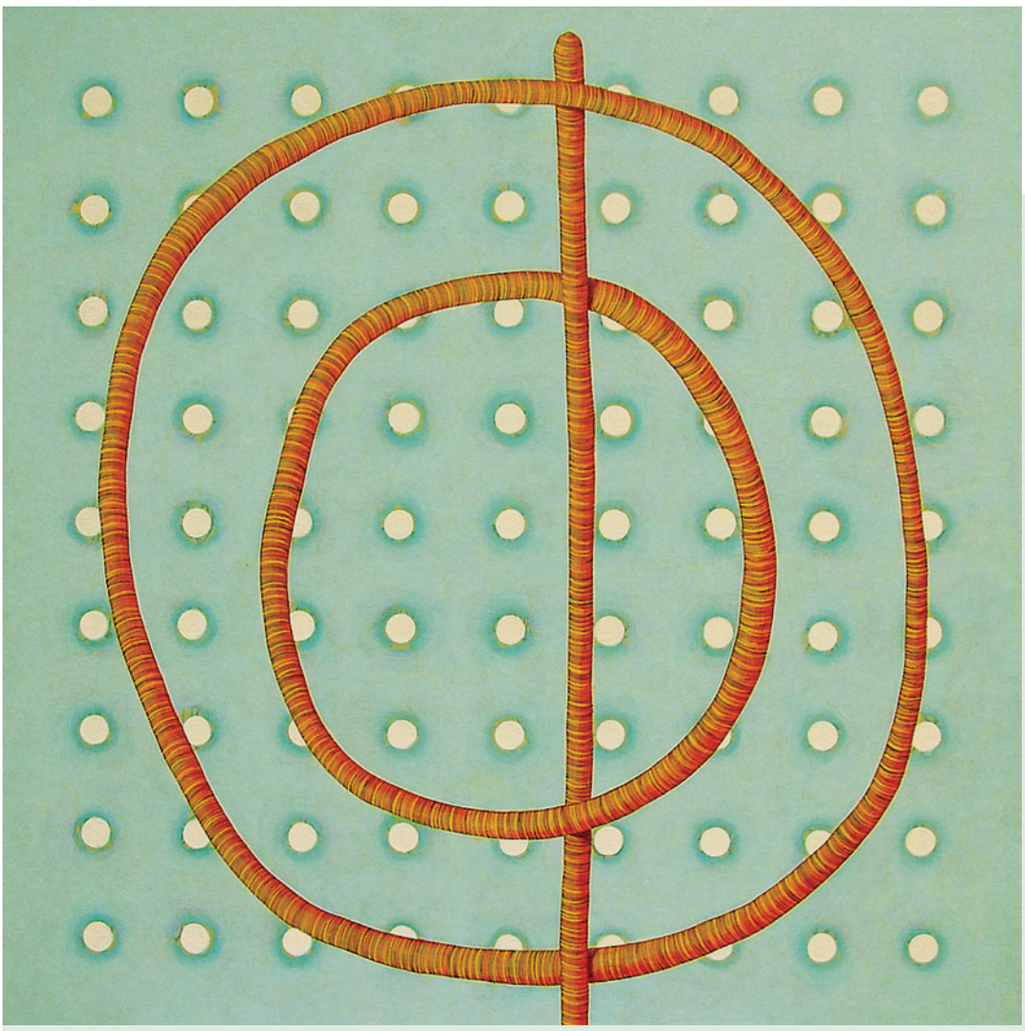

In our own backyard:

Urban health inequities and Aboriginal experiences of neighbourhood life, social capital and racism

Gilbert Gallaher, Anna Ziersch, Fran Baum, Michael Bentley, Catherine Palmer, Wendy Edmondson, Laura Winslow

Flinders UNIVERSITY

Throughout this report the terms "Aboriginal" and "Indigenous" refer to Australian Aboriginal and Torres Strait Islander people.

Further copies of the report are available from Southgate Institute, Flinders University - Patricia Lamb (08) 7221 8444 or patricia.lamb@flinders.edu.au

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Contents

Message from Premier Mike Rann

I want South Australia to be a place where Aboriginal people are able to achieve their potential, to lead happy and fulfilling lives, and to share in our State's prosperity.

In order to achieve this aim, we must do everything we can to better understand the problems that confront our Indigenous communities, and the measures we need to take to help address their needs.

That is the case for Aboriginal people living in urban areas, as well as those in outback and regional communities.

This report contains an important study of the health and wellbeing experiences and needs of Aboriginal and Torres Strait Islander people in Adelaide.

It reaffirms the South Australian Government's understanding that, while significant progress has been made to improve the quality of life for Indigenous Australians, there is much more work to be done.

That's why the Government has set nine specific Aboriginal targets in *South Australia's Strategic Plan*, and has ensured that Aboriginal people are specifically considered in all references of our Social Inclusion Initiative.

We are also strongly supportive of the Council of Australian Government's commitment to 'Closing the Gap', an initiative that acknowledges the importance of tackling major social issues such as health, employment, education and early childhood development.

This is a comprehensive report that will help us to identify areas where we can further improve the lives of Indigenous South Australians.

I commend the authors on their work and commitment, and look forward to continuing to work with our State's tertiary institutions and other agencies in order to bring about long-term, practical change for the better.

Mike Rann
Premier of South Australia

Foreword

Professor Lester-Irabinna Rigney

Director Yunggorendi First Nations Centre for Higher Education and Research, Flinders University, addressing health students (Photo courtesy Ashton Claridge)

The difference in health outcomes between Aboriginal and Torres Strait Islanders and other Australians is unacceptable and unsustainable.

Too many observers have reduced this phenomenon to a symptom of health and welfare - policy failure. Subsequent studies such as this report reveal a more complex picture in an urban setting that includes: addressing racism; the importance of health environments; and the need to defeat the absence of Indigenous perspectives within institutional cultures of mainstream health services.

In my own writings I too have sought to overwhelm this reductionist view. Over the past decade I have argued that a crisis exists in the health and education of Aboriginal and Torres Strait Islander children. By year 3 in primary school there are already significant gaps between the literacy levels of Indigenous students and those of other students. Health and literacy are linked and are fundamental to health promotion. Research shows that indirect effects of non-achievement of literacy benchmarks include: unemployment; poverty; problems understanding medication; difficulty accessing and using health systems; and the lack of skills for health behaviour modification and community empowerment.

This report's main focus is refreshingly centred on urban Indigenous perspectives on health. Most Indigenous people live in urban areas. Repressive laws of the 1930s confining Indigenous peoples to missions and reserves were lifted in favour of gradual assimilation and absorption. Since this time there has been a regular and continuous migration of Indigenous people to urban spaces. This movement has brought about a number of health complexities, many of which require further research. In a post-apology political climate the research team for this project has developed key recommendations to identify priorities for action to close the health gap between Indigenous peoples who grew up and continue to live in cities and other Australians. Its intentions seek to guide our efforts to address the critical health challenges urban Indigenous Australians face that must be overcome in order to deliver effective health outcomes for transformative change.

A final word to explain the problematic category of 'urban' in an Indigenous context. There are no neutral terminologies about Aboriginal or Torres Strait Islanders. Terms referring to Indigenous peoples such as urban, semi-urban, rural and remote are social constructions developed by researchers. Generally speaking Indigenous peoples rather express their identities by kin, land, language and politics. This begs the question, 'Who are urban Indigenous peoples?' It is important to recognise that urban Indigenous peoples are not homogenous. Many Indigenous urban peoples who grew up on missions like me have witnessed rural towns growing around us over the years. Some migrate to urban townships and never return to missions or reserves, while others cycle back and forth regularly. This urban-rural-remote mobility is an important element that must be factored into Indigenous health policy.

The goal of this report is the improvement of Indigenous urban health and the empowerment of Aboriginal individuals and their communities. This report extends a challenge to the health care system, health professionals and governments to undertake the necessary changes to improve health care for Aboriginal and Torres Strait Islander peoples for the long term. I therefore commend this report to you in the hope that its findings will lead to a higher standard of health and wellness for all Indigenous Australians.

Acknowledgments

This research project would not have been possible without the support of many people and organisations.

In particular, the authors would like to thank all the research participants for their time and generosity in sharing their stories.

We would also like to thank the Aboriginal Legal Rights Movement, the City of Port Adelaide/Enfield, Kura Yerlo Inc., the Muna Paiendi Community Health Service, Tauondi College, Women's Health Statewide, Karpandi Women's Centre, Westcare, the Aboriginal Health Council, and the Yunggorendi First Nations Centre for Higher Education and Research at Flinders University. We also thank Con Bilney for his contribution to the project.

We would like to thank the Cooperative Research Centre for Aboriginal Health and their Chief Executive Officer Mick Gooda for their sponsorship of the project, especially in terms of Aboriginal support for Gilbert Gallaher.

We would also like to express our gratitude to David Hollingsworth for his valuable advice in crafting our policy discussion points on racism, and Danny Stevens for proofreading the report.

We gratefully acknowledge the members of the Project Advisory Committee for their timely and excellent support, guidance and feedback throughout the project.

We would also like to acknowledge the invaluable contribution of Michelle Ah Matt who provided all of the administrative functions for the project.

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Report Summary

This report is about Aboriginal and Torres Strait Islander people who live in urban areas. Thus it contributes to filling the gap in literature and knowledge about the health and everyday life experience of urban Indigenous peoples. The Adelaide Aboriginal and Torres Strait Islander Health (AATSIH) study found that Aboriginal and Torres Strait Islander people living in urban Adelaide were:

- active participators in community groups
- strongly connected to family and friends, particularly other Indigenous people
- keen to have a positive neighbourhood environment
- well integrated in their local communities, though there were still a small number of people who were quite socially isolated.

However, levels of trust in institutions and people in Australia were substantially lower among participants in the AATSIH study, when compared to non-Indigenous people in a companion study.

It is likely that lower levels of trust found in the AATSIH study are strongly related to the high level of racism reported by people, with 93% of people reporting experiencing racism at least sometimes and two-thirds reporting experiencing it often.

Compared to the general South Australian urban population people in the AATSIH study reported lower levels of physical and mental health. Experience of racism was associated with the poorer health outcomes of our participants.

After consultations with policy makers and practitioners, key policy issues were identified including:

- the need to create an Indigenous environment for all of us
- the importance of focusing on healthy environments and not health behaviours
- the need to make the social determinants of health work for Indigenous people
- the crucial importance of addressing racism as a means to improving health and closing the life expectancy gap
- the need for a holistic approach to mental health.

Main Findings

Chapter 2: Health

- Compared to the general South Australian urban population, the people in the AATSIH study had worse physical and mental health.
- Compared to the general population twice as many people in the AATSIH study *did not* drink at all and three times as many people smoked. Most people regularly exercised.

Chapter 3: Social Capital

- Most people in the AATSIH study had regular contact with friends and family. However, 7% saw friends or family very infrequently.
- Almost three-quarters of the people in the AATSIH study were involved in a community group.
- 60% of people reported that all or most of the people in their networks were of the same ethnic or cultural group as them.
- Levels of trust in institutions were low. Overall, levels of trust in institutions were lower than for people in the General Location and Health study.
- People in the AATSIH study trusted people in Australia generally less than people in the General Location and Health study. People in the AATSIH study trusted Aboriginal and/or Torres Strait Islander people more than people in Australia generally and non-Indigenous people.
- Having access to help and assistance was important to people as an Aboriginal and/or Torres Strait Islander. Most people had good access to practical and emotional support. Financial and information support was less available.
- People in the AATSIH study felt more strongly that the disadvantaged in Australia were not looked after by society, compared to people in the General Location and Health study.

Chapter 4: Neighbourhood Life

- Almost 70% of people in the AATSIH study spent almost all or much of the week within their neighbourhood.
- More people in the AATSIH study agreed that there was a strong sense of community in their neighbourhood than in the General Location and Health study.
- Over three quarters of people felt safe in their neighbourhood. This was similar in the General Location and Health study.

Chapter 5: Racism and Health

- The majority of people in the AATSIH study had experienced racist treatment in a range of formal settings, particularly within the justice and educational settings.
- In general racism was less often experienced in informal settings than formal settings, but still very common.
- Almost two-thirds of people in the AATSIH study experienced racism often or very often in at least one formal or informal setting. Only 7% reported never or hardly ever experiencing racism.
- Feeling angry/annoyed/frustrated was the most common response to racist treatment. Physiological reactions were experienced at least sometimes by over two-thirds of people.
- In response to racist treatment, over a quarter of people reported feeling ashamed/humiliated/anxious/fearful or powerless/hopeless/depressed often or very often.
- Almost two-thirds of people thought that racism affects health.
- Experiencing regular racism, particularly in informal settings, was associated with poor mental health.

Chapter 6: Policy Implications

A number of policy discussion points came out of a series of consultation workshops and discussions with the Advisory Committee:

- Indigenous cultures should be promoted and celebrated.
- Changing behaviours is only likely to be successful when people live in environments which are supportive of healthy lifestyles and lifestyle choices.
- If Aboriginal health is to improve relative to other Australians then so must the way in which Aboriginal people compare on the social determinants of health.
- Unless racism is tackled the goal of closing the gap in health status is unlikely to be met.
- A holistic approach to improving mental health is essential.

