ABORIGINAL "MENTAL HEALTH" AND COMMUNITY DEVELOPMENT

SUMMARY [2 MARCH 1988]

1. The measurable indices of the physical ill-health of Aborigines are well-known. **Some** of the indices of what some call "mental" ill-health, are also well-known. These include wide-spread substance abuse, especially alcohol abuse and petrol sniffing. Recently, suicides have received publicity and the evidence suggests that suicide and other forms of self-destructive behaviour are common. Less visible are depression, despair and feelings of hopelessness or helplessness. The first eight pages of this paper [Section I] depict the present state of "mental health" amongst Australian Aborigines.

2. In pages 8 to 13 [Section II] I examine the historical causes of the gruesome picture painted in Section I. I argue that "the problem" can not even be **stated** without reference to its origins and it certainly can not be "solved" without an historical conceptualization.

3 In Section III (PP.13-18) I analyze the failure of Government policy in the last 15 years to make a real impact on Aboriginal well-being; feelings of despair, powerlessness and depression are still wide-spread as are the more obvious signs of ill-health.

4. In Section IV (PP. 18-23) I make a number of recommendations for a recovery:

   The starting point is an analysis that considers the whole person, their experiences in the wider society and the history of that society. "Health" (including "mental health") can not be extracted from social, cultural, economic and political processes and treated in isolation. Therefore every program administered by Government and every project submitted by Aboriginal organisations and communities for funding must be assessed in terms of their potential effects on the "complete physical, mental and social wellbeing" of Aboriginal people (W.H.O. definition of health).

   I therefore outline the following program of recovery:

   (a) The first priority is education of the Australian public, including those who administer programs (PP. 18-19);

   (b) The second priority is a negotiated settlement. The reasons for this are outlined on pages 19 to 20;

   (c) Built into the settlement would be a time-table for the cessation of special programs of assistance to Aborigines.

   (d) In the meantime all programs designed to support the capacity of Aborigines to run their own lives and be independent and self-reliant should continue, with

some new ones (such as the Cawte proposal) added (these programs are mentioned on PP.20-21).

5. On P.17 I support the proposal, by Professor John Cawte, to establish a program to train Aboriginal Health Workers as "healers" or "Mental Health Workers" on the Townsville model ("Behavioural Health Technicians"). However, in preference to Psychiatrists (even trans-cultural Psychiatrists), I propose multi-disciplinary teams of psychiatrists, psychologists, sociologists and anthropologists.

   Further, on PP.21-23, I propose that this scheme be incorporated into a more extensive "community development" model (similar to the "Primary Health Care" conception). Appendices 1 and 2 outline the concept further.

   The basis for this approach is that "mental health" involves, fundamentally, the ability to shape one's own life, to control the circumstances in which one lives, to be an active participant in life rather than passive. This is true at both the individual and community levels.

   I recommend (P. 22) that the Reverend B A Clarke, of the Uniting Church, be invited to undertake a consultancy with the Commonwealth Government, to assist in the development of this proposal.

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March 1988

ABORIGINAL "MENTAL HEALTH": "COMMUNITY DEVELOPMENT" REARS ITS UGLY HEAD

I. INTRODUCTION: THE "PROBLEM"

The term "mental health" is not a popular one amongst Aborigines. And "mental illness" fares even worse. This should surprise no-one. Aborigines have been denigrated and discriminated against for so long that their first instinct is suspicion. So, right at the very start of this paper, I would like to lay the terminological issue to rest. I shall deal with those issues that are normally tackled under the heading of "mental health" but I will avoid using the term, as well as its counterpart, "mental illness", unless necessary, and with quotation marks.

Instead, let us look at what no-one would question:

- the average Aboriginal life expectancy at birth is 20 years less than that for other Australians;
- Aboriginal infant mortality, while improving, is still nearly three times that for non-Aboriginal Australians;
- 32 per cent of Aboriginal children aged 0-9, as against 1.6 per cent of non-Aboriginal children, have some form of trachoma;
- Aboriginal unemployment is six times the national average;
- on average, Aborigines earn only half the income of other Australians;
- a large proportion of Aboriginal families live in sub-standard housing or temporary shelter; and
- Aboriginal imprisonment rates are up to 20 times higher than those for other Australians.

These statistics are cited so often they have become almost boring. In addition, Aborigines have a significantly higher incidence of tuberculosis (TB), hepatitis B, heart disease, diabetes, respiratory diseases (such as pneumonia and chronic lung diseases) ear infections, skin diseases, rheumatic fever, renal disease, sexually transmitted diseases (STDs), malnutrition and substance abuse, especially the abuse of alcohol.

The list is almost endless. Currently we are witnessing the Royal Commission into Aboriginal deaths in custody. We suspect, with Professor John Cawte, that the spate of deaths

in custody is no more than the tip of an iceberg. But of course, we do not know this. It is mere conjecture. Let me cite some more boring - but possibly less well-known facts:

On reserves in North Queensland the homicide rate is four times greater than the U.S., ten times the Australian average and twenty-eight times the rate in the UK. Furthermore, Aboriginal people on these reserves are killing those they love - their nearest relations - and themselves. The rate of reported assault, including grievous bodily harm, unlawful wounding and bodily harm, is about seven times the State average. Yet a Queensland sociologist has suggested that the reported cases represent less than 10% of the **actual** cases of assault.

There are some other, not-so-well-known (and unquantified) matters. An Aboriginal research worker from the University of Queensland related the following at a conference in July, 1980:

> "*There is the experience of a friend of mine. She was boarding with a working unmarried mother who had this small child who needed to go to the doctor. He was about four, so she said to the working mother, 'Don't you miss work, I will take the child to the doctor'. When it came time to take the small child to the doctor, he would not go. Now this friend of mine is not used to children, so she tried all sorts of bribes. She bought him lollies, ice creams - probably making him sicker than what he was, but he still would not go. So in the end she got really frustrated and angry and she said, 'Why won't you go?' He said, 'I am not going to go to a black doctor' (She was going to take him to the Aboriginal Medical Clinic). She said, 'But you're black'. He said, 'I am not - look at my legs.' He thought that his legs were the whitest part of his body. It was only when she had convinced him that he was not going to see a black doctor, that he would see a white doctor, he agreed to go.*
>
> *In my research I have come across people who told me that when they went to school they used to try to scrub their skins white. It is a common story. A black friend of mine is married to a white guy. She had a daughter before they were married and the child was black. My friend became pregnant. She told the daughter, 'You are going to have a little baby brother or baby sister'. The daughter said, 'Oh mummy isn't that wonderful. Will the baby be normal and not black like me?'* (***Aboriginals and mental health***, pp. 69-70).

Let us look at a few more examples of the reality experienced by Aboriginal people in the second half of the twentieth century. What follows comes direct from the mouths of Aboriginal Health Workers (AHWs) from all parts of Australia [from the journal ***Aboriginals and mental health*****]**:

Case 1 (Queensland)

"*A young woman made several attempts on her life, but only disfigured herself. At first she cut her arms with razor blades. While in hospital for this, she took an overdose of Valium pills and then she slashed her wrists. On discharge from hospital she poured petrol over herself and set herself alight. She was again saved but the scars disfigure her.*

She has heavy responsibilities at home. When her grandmother died, her mother ran away with her twin daughters to join their father. Our patient tried to look after the remaining brothers and sisters but was generally upset because the house was so dirty. Although she filled the role of mother, an aunt blamed her when the grandmother died. She felt guilty over the mother's leaving home, and her grandmother's death. She was very lonely and became obsessed with cleanliness and working to keep the house tidy. Her sister had killed herself a few years before this by setting herself alight, and now she is trying to follow her since she could not manage her life any longer."

Case 2 (Queensland)

"*A teenage girl was distressed because her mother was always drunk. She decided to take her mother's sedative pills. She was taken to hospital, unconscious, but in time to be saved.*

There is no father in this family. The mother cannot face the loneliness of living by herself, of the stress of rearing a family alone. She always pops pills, and drinks alcohol. She goes to hotels to meet men. On one of these occasions she tried to commit suicide.

The daughter tried to take over the housework from the mother who was not coping or doing anything constructive. The children were hard to manage. When she could no longer stand to see her mother in a drunken state, she took her overdose."

Case 3 (NSW)

"This woman is married to a white man but she maintains her ties with her own family. She uses alcohol quite heavily. Recently she was deserted by her husband. She felt rejected and became very depressed. After she attempted suicide she was supported by her family for a while, and a counsellor helped a little. Unfortunately she continues to live in a stressed family with an alcoholic environment.

She comes from a large family with a tragic history of self-inflicted death, if not actual suicide. Her parents were both alcoholics. Her father and brother were each killed in separate car accidents due to drinking. Another brother drowned himself. Her mother, after a de facto alcoholic relationship, died of alcoholism. Her younger sister is in an institution, in need of care"

Case 4 (South Australia)

"In five years:

Maggie shot her daughter after her de facto shot himself. Now she is serving life. She said that she didn't want her daughter to have her problems.

Jane hanged herself in the bathroom after her de facto was killed in a car accident, on the day she should have got her dole cheque.

Bill blew his brains out at Gerard Reserve.

Eddy, known to be deeply depressed, cut his wrists and died in Adelaide jail.

Pam slashed her wrists in the Adelaide Hospital; she is now serving three years.

Polly, adopted by a white family, slashed her wrists when she saw her drunken mother for the first time. She may do it again.

Harry waited on Morphett Street Bridge for a train to jump in front of; the peal of the bells from St Peter's Cathedral stopped him from jumping. He thought it was heaven's music and that he had died.

Thirty children in Adelaide sniff glue because they say marihuana is too expensive.

Tom, a young boy, died from sniffing at Gerard last year."

