



October 2008

## ***Indigenous Health - Position Statement***

The AASW supports:

- The principles and aspirations of the United Nations Universal Declaration of Human Rights<sup>1</sup> signed 13 December 1948;
- The principles of the United Nations Declaration of the Rights of Indigenous Peoples signed 13 September 2007;
- The Close the Gap National Indigenous Health Equality Summit Targets supporting the commitment in the Statement of Intent signed in Parliament House Canberra on 20 March 2008.<sup>2</sup>

### **Introduction: The Social Work Platform**

1. The social work profession is committed to maximising the well-being of individuals, families and the community in socially inclusive communities, which emphasise principles of social justice and respect for human dignity
2. In carrying out their professional tasks and duties, social workers strive to act in ways that give equal priority to respect for human dignity and worth and the pursuit of social justice. This commitment is demonstrated through service to humanity, integrity, competence, and practice based on evidence, which characterise professional social work practice.
3. The AASW is the only national organisation for social workers from accredited social work courses in Australia, who are involved in the delivery of a range of community services including health, family and child welfare, income support, in the public, private and not for

<sup>1</sup> UNHR Article 25 (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

<sup>2</sup> Statement of Intent to “develop a comprehensive, long term plan of action, targeted to need, evidence based and capable of addressing the existing inequities in health services to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.” signed by the Australian Government, the Congress of Aboriginal and Torres Strait Islander Nurses, Indigenous Dentists Association of Australia, National Aboriginal Community Controlled Health Organisation, Australian Indigenous Doctors Association and Aboriginal and Torres Strait Islander Social Justice Commissioner, Human Rights and Equal Opportunity Commission.



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profit sectors. The AASW has established a dedicated national issues group called the National Aboriginal and Torres Strait Islander Social Work (ATSI) Committee. This sub-committee of the National Social Policy Committee has been formed to promote the ATSI voice on Indigenous issues in the AASW. The AASW also works closely with the National Coalition of Aboriginal & Torres Strait Islander Social Workers.

### **Role of Social Workers**

1. Social Workers are employed in a broad range of areas relating to the health of Indigenous Australians e.g. direct service delivery in acute public health care, Community Health Centres, Aboriginal Community Controlled Health Centres, Alcohol and Other Drug Rehabilitation Clinics, undertaking health policy research and social policy development, administration, management, consultancy, education, training, supervision and evaluation within different levels of government and non-government services.
2. Social Workers adopt a systems approach to facilitate change and recognise the health of an individual and community is dependent on the interaction of a range of physical, mental, cultural, social, emotional and spiritual factors.

### **Key points**

1. An appropriate policy response recognises the unique cultural traditions of Indigenous Australians and their importance to Indigenous health and well-being.
2. Effective Indigenous health policy recognises that one size does not fit all – that there are huge differences between Indigenous Australians living in urban centres to those living in rural, remote and very remote communities.
3. Appropriate Indigenous health policy recognises that many Indigenous people experience difficulties accessing essential health services due to cultural and language differences.
4. Appropriate Indigenous health policy listens to what Indigenous communities say will and does work for them and adopts a bottom-up community development approach rather than a top-down approach to policy formulation and service delivery.



5. Appropriate Indigenous health policy builds upon existing successful initiatives, while always maintaining awareness that what works in one context may not be immediately transferable to another context

### **Policy context**

1. Poor health outcomes for Indigenous Australians need to be understood within the historical/cultural contexts of colonisation and cultural dislocation, and resultant inter-generational trauma.
2. More than half of all Indigenous Australians live in New South Wales and Queensland, with the majority residing in urban areas. New South Wales has the greatest number of Indigenous Australians and the Northern Territory had the highest proportion, with around 29% of its population reporting being Indigenous. Around 25% of the Indigenous Australian population live in areas classified as 'remote' or 'very remote', compared with only 2% of the non-Indigenous population.
3. Indigenous people are disadvantaged across a range of socio-economic factors as reported in the 2006 Census. They experience lower incomes than the non-Indigenous population, higher rates of unemployment, poorer educational outcomes and lower rates of home ownership - all of which can impact upon a person's health and well-being.
4. Many of the poor health outcomes for Indigenous Australians are related to socio-economic factors such as diseases triggered by poverty; overcrowded housing; poor sanitation; lack of access to education; poor access to medical care for accurate diagnosis and treatment and poor nutrition.
5. A much greater proportion of the Indigenous Australian population is found in the age groups 10 – 14 years, compared with corresponding proportions in the non-Indigenous population. 39% in NT and 37% in Queensland of the Indigenous population are under age 15 years. This has significant implications for increased demand on education, housing and health services.
6. The NT has the highest Indigenous teenage fertility rate in Australia. This presents significant impacts on health services and policy implications, as having children younger can be an impediment to staying in education and getting a job.