Introduction

This report is about Aboriginal and Torres Strait Islander people who live in urban areas. Thus it contributes to filling the gap in literature and knowledge about the health and everyday life experience of urban Indigenous peoples. The Rudd Labor Government has established closing the gap in life expectancy between Aboriginal and non-Aboriginal Australians as a major goal of the new government (COAG, 2007). Doing so will require a nuanced understanding of the factors that affect the health of Aboriginal people, especially those relevant to people who live in urban areas who are the majority of the population. This study, the Adelaide Aboriginal and Torres Strait Islander Health (AATSIH) project, was funded by the National Health and Medical Research Council (NHMRC) and focused on neighbourhood life, social capital, experiences of racism and health. This was a 'companion' project to another NHMRC project (the General Location and Health project (the General L&H project) – see Baum, Ziersch, Zhang et al, 2007) that explored neighbourhood life and social capital for the general population in four contrasting socio-economic areas in Adelaide.

The study aimed to explore the following:

- mental and physical health status and health inequities
- experience of urban neighbourhood life
- social capital
- experience of racism and its impact on health

for Aboriginal and Torres Strait Islander people living in urban Adelaide.

Neighbourhood life

Research has linked a range of aspects of neighbourhood to health outcomes. Most Aboriginal people live in urban areas yet much research effort is directed at remote and rural residents. The research reported here concerns a study of Aboriginal and Torres Strait Islander people living in the Adelaide metropolitan area. We explore their perceptions of the social, physical and service amenities within their neighbourhoods.

Social capital

Definitions of social capital vary, but most include informal and group networks and values such as trust as core elements (Baum & Ziersch, 2003). Social

capital has been linked to health outcomes. However, very little is known about how social capital works for Aboriginal people and whether patterns of social capital are different for Aboriginal people compared to other Australians. In this report we consider participation in groups and informal networks, trust, access to help and assistance, and include some comparisons with the general population including from the General L&H Project.

Racism

Racism is complex and can be defined in many ways. Racism can be both open and observable (overt) and hidden or disguised (covert), and is captured in behaviour or words which advantage or disadvantage people because of their colour, culture or ethnic origin. Racism has been identified as occurring at individual, institutional, and systemic levels. There is evidence that experience of racism is detrimental for health, but there is relatively little research about the health impacts of racism for Aboriginal and Torres Strait Islanders (Paradies, Harris & Anderson, 2008). In this study we explore the experiences of racism reported by Aboriginal and Torres Strait Islanders in Adelaide, and also their response to these experiences. We also consider the potential health impact of racism.

Using the study to make a difference

Our intention as researchers has been, from the conception of this research, to work to ensure that the findings from the research will be used to inform the work of government and non-government agencies who are in a position to make changes that will lead to improved health for Aboriginal people.

Part of our strategy to make this happen was establishing an Advisory Committee (see membership on page *x*) that guided the project from its inception. In addition, two workshops were held in April 2008 where the results of the research were presented and the implications of the findings for policy and agency practice were discussed. Chapter 6 of this report outlines some of the likely policy implications of the research that emerged from this consultation process.

Chapter 1
The Project

1.1 How did we conduct the study?

We interviewed 153 people in 5 Adelaide metropolitan Indigenous Locality Boundary areas – Playford-Elizabeth, Onkaparinga, Port Adelaide, Prospect-Adelaide East, and Enfield-Inner (see Appendix 2).

As there is no complete list of Aboriginal and Torres Strait Islander people within Adelaide, we recruited people through 'snowball' techniques including:

- talking with members of the Advisory Committee to identify potential people
- talking with Aboriginal and Torres Strait Islander services and organisations to identify potential people
- posters and flyers
- pamphlets for distribution at local Aboriginal and Torres Strait Islander agencies
- residential letter box drops.

Inaugural Advisory Committee Meeting Nov 2005 – Women's Health Statewide

Most interviews took place in people's homes and where this was not convenient an alternative venue such as a community health centre or a local park. Interviews were conducted by Aboriginal researchers.

Interviews went from three-quarters of an hour to two hours and included both questions where people selected their response from a list (fixed choice), and where they could use their own words to expand on their answers (open). We recorded all the interviews and transcribed them. We also asked a small number of people to take photos of their neighbourhood and talked in another interview about these images. Some of these photos are included in this report (photovoice).

We don't use people's real names in this report to protect their identity. The project received ethics approval from the Aboriginal Health Council of South Australia and the Flinders University Social and Behavioural Research Ethics Committee.

1.2 Who participated in the study?

Of the 153 people involved in the study:

- 60% identified as Aboriginal, 30% by their traditional name (e.g. Kaurna, Ngarrindjeri), 10% as Indigenous, and 1 person as both Aboriginal and Torres Strait Islander.
- 39% were male and 61% were female.
- 23% were 30 years or younger, 49% were 31–49 years, and 28% were 50 years or older.
- 60% had completed up to secondary school, 25% had a TAFE or trade qualification, and 15% had completed a degree or higher degree.
- 25% of people were currently in the workforce, working full or part time, with 75% not actively involved.

1.3 Other research we present in this report

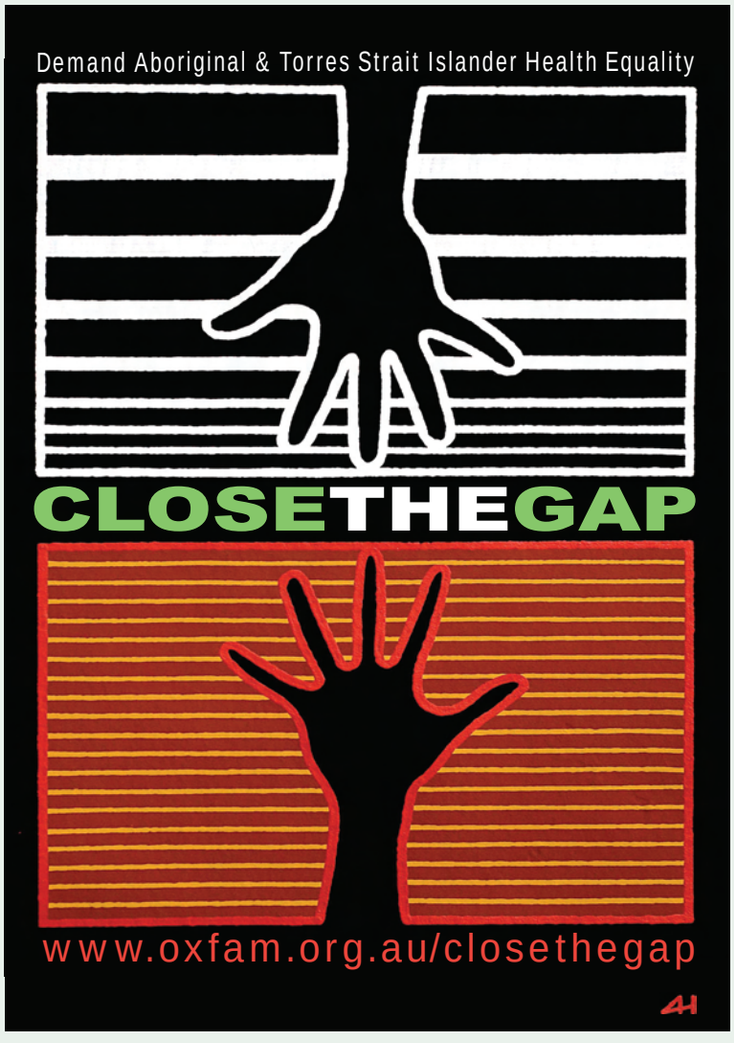
In this report we also present findings from three other pieces of research. The **General L&H project** was also undertaken in the Department of Public Health at Flinders University. As part of the General L&H project over 3000 people were surveyed from four postcode areas across Adelaide (within the Burnside, Playford, Prospect and Onkaparinga Local Government areas). Where relevant we compare the responses to comparable questions from the General L&H project with those responses from the **AATSIH project.**

It is important to note that the ways that people were selected to be involved in the projects were different, that they didn't all live in the same neighbourhoods, and the ways that the data was collected was different (face-to-face in the AATSIH project versus self-completion postal survey for General L&H project). This means that we can only make comparisons in order to examine general trends rather than precise and direct comparisons.

In Chapter 2 we also compare some of the questions from two telephone surveys of urban South Australians – one conducted in 2003 and one conducted in 2005 (referred to as Urban SA 2003 & Urban SA 2005).

Policy Workshop – Aboriginal Legal Rights Movement Inc

Chapter 2
Health



Oxfam is working in coalition with over 40 Indigenous and non-Indigenous organisations to close the 17 year life expectancy gap between Aboriginal and Torres Strait Islanders and other Australians. National Close the Gap Day has been held annually since 2007. www.oxfam.org.au/closethegap

2.1 General health

In the interviews we asked people a range of questions about their health – both fixed choice and open.

As part of this section we compare some of the answers to the fixed choice questions.

We asked people in the AATSIH study to rate their health in general out of 5 possible options (Figure 2.1).

Figure 2.1: Self-rated health (AATSIH and 2005 Urban SA)

41% of people in the AATSIH study said that their overall health was only fair or poor, compared to 16% from the general population

59% said that their health was good, very good or excellent, but 41% of people said that their health was only fair or poor. There were no significant age and gender differences.

By stark contrast the telephone survey of people in Adelaide in 2005 found only 16% of people rated their health as fair or poor.

2.2 Physical and mental health

We also asked people a range of other questions that make up the SF-12 self-rated health measure. From answers to these questions it is possible to score people's mental and physical health from 0–100, where higher scores mean better health. The median scores (mid-point) for these are shown in Table 2.1 below.

Table 2.1: Median physical and mental health SF-12 scores for the AATSIH project

Physical health	Mental health
45.6	41.4

Because we had 10 homeless people in the study we also looked at their scores separately and also what the scores of the remaining people in the study were. The physical health scores of the homeless were slightly higher than the rest of the sample, and their mental health scores were substantially lower (Table 2.2).

Table 2.2: Median physical and mental health SF-12 scores for the AATSIH project for homeless participants and rest of the participants

	Physical health	Mental health
Homeless participants (N=10)	47.5	35.0
Rest of the participants (N=143)	45.5	41.7

Compared to the general South Australian urban population, the people in the AATSIH study had worse physical and mental health.

We compared the mental and physical health scores with the general South Australian urban population (Table 2.3), with people from the AATSIH study (both the homeless and rest of the sample) having lower scores for both mental and physical health.

Table 2.3: Median physical and mental health SF-12 scores for the general SA urban population (2005, Health Monitor survey, SA Dept. of Health)

Physical health	Mental health
52.1	55.2

2.3 Hope and control

We asked people about whether they felt in control of their life at the moment. 72% agreed, 13% disagreed, and 15% were neutral (Figure 2.2). We asked the same question in the General L&H project and 77% agreed, 9% disagreed, with 14% neutral.

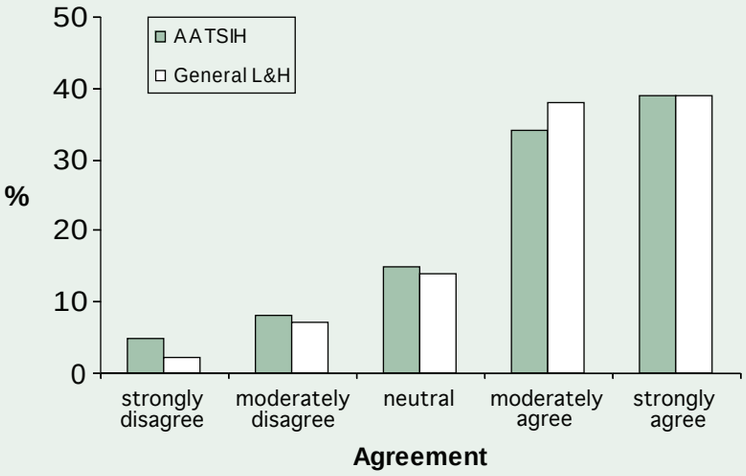


Figure 2.2: Agreement that 'I feel in control of my life', (AATSIH and General L&H)

Most people felt in control of their life in general and things that affected their health.

We also asked people in the AATSIH study about whether they felt in control of issues/circumstances affecting their health and wellbeing (Figure 2.3). 63% agreed, 14% disagreed and 23% were neutral. We didn't ask this question in the General L&H project.

