

## **NACCHO position paper on:**



**DRAFT**

## **Aboriginal Women's Health – 2011**

It is to be noted that throughout this document the word Aboriginal is used instead of Aboriginal and Torres Strait Islander. This is in line with the National Aboriginal Community Controlled Health Organisation (NACCHO) being representative of Aboriginal People, (meeting AGM 2009 Darwin) This does not intend to exclude nor be disrespectful to our Sisters from the Torres Strait Islands.



trauma, separation and grief have been such pervasive experiences for Aboriginal people, yet often ignored and go unrecognised in Aboriginal women as well as Aboriginal males, because of the coping mechanisms often used as outlined above, it is essential that programs addressing these issues are developed. Specific trauma and grief programs should be made available to both Aboriginal women and Aboriginal males.. This suggests that a self-help program may have particular value, and in addition because of its educational, positive networking and empowerment aspects.

### **Sister care and women's business**

There may be other aspects of Aboriginal women's private lives and functioning, for instance with respect to sexuality and traditional women's roles and law. A specific program addressing the health aspects of women's business may be appropriate. This program could also contribute to the further understanding and development of strong role models,

### **Sister care and Social & Emotional Health & Wellbeing**

the high rates of incarceration of Aboriginal people , there is a need for preventive approaches, support for those in custody, and support for rehab and pathways back into the community afterwards. The concept of Aboriginal lay counsellors and Official Visitors need to be linked to this initiative.

There may be significant other aspects of a SEHW Program. These should be determined by Aboriginal women . Because this area has been underdeveloped, it is essential that Aboriginal women play a major role in the planning and development of any such programs. It is likely that initiatives in this area will have positive benefits for women themselves not only in terms of their Social and Emotional Health and Wellbeing, but also physical health. It could well contribute to diminishing their levels of ill health, contribute to a decrease in incarceration of Aboriginal people



# ABORIGINAL HEALTH WORKFORCE MEASURES

Funding

Increase Health Workforce

Health Workforce Support Officer (to provide support to dedicated workforce whose role is to assist in the development of strategies that relate to the direct support and retention of individual Health Workers.

National Award Wages

Career pathways

Mentoring

Traditional healers

More outreach

After hours/weekend clinics

Following programs could be run

Family relationships

Leadership skills

Alcohol & other Drugs

Sexual, Reproductive Health & Blood Borne Virus's

Social & Emotional Health & Wellbeing

Trips to the bush (bush camps) to focus on Women's health issues

Maintenance of culture

Chronic disease programs

Art programs



## SUMMARY

It is clear that Aboriginal Women are vulnerable in the same ways as that experienced by Aboriginal men - i.e. through disadvantage, history, trauma and grief, as well as the impact of colonisation. However, significantly higher rates of unemployment, imprisonment, extreme experiences of racism, loss of traditional roles, lower incomes in terms of welfare (compared to Aboriginal men), other stresses that include illness, early deaths and loss affecting the parental generation. These have all contributed to the disempowerment of Aboriginal women; however as with the coordination of issues of importance to Aboriginal women, the Aboriginal view prefers to consider people in a family context rather than from a separatist perspective. This should influence policy and its implementation. Finally, it should also be stated here that there are a range of programs (although significantly underfunded and under resourced) developed and managed by and for Aboriginal women that are achieving positive results. These programs should be supported, evaluated, promoted and built upon to continue to contribute to the Wellness of Aboriginal women their families and their communities.



## Document Approval

The process for approval of this document and its subsequent version control is outlined in the NACCHO Policy and Procedures manual. The document is a managed document. For identification of amendments, each page contains a version control number and a page number. Changes will only be issued as a complete replacement . To avoid document confusion recipients should remove superseded versions from circulation.

This document has been “reviewed by” internal secretariat peers and “Approved by” indicates endorsement for release by the NACCHO Board of directors

Date	Action	Name	Position	Date
25.8.11	Presented to the NACCHO Meeting	Donna Ah Chee	CEO	Yet to be approved



## **PREAMBLE**

### **NACCHO asserts first and foremost that:**

- Aboriginal Women's health must be viewed holistically and in the context of their social, emotional and cultural well-being;
- the well-being of Aboriginal women is inextricably linked to their Dreaming, which in essence is their law and culture;
- if Aboriginal women are to ensure their survival, to fulfil their potential and help bring about the well-being of their communities, they must be empowered through regaining their dignity, determination, respect and state of well-being.