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The Australian Bureau of Statistics and the Australian Institute of Health and Welfare 2008 Report indicates the health status of Indigenous Australians has shown little improvement in recent years and remains considerably below that of non-Indigenous Australians and Indigenous peoples in other countries.<sup>3</sup>

- Indigenous adults are twice as likely as non-Indigenous adults to report their health as fair or poor;
- Hospitalisation rates are higher for Indigenous Australians, particularly for conditions that are potentially preventable such as diabetes and kidney disease;
- Mortality rates of Indigenous people are almost three times the rate for non-Indigenous people in Queensland, Western Australia, South Australia and the Northern Territory, the only jurisdictions for which coverage of Indigenous deaths was deemed sufficient to report;
- Indigenous people are half as likely to complete Year 12 as non-Indigenous people;
- Indigenous adults are more than twice as likely as non-Indigenous adults to smoke regularly;
- More than half of Indigenous people are overweight or obese;
- Indigenous people face barriers in accessing health services, in particular primary health care;
- Indigenous Australians die nearly 20 years younger than non-Indigenous Australians. This is in stark contrast to the USA, Canada and New Zealand where the life expectancy for Indigenous people is approximately 7 years higher than for the non-Indigenous population;<sup>4</sup>
- Indigenous infant mortality is 3 times the rate of non-Indigenous Australians and more than 50% higher than for Indigenous children in the USA and New Zealand;<sup>5</sup>
- Aboriginal deaths from smoking are 20% higher than the rest of the community;<sup>6</sup>
- Indigenous women are three times more likely to die during pregnancy than the rest of the population due to poor health and diseases such as rheumatic heart disease;<sup>7</sup>

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<sup>3</sup> [The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2008](#) (ABS cat. no. 4704.0) available on [www.abs.gov.au](http://www.abs.gov.au) and [www.aihw.gov.au](http://www.aihw.gov.au).

<sup>4</sup> "Close the Gap – Solutions to the Indigenous Health Crisis Facing Australia." NACCHO and OXFAM Policy Briefing Paper August 2007

<sup>5</sup> "Close the Gap – Solutions to the Indigenous Health Crisis Facing Australia." NACCHO and OXFAM Policy Briefing Paper August 2007

<sup>6</sup> Thomas, D. Menzies School of Health Research, Darwin, Northern Territory, April 2008

<sup>7</sup> King, J. Australian Institute of Health and Welfare, 2 May 2008



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- Indigenous men are ten times more likely to be sexually abused than non-Indigenous men due to factors such as overcrowding, unemployment and drug abuse;<sup>8</sup>
  - Remote Indigenous communities have the highest rates of unemployment, widespread violence, endemic alcoholism and substance abuse, lowest levels of education and lifelong morbidity for heart disease, nutrition and lifestyle disease such as diabetes;<sup>9</sup>

### **Recommendations**

The AASW fully endorses the joint *Close the Gap* recommendations<sup>10</sup>:

1. Improved access for Aboriginal peoples and Torres Strait Islanders to culturally appropriate primary health care, and to a level commensurate with need.
2. Increasing the number of health practitioners working within Aboriginal health settings, and further development and training of the Indigenous health workforce.
3. Improving the responsiveness of mainstream health services and programs to Aboriginal peoples and Torres Strait Islander health needs.
4. Greater targeting of maternal and child health and greater support for Indigenous-specific population programs for chronic and communicable disease.
5. Greater funding and support for the building blocks of good health such as awareness and availability of nutrition, physical activity, fresh food, healthy lifestyles, and adequate housing.
6. Setting national targets and benchmarks towards achieving healthy equality, by which progress can be closely monitored.

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<sup>8</sup> Adams M. Chair, National Aboriginal Community Controlled Health Organisations, 9 May 2008

<sup>9</sup> Langton, M. "Trapped in the Aboriginal Reality Show – Re-imagining Australia" in Griffith Review. Edition 19 2007 Griffith University and Author.

<sup>10</sup> "Close the Gap – Solutions to the Indigenous Health Crisis Facing Australia." NACCHO and OXFAM Policy Briefing Paper August 2007



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## Conclusions

1. The AASW considers that improvements in the health status of Indigenous Australians will not be achieved without improvements to a range of socio-economic conditions including adequate housing, education, sanitation and availability of fresh food.
2. The AASW also urges governments to recognise traditional cultural knowledge within the policy context and to reassess the current often short-term unsecured funding models and program structures available to Indigenous communities that impede long term planning.
3. The AASW also supports increased funding to culturally appropriate Indigenous controlled health services and increased training and mentorship to a range of Indigenous health staff to assist Indigenous people to remain on their land and communities in meaningful occupations.
4. The AASW supports strategies to address intergenerational trauma as this has huge impact on individual and community health outcomes.

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**Australian Association of Social Workers**

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United Nations Declaration on Human Rights, NY.

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*Disclaimer: Position statements*

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