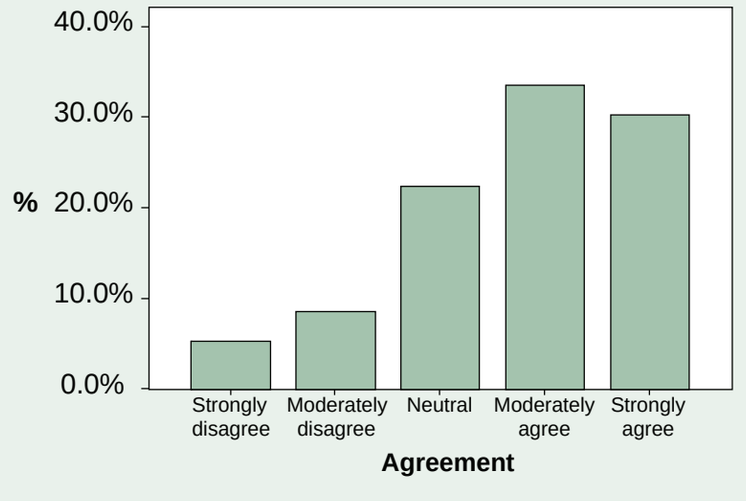


Figure 2.3: Agreement that 'I feel in control of issues/circumstances affecting my health and wellbeing' (AATSIH)

We also asked people about their sense of hope for the future. 75% agreed that they felt hopeful about the future, 11% disagreed, and 14% were neutral. In the General L&H project 78% agreed, 8% disagreed and 14% were neutral.

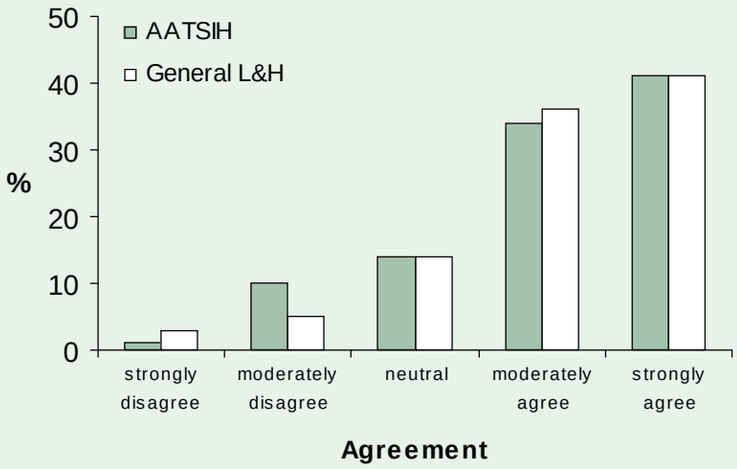
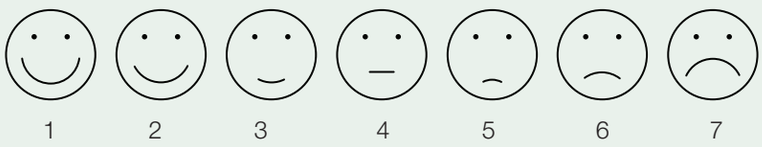


Figure 2.4: Agreement that 'I feel hopeful about the future', AATSIH & General L&H

Most people in the AATSIH study felt hopeful about the future.

2.4 Life in general

In both the AATSIH study and the General L&H project we asked people to rate how they felt about life in general. We showed people in the AATSIH study a range of faces ranging from a very happy face (1) to a very sad face (7) to indicate their rating.



19% picked the happiest face (1) and 3% picked the saddest face (7). The midpoint was number '3' which was slightly happy. In the General L&H project 17% picked the happiest face, 1% picked the saddest face and the midpoint was the number '2', quite happy, which was a happier face than in the AATSIH study.

Most people felt happy about life in general, though a little less so than in the General L&H project.

2.5 Health behaviours

Compared to the general population twice as many people in the AATSIH study *did not* drink at all, and three times as many people smoked.

We also asked people about their alcohol and tobacco consumption and how often they exercised.

45% of people said that they did not drink at all, compared to 22% of the general SA urban population (Urban SA 2003). 68% of people from the study smoked, compared to 21% of the general population (Urban SA 2003).

Table 2.4 shows the number of days per week the people in the study exercised for 30 minutes or more, with the majority of people exercising at least 2–3 days a week and only 7% not exercising at all, compared to 15% in the 2003 general telephone survey.

Table 2.4: Number of days per week engaged in moderate or vigorous physical exercise

	AATSIH (%)	General L&H (%)
No days	7	16
1 day	6	11
2–3 days	26	31
4 or more days	61	42

Most people regularly exercised.

"Absolutely, eat my fruit every day, eat the vegetables, try to have four vegetables a day, fruit I have an apple and orange a day in that respect I try to drink water but yeah I don't do well there, but you know the protein, I eat in moderation when it comes to chips or chocolate, yeah I just need to do exercise." (Shane, 31, full-time work, Playford)

"Try and exercise, eat well, and that's about it." (Sandra, 52, full-time work, Port Adelaide)

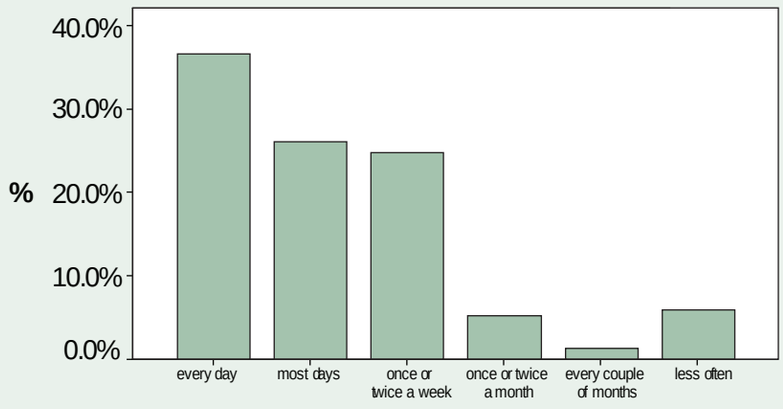
Chapter 3
Social Capital

Photograph courtesy of Kerri Reilly (Wilson). Source – ALRM Inc.

3.1 Socialising with friends and family

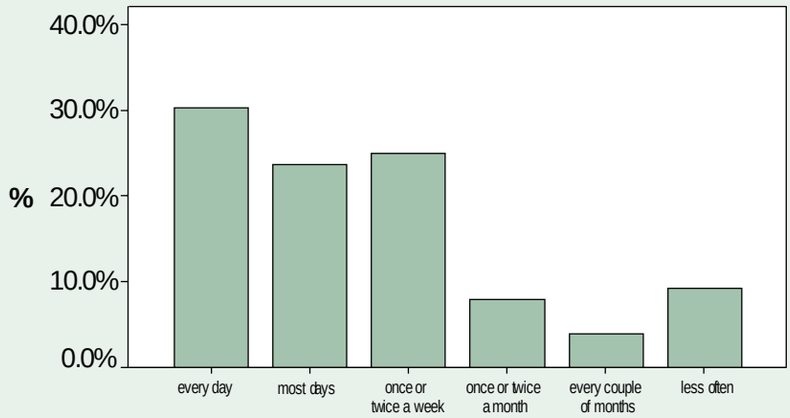
We asked people how much time they spent with their family and friends in social situations. We first asked them about their face-to-face contact with family and friends (other than those they lived with) – such as visiting each other, going out together (Figure 3.1). 37% of people said they did this every day and a further 26% said they did this most days. 7% said they only did this every couple of months or less often.

Figure 3.1: Regularity of face-to-face contact with friends and family



We also asked people about how often they had telephone or email/internet contact with relatives or friends (Figure 3.2). 30% of people said they did this every day and a further 24% most days. 13% said they only did this every couple of months or less often.

Figure 3.2: Telephone/email contact with family and friends



Most people in the AATSIH study had regular contact with friends and family. However, 7% saw friends or family only every couple of months or even less often.

3.2 Participation in groups

73% of people in the AATSIH study reported that they had participated in the activities of a group or organisation. 59% of these people said they did this weekly and 15% monthly. In the General L&H project we also found that 73% also were in a group and their regularity of participation was similar.

The main types of groups that people in the AATSIH study were involved in were:

- Sporting Groups
- Aboriginal Community Organisations
- Local Council Initiatives
- Volunteer Groups

Source – Photovoice participant

Source – Photovoice participant

"Partly because the community thing and I like to help to set up anything that involves community participation. Like you know, at the moment I'm assisting the youth by organising basketball for them to travel to Sydney for a basketball carnival, so there's a few of us that are working on that to get them over there." (Jenny, 47, full-time work, Onkaparinga)

"Yes, like, I mean it provides us with a weekly get together with other people with programs that they provide here such as, you know, like the local footy that we have – the Aboriginal football team – and also local Men's Group activities that's on other nights." (Travis, 34, full-time work, Playford-Elizabeth)

"I like to help to set up anything that involves community participation."

57% of the people in the AATSIH study said they would like to have been more involved. The main reasons they had not been involved included:

- age
- juggling other commitments
- cost

"…I guess it's sometimes you can bite off a lot more than you can chew so you've gotta prioritise things as to what's more important and most of the time, when it comes to the crunch, you've gotta sorta neglect some areas just so you can get through with other areas. So although I like to space my time around evenly, it just doesn't happen like that and more often than not I'm constrained by university work, having to do homework, coming to do research, and you know a lot of constraining factors." (Ethan, 27, full-time work, Prospect-Adelaide East)

"I'd like to get involved in Aboriginal health organisations and sports groups and that but they don't have them for people of my age group." (Diane, 56, unemployed, Playford)

Almost three-quarters of the people in the AATSIH study were involved in a group. This was the same as in the General L&H study.

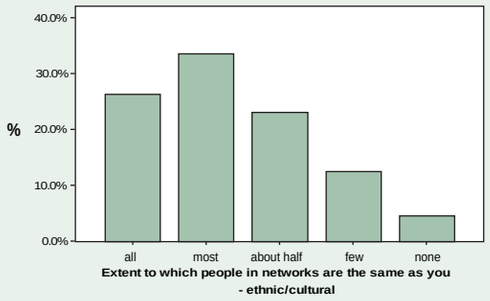
3.3 Social ties

We were interested in the extent to which those in people's networks were similar to them in a range of ways. We asked if the people known through social and group activities were the same or similar to them in terms of their ethnic/ cultural group, level of education, household income and age group (Figure 3.3).

Figure 3.3:Extent to which people's social networks are similar/same to theirs

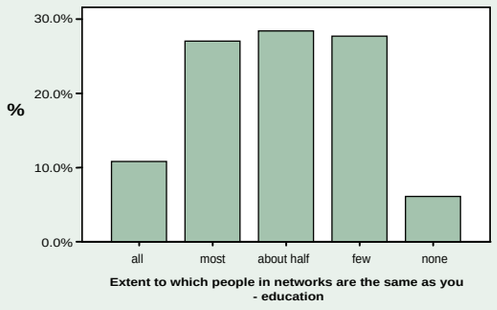
Cultural group:

60% of people said that all or most of the people in their social networks were of the same ethnic or cultural group to them, with 17% reporting few or none.



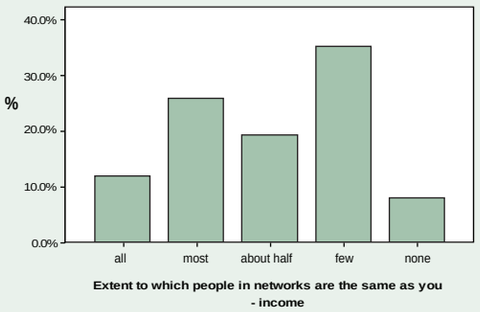
Education:

In terms of the education level of people in social networks 37% said all or most people had the same or similar educational level to them and 6% said none did.



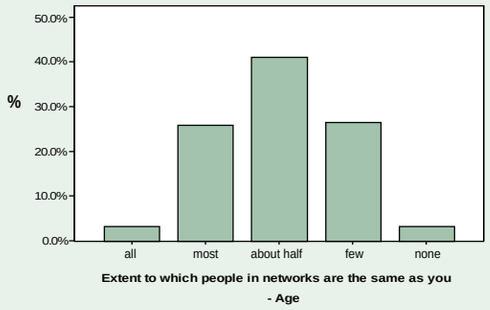
Income:

43% of people said that they had few or no people in their social networks who had the same income level as them. 38% said all or most did.



Age:

41% of people reported that half of the people in the networks were of the same or similar age as them. 29% reported that all or most were and 30% reported that few or none were.



60% of people reported that all or most of the people in their networks were of the same ethnic or cultural group as them.

Social networks were generally fairly diverse in terms of education, income and age.

3.4 Trust

We asked people a range of questions about their trust of institutions and groups in Australia.

Institutions:

We asked people to rate their trust of a range of institutions on a scale from 1 (do not trust at all) to 7 (trust completely) (Table 3.1). In general levels of trust were low, particularly of governments, big business, the police force and the legal/justice system. People showed the highest levels of trust in the health system, but this was still only a mean of 4.9

We also asked those in the General L&H study to rate their trust levels. Their levels of trust were also low. For all institutions except health services, people from the AATSIH study were less trusting of institutions than people in the General L&H study, especially of the police force and the legal/justice system.