### **NACCHO asserts that:**

1. **Aboriginal health** means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.
2. for all Aboriginal women to regain a state of well-being, at least equal to that which existed prior to colonisation and as referred to in the NACCHO definition of health, it is necessary:
  - To retain or restore the Aboriginality, dignity, respect, role, responsibilities and self-determination of Aboriginal women as a first step to achieving state of well-being.
  - To enable all Aboriginal women to contribute to the total well-being of their respective Communities and to come to terms with their law, lore and culture<sup>1</sup>.
3. **Primary Health Care** has always been a continuing integral aspect of our Aboriginal life, and is the collective effort of the local Aboriginal community to achieve and maintain its cultural well being. Primary health care is a holistic approach which incorporates body, mind, spirit, land, environment, custom and socio-economic status. Primary health care is an Aboriginal cultural construct that

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<sup>1</sup> NACCHO Manifesto on Aboriginal Well-being and Specific Health Area Position Papers (1993)



includes essential, integrated care based upon practical, scientifically sound and socially acceptable procedures and technology made accessible to Communities as close as possible to where they live through their full participation in the spirit of self-reliance and self-determination. The provision of this calibre of health care requires an intimate knowledge of the community and its health problems, with the community itself providing the most effective and appropriate way to address its main health problems, including promotive, preventative, curative and rehabilitative services.

**NACCHO further asserts that:**

4. The implementation, by all agencies and organisations which have contact with Aboriginal peoples, of the UN Declaration on the Rights of Indigenous Peoples, is central to the enhancement of the health and wellbeing of Aboriginal women in Australia, especially the rights with respect to:
  - Foundational rights [articles 1-6];
  - Life and security [articles 7-10];
  - Language, cultural and spiritual identity [articles 11-13];
  - Education, information and employment [articles 14-17];
  - Participation, development and economic and social rights [articles 18-24];
  - Rights to country, resources and our knowledge [articles 25-32];
  - Self governance [articles 33-37];
  - Implementing the Declaration [articles 38-42];
  - Interpreting the Declaration [articles 43-46].
5. The ill health of Aboriginal people is now recognised and through the Close the Gap Campaign and the signing by the members of the Parliament of the Commonwealth of Australia of the Statement of Intent, there is a public commitment to readdress this wrong. Governments have the responsibility to actively support the Aboriginal Community Controlled Health Sector to provide culturally appropriate health services and to ensure that all other health services provide culturally sensitive health services to Aboriginal people.



## INTRODUCTION

Aboriginal women in Australia come from many different communities with unique wisdom, kinships and relationships. Although there is great diversity of geography, language, and traditions amongst Aboriginal women; strong bonds link women in their battles against the ongoing legacy of colonisation and all of its manifestations of violence, trauma, genocide, despair, poverty, and isolation. These battles have left Aboriginal women with a health status remarkably lower than that of the rest of the Australian population.

First and foremost NACCHO asserts that Aboriginal Women's Health must be viewed holistically and in the context of their social, emotional and cultural well-being. To this end, health service providers must acknowledge and affirm Aboriginal women's ability to actively participate in decision making in all aspects of health care for themselves and their communities, from the initiation, planning, implementation and evaluation of individual treatments and to that of broader health programs.

Further the well-being of Aboriginal women is inextricably linked to their Dreaming, which in essence is their law and culture. To this end any policies, programs or interventions must acknowledge and affirm the strength and resilience of the specific group or groups affected these policies, programs or interventions. Respect must be demonstrated by ensuring that the women themselves initiate, plan, implement and evaluation any policies, programs or interventions which will affect their lives or those of their communities.

For Aboriginal women to ensure their survival and fulfil their potential and help bring about the well-being of their communities, they must be empowered through regaining their dignity, determination, respect and state of well-being.

## AIM

The aim of the NACCHO policies, practices and programs is to strengthen Aboriginal women's ability to regain a state of well-being at least equal to that which existed prior to colonisation and as referred to in the NACCHO definition of Aboriginal health through regaining their dignity, determination, respect and state of well-being.



## WOMEN'S HEALTH & WELLBEING

The health and wellbeing of Aboriginal and Torres Strait Islander women is affected by a complex range of socioeconomic and environmental factors. Aboriginal women are more likely than non-Aboriginal women to be unemployed, to have responsibilities or care for children and elders other than their own, to receive welfare payments and to have finished school at an earlier age (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2004). Aboriginal women are also more likely to be a victim of violence and to live in communities where violence is prevalent. Nevertheless, four in ten Aboriginal women reported their health as excellent or very good in 2004-05. Holistic health approaches, including those that encompass spirituality and connections to family, community and country, and the sharing of Aboriginal women's knowledge, skills and networks have been identified as important components in addressing the health disadvantages experienced by many Aboriginal women

NACCHO's focus continues to be on the support and enhancement of policies, programs or interventions acknowledging and affirming the resilience and strength of Aboriginal women, and demonstrating the active participation of Aboriginal women of all aspects of the policies, programs or interventions.

The specific strategies to support this policy arise from the local areas and may alter with altered circumstances in the social, political, economic or geographic environments.

A key to enabling NACCHO's effective response is the establishment of a **National Aboriginal Women's Health Advisory Committee**. The work of this Committee can then be realised through **Spiritual, Cultural, Emotional & Physical wellness Centres**. Relevant policies, programs, activities and interventions will then arise from the activity of the Committee and the Centres.



