report and we are close to the 20th anniversary of the National Aboriginal Health Strategy.

Our task is to ensure that what we seek is within our power to pursue and achieve.

That doesn't mean we don't seek additional commitments from governments, but that we can, as they say in government 'apply the blow torch' to get the outcomes we want.

Our first task is to ensure that Aboriginal male health is understood as our wellbeing.

In addition to notions of personal confidence and resilience, our wellbeing is intimately and inextricably placed in our cultural relationships with each other, our communities and our social interactions and status.

Therefore it is about the social relationships of our health.

The stories that we have shared in the last few days illustrate our state of health, and they can't be broken down into body parts.

Do this and you keep undoing us, and you break us down as well.

For Aboriginal males to work on their health issues they need safe places to explore their health. We need more Aboriginal male health services like Congress, that deal with all aspects of our health, that have a community development role, that deal with the social relationships of our health.

These centres must be staffed with males; both Aboriginal and non-Aboriginal who wish to work in this community development, or holistic primary health care framework.

We need to initiate actions and work with our women, to re-invigorate the health and wellbeing of our communities. There have been many proposals for concrete action on this at this Summit.

We have defined roles and talked about the necessary support needed that will allow more males to participate as fathers, uncles, brothers and sons in providing a safe and supportive environment for our children (and other members of our communities) to live happier, healthier and longer lives.

For us to achieve this we want all levels of government to empower our communities and to work in partnership with our traditional and cultural decision-making structures and processes.

Out of the hundreds of ideas that have been discussed and developed over the last three days at Ross River, some of the key recommendations that have come out of this forum are as follows:

1. Establishment of community-based violence prevention programs, including programs specific to Aboriginal men.

2. Establishment of places of healing for Aboriginal men, including men's shelters/'sheds', short term 'drying out' places for men, and more resources for long-term rehabilitation of Aboriginal men with alcohol and other drug problems, preferably within their own community.

Also 'half-way' houses to either give 'time out' or time to move slowly back into work/family/training, preferably to be run by Aboriginal men.

3. Tax-free status for three years for identified communities for Aboriginal and non-Aboriginal professionals to attract much-needed doctors, health workers, teachers and police. Also incentives to employ Aboriginal people in similar positions.

4. Building the capacity of Aboriginal men in literacy and numeracy to access locally-based jobs, and better support for establishing local Aboriginal-controlled businesses to tap into the minerals boom, agriculture, aquaculture or whatever business activity is relevant to their traditional country. Also the linking of education and training to locally-based employment.

5. ‘Unfinished business’ – This Summit calls on the Federal Government and the Northern Territory Government to respond to its final report within three months (by the end of September, 2008).

This is only a snapshot of the findings of many hours of discussion in the last days. The facilitators will enlarge upon these after morning tea,

And finally, and most importantly, the Aboriginal men attending this summit would like to take this opportunity to make a very important statement.

(Presentation of Inteyerrkwe Statement)
(Pronounced In–eke-wa)

For Further Information Contact

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