Table 3.1: Mean rating of trust in institutions:

	AATSIH Mean Rating (1-7)	GENERAL L&H Mean Rating (1-7)
Governments	2.3	3.1
Big business	2.5	2.9
The police force	2.8	4.9
The legal/justice system	2.8	3.9
Religious institutions	3.3	3.5
The education system	4.0	4.4
Health services	4.9	4.8

Levels of trust in institutions were low, particularly of governments, big business, the police force and the legal/justice system. The highest levels of trust were shown in health services.

Overall, levels of trust in institutions were lower than for people in the General L&H study.

"I have a big trust in mental health services but, such as Nunkuwarrin Yunti I've been in there and spoken to counsellors there and I do feel pretty safe talking to the counsellors and do trust them so I would have to cos it's yeah I would have to say probably about four." (Luke, 21, unemployed, Onkaparinga)

"I don't trust them [police] as far as I can throw 'em. Too many of my brothers have been put behind bars." (Debra, 44, CDEP, Onkaparinga)

Groups in Australia;

We asked people to rate their trust of a number of groups of people on the same scale from 1–7 (Table 3.2). We asked them to rate people in Australia generally and the mean score for this was 3.3. This compared to 4.5 for the General L&H Project. We also asked them to separately rate non-Indigenous people, Aboriginal and or/Torres Strait Islander people and Employees in Aboriginal Institutions. The mean rating for non-Indigenous people was similar to people in Australia in general. However, the rating for trust in Aboriginal and/or Torres Strait Islander people was higher (4.7), and the rating was also higher for Employees in Aboriginal Institutions.

Group	Mean Rating (1–7)
People in Australia generally	3.3
Non-Indigenous people/other Australians	3.4
Employees in Aboriginal Institutions	4.0
Aboriginal and/or Torres Strait Islander people	4.7

Table 3.2: Mean rating of trust in groups in Australia

People in the AATSIH study trusted people in Australia generally less than people in the General L&H study.

People in the AATSIH study trusted Aboriginal and or/Torres Strait Islander people and Employees in Aboriginal Institutions more than people in Australia generally and non-Indigenous people.

"Well if they're Aboriginal I think I'd be inclined to trust them but if they're non-Aboriginal, if they're Aboriginal an employee I'm more inclined to trust them completely but if they're a non-Aboriginal employee I'd trust them a bit less." (Diane, 56, unemployed, Playford-Elizabeth)

"Like brothers and sisters yeah no worries, you know Nungas yeah. But anybody else you know – nah." (Thomas, 36, unemployed, Enfield-Inner)

"Because you know my understanding is this is how I think, being a black person coming from the black history that we've had I know a lot of people that over those years have become very untrustworthy." (Jane, 53, full-time work, Playford-Elizabeth)

3.5 Help and support

We asked people in the AATSIH study about the types of help and support that they had available through their friends and acquaintances. We asked them how many people they had to talk to about personal problems (Table 3.3). 8% said they had none and 22% had more than 5. This compares to the General L&H project where 5% had none and 30% had more than 5.

Number of people	AATSIH	General L&H
None	8	5
1– 2	42	33
3– 4	28	32
5 or more	22	30

Table 3.3: Number of people to talk to about personal problems (%)

We also asked people how many people they had for practical help, for example in giving them a lift somewhere or help around the house (Table 3.4). 94% had at least someone, with 44% having 1–2, 24% having 3–4 and 26% having 5 or more. In the General L&H project the numbers were similar, though more people in the AATSIH study had 1–2 and less had 3–4.

Table 3.4: Number of people for practical help (%)

Number of people	AATSIH	General L&H
None	6	5
1– 2	44	37
3– 4	24	33
5 or more	26	25

We also asked individuals about people they could borrow money from if they had to pay a large bill and couldn't borrow it from a financial institution (Table 3.5). A quarter said they had no one they could borrow from, and 12% said they had 5 or more people they could ask.

Table 3.5: Number of people to borrow money from (%)

Number of people	AATSIH	General L&H
None	25	21
1– 2	43	53
3– 4	20	18
5 or more	12	8

Another scenario we asked people about was if they were thinking of looking for a new job and needed information/advice how many people they could ask for help (Table 3.6). 13% said they had no-one, and over a quarter had 5 or more. This was similar in the General L&H project.

Table 3.6: Number of people for information/advice about a new job (%)

Number of people	AATSIH	General L&H
None	13	17
1– 2	37	29
3– 4	24	25
5 or more	26	29

We also asked people about others they could turn to for information or advice on managing their finances (Table 3.7). Almost a quarter had no-one they could ask, with 12% having 5 or more.

Number of people	AATSIH	General L&H
None	24	18
1– 2	46	48
3– 4	18	20
5 or more	12	14

Table 3.7: Number of people for financial information/advice (%)

Most people had at least someone they could talk to about personal problems and practical help like getting a lift.

About a quarter of people had no-one to borrow large sums of money from or receive advice about financial management.

This was generally similar in the General L&H project.

We also asked people how important this type of help and assistance was to them as an Aboriginal and/or Torres Strait Islander person. Many people said that it was very important to both give and receive help and assistance, particularly with other Aboriginal and Torres Strait Islander people, through exchanges with other Indigenous people. Reasons included a sense of belonging, a sense of understanding and empathy, and a sense of spirituality.

"It's important for me to be able to talk to another Aboriginal person. It's incredibly important to be able to see another black face." (John, 52, full-time work, Port Adelaide)

3.6 Looking after those who are disadvantaged

We asked people in the AATSIH study whether they felt that in Australia people who are disadvantaged are generally looked after by society (Figure 3.4). Only 10% strongly agreed with this statement and 16% moderately agreed with it. 56% moderately or strongly disagreed with the statement.

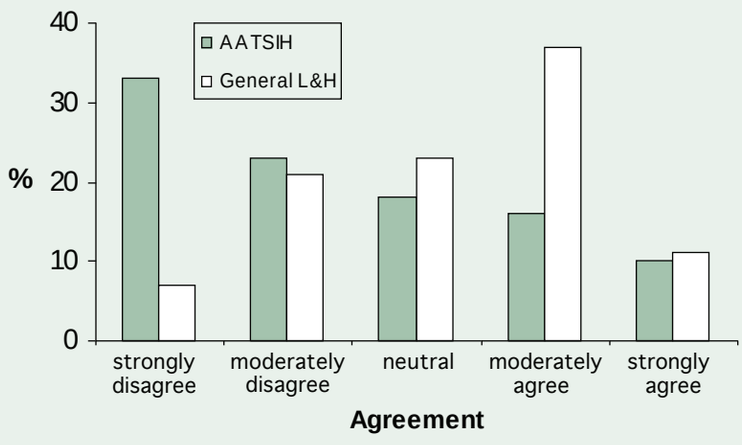


Figure 3.4: Agreement that 'In Australia, people who are disadvantaged are generally looked after by our society' (AATSIH & General L&H)

We also asked people in the General L&H study this question and the answers were quite different. 11% strongly agreed and 37% moderately agreed. Only 28% moderately or strongly disagreed with the statement.

"No because I think sometimes society's not good to disadvantaged people." (Pearl, unknown age, aged pension, Onkaparinga)

People in the AATSIH study felt more strongly that the disadvantaged in Australia were *not* looked after by society, compared to people in the General L&H study.

3.7 Comparisons with others

We asked people to rate their standard of living against most other people in Australia (Figure 3.5). 37% of people thought that they were a little or much better off, 26% about the same, and 37% felt a little or much worse off, with the remainder rating themselves as about the same. When we compared this to ratings from the General L&H Project we found that people in the AATSIH study rated themselves more poorly. 47% of the general population rated themselves as a little or much better off, 17% a little or much worse off and 36% about the same.

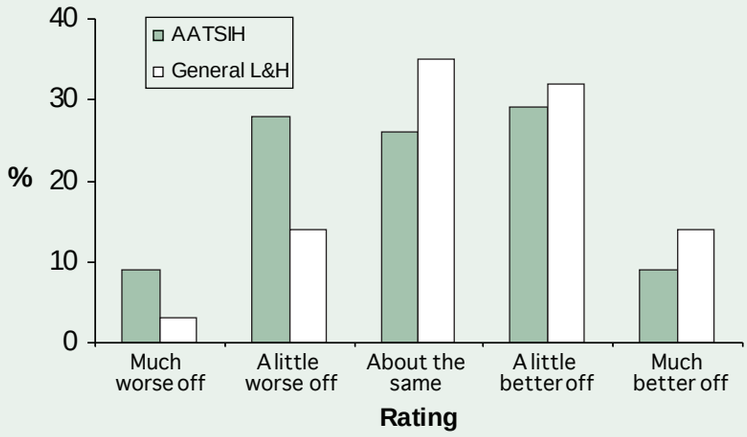


Figure 3.5: Rating of own standard of living against most other people in Australia (AATSHI & General L&H)

Chapter 4
Neighbourhood life

Source – Photovoice participant

Almost 70% of people in the AATSIH study spent almost all or much of the week within their neighbourhood.

In this chapter we report on findings from the AATSIH study in relation to neighbourhood life, including how people see their neighbourhood including significant places within it, and views on the physical environment, services and amenities and social aspects of the neighbourhood such as trust, safety, belonging and tolerance.

Most of the people in the AATSIH study spent a large proportion of their time within the neighbourhood – almost 40% said they spent almost all of the week at home or within their neighbourhood, with an additional 28% saying they spent much of the week within their neighbourhood.

4.1 Importance of neighbourhood

We asked people whether their neighbourhood was important to them. What people saw as important in their neighbourhood was a sense of safety, a good reputation, accessibility to services, and generally a 'positive' environment.

"Obviously you like to see that it's a safe, nice place"

"Oh very important, it's where you live. Obviously you like to see that it's a safe, nice place, especially for your grand children, so yeah that's safe." (Sandra, 52, full-time work, Port Adelaide)

"It's very important and yeah, like for instance if I'm down at the park and I see rubbish, I'll pick it up and put it in the bin type of thing so yeah I have a lot of respect for my area so I want to try and keep it clean and if other people see me do it maybe they'll take that on board as well and start trying a bit more I s'pose." (Ethan, 27, full-time work, Prospect)

"Well, the neighbourhood I'm in now is very important – I've grown up there and, you know, been accustomed to, you know, just like the essential services that are around the place and, and, you know, like, health services, shops and schools and things like that." (Travis, 34, full-time work, Playford)

"Yes, definitely....Because it's where, you know, you live and to me that's really important about your home and your environment around you. That really influences how you are, you know, your positivity or your negativity and things like that and yes, so I think it's very important."(Danielle, 27, full-time work, Onkaparinga)

4.2 Significant places

We asked them to identify any significant places for them as Aboriginal and/or Torres Strait Islander people within their neighbourhood or in broader Adelaide. Key places included:

- The River Torrens
- Tjilbruke Dreaming Trail
- The Coastline
- The Parklands (City Fringes)
- The Adelaide Hills

Source – Photovoice participant

Source – Photovoice participant

"The whole land is of significance to me."

These places were seen as significant because they gave people a sense of belonging and contributing to their community. Historical and familial associations to these places also demonstrate links between place and spirituality.

"Well I consider the parklands very important cos Aboriginal people are always in them. I'm aware of a few historical sort of sites around Adelaide like the old schools they established for Aboriginal children back in the early days of settlement and so that's on the River Torrens. I guess a river sort of person by birth, I guess the River Torrens is important to me. I like water, I like rivers." (Kathleen, 53, full-time work, Prospect-Adelaide East).

"The walking tracks just, they're just over, just past this park here there's the walking track. It's just got native life. Kangaroos are out there, everything the pelicans, the kangaroos, the lizards and it just feels like you're in your own little world." (Nancy, 48, full-time student, Onkaparinga)

"The whole land is of significance to me. Everywhere I walk I look and think about the people that were there before and what it would have looked like and when I'm sitting on my own at the beach and I'm aware of Tjilbruke dreaming and it's all significant." (Claire, 48, household duties, Port Adelaide)

4.3 Physical environment

We asked people to describe the physical environment of their neighbourhoods. Overall most people described their physical neighbourhood as having plenty of green space with trees and parks, or for those living near the coast, open with plenty of fresh air. Despite people describing their neighbourhoods as being positive places generally, people also reported incidents of graffiti and crime which did have an impact on their physical surrounds. These themes were very similar in the General L&H project.