On the one hand, the rate of **recorded** suicides amongst Aborigines [1967-1988] is low. The conviction amongst Aborigines is that it is extremely high. An Aboriginal woman told a Brisbane conference in 1980:

"*In urban society mental stress and strain among blacks has really skyrocketed. This is my opinion and I do not have any statistics or any figures to back up what I am saying . . . I can name at least five people that I grew up with who have committed suicide. I can give you their names, I can tell you where their families live, I can tell you a whole case history, a family history for those people. If I thought about it longer, I could find more, and I think that any one person in any*

one society can make that sort of statement" (***Aboriginals and mental health***, P.69).

The previous year, a conference in Sydney was told, by virtually every Aboriginal speaker, that **suicide was wide-spread, and under-reported.** I quote from the ***Aboriginal Health Worker***, ***Special Issue, No 2, November, 1979***:

"Two brothers in the same family committed suicide, ten years apart. Each one hanged himself in prison. There were eleven children in that family. Father is an alcoholic, and mother is so jealous of him that she never seemed to have time for the children. The family suffers hardships and depends on handouts. The younger brother turned to stealing and was given two years in jail. There he did just what his elder brother did, and hanged himself.

One delegate said that suicide is very common among Aborigines but that it is usually put down to accidents, to hush it up. This is not a kindness to us, he felt, but a devious ploy to deprive us of mental health services. People like to say that Aborigines are not prone to depression or suicide. It is a ploy to cheat us out of mental health services.

Delegates were generally agreed that there is a cover up. They cited many examples of suicide in the last year which had been wrongly put down to 'accidental death'. A 23 year old Aboriginal man died from cutting his wrist in Fitzroy last week, and it was called 'accidental death'. An Aboriginal man at Murray Bridge spoke of suicide and then soon after died at high speed in his car, running off the highway: 'accidental death'. A full-blood teacher this year in the Northern Territory spoke of killing himself, and then did so by drinking the school's duplicator fluid: 'accidental death'. Every family at Lakes Entrance has lost a member who 'while drunk, lay on a highway or fell off a bridge': 'accidental death'.

While Aborigines are 'protected' in this way from the truth, there will be no service or counselling. It was also observed that some Aborigines deliberately drink themselves to death. The attitude is that they'd rather be dead than living this way; it is a form of slow suicide, yet the death is put down to pneumonia or other illness".

And again:

"*Aboriginal suicide is much commoner than most people want to believe. It was so frequently mentioned during this Conference, with so many recent instances, that the delegates started to refer to it as 'The black Death'.*

> *There is an urgent need to train Aboriginal mental health workers to recognise would-be suicides and to persevere with help and support. One speaker from Queensland told of four cases known to him last year, three from drug overdoses and one from wrist slashing. The NSW delegate spoke of a double suicide this year; the wife killed herself from despair and futility of life, and her husband followed a week after. Other speakers had stories to tell about suicide and the failure to recognise the risk of severe depression and potential suicide.* ***Many self-inflicted deaths by overdose, drowning, or mishap, are recorded as accidental deaths. Only when it cannot be avoided (eg hanging in a police cell) is a suicide properly recorded.***"

To summarize what I believe to be the situation, I will call on Neville Bonner to speak for me. In 1980, when he was a Queensland Senator, he said:

"*The strangling tentacles of mental or emotional or psychological despair reach out to enfold each and every - and I repeat,* ***every*** *- Aborigine and Islander in this nation."*

Quite a statement, from someone who probably knows. Amongst Aborigines, at least, there is not a great deal of argument over this.

And it is easy to forget that there can be a great deal of "quiet" suffering, suffering that goes unnoticed simply because the person concerned chooses not to call attention to themselves - or because they have forgotten how, or because they have learned that it is futile. This can manifest as apathy, as listlessness, lack of motivation, or even as simple boredom. The outsider does not know the "inside" story.

I would go so far as to say that the real guts of the issue lies in **this** sphere, below the surface. We can quantify alcohol consumption, or the rate of petrol sniffing, or violence or suicide, or the rate of physical illness, or the rate of unemployment or educational achievement - the list of **indicators** of the health of Aborigines (in the broadest sense) is endless. But that is all they are. Indicators. Indices of ill-health. **Suggestions that** . . . Pointers **to** . . . To what? **They are symptoms of an underlying malaise which are not at all understood by the Australian public and only paid lip service to by Government departments.**

In this paper I will give the historical background to the present situation. A background that seems to bore some people, who say: "We are sick of the past being thrown up at us all the time". Interestingly, Aboriginal people rarely say that. It seems to be one of the few things on which Aborigines throughout Australia agree. Indeed, I would argue that an understanding of the past is a necessary condition for the re-generation of Aboriginal society - for what some would call Aboriginal "mental health".

And I am not alone. Let me quote Lila Watson, an Aboriginal researcher in the Department of Social Work at the University of Queensland:

"Aboriginal people have been denied their place in the history of this country. The history that has been taught and is being taught to our children is the history and exploits of 'White Australia'. Whites have invented many myths and told countless lies about blacks, and now blacks must be about the business of exploding those myths and exposing the truth about our history and ourselves. In the past, Aboriginal people were required to deny their history and affirm those European values responsible for the enslavement of our intellect. Our enslavement on reserves, enslavement to their Christianity, to their education systems, in their hospitals and mental clinics, in prisons, but still we have managed to survive despite the crippling blows of 'White Australia'.

White supremacy of the past has contributed to their arrogance in the present. So it is necessary for us to have a better knowledge of the past in order that we may understand the present and be better prepared for the future. Our major response to colonial invasion by any indigenous people throughout the world has been guerrilla warfare. Aboriginal people in Australia were no exception. Only it has been a well hidden factor in the written history of this country. We can no longer accept the white myths of the past that minimise the actions of our forebears in defending our country from the first colonial invaders. Our ancestors fought as best they could with what arms they possessed then, and if the echoes of their struggle have not resounded in the history books of this country, then it is about time we realised the reason for this silence. White Australians owe their very existence, that is their property, to the colonial system. The battle that Aboriginal people have fought for land in Australia has had no legitimate existence in the eyes of past Governments and, therefore, the special quality of deeds carried out by Aborigines in battle for ownership of their land has been deliberately ignored. Aboriginal resistance and guerrilla warfare bands, when captured, were branded as common criminals as well as savages, treacherous, cunning animals and not the heroes that they were recognised and legitimised as being in the eyes of Aboriginal Australia.

White supremacy has served as the defining characteristics of colonialism where ever it has occurred throughout the world. Aboriginal people in Australia have been defined only in relation to white people or what is white. In the past it has been white power that has had the power of definition. Power of definition through the English language, the written word, the news media and so on, and, of course, the power of control over those resources (I am of the opinion that it no longer matters what whites think of blacks. That is my personal opinion, that little bit).

The important thing for Aboriginal people is what we think and create of ourselves. Blacks will make sure that the white lies and the racist myths will die in the communities that created them because we can no longer live out the definitions created for us by whites. Blacks must redefine themselves and prepare themselves to move in the direction of the definition of blackness that is spawned in the context of

> *Black Liberation from domination. That is my address to blacks" (**Aboriginals and Mental Health, July, 1980, pp.67-8***).

Powerful stuff!

So, first, the historical background. Then, recommendations for future policy and, even more important, future action.

II. A BRIEF HISTORY OF RACE RELATIONS, 1788 TO THE 1960s:

It is generally agreed that Aborigines had lived on this continent for 40,000 to 50,000 years and that, at the time of European settlement there were some 300,000 people living here. There were some 500 different tribes, each speaking its own language and each with a clearly defined area of land to which they belonged. The populations of the tribes ranged from 100 to 1500, but averaged about 600. Tribes were generally divided into much smaller "sub-tribes" or "clans" or "hordes". Clans consisted of between 20 and 50 people who lived together in one camp and shared a common life. The clan was the primary land owning group; each had its own specific territory which they regarded as theirs. Each group was independent and autonomous, managing its own affairs. The members of a clan were closely related, consisting of male members of a local descent group, the man's wife and his unmarried daughters and uninitiated sons.

Marriage was strictly regulated. People within a clan could only marry **outside** the clan, but within the same tribe. Each clan functioned as a hunting and food-gathering unit. There was a system of **totemism**, which ensured that both animals and plants were conserved. Strict rules ensured that food would never run out. Territories were marked in such a way that there was food for all, so that in the sparse areas of the centre the territories were much larger than on the coast.

The concept of "belonging" was central. Aborigines of a given tribe **belonged** to the land they occupied. Clans **within** a tribe **belonged** to the land **they** occupied. The whole system of beliefs was infused with spiritual significance; their spirits came from the land to which they belonged and returned there with death. There was no point in fighting over land because another tribe's land was useless to them. When an individual or group **did** trespass this was serious and one of the few causes for wars. But even wars were settled quickly and amicably with minimal death and injury.

The evidence from a variety of sources is that there was little conflict, little violence and a high level of health.

Amongst the earliest records are those of Captain Cook, who sailed along the east Coast in 1770 (18 years before settlement) and wrote in his journal:

> "*They may appear to some to be the most wretched people on earth, but in reality they are far happier than we Europeans . . . They live in a tranquillity which is not disturbed by the distinction between rich and poor . . . Their features are far from disagreeable and their voices soft and turnable . . . They bear themselves erect and address you with confidence, always with good humour and often with grace*" (cited in Geoffrey Blomfield, ***Baal Belbora: the end of the dancing*****, 1981**).