## **SPECIFIC STRATEGIES**

### **NACCHO National Aboriginal Women's Health Advisory Committee**

This committee, to be co-ordinated through the NACCHO Secretariat by the NACCHO Aboriginal women's Health Policy Officer, must obtain its membership from within the ACCHS sector, with provision for two members from each State & Territory. The overall goal of this committee is to provide sound and informed advice to the NACCHO Board of Directors and guide and support the role/work of the NACCHO Aboriginal Women's Health Policy Officer on issues that relate to Aboriginal women's health & wellbeing. This committee should meet face to face once a year.

### **Spiritual, Cultural, Emotional & Physical wellness Centres**

Aboriginal Community Controlled Health Services provide a service to all Aboriginal People's including programs that specifically target Aboriginal women.

It is because of the absence of universal programs addressing Aboriginal women's health and wellbeing and the urgency of addressing their health issues, that a need exist to develop a comprehensive Aboriginal Community Controlled Health Sector Policy/Program response that broadly embraces the Social & Emotional Health of Aboriginal women in an holistic manner that is in line with the NACCHO definition of Aboriginal health. This should include but not limited to; Health Service access, Health Promotion and Community Development with the overall aim being the development/provision and ongoing support which should include the resourcing and financial maintenance of Aboriginal women's Spiritual, Cultural, Emotional & Physical wellness Centres.

With these Centres having as their overall goal, to service the Spiritual, Emotional, Cultural and Wellness requirements of Aboriginal women, they should also be inclusive of programs that provide the tools for continued family relationship building between Aboriginal women their husbands, partners and children.

These Centres, to be placed in each State and Territory and are considerate of local needs along with the geographical size of each State



& Territory would require no less than twelve sites, with each of these sites being located within rural settings. Ideally, if successful in obtaining the resources required for the establishment of these Centres, the number allocated to each State & Territory along with their physical location should be determined by the NACCHO Board of Directors.

### **Other potential strategies**

The following program concepts and their themes (while not entirely new) should be developed with and managed by Aboriginal women, thus making them relevant as well as appropriate.

#### **Building health: strong bodies, strong people**

There is much to suggest that physical fitness will contribute significantly to overall well-being. Historically, involvement in sport has been for Aboriginal women a socially positive form of competition and achievement, also allowing an outlet for aggression in play. Achievement in sport has been a source of pride generally and many Aboriginal women have demonstrated community leadership in this way. There is evidence to suggest that promoting the involvement of Aboriginal youth in sport is likely to be beneficial for young Aboriginal women and their communities.

Sports and fitness programs are an important part of general community development, particularly for young people. Specifically however, most current health promotion programs targeting youth in Aboriginal communities have often used popular sportspeople as role models with the aim of improving sports skills as well as enhancing self-worth and positive coping styles. Such programs developed in Aboriginal communities are proven to have substantial ongoing benefits for the social and emotional health and well-being of Aboriginal youth.

The concept of physical fitness is appropriate to Aboriginal concepts of holistic health. This area is important for health & wellbeing of Aboriginal youth and for Aboriginal women, and may also form a focus for active life skills as opposed to negative coping in substance abuse and destructive behaviours. These programs should continue to be developed by and for Aboriginal women.



## Strong minds

The spiritual strengths, intelligence, creativity and resilience of Aboriginal women should be promoted, recognised and rewarded. Strong Minds programs should also have aims of strengths in saying "No" to substance abuse and destructive behaviours; to enhance strong thinking for the protection of family; mind strengths of concentration and commitment and ; mind strengths of spiritual values.

There is a need for community education generally for a "strong mind, strong woman" value/attitude change and specific skills programs in schools, women's groups, and elsewhere to develop "mind strengths" through learning, creativity, art, problem solving and Aboriginal women's business and ways. Aboriginal women must be in control of any such programs.

## Sister Sister

Aboriginal women have a strong commitment to their sisters. This specific program area should involve education of Aboriginal women about the symptoms, distress, health problems/issues which can be a result of substance abuse/misuse, destructive/violent behaviours, and medical conditions including serious mental illnesses such as Depression, Anxiety disorders, and less frequently Schizophrenia and Bipolar disorder. A model of "Sister Care" rather than "shame" can assist Aboriginal women to seek/accept help for all of their health problems/issues, or when they are otherwise stressed. This program could also provide Aboriginal women support groups for women in crisis to provide self help to prevent violence and to develop adaptive coping skills. This self help program could mobilise the skills of and for both prevention, as well as care, recovery and rehabilitation. Art and other creativity as defined by women should form a special part of this work.

Specific components of this program could be developed in terms of identified needs. Some potential areas could include the following:

### Sister care and trauma healing

There is much to suggest from broader knowledge, that trauma and loss may lead not only to depression and post traumatic stress disorder symptoms, but also to substance abuse and unacceptable behaviours. As