"Lots of open spaces, lots of sea air, nice view of the sea....we've got parks close to the shopping centre, close to transport, just outside the door." (Jenny, 47, full-time work, Onkaparinga)

"Well it's sort of I don't know you get like a lot of graffiti around it, around my neighbourhood, especially like in my area." (Ryan, 22, CDEP, Onkaparinga)

"There's a big oval down the road there, lots of trees, but we should have more trees. Half the trees in the street have been chopped down…the shopping centre down here at Elizabeth South, it's a bit small for a suburb." (Diane, 56, unemployed, Playford)

"There's not a large amount of green space. I guess down at North Haven there's a few spots out there places for people to take their families and they are pulling down a lot of schools and putting up new developments so I would hope they'll keep green space for people to access as well." (Sandra, 52, full-time work, Port Adelaide)

"Standard housing. Cos I actually don't like those houses that are joined together cos I reckon you don't get much privacy in them." (Robert, 52, disability pension, Port Adelaide)

"Yeah no well it's seen as a nice place to live, it's close to a lot of private schools… It's near the Hills, you know the Hills zone and that's particularly attractive because of the natural bird life and gum trees and yeah it's regarded…as a desirable place by many to live." (Patricia, 50, self-employed, Prospect- Adelaide East)

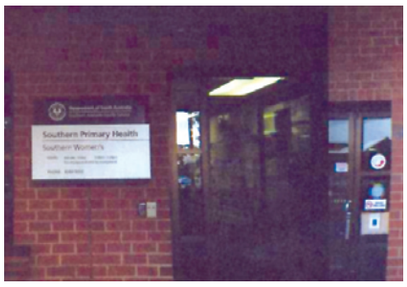
"They're not as flash as some areas but it's a decent sort of place to live I suppose. Decent sort of area – there's not many parks around but sort of trees and those sorts of things." (Andrew, 34, full-time student, Enfield Inner)

Source – Photovoice participant

Source – Photovoice participant

4.4 Services and amenities

Source – Photovoice participant



Source – Photovoice participant

We asked people about the general and health services and facilities they used within and outside their neighbourhoods, whether they thought they were adequate.

Most people regularly used local services such as grocery shops, sporting facilities, GPs, and various retail venues *inside* their local neighbourhood. Many also went to larger multiplex shopping centres on regular occasions.

General services that people said they used *outside* of their neighbourhood included Health Services, Schools, Sporting Facilities, and Aboriginal Organisations and Services.

Most people used a GP within their local neighbourhood. Many people

also attended larger community health centres or hospitals outside of their neighbourhood. These centres often provided specialist health clinics or had an Aboriginal health service which also provided opportunities for people to socialise.

4.5 Social environment

Socialising with neighbours

The majority of people in the AATSIH study reported that most of their family and friends lived outside of their neighbourhood, which was also the case in the General L&H project. Informal socialising was reported by people participating in this study as occurring within the home, or within the neighbourhood, and involved social contact with immediate family members, visiting relatives or friends. Similarly, socialising outside of the home or the neighbourhood involved catching up with family or friends living in another area.

We also asked people about whether facilities within the neighbourhood provided opportunities for people to meet or socialise with other people from their neighbourhood – 'local opportunity structures'. Key places included:

- Football
- Aboriginal Health Services
- Shopping Centres

Source – Photovoice participant

"Yeah so I've got some mates of mine who are Aboriginal and the mates that I play footy with who are non- Aboriginal but we met at the footy club so I socialise with them at the football club because I'm part of the footy club, but the people on our street, we all 'hi how are ya' all on friendly terms with them." (John, 52, full-time work, Port Adelaide)

"Southern Women's [community health service] is probably a good place because Wednesdays they have the Nunga lunch there so that's good, so you always, even if you're not going there, if you're walking past you still see them and you know, so you end up stopping and talking so that's good but there's always different people in Southern Women's that are waiting to use the phone or waiting for different, but you know, you do gradually get to talk to and that so that is a good place." (Elizabeth, 42, Unemployed, Onkaparinga)

"I just used this one and then I, if I for medical reasons and everything and say one in every two months I would just go and do Nunkuwarrin Yunti [Aboriginal health service] for a little look and a bit of gossip you know." (Gwyn, 61, disability pension, Playford-Elizabeth)

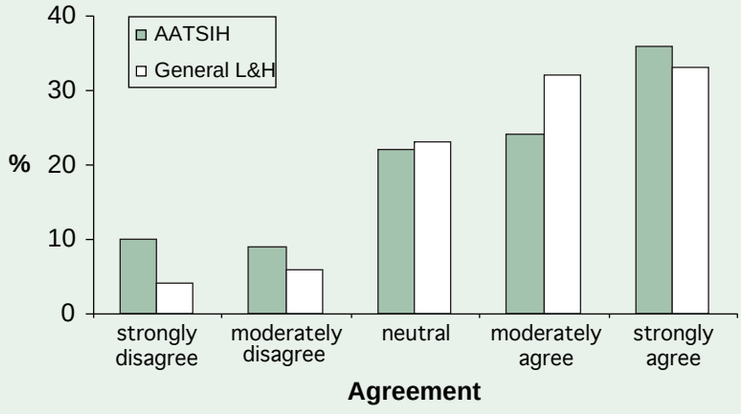
"I meet a lot, I bump into a lot of people that I know. Because at Anglicare at the drop in centre or the shopping centre and so I go there often and see a lot of people that I know, like other mums from the school and friends and what-not." (Shakira, 24, full-time student, Playford-Elizabeth)

We also asked whether the people they socialised with in these local facilities were Aboriginal or Torres Strait Islander or non-Aboriginal or Torres Strait Islander. 24% said they were mostly Aboriginal or Torres Strait Islander, 44% said they were mostly non-Aboriginal or Torres Strait Islander and 32% said there were about equal numbers of Aboriginal and/or Torres Strait Islanders and non-Aboriginal and/or Torres Strait Islanders.

Belonging

We asked people in the AATSIH study whether they felt that they belonged in their neighbourhood (Figure 4.1). Over half (59%) moderately or strongly agreed, with less than 20% disagreeing. This compared to 66% who moderately or strongly disagreed in the General L&H Project, with 10% disagreeing.

Figure 4.1: Agreement that 'I feel I belong in this neighbourhood' (AATSIH & General L&H)



"I don't have a sense of belonging. I like living there, but I don't know if I could say I belong there, I don't know if that's the right word for it really." (Kathleen, 53, full-time work, Prospect-Adelaide East)

"I just think it's, I mean I've lived there all my life so I feel comfortable but I don't necessarily think that I may belong there." (Joshua, 24, full-time work, Onkaparinga)

"Well when I think about it I feel like I am. Because you know it's all going all good here, there's a lot of support, everything." (Keisha, 18, part-time work, Onkaparinga)

Sense of community

We asked whether they felt that there was a strong sense of community in their neighbourhood (Figure 4.2). 61% moderately or strongly agreed that there was. 23% moderately or strongly disagreed. This was a stronger agreement than in the General L&H study where 33% moderately or strongly agreed and 22% moderately or strongly disagreed.

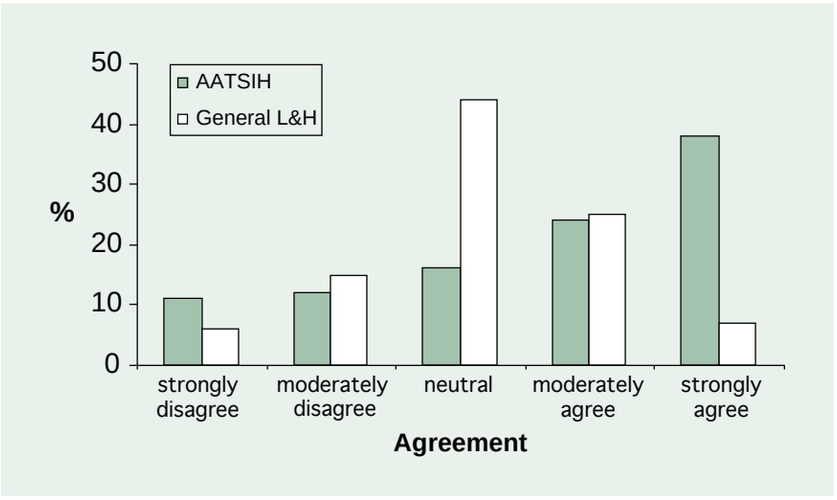
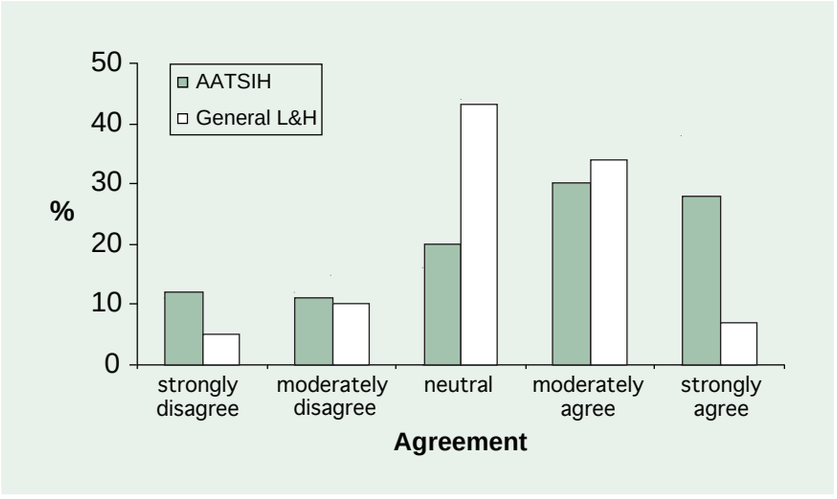


Figure 4.2: Agreement that 'In this neighbourhood there is a strong sense of community' (AATSIH & General L&H)

Just over 60% agreed that there was a strong sense of community in their neighbourhood. Only 33% agreed in the General L&H project.

Tolerance

We also asked people in the AATSIH study about the levels of tolerance in their neighbourhood (Figure 4.3). 28% of people strongly agreed that people in their neighbourhood were tolerant of others who were not like them, with a further 30% moderately agreeing. 23% moderately or strongly disagreed. In the general project 41% moderately or strongly agreed there was tolerance in their neighbourhood, with 15% moderately or strongly disagreeing.



Over half the people in the AATSIH study agreed that there was tolerance of difference in their neighbourhood, more than those agreeing in the General L&H study. However, more people in the AATSIH study *disagreed* that there was tolerance.

Figure 4.3: Agreement that 'People in this neighbourhood are tolerant of others who are not like them' (AATSIH & General L&H)

"Oh no they're not [tolerant], I strongly disagree. No you see a lot of, you see Asian people going in the shops down the supermarket and those shop assistants sort of brush them off and they're not all that polite but if it's an old Gringo that comes through the counter, oh hello Mrs So and So, isn't it nice to see you, oh your hair's pretty and all that you know, you see that. Or when an Aboriginal person comes through the checkout if you're carrying a bag, straight away they're suspicious because you're an Aboriginal person carrying a bag. If you're an Anglo carrying a bag, oh you're automatically a nice up start, clean, honest person so it's not a culturally friendly environment." (Diane, 56, unemployed, Playford-Elizabeth)

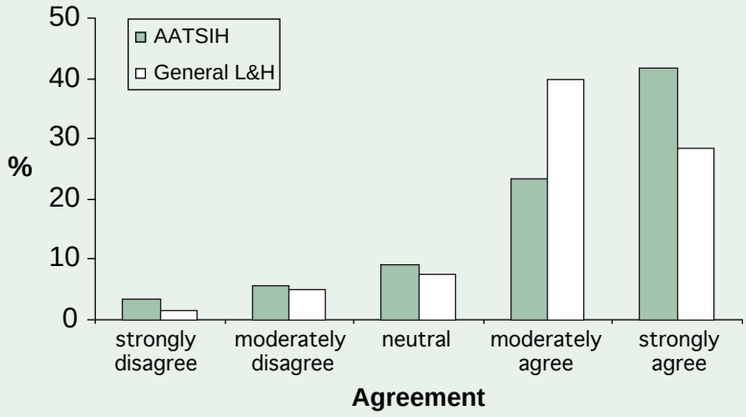
"Yeah they are pretty tolerant. You know like we've got "X" the big schizo that runs up and down the lane telling everyone to f- off and told my son get out of my street you little black bastard and that's "X" you know, because she has a problem and that, we all just accept her you know. Even my son does, oh you know "X" having one of her spats again he'll come up and say to me mum go down and give her a cup of coffee you know, calm her down you know." (Debra, 44, CDEP, Onkaparinga)

Safety

We asked people about their feelings of safety within their neighbourhood (Figure 4.4). Half strongly agreed that they felt safe, with another 28% moderately agreeing. In the General L&H study 34% strongly agreed and 48% moderately agreed.

Source – Photovoice participant

Figure 4.4: Agreement that 'I feel safe in this neighbourhood' (AATSIH & General L&H)



"I sleep outside all through summer out the back and I don't feel scared or anything"

"I sleep outside on the lawn in summer time and that, I sleep out the back. I've got a big dog too, a big bull mastiff…yes I sleep outside all through summer out the back and I don't feel scared or anything, no." (Teresa, 37, household duties, Onkaparinga)

"Seriously I've had no, like I said for three and half years we've been here the worst that's happened once someone siphoned our petrol and secondly someone's taken our recycling bin, that's the only issue we've had within the three and half years." (Shane, 31, full-time work, Playford-Elizabeth)

Trust

We also spoke to people in the AATSIH study about their trust of neighbours and people in their neighbourhood. People were more likely to trust immediate neighbours (living next door or in the same apartment complex) more than people in their neighbourhood generally. The amount of time that people knew their neighbours was also related to how much they trusted them.