An early settler [in the Macleay Valley, on the mid-north coast of New South Wales] wrote:

> "*I speak only briefly of some of their leading characteristics, especially as we first knew them . . . I have seen many men in the olden time whose physiques we might well envy. In their bearing the men often walk with great dignity and an air of singular independence, ease and grace. They use their native weapons with great skill, and their aptitude in the use of implements to which they have not been accustomed is remarkable . . . In intelligence, I have found them perceptive, enquiring and quick to apprehend and apply what is to be acquired, often much more readily than some of our own people. Like most savages they are superstitious. I have found them very hospitable, and intuitively polite, often to a degree that would put some of our boasted civilization to blush . . . In their quarrels amongst themselves they are open, manly and fair, as I have often observed. In their differences with the whites, the fault, I think, generally originates with the latter - the blacks usually see their worst side, the very worst in the very early sawyer cedar cutting days and are, or were, often dishonourably and unfairly treated by them, besides having their social ties grossly outraged - which has often been the cause of trouble.*
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> *If honourably treated and fairly in every way I believe them, as a rule, a very harmless people, having always found them so. I have often been completely in their power and have never been molested by them. The blacks about us were always well and fairly treated and, in return, we almost invariably found them trustful and confiding and I shall always treasure their memory, and regard their fate with deep sympathy and regret.*
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> *I know it has been usual for writers to describe our blacks as about the lowest in the scale of civilisation on the face of the earth, a verdict, however, with which I do not at all agree."*

That description comes from Augustus Rudder, the son of the founder of the town of Kempsey, on the mid-north coast of NSW.

At the time of first contact with Europeans, Aborigines lived in small, stable, healthy communities, in harmony with nature and, generally, with one-another. A sophisticated and complex code of conduct had evolved. The rules minimised conflict between individuals - as well as between different tribes; they maximised the likelihood of babies being born healthy

(eg by regulating marriages); they ensured that the animals and plants upon which survival depended remained bountiful; they maintained basic hygiene (by moving away from their waste-products to new areas); and they had an all-embracing belief-system which gave life meaning and significance; they understood that everything in the environment had a place in the scheme of things; they had a view of where they came from, where they belonged and where they would go once they died. This ensured a high level of what we would call "mental" health and, since you cannot separate "mental" and "physical" health, it supported their physical health as well. The Aboriginal diet was high in protein, roughage and vitamins and low in fats and carbohydrates. Without any of the trappings of modern medicine, Aborigines had developed healthy dietary habits, healthy hygienic habits and a way of life which was conducive to a high level of "mental" health. Educational practices ensured that all children learned what they needed to learn to function in their society as healthy, well-adjusted, responsible people. They had drive and initiative. There was no unemployment because people were either employed in productive activities like hunting and gathering food, or in ceremonial and religious activities or in past-times like story-telling. Men, women and children, the young, the middle aged and the elderly all had their place in the scheme of things.

This came to a sudden end with the arrival of Europeans, although in different places it occurred at different times and at different rates. The history of contact is well-documented and now well-known. With superior weapons, greater numbers, better organisation and sometimes sheer treachery, the European "settlers" conquered the original inhabitants. Aborigines were shot, poisoned, hunted down and sometimes massacred. Their numbers decreased rapidly. They were introduced to a range of infectious diseases to which they had no immunity and which spread rapidly. These included measles, smallpox, tuberculosis, influenza and VD. In some areas entire communities were wiped out by these diseases (for example smallpox). Agreements were made and broken. Aboriginal people lost their hunting grounds and their fishing places - their source of food. As they were pushed further and further back, sheer hunger forced them to depend on hand-outs from the Europeans. They were introduced to sugar, white flour and, of course, to alcohol. As the "settlers" put aside areas of land for them - reserves, missions and settlements - the change to a sedentary lifestyle caused further deterioration in their health. Now, over-crowding, poor hygiene and inadequate sanitary facilities were added to the deteriorating dietary habits.

Aborigines were gathered up and forcibly moved from areas of significance to them - from their homes - into government settlements, church missions and reserves. Government stores provided foods rich in refined carbohydrates or fats, while the choice of nutritious, fresh food was almost non-existent.

With these physical relocations and changes the culture itself began to break down; old lines of authority were broken, and the rules that had governed social life often ignored or forgotten (Ken Wanganeen, Personal communication, 1987). Alcohol consumption further aided this breakdown. And, worst of all, Aboriginal people had lost their homes and had become strangers in their own country. As Neville Bonner said: "*Earth, the foundation of our*

being, was taken from us" and added: "*We learned far few of the white man's virtues and far too many of his vices*".

In part these relocations were affected to accommodate what many thought were the remnants of a dying race, the object being to provide a convenient location for the Aborigines to die in peace (Ken Wanganeen, Personal communication, 1987).

Some of the other relocations were to allow white Australians to exploit the economic resources of traditional Aboriginal lands (Ken Wanganeen, Personal communication, 1987).

The movement of Aboriginal people to these reserves and missions, particularly in South Eastern Australia, was made legal by the passage of discriminatory legislation in NSW, Victoria and South Australia. The effect of this legislation was to remove the normal civil rights of Aborigines and to create for them a condition of welfare dependency which could be characterised as subjecting Aborigines to becoming minors in the eyes of the State (Ken Wanganeen, Personal communication, 1987). Aboriginal people from different tribes, speaking different languages and having different cultural beliefs and practices were herded onto government settlements, reserves and mission stations, providing an unhealthy social environment.

The new situation led to a rapid acceleration in the disintegration of the social fabric of Aboriginal society. The new lifestyle required, and indeed demanded the abandonment of social practices which had maintained the mental and physical health of that society. Social disharmony, often manifested as violent anti-social behaviour, and the spread of infectious diseases arising from unhygienic conditions characterised these new "communities" (Were these large settlements really "communities"? Are they "communities" to-day?)

In those areas of New South Wales and Victoria where Aboriginal people successfully adapted to their new environment and began to farm the reserves successfully, for example, the north coast of NSW, the Crown reserves were usually revoked, and the land was sold or leased to white Australians.

Aboriginal initiative and enterprise, rather than being rewarded, was squashed and the Aborigines removed to either more remote or marginal land.

The creation of discriminatory legislation empowered government officials - generally police, reserve superintendents or welfare officers - to:

- force Aborigines **onto** a reserve and to refuse permission for Aborigines to leave;

- force Aborigines to **leave** a reserve or any other place (eg a town or camp);

- remove Aboriginal children from their parents and place them in special institutions or foster them out to white families; and

- to receive the wages of an Aborigine and/or terminate their employment.

The laws made it an offence to "entice" or "remove" an Aborigine, whether adults or children, from a reserve or home. Parents could be charged with kidnapping their own children.

The draconian nature of these laws is well exemplified by the situation in NSW. The Aborigines Protection Act was passed in 1909 and came into effect in 1910. It was amended a number of times, each amendment making the Act more restrictive. A set of amendments passed in 1936 defined the category of persons to whom the Act was to apply as "Aborigines or persons apparently having an admixture of Aboriginal blood."

Another amendment decreed that an "averment", by anyone at all, that a person was an "Aborigine," should be "deemed to be proved in the absence of proof to the contrary" (s18.A).

These laws further eroded the role, authority and dignity of the adult Aborigine, particularly the male, who could no longer provide for or protect his women and children (Ken Wanganeen, Personal communication, 1987); however, the impact upon the children was and probably continues to be the most disastrous.

The legal right of non-Aboriginal officials to remove children from their parents' custody without the due process available to other Australians has had a devastating effect on Aboriginal people (Ken Wanganeen, Personal communication, 1987)..

Its effects were felt and are still felt by Aboriginal people throughout Australia. Many would argue that it was a systematic attempt at cultural genocide which is not yet twenty years in the past. One in six or seven Aboriginal children were taken from their families. The number of white children removed from their parents is one in 300. "*There is not one Aboriginal person . . . who does not know, or is not related to, one or more of his/her countrymen who were institutionalised*" (Peter Read, ***The Stolen Generations,* 1981**).

The hopelessness, despair and lack of control over their own lives experienced by Aboriginal parents who lost their children, often led to suicide, alcohol abuse or various other forms of self-abuse. This practice, as well as others, such as removal from place to place at the whim of white officials and prejudice in employment, education and housing, continually increased the feelings of dependence, powerlessness and hopelessness. Hostility, anger or rage at what was happening to them could not be openly expressed since it almost invariably meant punishment of one sort or another - imprisonment, institutionalisation, withdrawal of rations, expulsion from reserves which had become home. So the anger was often turned inwards and

resulted (and still results) in depression, a variety of psychosomatic disorders, alcohol and drug abuse, self-mutilation and suicide.

Alternatively the aggression could be - and still is - displaced onto other Aborigines, the "turning-in upon the group" that Professor Rowley has described.

Aboriginal children who had been removed from their parents at an early age often abandoned their own children in later life, never having learned parenting themselves. They often developed hostile feelings towards their own families, believing that their parents had given them away and did not care about them (This is what they were often told). Frequently they developed (conscious or unconscious) negative attitudes towards their Aboriginality and to other Aborigines. They were socialised by people who - even if they genuinely wanted to give them a good life (which was not always the case) - held negative assumptions about Aborigines. The Aboriginal children internalised these negative assumptions. When they were then discriminated against or rejected by whites - which happened frequently - this was confusing. When they returned to their families, which also happened frequently - and still does – reactions varied. While there have been many warm reunions, a number of attempted reunions have not succeeded. The world had changed too much. The people concerned had changed too much.

The young had been forced to grow up between two cultures, feeling at home with neither, uncertain of where they belonged.

Neville Bonner: "*We walk in two worlds, a part of us absolutely unable to cast off all of the 'old' within us, and unable to accept totally the 'new'. It is this condition that I maintain is our major inescapable problem . . . perhaps (for) 90% of us*" (***Aboriginals and mental health, 1980, P.9***).

Many of the children who were subjected to such experiences are now adults and are to be found in gaols, in alcohol rehabilitation centres and other institutions. A large number will not talk of their experiences, especially to whites. Some of them are ashamed to admit that they are Aboriginal.

III. THE LAST TWENTY YEARS (1967 TO 1987)

The referendum of May 1967 coincided with the completion of a major survey of the Aboriginal condition sponsored by the Social Science Research Council of Australia (published in the Rowley trilogy). The survey described the devastating results of 180 years of European "settlement". These results included appalling living conditions, Third World health standards, inadequate formal education and massive unemployment. Professor Rowley documented the dispossession, dispersal, forced concentration onto reserves, missions and Government settlements, removal of children, break-up of families and discrimination in country towns - in short, oppression and unprecedented interference in the lives of Aboriginal people. At the time of the referendum a number of States still had discriminatory legislation

in place. Possibly the major problem identified by Professor Rowley - not surprisingly in the light of the policies and practices of the various State and Territory Governments over the previous 180 years - was the psychological dependence and apathy of a large number of Aboriginal people. Their experience of life had been that **things happened to them or were done for them**, independently of their will and outside of their control. If they resisted, the full weight of the law could be brought to bear on them. They had learned to adapt by becoming passive.

The central recommendations of the "Aborigines Project" of the Social Science Research Council of Australia were the incorporation of Aboriginal groups and the transfer of property (land and the provision of funds for its development, together with funds for housing, health, education, employment and training).

When the Liberal-Country Party (LCP) Government established the Council for Aboriginal Affairs toward the latter part of 1967 (and the Office of Aboriginal Affairs in early 1968) the three members of the Council were strongly influenced by these recommendations. The major need identified by both the Rowley report and the Council was for increased opportunities for Aboriginal people to help themselves. This was seen as far more important than hand outs in the form of welfare payments. Incorporation of Aboriginal groups - including communities - members of which perceived themselves as belonging together or at least sharing some common purpose - was seen as a way of supporting Aboriginal self-determination. The groups would be strengthened by combined action. These corporations would give Aboriginal people, often for the first time, the chance to learn to work together for some common purpose. It would mean learning to become active participants, initiating, planning, negotiating, managing funds and property and building a secure economic base for themselves. Funds provided to Aboriginal corporations would be - like land - a return of material resources taken from them and/or their ancestors, rather than "charity" or even "welfare". This was the style of thinking that characterized the members of the Council for Aboriginal Affairs (Mr Barrie Dexter, Professor W.E.H. Stanner, and Dr H.C. Coombs). These were the conceptions behind the policies and programs they recommended to the Government during the Council's ten-year existence.

In his book **Kulinma**, Dr Coombs has described what he calls the doctrinaire struggle between the Council and the LCP Government between 1967 and 1972 over assimilation. When the ALP came to power in December 1972 they adopted many of the Council's recommendations, including the need for special Commonwealth legislation to enable Aboriginal groups to incorporate, land rights legislation and massive increases in funds in the areas of housing, health, employment and education. The Council, the former Office of Aboriginal Affairs and the new Department of Aboriginal Affairs saw, as an essential need, the development of representative organisations and representative leaders with whom Government could negotiate and whom it could consult (the Labor Government's first attempt was the National Aboriginal Consultative Council - NACC, to be followed, in 1977, by the National Aboriginal Congress - NAC). Apart from these national organisations the Government encouraged the formation of Aboriginal Medical Services (AMSs), Aboriginal

Legal Services (ALSs), Aboriginal Housing Associations (AHAs) and other organisations, which began to incorporate under then existing Commonwealth and State legislation.

Between 1967-68 and 1971-72 the Government spent $77.3m ($355.3m in 1986-87 dollar terms) on Aboriginal programs, almost entirely made up of special grants to the States. In the period 1972-73 to 1975-76 expenditure rose to $505.2m ($1535.8m in 1986-87 dollar terms). During this period, funding of AMSs, ALSs and AHAs began. By the end of the 1973-74 financial year six AMSs were supported at a cost of $1.07m ($3.9m in 1986-87 dollar terms). The Government was also providing assistance to 70 AHAs at a cost of $8.1m ($29.0m in 1986-87 dollar terms). Although the number of AMSs increased only slowly (eight in 1975-76, ten in 1977-78) the number of AHAs increased rapidly (143 in 1974-75); 158 in 1975-76). The total amount granted to AHAs between 1972-73 (when the AHA program began) and 1975-76 was $46.478 m ($135.6m in 1986-87 dollar terms).

Direct grants to Aboriginal organisations (including AMSs) between 1972-73 and 1975-76 amounted to $4.4m ($12.9m in 1986-87 dollars), compared with $0.4m ($0.17m in 1986-87 dollars) in the pre-1972-73 period. **Tables 1 to 9 "tell the story" up to 30 June 1987.**

These figures illustrate both the increased willingness of the Government to commit resources to Aboriginal programs and the willingness to offer greater support direct to Aboriginal organisations - rather than providing funds exclusively to State governments. **What the figures do not do is to give any idea of the reasons for or the thinking behind such increases**. **This thinking stems - as I have pointed out above - from the recommendations of both the Social Science Research Council and the Council for Aboriginal Affairs - recommendations which were accepted by the Whitlam Government when it came to power at the end of 1972. The central notion behind these moves - which were not without their opponents - was that, after two centuries of forced dependence, Aboriginal people needed support and encouragement to do things to help themselves. The concepts of "self-determination" (and later "self-management") had this meaning originally.**

Over the last twenty years, a number of significant things have occurred which were expected to change the situation of Aborigines - including their health and well-being. On Australia Day, 1977 the **Aboriginal Land Rights (Northern Territory) Act**, 1976 was proclaimed.

During this period the Commonwealth spent $3977m on Aboriginal advancement ($ 6484 million in 1986-87 dollar terms: see Tables 1 and 2). A total of $1069m ($1718m in 1986-87 dollar terms) was spent on housing; $348m ($589m in 1986-87 terms) has been spent on health programs; and the Commonwealth has spent $421m ($824m in 1986-87 dollar terms) on essential services (under the CM&S and TM& PU programs; see Tables 3 & 4).

Ten years after the referendum there were eight AMSs. With the tabling of the **alcohol** and **health** reports (1977 and 1979) the emphasis on community-control increased. By June 1980 there were 18 AMSs and forty (40) alcohol rehabilitation projects run by Aboriginal

organisations. By June 1983 there were 27 AMSs. With the arrival of Labor this rose to 54 by 1986. Direct grants to Aboriginal organisations providing health care (including, alcohol rehabilitation) also rose substantially during the period. **And yet, twenty years after the referendum, and fifteen years after the policy of self-determination was first declared, Aborigines are killing themselves and each other and inflicting damage on themselves and on each other at a rate that is frightening (and we do not even KNOW the rate).**

Why has the health status of Aborigines not responded to policies and programs designed to address them? Why are some communities in the Centre and the North still destroying themselves by petrol sniffing? Why is alcohol abuse still such a major problem? And unemployment? Why are Aboriginal children still leaving school early? Why is the rate of suicide as high as it appears to be?

First, in spite of the complaint that Aborigines are over researched, we need more research on suicide, self-inflicted damage, "accidents" and violence. Projects by Aboriginal organisations, such as that conceived by the South Australian Educational Foundation, should be supported. It is vital to have accurate information on the incidence of self-destructive behaviour. As far as **the causes** of such behaviour is concerned, I believe we already know enough. **These are normal human responses to the almost intolerable stress produced by two hundred years of oppression and discrimination. If we understand this, then the policies and programs that are formulated to address these "problems" may begin to work. They may work because, firstly, they are addressing the correct problems and, second, because they are appropriate solutions.**

So, first, it is important to understand why so many programs have failed. The policies formulated since the early 1970s appear to be sound. Yet the programs and projects based, apparently, on these policies, have not had the desired effect.

I think that **in principle** almost everyone who has given the matter serious thought agrees on the analysis, the diagnosis if you like. For example, Professor John Matthews, in the 1986-87 Annual Report of the Menzies School of Health Research wrote the following words:

> "*The successful introduction of kava as a substitute for alcohol in certain Aboriginal communities suggests that alcohol use and kava use are, at least in part, 'secondary' manifestations of the dramatic historical changes that have been wrought in Aboriginal society. There is also a tendency for adolescents who 'recover' from petrol sniffing to later become dependent on alcohol or kava. These observations suggest that the problems of alcohol and drug abuse can only be solved by programs which address the underlying social problems and which allow Aboriginal people to develop new methods of social control and to provide their communities with an optimistic vision for the future*" (P.21).

In Appendix 1, I have reproduced an analysis of the problems facing Central and Northern Australian communities, by the Reverend B.A. Clarke, from the Uniting Church. The theme,

that "self-determination" in theory breaks down in practice because of the role of expatriate staff and remote bureaucracies, is repeated in Neville Bonner's draft review of the Pitjantjatjara communities of the north-west of South Australia.

My experience on the north coast of NSW suggests that the situation in the less traditional areas may be similar. That is, **Government policy is put into effect in such a way that the practice contradicts the policy**. The result is not self-determination or self-management but feelings of powerlessness, confusion, muddle, apathy, psychological (and economic) dependence and a continuation of a wide-spread welfare (or "handout") mentality. The surface manifestation of these is violence, conflict, alcohol abuse, an abysmal level of health and an apparent unwillingness to help themselves. Field staff who do not have the historical knowledge, cultural awareness or sensitivity or inter-personal skills, with the backing of State and Central Offices have frustrated Aboriginal initiative and stifled it, rather than encourage it. The result is, as I write above, powerlessness and frustration, which only too easily spill over into aggression and violence - at other Aborigines and at themselves.

What, then, would constitute an appropriate policy?

First, the Cawte proposal. So far as it goes, the training of Aboriginal Health Workers as "Mental health workers" or "Aboriginal Healers" or "Behavioural Technicians" is probably a good idea. If we accept that there is widespread depression, despair and anguish amongst Aborigines then it makes sense to train people to deal sensitively with them. The evidence from all sources is that Aborigines want to turn to other Aborigines with these problems. And since physical and psychological health are so obviously connected, AHWs would seem to be the ideal people to perform this function.

I do not agree that Psychiatrists are the best equipped to carry out this training, however, although they undoubtedly have a limited role. Training needs to be undertaken by multi disciplinary teams which include, as well as psychiatrists, clinical psychologists, social psychologists, sociologists and anthropologists. Together, such teams could put together a worthwhile program to train AHWs to provide sensitive and competent care to Aboriginal people with varying degrees of emotional upset. Such a scheme would be an integral part of the provision of health care and can be integrated with the provision of such care by AMSs as well as by mainstream agencies.