"It's been a bit hard for me to trust partly because I don't know them and a lot of them are into drugs and stuff." (Luke, 21, unemployed, Onkaparinga)

"I know around this area here, I'm not talking about the other streets just down here, but I would ... Yeah, everybody keeps an eye out for you. ... there's no cheating people ripping you off you know, louts or anything just walkin' past home, but that's about it." (Richard, 50, disability pension, Prospect-Adelaide East)

"I say in our group of flats I could trust them more but like in my neighbourhood like the whole street down coz […] Road that is a hell of a big road and I wouldn't trust all them people on that road but just in our little units I'd say yeah." (Kate, 34, full-time student, Enfield-Inner)

Over three-quarters of people felt safe in their neighbourhood. This was similar in the General L&H project.

"I wouldn't trust all them people on that road but just in our little units I'd say yeah."

4.6 Civic action in the neighbourhood

We asked people about whether they had been involved in local civic action. People reported that they got involved with civic programs through local schools, neighbourhood watch groups, and organising various petitions to enact change within their local neighbourhoods.

"In the school where my girls go to at Noarlunga, been involved in setting up things… Community groups, local Aboriginal communities, so and the school." (Jenny, 47, full-time work, Onkaparinga)

"I've been there we've probably had about three community meetings. For the neighbours to get together, when we wanted the street lights to be installed down our street just going to the council so that was very, actually I was involved with putting the notice in the letterbox for the neighbour because she wanted me to support her with that, and we were very surprised to see the number of people in our street who came out and said we want to support you with this application. So that was really good." (Carolyn, 48, full-time work, Playford-Elizabeth)

"Yeah, and, um, because I have a very big interest in family violence, the lady, there's two ladies up the road who's having a very hard time so we're trying to do restraints, get restraints and I go to the police station with 'em, and yeah.." (Nancy, 48, full-time student, Onkaparinga)

"I signed a petition once to stop a potato farm getting put in, over the back from us because they wanted to aerial spray… I signed a petition that went around at a couple of meetings and they stopped it." (Shakira, 24, full-time student, Playford-Elizabeth)

We also asked people whether they had been civically involved outside their neighbourhood. Many people reported being civically involved in activities that promoted or assisted in the advancement of Aboriginal people. This occurred through a variety of Aboriginal organisations, local schools, sporting venues, and Elders groups.

"No only if it concerns Aboriginal people then I get involved. I go to protest marches, anything to do with Aboriginal culture I get involved." (Diane, 56, unemployed, Playford-Elizabeth)

"Well my children play netball, so we have netball twice a week. I'm on a number of committees with our local childcare and kindergarten, and on the board of the management committee. I chair [an Advocacy Forum] Just being involved with…Parents Initiated Grants for parents being involved in schools." (Sarah, 43, unemployed, Playford-Elizabeth)

"Yeah and I also belong to a group…to do with justice and stuff. It was only formed last year, I've gone to that." (Robert, 52, disability pension, Port Adelaide)

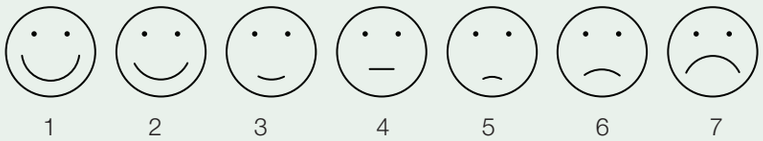
"Well like for instance on Friday there's Sorry Day so if I'm in Adelaide on the day I would go to that, yeah, I think it's important to, while we're not in the process of demonstrating in the streets anymore or front of Parliament House in Canberra, none the less it's important to do those things locally I think and I still think we've got a long way to go before we acquire equal justice in this country." (Kathleen, 53, full-time work, Prospect-Adelaide East)

"I go to protest marches, anything to do with Aboriginal culture I get involved"

4.7 Overall feelings about neighbourhood

We showed people in the AATSIH study a range of faces ranging from a very happy face (1) to a very sad face (7) and asked them which face reflected how they felt overall about living in their neighbourhood.

Most people were happy with their neighbourhood.



20% of people picked the happiest face (1) and 5% picked the saddest (7). The midpoint (median) was the second happiest face. This was similar to the General L&H project where 21% picked the happiest face, 1.3% picked the saddest face, and the midpoint was also the second happiest face.

4.8 Neighbourhood and health

We asked people in the AATSIH study whether they thought that their neighbourhood had an impact on their health (Figure 4.5). 30% said not at all, with 18% saying quite a bit and 9% a great deal. The figures were similar in the General L&H project. The main factor people discussed about neighbourhoods that might be likely to affect health was the presence or absence of environmental pollution.

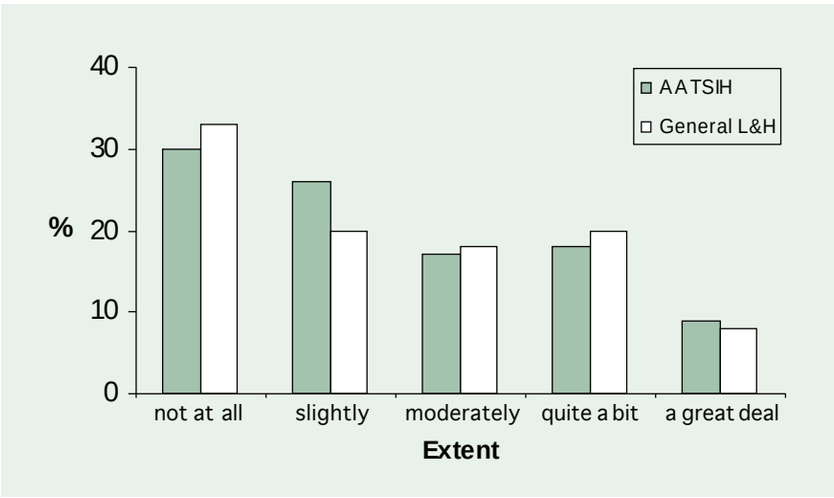


Figure 4.5: Extent to which believe neighbourhood affects health (AATSIH & General L&H)

Source – Photovoice participant

Chapter 5
Racism and Health

We asked the people in the AATSIH study a number of questions about their experiences of racism and the impact that they perceived this had on their health.

5.1 Experiences of racism

We asked people how often they had been treated unfairly on the basis of their Aboriginality in a number of formal and informal settings.

Formal settings

In most of the formal settings almost two thirds of people experienced racism at least some of the time (Table 5.1). Experience of racism was particularly regular within the justice (by police, security personnel, lawyers or in a court of law) and educational settings (school, university or other academic setting), with 29% and 27% of people reporting experience of racism often or very often in these settings, respectively.

Table 5.1: Regularity of unfair treatment in formal settings on the basis of Aboriginality (%)

Setting	Often/ very often	Sometimes	Never/hardly ever/ doesn't apply
Justice	29	31	40
Educational	27	31	42
Government	13	33	54
Employment	14	29	57
Health	14	28	58

There were no significant gender or age differences of experience of racism in any of the formal settings, except in the case of the health system where women were more likely to experience more racism.

The majority of people in the AATSIH study had experienced racist treatment in a range of formal settings, particularly within the justice and educational settings.

When we looked across the formal settings we found that 54% of people experienced racism often or very often in at least one of the settings, 30% reported experiencing it sometimes, and 16% reported never or hardly ever experiencing it.

In the qualitative part of the study we asked people to describe an example of racist treatment. Experiences were grouped as verbal, non-verbal or a combination of both. Verbal treatment included name calling, teasing, taunting and put-downs. Non-verbal treatment included ignoring, staring, gesturing, and physical contact (including provocation and avoidance).

Verbal

Sometimes, yeah, I got insulted a couple of times. One said to me when I went to…I had spots coming out on my arms and back and the doctor turned around and said, "Debra it's just like a black dog with white spots, you can't change it." And I thought you arrogant bastard. (Debra, 44, CDEP, Onkaparinga)

With the police, you know treated unfairly with my daughter, because my daughter was in trouble… The police just call you, you know, you black bitches or whatever you know, call you that to your face. So yeah those sort of things you know. (Betty, 50, full-time work, Onkaparinga)

I've noticed some racist attitudes coming out from my daughter's school council which I'm a member of and they all make comments not necessarily knowing that I'm an Aboriginal person so I tend to back off (Patricia, 50, self-employed, Prospect-Adelaide East)

Non-Verbal

Yes, sometimes. Some of them are like, they're too scared to touch me and you know, when they see black skin. (Sybil, 37, household duties, Onkaparinga)

Combination of Verbal and Non-Verbal

I think when I first got a car…got pulled over about four times, five times in one night by police. And by the third or fourth time I became very irritated… They asked the question did I have a problem. I said no, I don't have a problem… Then it come up you know, you got a chip on your shoulder sort of thing. (Neville, 34, full-time work, Playford-Elizabeth)

"They're too scared to touch me and you know, when they see black skin."

Informal settings

We also asked people in the AATSIH study about experiences of racism in informal settings (Table 5.2). In general racism was less often experienced in informal settings than formal settings; however, in a number of settings there were substantial numbers of people reporting experiences of unfair treatment on the basis of their Aboriginality. This was particularly the case in service (staff at restaurants, bars, shops, banks, motels, real estate agents, in taxis or when getting any other services) and general public settings (other people on the street, at shopping centres, sporting events, concerts, nightclubs etc), where 23% and 17%, respectively, of people reported experiencing racism often/very often.

There were no gender or age differences in the regularity of experience of racism in any of the informal settings, with the exception of age and racism within the neighbourhood, where the youngest age group (≤30yrs) reported the least racism.

Setting	Often/ very often	Sometimes	Never/hardly ever/doesn't apply
Staff in service settings	23	40	37
In general public settings	17	37	46
Sporting/recreational	12	27	61
People in neighbourhood	13	26	61
At home/other house	10	28	62

Table 5.2: Regularity of unfair treatment in formal settings on the basis of Aboriginality (%)

In general racism was less often experienced in informal settings than formal settings, but just less than half of people experienced racism often or very often, particularly in service and general public settings.

"If I put my name to an application they'll see "XXX" and they'll know it's an Aboriginal name and it's in the bin. I'm pretty confident that's what happens." (Aaron, 30, full-time work, Playford-Elizabeth)

"I find a lot of the kids around here, when I first came here, they were very racist. You walking down the streets and a kid would say, "Hey look there's a boong," and the parents would crack 'em one and say, "Don't use that word." But it's obvious, to parents you say it in the home and they've conditioned the kid into thinking the word boong when they see an Aboriginal you know?" (Diane, 56, unemployed, Playford-Elizabeth).

"People are always watching you and watching what you're doing and, you know. Watching where your hands are and shit. Like I said now I just go and show them my bag anyway, as I'm walking out. Just you know…even if they don't ask." (Belinda, 30, unemployed, Enfield-Inner)

"You get called "black mongrel" when you're walking along." (Mary, 51, unemployed, Port Adelaide)

When we looked across the informal settings we found that 64 (42%) of people experienced racism often or very often in at least one informal setting, 65 (42%) experienced it sometimes, and 24 (16%) experienced it never or hardly ever.

Almost two-thirds of people in the AATSIH study experienced racism often or very often in at least one formal or informal setting.

Racism across the settings

Across the formal and informal settings 64% of people experienced racism often or very often in at least one setting and 29% experienced it sometimes. Only 7% reported never or hardly ever experiencing racism in any of the settings.

Only 7% of people reported never or hardly ever experiencing racism.

5.2 Responses to racism

We asked people about the way that they responded to racist treatment, giving them 9 possible responses (Table 5.3).

The response that people in the AATSIH study reported most regularly having was to feel angry/annoyed/frustrated, with 94% of people experiencing this reaction at least sometimes.

Talking about their experience with others/writing/drawing/singing/painting about it was a response at least sometimes of 76% of people.

Avoiding situations and trying to do something about the situation were also common reactions with 69% and 61%, respectively, of people using these strategies at least sometimes.

Over two-thirds of people experienced a physiological reaction to the event such as headaches, stomach aches or a pounding heart, at least sometimes, with over a third reporting this occurring often or very often.

While less common but still regular, over half felt ashamed/humiliated/anxious/fearful and powerless/hopeless/depressed, at least sometimes. A quarter of people or more reported having these responses often or very often.

Table 5.3: Responses to racism (%)

Response	Often/ very often	Sometimes	Hardly ever/ never/doesn't apply
Feel angry, annoyed or frustrated	62	32	6
Talk, write, draw, sing or paint	51	25	24
Try to avoid it	44	25	31
Get a headache, upset stomach, other physical reaction	37	40	23
Feel amused or sorry for person	33	30	37
Do something	32	29	39
Feel ashamed, humiliated, anxious or fearful	28	31	41
Ignore, accept, forget it	27	36	37
Feel powerless, hopeless or depressed	25	31	44

Feeling angry/ annoyed/ frustrated was the most common response to racist treatment. Physiological reactions were experienced at least sometimes by over two-thirds of people.

In response to racist treatment, over a quarter of people reported feeling ashamed/ humiliated/ anxious/fearful or powerless/ hopeless/ depressed often or very often.

The only significant age or gender difference in the regularity of each of these responses to racist treatment was a gender difference in doing something about it, with women less likely to respond in this way.

In the qualitative part of the study we again asked people to talk in their own words about how they responded to experiences of racism. These responses fell into 3 main categories. These were social responses, direct verbal and physical responses, and psychological responses.

Social responses reflected varying degrees of social disengagement (for example, ignoring the situation) or engagement with others about the type of treatment experienced through the sharing of experiences (for example, talking to family and friends).

"Stay invisible so you can't get teased or whatever" (Carol, 50, full-time work, Onkaparinga)

"A lot of people get really upset about racism, like if it's targeted towards them, they get upset, they get angry about it and do stupid things whereas I've always been taught that if someone's going to be nasty to you in a racial way, then that's their problem." (Shakira, 24, full-time student, Playford-Elizabeth)

"Yes, I talk about it with my kids all the time, yes and that, you know, but I was a bit, we had a really good upbringing with mum – we never seen COLOUR, see and she taught us to be like that and I've been trying to teach my kids to be like that, you know." (Teresa, 37, household duties, Onkaparinga)

Direct responses were categorised as both physical and verbal. Physical responses to racism included gesturing, glaring and making or avoiding physical contact. Verbal responses consisted of either overt or covert name calling.

"Yep, you know, like, I'll always acknowledge it, I never backing away sort of, like lost for it. But I never sort of….you wanna get well physical about it you know. I'll verbally have a go back, you know?" (Darren, 40, full-time student, Enfield-Inner)

"It was just other students really, they would say something, you'd hear it and we'd fight. Bash 'em and stuff." (Jeremy, 19, CDEP, Onkaparinga)

"Stay invisible so you can't get teased or whatever"

Psychological responses reflected people's desire to respond either socially or physically, but which they felt that they were unable to do so. These feelings reflected people's positions of wanting to do 'something' but could not see the benefit in doing so (either for themselves or others).

"Get angry every time they say it but I didn't do nothing about it, you know. Felt like bashing and punching them in the mouth, you know?" (Cindy, 50, full-time work, Onkaparinga)

"I couldn't possibly wanting to confront that every time because I'd be too tired, emotionally draining. You'd be just a wreck. Emotionally you can't do that." (Kevin, 46, full-time work, Playford-Elizabeth)

"Like you know, some people might make a joke or something…we go "ha, ha, ha", and we really want to like say "no, we don't like that", you know, "can you stop it." But I wish it was…I mean…probably I ignore it often but I wish I…if you get what I mean." (Iris, 35, part-time work, Prospect-Adelaide East)

5.3 Racism and health

We asked people in the AATSIH study whether they thought that racism had an effect on their health – 65% of people said yes.

"Makes you sick. It's hard to deal with it. Yeah it's stressful." (Mary, 53, full-time work, Playford-Elizabeth)

Almost two thirds of people in the AATSIH study thought that racism affected their health

"I think anxiety wise when I had that incident here. I was just….my heart was racing, I was thinking oh my god if this gets and worse I'm going to faint or something you know what I mean?"(Rachel, 34, full-time work, Enfield-Inner)

"Yes, yes, my legs shake and I get nervous. Like any kind of…you know, any kind of situation where I think there's going to be the slightest bit of conflict, like I get nervy" (Trudy, 32, student, Port Adelaide)

Racism and mental health

We looked at people's experience of racism and their mental health to see if people were more likely to have poor mental health if they regularly experienced racism.

We found a significant relationship between experiencing racism often or very often in at least one informal setting – 62% of those who regularly experienced racism in informal settings had poor mental health. We did not find a significant relationship between experiencing racism often or very often in formal settings and mental health. When we looked across formal and informal settings we found a significant relationship between experiencing regular racism in at least one setting and poor mental health.

"Definitely, it's affected my parents, it's affected my grandparents, it's affected them it's affected as I said it's a generational thing." (Nicole, 43, part-time work, Onkaparinga)

"I went into depression, I went into, the kids went into depression. Yeah, we weren't ashamed but we were really concerned for our safety because they wanted to bomb the place, they wanted to, you know, if they'd just burnt posters and that well you'd know what was gonna be next so it was a lot of mental stress. Wondering are we gonna wake up in this place, or what's gonna happen to us." (Nancy, 48, full-time student, Onkaparinga)

"it's gonna get ya down like, so you know it's depressing you know and f..'ing Jesus, to have a negative attitude all the time, that would be depressing." (Megan, 42, disability pension, Onkaparinga)

"Yeah I reckon it does. It plays like on your brain, on your mind. Peoples minds, and stress…it gets people down yeah. Makes people drink you know. Drinkin' and smokin'….escape reality." (Anthony, 45, unemployed, Onkaparinga)

"Emotional yeah like I don't know it's deep within there's nothing yeah, yeah like when you stress and you worry you know you make yourself sick you know yeah I something within that that makes you ache yeah, yeah, yeah." (Kate, 34, full-time student, Enfield-Inner)

"[Racism] gets people down yeah. Makes people drink you know. Drinkin and smokin'… escape reality"

We then looked at whether each of these findings were still the case if we took into account people's gender, age (≤30yrs, 31–49yrs, ≥50yrs), education (up to secondary school, trade/technical college, degree/higher degree), employment status (employed versus not in labour force) and financial management (comfortable/very comfortable, getting by, finding it difficult/very difficult). We found that experiencing regular racism in informal settings, and also in any setting, were still associated with poor mental health.

Experiencing regular racism in at least one informal setting was associated with poor mental health.

Racism and physical health

When we looked at the physical health of people who had experienced racism often/very often in at least one setting and also in at least one formal setting or in at least one informal setting, we found no significant relationship between any of these measures of racism and having poor physical health.

"Oh growing up, I mean yeah it's just you feel inferior you know what I mean. People are staring at you, watching you. You just know it, and it does make you feel like, I don't know. I think it has affected my health because now I've you know, I have a bit of nerve problems and I really think it makes me…because I'm not coping with people with racism and that you know. That's why I think, I think it has in a way affected my health, the racism that I grew up and that with you know." (Linda, 50, full-time work, Onkaparinga)

"Only if you worry. Worry about it, and that way if you worry about your blood pressure it goes up, your heart suffers, and everything. Like it may suffer because you're worrying and then you start to stress and your heart and stuff like that." (Robert, 52, disability pension, Port Adelaide)

"If they say it and they get fired up yeah! I f…'n' get adrenaline through my body yeah." (Daniel, 33, full-time work, Playford-Elizabeth)

"Often you know you have after effects it's like a shockwave you know you have the ripple effect and you could be reeling from it you know a week later and it's still playing on your mind you know and you could be feeling oh I just feel sick in the guts or you might throw up you know anything." (Amy, 31, full-time work, Playford-Elizabeth)

Newspix/John Feder

APRIL 18, 1993 Nicky Winmar lifts his jumper and points to the colour of his skin to the Collingwood supporters at Victoria Park. He had been racially abused by the Collingwood crowd for being Aboriginal. The Saints won the match. St Kilda v Collingwood.

Chapter 6
Policy Implications

Source – PM Kevin Rudd's Apology 13 February 2008 (Fran Baum)

This chapter discusses some of the policy and practice implications from our findings. Our aim is to open up policy debates about ways of addressing the pressing issues for Aboriginal health identified in this report. This chapter represents views put forward from our two policy consultation workshops and from the deliberations of our Advisory Committee. We would encourage readers not to see these ideas as definitive but rather as a starting point for discussion.

Discussions were held at two policy workshops in April 2008. These workshops were attended by 30 people from a range of community and government organisations, the majority of whom were Indigenous (see Appendix 3). Prior to the workshops a first draft of this report was circulated to people who registered to enable them to read and reflect on the research findings before the event. At the workshop key findings from the research were presented and participants were given the opportunity to comment and ask for clarifications. Next small group discussions facilitated the research team working with the workshop participants to determine what the implications of the research might be. Subsequently a revised copy of this report was reviewed and discussed by the Advisory Committee and amended in light of that discussion. This chapter is based on these various consultation processes together with a brief review of relevant literature.

6.1 Creating an Indigenous environment for all of us

An important message from the workshops was that Australian society and culture could do much to promote and celebrate the Indigenous cultures of Australia. It was felt that an emphasis on Indigenous culture should be a cause for celebration for all Australians and that doing this would create an environment in which healing of past wrongs would be more likely. Bringing this about would involve widespread change including greater employment of Indigenous people, Indigenous art, more use of Aboriginal flag and Aboriginal names, holding mainstream government meetings in Aboriginal spaces, using Aboriginal ambassadors (e.g. football players visiting schools and football clubs sponsoring school, carnivals), Aboriginal faces in advertising, especially of services. Generally there needs to be positive images of Aboriginal peoples including in the media where many images are negative. All these seemingly small changes were conceived as creating a kind of ‘tipping point’ in moving Aboriginal ideas and presence to a more mainstream position. These ideas were motivated by the idea that the reconciliation movement needs to go much further than it hitherto has and that the process of doing so will benefit all Australians (Australian Reconciliation Barometer, 2009)

Source – Sapna Dogra, ALRM Inc.

These processes of celebrating and increasing the knowledge of Indigenous cultures would also help young Indigenous people understand and appreciate their cultural heritage. This in itself has been suggested as one means of re-engaging alienated young people (Cappo, 2008).

Indigenous cultures should be promoted and celebrated.

The NAIDOC (National Aborigines and Islanders Day Observance Committee) week was seen as an important celebration that is now a regular annual event. Other such events should be encouraged. One very specific idea made was that South Australia (which is known as the Festival State) should organise a regular Indigenous Festival that celebrates Indigenous cultures. Our Advisory Committee consequently reported that the 2008 Spirit Festival will have an Arts and Culture Component (this was held in December 2008). This is an important step towards celebrating local Aboriginal culture.

Source – Sapna Dogra, ALRM Inc – NAIDOC 2007

6.2 Environments not behaviours

A key message from the workshop participants was that Aboriginal people do not primarily have a higher rate of illness because they lack knowledge of what behaviours are good for their health. People mostly know what behaviours support health. Stressful and unsupportive environments account for people adopting behaviours that might threaten their health. There is no point telling people to change their behaviour if the environments don't change to be more supportive. This requires changing environments in organisations (see section on racism below, page 51) and in terms of increasing access to the social determinants of health (also see below). This message is crucial at a time when the Australian Federal Government is committed to closing the gap in life expectancy between Indigenous and non-Indigenous Australians. So while health education and healthy literacy training have a role, ensuring the social and physical environments people live their lives in are health promoting is crucial to Indigenous wellbeing.

Changing behaviours is only likely to be successful when people live in environments which are supportive of healthy lifestyles and lifestyle choices.

Many chronic disease prevention programs are based on a model of behaviour change without also trying to change the environments in which people live. There is no evidence this will work across a population. Models of change need to be more all-encompassing and consider community capacity and supportive policies.

While clearly the high rates of smoking among Aboriginal people was a cause for concern among the workshop participants there was an equally strong feeling that simply telling people to stop smoking and providing information to them was not likely to be effective. It was felt that more detailed research needs to be conducted to understand the role that smoking plays in the context of people's lives. Researchers at Flinders University are conducting such research over the period 2008–10 and will be looking particularly at smoking and resilience among Indigenous peoples (contact paul.ward@flinders.edu.au). Using detailed knowledge on what factors currently encourage smoking among Indigenous people should be used to inform Aboriginal-specific cessation programs which use environmental and individual strategies to reduce smoking rates.

Specific ideas for creating supportive environments for healthy behaviours that were given in the policy workshops were:

- Increasing opportunities for sporting involvement
- Supporting people changing their behaviour through positive reinforcement and bringing people together – groups were seen to be most effective
- Working with the hotel industry to develop guidelines for alcohol management
- Embedding messages about healthy lifestyles in cultural and social contexts that can be supportive of changes in behaviour
- Making health services friendly and welcoming by having drop-in events such as the Nunga lunches organised at Noarlunga Primary Health, Southern Adelaide Health Service

Source – Sapna Dogra, ALRM Inc.

6.3 Ensuring social determinants work for Indigenous people's health

That social determinants are central to good health status has a growing body of supportive evidence (Baum, 2008; CSDH, 2008). Opportunities to participate, good governance, education, housing, employment, income support and transport all interact to contribute significantly to health. If Aboriginal health is to improve relative to other Australians then so must the way in which Aboriginal people compare on each of these determinants.

If Aboriginal health is to improve relative to other Australians then so must the way in which Aboriginal people compare on the social determinants of health.

The following determinants are considered below:

- Representative and effective governance
- Housing
- Education, employment and income support
- Transport
- Supportive networks
- Quality of the local neighbourhood
- Increasing the accessibility of health services

Representative and effective governance

A need was identified in the workshops for an Indigenous representative mechanism to provide an overarching framework for government policy and service delivery decisions to replace the Aboriginal and Torres Strait Islander Commission (which was abolished under the Howard Coalition Government). This was seen to be important to give an Indigenous voice in policy making to realise self-determination in a greater way than is possible through existing representative mechanisms. The Department of Families, Housing, Community Services and Indigenous Affairs is currently inquiring into how to best set up such a representative body. Political empowerment and voice is well-recognised as having a positive impact on health (CSDH, 2008).