Yet such a scheme will have the same limitations as all current services, projects and programs. It is still an attempt to treat the symptom, to patch the sore with a band-aid and to ignore the root cause of that which it is attempting to cure.

The "problem" of "mental health" or "mental ill-health" amongst Aborigines is no different, fundamentally, from any other “problem" faced by Aborigines living in Australia in 1988. Depression, anxiety, insecurity or mental anguish are psychological states that are well-known to Aborigines. So are anger, hate, rage, feelings of powerlessness, frustration and apathy. Suicide, conflict, violence, alcohol abuse and petrol sniffing are

symptomatic of more complex causes. Their full complexity can not even be **stated** without some reference to their origins. Disease, sickness and ill-health are the surface manifestations of psychological conditions whose roots are to be found in two hundred years of contact between black and white. **So now, in 1988, the bicentennial year, it is time to address the cause, rather than concentrate our scarce resources on the symptoms**. After twenty years of effort, and $6,500 million of the community's wealth spent on treating these symptoms we need a radical shift of emphasis.

And we do **not** need to spend another $6,500 million in the process.

IV. A PROGRAM OF RECOVERY

(1). **The number one priority is the creation of a climate of opinion which is conducive to change**. No Government can go much further than community perceptions and wishes allow. The depth of ignorance and misconception in the white population about Aborigines, Aboriginal culture and the history of interactions between black and white is startling, in a supposedly educated community. Consequently, even currently worthwhile programs and projects are vitiated because of the opposition they run into. As well, this ignorance, misconception and misunderstanding characterise some of the very people that Government needs to put the policies into practice, ie, government officials, bureaucrats and service providers. What is needed is a pool of educated, aware, informed, sensitive and competent people from whom staff can be selected. This includes senior executives involved in the formulation of policy, as well as middle management and field staff.

Far more resources need to be directed into this area than currently.

(a) "Aboriginal studies" must be a compulsory part of school curricula at all levels.

(b) Funds need to be made available to support creative Aboriginal writers, playwrights , movie producers and directors to produce high-quality, powerful, and entertaining movies which portray an accurate picture of the past and present and an optimistic vision of the future (Other media are also important, but I believe that film is the most powerful tool to convey the message).

(c) A massive training and education campaign needs to be carried out within the new Aboriginal and Torres Strait Islander Commission to ensure that staff and management are fully-informed and culturally aware; the training also needs to include practical, experiential courses designed to increase sensitivity and the ability to communicate cross-culturally. An assessment process needs to be instituted to ensure that those who do not meet the criteria can transfer to another department. The panel must include Aborigines, but they need to be people with grass roots support in their communities, as well as urban Aborigines.

Funds for this program could be redirected from ineffectual programs, for example, "welfare"-type programs, which simply perpetuate dependence.

(2). **The second priority is a negotiated settlement (and a necessary precondition for such a settlement to succeed is an informed, sympathetic public).**

Let me explain why such a settlement is so important, whether in the form of a treaty, compact, Makarrata, or some other instrument.

There is, amongst Aborigines throughout Australia, a universal sense of injustice over the wrongs of the past. This feeling is all-pervasive and extends across all factions and groups. Aboriginal people feel, justifiably, that they have been dispossessed and dislocated; that their lands have been stolen from them, that they have been forced to leave their homes, that they have been forced onto missions, reserves and other foreign settlements, that the product of their labour has been taken from them and that their children were stolen and brainwashed, or that they themselves were taken from their parents and put into institutions or fostered out to whites who often mistreated them and sometimes abandoned them. They feel that white society owes them some form of compensation. What they seek is justice, not a hand-out (in spite of public perception to the contrary).

This sense of injustice will not go away; it can not be "cured" because it is not a "pathological condition" that is responsive to "treatment". Nor is it a material need that can be satisfied by money. It is a perfectly rational response to the past (as well as many aspects of the present). The feeling of injustice, or rather the need for justice to which the feeling gives rise, is a primary need, rooted in objective historical circumstances.

Many Aboriginal demands - for money, houses and social services - are simply their attempts to communicate to white society and its representatives (Commonwealth, State and local government, the church, welfare agencies), that there is a need - a real need for the satisfaction of which they are crying out; that is **the need for justice.**

The conflict amongst themselves, the violence, the petrol sniffing and alcohol abuse, the suicides and "accidents" and self-mutilation, are all a metaphorical plea to white Australia to take notice. In a perhaps clumsy way they are saying "Look at us. Do something for us." In my view, the physical symptoms of ill-health are similar expressions of the same need, at a bodily level. They refuse to let us forget. They will continue to mutilate themselves and each other until our consciences can bear it no longer. This universal condition is an almost immovable impediment to change. Although justified, it is self destructive. It can even be an excuse to refuse to help themselves.

I believe that this mental or psychological condition, this sense of injustice and attendant yearning for justice will only disappear through a just settlement, on terms agreed to by Aborigines and non-Aborigines. And this means that it must be preceded

by a massive education campaign as outlined above so that non-Aboriginal Australians understand the historical conditions that have produced the present.

Such a settlement or treaty would acknowledge not only the original dispossession but also the continuing revocation of Aboriginal reserves right up to the 1960s, the injustice of special discriminatory legislation in all States and the Northern Territory (also until the late 1960s, except in the case of Queensland), the legal discrimination in schooling, in employment, in the provision of health services and other areas of social life, the legal interference in their lives by police and welfare officers, the disruptions of family life caused by dispersing and breaking up families and, finally, the horrific practice of taking their children and institutionalising them or forcing them into "apprenticeships" in white homes.

Such a treaty or settlement would note that the Commonwealth Government, as the representative of the Australian people, accepts responsibility for the current condition of Aboriginal Australia and would make an offer to compensate Aborigines for what they have lost. Any land, housing, infrastructure or money that is provided in such a package would be explicitly defined as "compensation" rather than welfare and the treaty/settlement would note that no amount of money or material resources could adequately compensate Aborigines for their suffering and anguish. Therefore the Aboriginal people would be asked to "forgive and forget" so that a genuine reconciliation can take place.

(3) **Built into the settlement or treaty would be a time-table for the cessation of special programs of assistance to Aborigines**. This would entail the eventual withdrawal of all Government agencies, all welfare assistance (except that which is available to all citizens) and all special services, in order to eliminate dependence on and interference by Government.

(4) In the meantime, a number of programs currently in existence, would continue and, indeed, some new ones would be created (such as, for example, a training program for AHWs to enable them to deal with emotional and behavioural problems):

Programs that should continue are those concerned with Land Rights in the Northern Territory, programs to provide funds to Aboriginal Housing Associations and Aboriginal Health Services and those providing funds to build or upgrade infrastructure, especially water, sewerage and power.

The Aboriginal Employment Development Program (AEDP) obviously has a great deal of merit, seeking, as it does, to support economic independence and Aboriginal enterprise and initiative.

All "welfare" type grants need to be looked at carefully, as do Section 96 grants to the States. Programs requiring serious consideration, are ABSEC and ABSTUDY in education, and the Aboriginal Rental Housing Assistance program in housing. The $58 million per annum currently spent by the Commonwealth on welfare housing actually runs against the proclaimed policy of eliminating welfare dependency, a policy supported by this paper. This

program does nothing to strengthen Aboriginal culture, Aboriginal enterprise or Aboriginal initiative. Aborigines would remain eligible for welfare housing simply by virtue of being Australian citizens, obviously.

For the Aboriginal people of "remote" Australia, the outstation movement, with continuing (but substantially increased) Government support provides an opportunity to regain their strength, vitality and health. The Government should proceed to give effect to the recommendations of the Report of the House of Representatives Standing Committee on Aboriginal Affairs, ***Return to Country***, as soon as possible.

The forty-plus alcohol rehabilitation projects need to be carefully evaluated, especially those that seem to be receiving a huge slice of the funding cake. Bennelong's Haven at Kinchela and its counterpart in Sydney need to be evaluated by an independent research team. Neither rational assessment, nor current policy justifies its share of funds (a third of the NSW substance abuse program in 1985-86), while people are living in tin sheds without clean water or sanitation.

The H.A.L.T. (petrol sniffing prevention team) project seems to be one of the most worthwhile and valuable projects funded by Government. Its approach could well be utilised elsewhere, as it aims to empower people rather than supporting them to remain dependent on the service provider.

The NSW Land Rights legislation is crippling Aboriginal culture in many parts of NSW and the Commonwealth needs to negotiate with the State Government to amend it. It has continued the process of dispossession **and** given the public ammunition with which to assault the Aboriginal cause [Pages 113-114 of my Kempsey report have some suggested amendments ("***Kempsey: A study of conflict***", 1986)].

An appropriate "Land Rights and compensation" package needs to be incorporated into the treaty/settlement. An urgent need for urban Aborigines is the funding of programs and projects, initiated and developed by Aborigines, that have as their primary objective a cultural revival. The "teachers" of courses and the facilitators of activities need to be elders selected from traditionally-oriented communities.

(5). **Community development**

FINALLY, however, we come back to what is one of the most important needs (apart from the two priorities already referred to - education and a treaty - and land rights). Governments have attempted to address it under many guises: "training", "education", "community development" etc.

The program to train "Aboriginal Mental Health Workers" (the Cawte proposal) would need to be expanded so that what is being aimed at is **real** "mental" health. What does this involve?

I believe that the major "mental health" problem in Aboriginal Australia - and a significant contributor to the depression and sense of hopelessness which drive so many into acts of self destruction - is a sense of powerlessness and psychological dependence. This can manifest as passivity, as a "welfare-mentality" or a "hand-out mentality". Aborigines often see themselves - understandably - as "victims", as **objects** rather than **subjects**, as people to whom things happen, as people to or for whom things are done, rather than as people who are in control of what happens to and around them. Aboriginal people generally do not have a sense that they are or can be active participants in their lives. They are not imbued with a consciousness that they can somehow shape their own futures, that, rather than their lives being conditioned by the environment (both past and present), they can, or do, or could re-create that environment to work in their interests and to support them. And of course, there are very good historical reasons for this! Indeed the present behaviour of many white Australians, especially Government officials and others in positions of power or influence (for example, Real Estate Agents in country towns), reinforce this consciousness. Even some of their own leaders - the directors of Aboriginal corporations for example - treat them paternalistically.

This consciousness is widespread amongst Aborigines. Government policies or programs notwithstanding, it is a major impediment to change. A change in public opinion (priority one) and a just settlement (priority 2) will go a long way to break the hold that this consciousness has on Aboriginal people. And AHWs who are trained to handle emotional distress (the Cawte proposal) can do a great deal to aid this process, too.

However, what seems most appropriate is the development of a team of highly skilled, competent, sensitive "community development" personnel. I say this in spite of the poor record of "community advisors", "community workers" and the like. As the Reverend Clarke writes: "*The concept of community work in Australia has been largely de-valued. It has been used to describe a number of styles of work which have very little to do with the basic understanding and skills which have the fundamental objective of empowering the local community, and of challenging the oppressive structures of Government or private enterprise which impose dependence upon them*."

Perhaps the most important role of the community development process is this: **"to carry within it the seeds of its own demise"**. As Rev Clarke says: "*Motivation must lead to **action** ... (it must lead to) the help which enables people to **organise and work for change**. Once again, when people are organised, one must be careful not to destroy what has been achieved, by hanging on after people are ready to organise themselves*".

The scheme I am proposing takes us back nearly twenty years. The previous attempts at community development have not worked well. Therefore, before this scheme is developed further, it is important to be clear about why the previous ones did not work. I recommend that the Commonwealth invite the Reverend B.A. Clarke to undertake a consultancy with the Government and work with it to develop the proposal further (In contrast to past schemes, my

proposal applies to non-traditional areas as well as to "remote" communities, in particular, former reserves in rural NSW, Victoria and South Australia. Appendix 2 [PP.29-30] gives a brief summary of the role that a community developer could play in such areas (I initially suggested such a scheme for the Macleay Valley, on the mid-north coast of N.S.W).

CONCLUSION

As much as the human mind craves simplicity and simple solutions, I can not offer one. It would be relatively easy to develop a "mental health" program (or sub-program or component) along the lines of existing programs in functional areas. I have said that some kind of training program for AHWs would be worthwhile, possibly even essential.

The thrust of this paper, however, is that the Government needs to adopt a holistic approach. This entails a re-consideration of current policies and funding priorities. What is required is some radical re-thinking. The Community Development Branch in Central Office [of DAA] is appropriately named. It needs now to live up to this name. A starting point may well be here, in this paper. Its aim is to stimulate a process of re-conceptualization of what is involved in Aboriginal development.

Andrew Reiner
Health and Social Support Section
Community Development Branch

2 March, 1988

APPENDIX 1

EXTRACTS FROM REPORTS TO THE COMMISSION FOR WORLD MISSION, UNITING CHURCH IN AUSTRALIA [February 1984]

By: Rev. B.A. Clarke,
Secretary, Aboriginal Affairs

VISITING AROUND AUSTRALIA

During the year, I have reported on my visits to various parts of Australia. These visits have greatly sharpened a number of issues which have been there for a long time, but which have been somewhat hidden by conflicting reports and confusion about the source of social distress in the communities.

The extended visit with the General Secretary, as the guests of the Pitjantjatjara people, provided an opportunity to assess the situation of people in their communities. Our visit confirmed our conviction that the changed direction of Federal Government policies which began in the early seventies has reached a dead end in traditional Aboriginal communities in many parts of Australia.

The whole drive towards self-determination or self-management has simply run out of steam. Indeed it began to lose its impetus at the time the concept of self-management was introduced, replacing earlier commitments of a broader nature.

The shared hopes and plans of the seventies, in which this Commission was so active, have been overlaid by frustration and disillusionment. Expatriate staff still TALK in terms of objectives defined in the early seventies, while they are impelled to act according to an overlay of administrative procedures which make nonsense of their words.

People will still speak about the people deciding what should be done; still give lip service to Council control; still play a game in which their objective is Aboriginal 'management'. Yet their actions deny Aboriginal leadership the information on which to make decisions, or any real responsibility within their own communities.

Central to the emerging crisis in communities like Ernabella, Yalata, Mowanjum, Jigalong, Warburton Ranges and so many others is the fact that the repeatedly patched procedures and processes of administration no longer cover the fact that most of what has been built serves the helping agencies first, and the communities as an after-thought. Aboriginal people know it. Perceptive Government and community staff know it, but are powerless to alter the reality.

At Ernabella the symptoms break out in petrol sniffing, and in the increasing social distance between Aboriginal people and their expatriate staff. At Yalata the strong sense of anger among expatriate teachers burst out in a walk-out.

In each of the situations in which there is evidence of deep hurt and distress, one finds the same crisis in confidence between staff who come from outside the community, and the Aboriginal residents. The staff lose their confidence in Aboriginal leadership and become very negative in their attitudes towards Aborigines. This is reflected in many ways, but is highlighted by racist jokes and denigrating comments.

Yet frequently this pessimistic view of people employed from outside is contradicted by the people of the communities themselves, who have a much more positive view of the future than many who serve them. Thank God for the resilience of human dignity which often triumphs over the most incredible and stupid mistakes of Church and Government. It is the sure sign that better things lie ahead, and it is my sure belief that they do.

There are two weaknesses in the present arrangements of support to Aboriginal communities, which help to ensure that such negative dynamics are repeated over and over again, with different people playing the same roles over and over again. It is obvious to people who have a long term involvement, but very, very difficult to see from the perspective of the newcomer with little background and experience. The first is seen in the combination of poor recruitment and the lack of any security of tenure. The result is that there is no real MOVEMENT. The quality of staff is inadequate to the highly skilled nature of the tasks they are asked to perform; or where competent, overwhelmed by the demands of the key advisory positions.

There is very little training and background, and very, very little proper support. There is no way experience is properly shared and skills imparted. What is worse, there is virtually no really effective programme which will provide Aboriginal people with the capacity to assume responsibility within their community. Little highlights here and there indicate what CAN be done, but they are not duplicated, simply because the communities and the Government do not attract the kind of people who are able to get results.

TOWARDS SOME SOLUTIONS

The first step, which we have already begun in various ways, is to try and tell people what is really happening. I find that we don't have to tell Aboriginal people. They are only too well aware of these causes. Middle level Government servants are mostly very responsive. Many are able to see what is happening and are concerned, often without having analysed the disquiet they have felt.

At the political level, however, these problems have not been addressed or acknowledged. There is often awareness about issues concerning expatriate staff, who tend to get the blame politically for the system which ensures they are there in the community, and that once there they are largely ineffective. So far I have not been able to convince political leaders of the nature of the problem. The problems of places like Yalata are so obvious that steps have to be taken, but there has been no comprehensive analysis of which I am aware, which seeks to

analyse the roots of the problems experienced in so many Aboriginal communities. These pressures finally emerge in physical violence, high incidences of imprisonment, petrol sniffing, or one of the many other indicators of social pain and anguish.

When violent or shocking to white sensibilities, the symptoms evoke a rapid response, especially if whites are involved, or there is publicity.

Neither political or departmental leadership seems to want to hear of the systemic violence which is now so prevalent in Aboriginal communities. Indeed, the official Government position with regard to the delivery of its services seems to stress that it HAS given Aboriginal communities self management. It would stress that this has given Aboriginal people control over their own community life. My interpretation of the realities is simply dismissed as inaccurate and distorted. I think it is important to realise that many well qualified people simply do not agree with my analysis.

It would be helpful if we were able to participate in a seminar with Aboriginal leaders and Government officials, in which these issues were discussed.

The second contribution we can make can be called consultative help, or consultative services to Government and to Aboriginal communities. There are many opportunities in this area simply because at the level where Government exercises its real responsibilities through State and Regional Offices, there is a dearth of ideas about the way one can assist communities in trouble. There are few new ideas for people to try, and not much faith in old ideas. The Uniting Church is seen by some Government personnel as one body which is trying to do positive things, eg A.A.D.S work in places like Oombulgurri has helped to give some awareness of what can be done. Contacts with such people has led to involvement at Yalata.

The question we face is, how much of this activity can we afford to take on? The opportunities are immense, but we have other priorities as well. I have visited Yalata with Government officials of the Department of Aboriginal Affairs, and given them every assistance possible. I went because Yalata people asked, through their Aboriginal Community Adviser and the DAA officials. If we wanted to, we would be given every opportunity to work as closely as we wished with the community. We do not have the resources to do so; we can only share our experience, and help others with their work.

The third way in which we can help is through the recruitment of staff. However, while we continue to offer help to communities who ask for it, and are in the process of vetting people for two positions at Yalata, our efforts are really peripheral. If we sought the work we could be recruiting for many communities, but we would need to build up a whole section to do the work. I believe that such a resource is important for Aboriginal communities, but it is not a task we should undertake. It is a pity that the A.D.C. does not tackle this question with the care it requires. We should continue to identify people within the Church and guide them to ministry with Aboriginal people, but we should limit our efforts beyond that very carefully.

WHITHER COMMUNITY WORK?

Slowly but surely the people who lived out the Commission policy to provide community workers in Aboriginal communities are moving on. Many of them have been great people, and are moving on because the style of community work begun in the seventies is reaching its natural and logical conclusion. The models of community work we adopted have been mainly motivation in their basic intent. They have always had a significant commitment to conscientization as well, and owe a great deal to the thinking of Paulo Freire. I guess it is nice to have a motivator and conscientizer around, especially when someone else pays for the person, but if effective, the community worker begins to appreciate that shifting dependence from a Superintendent to a community worker is not the object of community work. If we change the nature of the dependence, but not its **substance**, we have failed. The more effective a community worker is in his work, the more urgent is the need to examine what is happening.

The community work process which stimulates motivation and uses a conscientization style should carry within it the seeds of its own demise. Again the more effective the motivation, the more rapidly the community worker continues his task only at the cost of his objective. Motivation must lead to **action**, so that motivation and conscientization must lead on to the help which enables people to **organise and work for change**. Once again, when people are organised, one must be careful not to destroy what has been achieved by hanging on after people are ready to organise themselves. If we are not careful, community work becomes a part of the new, more sophisticated, but equally oppressive and destructive control of Aboriginal community life which is so prevalent in Australia in 1984.

In many places, it is time to re-think. This will certainly be so at Aurukun. John Adams will complete his work there this year. The General Secretary, because of the request of the people, will join Rev. Charles Harris and myself as we try and work out what kind of continuing relationship is being sought with the Uniting Church. We need to explore what the people of Aurukun see as their important objectives; and seek to discover, with them, what part we should play in moving towards those objectives.

I am sure that one of the ways in which we must move is to identify and then encourage Aboriginal and Islander people to gain community work skills, and to use them. I know that among many Aboriginal and Islander people there is a feeling that white supporters, even Church ones, only go so far, then they are on their own. There is a feeling that Aboriginal people have been there, they know what the issues are, and will struggle to resolve them.

However, the concept of community work in Australia has been largely de-valued. It has been used to describe a number of styles of work which have very little to do with the basic understandings and skills which have the fundamental objective of empowering the local community, and of challenging the oppressive structures of Government or private enterprise which impose dependence upon them. IN AUSTRALIA THESE CONCEPTS HAVE SURFACED MUCH MORE VIGOROUSLY IN RELATION TO OVERSEAS AID, where

basic issues about the nature of development have to be faced. They have to be faced, partly because the recipients of aid continue to raise them! In our current usage, community work may be welfare oriented - that is concentrating on assisting people to survive, and providing basic statutory rights for food and shelter, for individual support to those unable to cope with their daily living; or it may be work for a Department which is required to fulfil certain statutory responsibilities within community, and uses community work to achieve their own ends.

To come to terms with the present situation, and to understand what kind and style of work is needed, must mean going back to the fundamental questions about what constitutes development. It is the fundamental questions about relationship within the Australian community which have been blurred by the denial of self-determination. If we can facilitate the re-opening of this debate in a way in which Aboriginal people can be heard as they challenge the continuing oppression of their people, we would be taking a small step in the right direction.

February 1984

APPENDIX 2

ROLE OF A COMMUNITY DEVELOPER

1. To educate/train a number of Aborigines in each community, organisation and informal group to take over when (s)he leaves (this should occur within two to five years).

2. To undertake:

   (i) extensive consultations with all Aboriginal groups and individuals within groups and all directors and members of all incorporated organisations and to feed this information - **if desired** - to government agencies;

   (ii) mediation between groups, individuals, organisations, the members and directors of organisations and between Aboriginal groups and government agencies if and only if this is the wish of all parties concerned: conflict-resolution; and

   (iii) liaison between Aboriginal groups and government agencies.

3. **In meeting with Aboriginal groups, to be a facilitator and a listener; to be a catalyst for thinking to take place; to support people in their efforts to do things for themselves rather than doing things for them.**

4. To advise when asked and provide information when this is requested; to find out from the relevant place, when (s)he does not know.

5. To train Aboriginal people involved in incorporated organisations how to function in their organisations and/or direct them to already existing programs. The Community Developer would focus on at least the following:

   - the rules, regulations and legislative requirements under which they function;
   - the rights of members and the duties of directors;
   - the mechanics of meeting procedure (Chairing meetings, motions, minutes, agenda etc);
   - financial management and administration; and
   - the informal, human aspects of democratic decision making (so that members can become informed, active participants in the decision-making process: so they feel empowered).

6. **To use appropriate techniques to tap the human resources in the Aboriginal people and to enable them when (s)he leaves, to operate in such a way that they, too, are able to tap these resources in other Aborigines.**

TABLE 1
TOTAL COMMONWEALTH OUTLAYS ON ABORIGINAL ADVANCEMENT PROGRAMS
1967-68 TO 1986-87

	YEAR	DAA (AND OAA)		OTHER DEPARTMENTS	
		Expenditure $m	1986-87 dollars $m	Expenditure $m	1986-87 dollars $m
1.	1967-68	0.013	0.070	-	-
	1968-69	10.055	51.482	-	-
	1969-70	8.852	43.074	0.711	3.460
	1970-71	20.036	92.446	6.735	31.075
5.	1971-72	23.978	103.656	6.951	30.049
	1972-73	44.332	180.253	17.106	69.553
	1973-74	78.259	279.306	20.431	72.918
	1974-75	124.761	365.424	34.157	100.046
	1975-76	138.863	349.379	47.272	118.936
10.	1976-77	121.542	274.320	40.507	91.424
	1977-78	125.250	261.146	49.496	103.199
	1978-79	132.839	259.700	19.004	37.153
	1979-80	140.796	250.751	43.905	78.195
	1980-81	159.485	256.770	64.965	104.594
15.	1981-82	168.916	243.914	86.258	124.557
	1982-83	197.779	257.508	101.639	132.334
	1983-84	242.780	293.278	148.636	179.552
	1984-85	281.331	319.029	185.986	210.908
	1985-86	295.086	312.791	212.466 *	225.214
20.	1986-87	328.410	328.410	247.692*	247.692
		2643.363	4522.713	1333.917	1960.859

* CDE, DEIR, DHC, DAHE, SMOS, DOLGAS, DCS, Dept. of Communications (does not include DSS or CDH).

TABLE 2

COMMONWEALTH OUTLAYS ON ABORIGINAL ADVANCEMENT PROGRAMS DURING THE FIRST TWENTY YEARS AFTER THE (MAY 1967) REFERENDUM

		EXPENDITURE IN 1986-87 DOLLARS		
	Year	**OAA/DAA***	**Other Departments**	**Total**
		$m	**$m**	**$m**
1.	1967-68	0.070	-	0.070
	1968-69	51.482		51.482
	1969-70	43.074	3.460#	46.534
	1970-71	92.446	31.075	123.521
5.	1971-72	103.656	30.049	133.705
	1972-73	180.253	69.553	249.806
	1973-74	279.306	72.913	352.224
	1974-75	365.424	100.046	465.470
	1975-76	349.379	118.936	468.318
10.	1976-77	274.320	91.424	365.744
	1977-78	261.146	103.199	364.345
	1978-79	259.700	37.153	296.853
	1979-80	250.757	78.195	328.947
	1980-81	256.770	104.594	361.364
15.	1981-82	243.914	124.557	368.471
	1982-83	257.508	132.334	389.842
	1983-84	293.278	179.552	472.830
	1984-85	319.029	210.908	529.937
	1985-86	312.791	225.214+	538.005
20.	1986-87	328.410	247.692+	576.102
		4522.713	1960.859	6483.580

* Includes the ADC, AHL and AIAS

\# ABSEG and ABSTUDY (Dept. of Education)

\+ CDE, DEIR, DHC, DCS, DAHE, DOLGAS, SMOS and Dept of Communications

Average amount spent per Aboriginal family of 4 : $163,000 in 1986-87 dollar terms.

TABLE 3

EXPENDITURE BY THE ABORIGINAL AFFAIRS PORTFOLIO

(including DAA, the ADC and AHL) on HOUSING, HEALTH AND COMMUNITY INFRASTRUCTURE (ESPECIALLY WATER, SEWERAGE AND POWER) BETWEEN 1967-68 AND 1986-87

	YEAR	HOUSING		HEALTH		TM&PU /CM&S	
		Expend're $m	1986-87 dollars $m	Expend're $m	1986-87 dollars $m	Expend're $m	1986-87 dollars $m
1.	1967-68	-	-	-	-	-	-
	1968-69	2.297	11.761	0.510#	2.611	*	*
	1969-70	2.758	13.420	0.848	4.126	*	*
	1970-71	6.069	28.002	1.164	5.321	7.497	34.591
5.	1971-72	6.475	27.991	1.959	7.777	8.242	35.630
	1972-73	14.330	58.266	3.041	12.365	10.483	42.624
	1973-74	24.971	89.121	9.420	33.620	15.736	56.162
	1974-75	43.039	126.061	11.914	34.896	16.396	48.004
	1975-76	43.181	108.643	15.919	40.052	27.508	69.210
10.	1976-77	39.983	90.242	14.359	32.408	25.184	56.840
	1977-78	34.341	71.601	16.322	34.031	26.417	55.079
	1978-79	39.396	77.019	17.501	34.214	22.438	43.866
	1979-80	45.732	81.449	18.540	33.020	18.420	32.806
	1980-81	51.156	82.361	19.863	31.980	13.312	21.436
15.	1981-82	42.313	61.100	21.613	31.209	21.713	31.363
	1982-83	50.184	65.340	23.849	31.051	24.812	32.303
	1983-84	57.902	69.946	28.503	34.432	32.112	38.800
	1984-85	68.892	78.124	36.488	41.377	35.236	39.958
	1985-86	78.725	83.449	37.883	40.156	34.539	37.371
20.	1986-87	88.986	88.986	38.100	38.100	48.900	48.900
		740.730	1312.882	317.796	522.746	381.975	724.963

\# Does not include grants to the NTG for these purposes.

* CM&S/TM&PU functions were funded under the "Health" category during 1968-69 and 1969-70.

TABLE 4

EXPENDITURE BY OTHER COMMONWEALTH GOVERNMENT DEPARTMENTS ON HOUSING, HEALTH AND COMMUNITY INFRASTRUCTURE 1967-68 TO 1968-69

	YEAR	HOUSING		HEALTH		TM&PI.J /CM&S	
		Expend’re $m	1986-87 dollars $m	Expend’re $m	1986-87 dollars $m	Expend're $m	1986-87 dollars $m
1.	1967-68	-	-	-	-	-	-
	1968-69	-	-	-	-	-	-
	1969-70	-	-	-	-	-	-
	1970-71	-	-	-	-	-	-
	1971-72	-	-	-	-	-	-
	1972-73	-	-	1.425	5.794	1.387	5.640
	1973-74	-	-	1.846	6.588	2.081	7.427
	1974-75	-	-	3.224	9.443	6.717	19.674
	1975-76	-	-	4.942	12.434	10.482	26.373
10.	1976-77	0.044	0.099	3.970	8.960	8.674	19.577
	1977-78	0.257	0.536	3.668	7.648	9.939	20.723
	1978-79	-	-	0.483	0.944	-	-
	1979-80	21.060	37.508	0.898	1.599	-	-
	1980-81	22.100	35.581	1.090	1.755	-	-
	1981-82	34.200	49.385	1.851	2.673	-	-
	1982-83	34.200	44.528	2.424	3.156	-	-
	1983-84	52.200	63.058	2.682	3.240	-	-
	1984-85	52.200	59.195	1.640	1.860	-	-
	1985-86	54.300	57.558	-	-	-	-
20.	1986-87	58.048	58.048	-	-	-	-
		328.609	405.496	30.143	66.094	39.28	99.414

	Housing $m	Health $m	CM+S $m
Aboriginal Affairs Portfolio	1312.9	522.7	725.0
Other Departments	405.5	66.1	99.4
Total	1718.4	588.8	824.4

TABLE 5

EXPENDITURE ON HEALTH

BY COMMONWEALTH GOVERNMENT

	YEAR	C'WEALTH DEPTS. OF HEALTH & CONSTRUCTION					DAA	
		Total CDH	Total DHC	CDH grants to AMSs	CDH grants to AMSs in 1986-87 dollars	Total CDH & DHC exp less AMS exp '86-87	SG 1986-87 dollars	GAA 1986-87 dollars
		$m	$m	$m	$m	$m	$m	$m
1.	1967-68	-	-	-	-	-	-	-
	1968-69	-	-	-	-	-	2.611#	-
	1969-70	-	-	-	-	-	5.829#	-
	1970-71	-	-	-	-	-	5.371+	-
	1971-72	-	-	-	-	-	8.296+	0.173
	1972-73	1.425*	-	-	-	5.794	11.572#	0.386
	1973-74	1.846*	-	-	-	6.588	29.774#	3.848
	1974-75	1.632*	1.592*	-	-	9.443	30.936#	3.936
	1975-76	2.361*	2.581*	-	-	12.434	35.343#	4.702
10.	1976-77	2.662*	1.308*	-	-	8.960	26.593#	5.819
	1977-78	2.960*	0.708*	-	-	7.648	25.789#	8.248
	1978-79	0.483*	-	0.032	0.063	0.882	24.637	9.578
	1979-80	0.898	-	0.848	1.510	0.089	23.416	9.603
	1980-81	1.090	-	1.080	1.739	0.016	22.367	9.617
	1981-82	1.851	-	1.520	2.195	0.478	20.479	10.739
	1982-83	2.424	-	1.893	2.465	0.691	19.879	10.914
	1983-84	2.682	-	2.122	2.563	0.676	19.067	15.372
	1984-85	1.640	-	1.640	1.860	-	18.243	23.135
	1985-86	-	-	-	-	-	16.295	24.631
20.	1986-87	-	-	-	-	-	13.430	24.703
		23.954	6.189	9.135	12.395	53.699	359.933	167.431

* Grants from the Commonwealth to the NT Government. The 1978-79 figure includes $32,000 HPGs to AMSs

\+ Includes grants to the NTG

\# Excludes grants to the NTG

TABLE 6

EXPENDITURE BY THE DEPARTMENT OF ABORIGINAL AFFAIRS ON HEALTH

	YEAR	GRANTS TO THE STATES		DIRECT GRANTS TO ABORIGINAL ORGANISATIONS		
		States Grants	1986-87 dollars	Direct Grants to Ab'l orgs.	1986-87 dollars	No. of AMSs Supported
1.	1967-68					
	1968-69	0.510 (excl. NT)	2.611	-	-	
	1969-70	1.198 (excl. NT)	5.829	-	-	
	1970-71	1.164 (incl. NT)	5.371	-	-	
5.	1971-72	1.919 (incl. NT)	8.296	0.040	0.173	
	1972-73	2.846 (excl. NT)	11.572	0.095	0.386	
	1973-74	8.342	29.774	1.078	3.848	6
	1974-75	10.561	30.936	1.353	3.963	8
	1975-76	14.050	35.343	1.869	4.702	8
10.	1976-77	11.781	26.593	2.578	5.819	8
	1977-78	12.366	25.789	3.955	8.248	10
	1978-79	12.602	24.637	4.899	9.578	
	1979-80	13.148	23.416	5.392	9.603	18
	1980-81	13.890	22.367	5.972	9.617	19
15.	1981-82	14.178	20.479	7.435	10.739	25
	1982-83	15.269	19.879	8.383	10.914	30
	1983-84	15.780	19.067	12.722	15.372	34
	1984-85	16.087	18.243	20.401	23.135	45
	1985-86	15.060	16.295	22.764	24.631	54
20.	1986-87	13.430	13.430	24.703	123.639	54
	TOTAL	194.181	359.927	123.639	165.431	54

Expenditure by the Department of Aboriginal Affairs (DAA) on Health under the States Grants (SG) and Grants for Aboriginal Advancement (GAA - formerly Grants-In-Aid) programs.

TABLE 7
TOTAL COMMONWEALTH EXPENDITURE ON HEALTH EXPRESSED IN 1986-87 DOLLAR TERMS

	Year	Grants to the States and the NTG (OAA, DAA, CDH, DHC) $m	Grants to Aboriginal organisations incl. AMSs $m	No. of AMSs	Total $m
1.	1967-68	-	-		-
	1968-69	2.611	-		2.611
	1969-70	5.829	-		5.829
	1970-71	5.371	-		5.371
	1971-72	8.296	0.173 (		8.469
	1972-73	17.366	0.386 (		17.752
	1973-74	36.362	3.848 (	6	40.210
	1974-75	40.379	3.963 (	8	44.342
	1975-76	47.777	4.702 (	8	52.479
10.	1976-77	35.553	5.819 (	8	41.372
	1977-78	33.437	8.248 (3.484)	10	41.685
	1978-79	25.519	9.461 (5.996)		34.980
	1979-80	24.926	11.113 (7.658)	18	36.039
	1980-81	22.383	11.356 (7.098)	19	33.739
	1981-82	20.957	12.934 (7.972)		33.891
	1982-83	20.570	13.379 (8.889)	30	33.949
	1983-84	19.743	17.935 (12.865)	34	37.678
	1984-85	18.243	24.995 (	45	43.238
	1985-86	16.295	24.631 (	54	40.926
20.	1986-87	13.432	24.701 (18.5)	54	38.133
TOTAL		415.049	177.644	54	592.693

1986-87

$ 454m to 47 alcohol (substance) abuse projects
$ 18.55m to 54 AMSs
CDH Provided $2.8m for a Hepatitis B vaccination program for neonates in high-risk groups.
42% of “at risk” neonates are Abl

TABLE 8
GRANTS TO THE STATES FOR HOUSING (FROM 1968-69 TO 1986-87)

Year	$m	1986-87 dollars $m	Number of units provided	Total number provided (Cumulative total)
1968-69	2.297	11.761	240	
1969-70	2.758	13.420		
1970-71	4.821	22.245	417	
1971.72	5.200	22.480		
1972-73	10.734	43.644		
1973-74	14.654	52.300		
1974-75	17.636	51.656		
1975-76	13.225	33.274	555	
1976-77	12.892	29.097	435	
1977-78	10.387	21.657	244	
1978-79	11.131	21.761	233	4,834
1979-80	33.140	59.022		
1980-81	32.844	52.879		
1981-82	34.200	49.385	800	
1982-83	34.200	44.528		8,736
1983-84	52.200	63.058	814	9,550
1984-85	52.200	59.195	790	10,340
1985-86	54.300	57.558	950	11,290
1986-87	58.048	58.048	950	12,240
	456.867	766.968	12,240	12,240

12,200 houses . . . $767m (in 1986-87 dollars)

From 1968-69 to 1978-79 grants were made through the Office of Aboriginal Affairs and DAA (after December 1972). Between 1979-80 and 1980-81, grants were made through DAA under the States Grants program and through DHC under earmarked welfare housing. From 1981-82 to 10 March 1983 grants were made through DSS. Since then grants are made to the States and the NTG through DHC (under the Rental Housing Assistance Program for Aboriginals since 1 July 1984.

TABLE 9
GRANTS TO ABORIGINAL HOUSING ASSOCIATIONS (AHAs)
FROM 1972-73 TO 1986-87

Year	$m	1986-87 dollars ($m)	No. of houses	No of AHAs supported
1972-73	1.977	8.039		
1973-74	8.137	29.042		70
1974-75	17.066	49.991		143
1975-76	19.298	48.545	589	158
1976-77	13.211	29.821	293	131
1977-78	13.738	28.650	286	129
1978-79	16.862	32.965	397	193
1979-80	20.469	36.455	637	217
1980-81	22.115	35.612	461	224
1981-82	23.683	34.209	481	222
1982-83	26.863	34.973	461	245
1983-84	30.650 (excluding TCAP)	37.034	526	238
1984-85*	36.113 (including TCAP)	40.966	494	268
1985-86*	43.055 (including TCAP)	46.586	566	300
1986-87	40.903 (including TCAP)	40.903	500	300
	334.143	533.836	6,025	300

6000 houses . . . $533.836m (in 1986-87 dollars)

	Housing Grant	ACDP (WA)	Housing Support	TCAP	TOTAL
* 1985-86	33.691	-	2.154	5.210	46.586
*1986-87	31.571	2.000	2.174	5.163	40.903