Housing

Many concerns were expressed about contemporary pressures in the housing market in South Australia which reflected both changes to Federal and State government housing policy and changes in the housing market which had increased demand and reduced supply of housing.

Participants spoke of changes to the South Australian Housing Trust (SAHT) which has resulted in sale of some of the SAHT's stock and the mainstreaming of Aboriginal housing provision. The sale of SAHT stock was viewed as a cause for concern because it was seen that there will be less secure and affordable housing for Indigenous people. It was reported that people were being pushed into private rentals or to the outer suburbs – *'pushed to the fringe of society'* –where it was felt their access to services and support networks of family and friends would be reduced. Our Advisory Committee noted that there were real concerns about new fringe societies with high levels of exclusion being created. These concerns were heightened because of the link between these new fringe societies and past policies of exclusion of Aboriginal people from town centres. This exclusion was seen as having a mental health cost for Indigenous people as they would be forced away from networks and services that could keep them healthy. A tight housing market combined with racism among landlords was reported as making it more difficult for Aboriginal people to rent.

The state's natural resources boom was seen to be making housing less affordable for Aboriginal people in remote communities.

Education, employment and income support

Education was recognised as a fundamental social determinant of health. The workshop participants were clear that good quality education for Aboriginal children needs to start in childcare and pre-school. This early attention will help ensure that Indigenous children have a start in life that does not disadvantage them. Beyond that there needs to be a series of positive discrimination measures to ensure that Indigenous children receive a high class and culturally appropriate service in primary, secondary and further education, and that racism in educational settings is not tolerated. Adults were seen to need adult

Source – Sapna Dogra, ALRM Inc

education and lifelong learning delivered in a way that takes account of the poor experiences people may have had early on in life. Good educational programs may help to overcome some of the disadvantage Indigenous people experience. It is crucial that culturally safe environments are guaranteed in all educational institutions.

Education was seen as the key to employment opportunities. The workshop noted that the South Australian government has an active Aboriginal employment program that was seen to be particularly strong in the Department of Premier and Cabinet. Australia Post also has an Aboriginal Employment Program and is the largest employer of Aboriginal people in South Australia. The ANZ Bank was also cited as having a very proactive approach to making its workplace friendly to Aboriginal people. Initiatives such as these three programs need to be expanded considerably. It is important that racism in the workplace is tackled and that Aboriginal people can feel culturally safe in their workplace. Ideas for bringing this about were the use of traditional welcomes for work functions and meetings and employing people in organisations with the specific responsibility of ensuring cultural safety. Organisations also need to have staff retention policies so that once Aboriginal people are appointed mechanisms are put into place to ensure that they are retained.

Concern was expressed during the policy workshops about the changes to Centrelink payments which meant people could lose payments if they are in breech of certain conditions which relate to the requirements to seek work on a demonstrated and systematic basis. These changes were seen to undermine family life and to often result in pressures on extended families, especially grandparents.

Transport

Access to services, friends, employment, education and shops can pose a problem for Aboriginal people, particularly those without cars. Adelaide is a very car-dominated city and does not have good public transport. Given the poor health of Aboriginal people access to driver's licences, cars or public transport is important. Our discussions suggested that government needs to consider access to transport for Aboriginal people as an important part of initiatives designed to reduce social exclusion. This concern was particularly noted given the perceived impact of current public housing policies which are seen to be creating excluded communities on the urban fringes of Adelaide.

Supportive networks

Supportive networks are a recognised important determinant of health and these networks in all areas of Aboriginal people's lives are important to ensuring that they feel they belong given the history of colonisation and dispossession. Ensuring such networks in all settings will depend upon racism being dramatically reduced and hopefully eliminated in time. Measures to do this are discussed below. Workshop participants suggested that sport plays a crucial role in integration and our results showed that many Aboriginal people see sport and especially football as playing an important role in their social life. From

sport many people develop support networks and gain a sense of meaning and belonging in their life. The arts were also mentioned as a good mechanism to involve people and encourage social contact.

Our discussions strongly support the thrust of the report from the South Australian Social Inclusion Commissioner, *Break the Cycle* (Cappo, 2008), concerning the need for a range of social inclusion measures, including supportive social networks, to act as preventive mechanisms. *Break the Cycle* addresses serious repeat offenders but the principles of prevention it draws on apply equally to disease prevention and health promotion.

Quality of the local neighbourhood

Our research found that Aboriginal people have a generally positive view of their neighbourhood. The participants in the workshops saw that getting it right locally is one of the crucial building blocks of a more inclusive society in which Aboriginal people experience less social isolation. Many aspects of neighbourhood life can be built on to enhance the strengths people already see in their local environments. Some of the ideas from the policy workshops included:

- There should be more community centres and neighbourhood houses which can be a base for local networking, socialising, building trust and a sense of community. These centres and houses can be a focus for community events and getting to know your neighbour.
- Aboriginal grass-roots ownership of neighbourhoods can be enhanced by reflecting Aboriginal culture in local environments through artwork, street names and other symbols of Aboriginal identity.
- An important aspect of encouraging liveable and healthy neighbourhoods is safety. If people feel safe they are more likely to be out and about in their community. This will be helped by good lighting, police consultation with local elders and ensuring young people have things to do other than hanging about getting bored.
- Local government has a crucial role and should consider how its programs and activities can be made more inclusive of Aboriginal people.

There was also discussion of the impact of the gentrification of areas of the city that had traditionally been home to higher than average numbers of Aboriginal people – Port Adelaide and the Parks area were mentioned in particular. Participants expressed the opinion that the result of this gentrification was that Indigenous people were being displaced and so their sense of place and social connections were being disrupted with negative impacts on their health.

Health service policy and practice: increasing accessibility

There was agreement at the workshops that accessible health services close to home are important to support and maintain the health of Indigenous people. Many of our respondents spoke of the importance of health services in their lives. Health services need to work hard at establishing trust and ensuring their

service is appropriate to Aboriginal people. Services need to be as culturally appropriate and welcoming as possible. Having Aboriginal people on the staff of health services was recognised as important but equally there needs to be choice as some people are concerned about confidentiality and prefer to consult health professionals who are not related to their networks.

Our consultations acknowledged that the health sector has made significant changes to make their services more accessible but also noted that there is room for improvement. The aim should be to remove all barriers to access to health services. Barriers identified include transport, perceived unfriendliness, staff and style of service being culturally inappropriate, racist or judgmental behaviour from staff, lack of coordination, and, in some cases, cost.

6.4 Racism and reconciliation

The extent of racism reported in this study has major implications for institutions throughout society. The pervasiveness of the racism we found suggests that the reconciliation movement has achieved much but the wider Australian society has much more work to do (see Australian Reconciliation Barometer, 2009). The reported health impact of racism in this report and research elsewhere (e.g. see Williams & Paradies, 2008) suggests that racism has a heavy cost that is borne by the health sector. Unless racism is tackled the goal of closing the gap in health status (COAG, 2007) is unlikely to be met. Consequently all levels of government need a whole of government process to tackle the underlying causes and daily manifestations of racism.

There are a range of approaches to anti-racism including Anti-discrimination policy; Anti-discrimination legislation; 'Managing' diversity; Countering false beliefs (education and training); and Media and mass persuasion campaigns (Hollinsworth, 2006). However, as participants identified in the workshops, without considering white privilege, anti-racism strategies will be limited in their success. Dealing with this privilege requires reflection and assessment in a way that deals with the complexity of race in contemporary Australian society and the ways in which privilege is maintained through the structures of society. In this way identifying and combating systemic or institutional racism is a key aspect of anti-racist practice (Hollinsworth, 2006).

Racism needs to be tackled throughout Australian society so that it becomes unacceptable and Australians in all walks of life are aware that it is unacceptable. Participants in the workshops talked of the need for a zero tolerance approach whereby racism is unacceptable in all circumstances. This process has to begin in child care centres and continue through schools, religious institutions, sports and social clubs, workplaces and all major institutions.

In the workshops existing bureaucratic processes were seen as helpful – for example including the responsibility to deal with racism in managers' job and position statements and requiring that other staff are required in their job and position statements to report racism. However, such bureaucratic

measures were not thought to be sufficient. The workshop participants also recommended a range of measures that include, but go beyond, formal culture change, in order to facilitate cultural shifts. These included the suggestions in the section above on 'Creating an Indigenous environment for all of us'. Cultural awareness training was seen as making some contribution but not the only answer for as one workshop participant put it 'Someone could go through cultural awareness training every year and still not get it'. Anti-racism was seen as a stronger strategy that deals with the need to be aware of other cultures but which also reveals the assumptions and practices which underpin racism and white privilege (Hollinsworth, 2006).

Complaints mechanisms were seen to provide important avenues for people to make formal complaints. It was noted, however, that Aboriginal people may be particularly reluctant to stand out individually when making a complaint and that the possibility for a group action would be a helpful addition to complaints mechanisms.

Unless racism is tackled the goal of closing the gap in health status is unlikely to be met.

Establishing specific Indigenous practices within mainstream institutions was favourably regarded in the workshops as a means of ensuring the institutions were more favourable to Indigenous people. One example cited was the Nunga courts whereby Indigenous Elders sit on the court. Our workshop participants felt that young people took more notice of the presence of their Elders in the court and that this had a greater deterrent effect than the mainstream court. The practices of the police were felt to have improved somewhat but there is still much room for further improvement. Mandated anti-racism training for staff in shops, hotels, bars and restaurants was seen as a possible helpful step.

The workshop participants recognised that advances had been made in combating racism in Australian Rules football. This is likely to have an important impact given the centrality of this game in Australia and its importance to many Aboriginal people as was evident in the interview data from this study. Australian Rules football was also seen as an avenue for promoting Aboriginal culture and engaging Aboriginal young people in particular. An example of this in practice is the Aboriginal Power Cup which is a joint initiative of the Attorney-General's Department, the Port Adelaide Football Club and the SA Aboriginal Sports Training Academy. Participating students are required to take on a range of roles and responsibilities in preparation for entering boys and girls teams in a

Source - Attorney-General's Department

football carnival. The initiative aims to encourage young Aboriginal people to make healthy lifestyle choices and continue with their education.

It was also felt that education about Australian history and Aboriginal people's place in it is crucial to creating a non-racist society. This history needs to link the past to contemporary stories and issues and show how the present has been shaped by the past. The history should include the experience of the Stolen Generations and the missions (Hollinsworth & Craig, 2003) and the Indigenous participation in military campaigns.

National initiatives to combat racism were applauded, including the work of the Human Rights and Equal Opportunity Commission (and especially of its Aboriginal and Torres Strait Islander Social Justice Commissioner), Reconciliation Australia, Australians for Native Title and Reconciliation (ANTaR), and the Closing the Gap campaign.

6.5 Social and emotional wellbeing

All our workshop participants recognised that the very poor mental health status of Aboriginal people is significantly affected by racism and by the history of dispossession of Indigenous peoples from their land and culture. From this understanding of the roots of mental health issues it was felt essential to place the impact of Australian history at the centre of the solution. Thus holistic solutions were suggested which build on an understanding of this history. Participants also noted the limitations of conventional biomedical-based mental health services. Making mental health services accessible involves addressing issues similar to those outlined above for general health services. Our consultations also pointed to particular needs in terms of mental health such as medication management and the importance of coordinating care for people with psychiatric problems.

A holistic approach to improving mental health is essential.

The biomedical model of health was seen as dissecting the human being into component parts, whereas the Aboriginal cultural view stresses the whole human being (including the physical, spiritual, mental, cultural, emotional and social dimensions). Achieving social and emotional wellbeing for Aboriginal people will require holistic models of care and attention to all the other dimensions of disadvantage addressed in this report. Part of achieving social and emotional wellbeing will require more of a change of heart from non-Indigenous Australians. The February 2008 formal apology delivered by Prime Minister Rudd in the Australian Parliament was an important step which needs to be built on so that there is more empathy and acknowledgment from non-Indigenous people of their position of advantage in relation to Indigenous people.

The homeless people in the AATSIH study reported particularly low mental health and this requires urgent action by state and local government. It also suggests the need for much improved coordination between mental health and housing services as the cycle of homelessness and poor mental health must be broken through the provision of appropriate housing with adequate support.

In terms of appropriate treatment for Indigenous people with mental illness, Healing Centres were seen as a means of promoting a holistic approach. The discussion at the workshop suggested these centres would ideally be resourced for a minimum of 10 years. They would provide residential and other services for individuals (plus their family) and take a preventive and early intervention approach with referrals to other services as required. The staff would come from different traditions and disciplines, including Ngangkaris and Aboriginal health workers. The teams would work together to heal spirit and body by working to understand the ways in which history had 'got under people's skin' and resulted in a range of physical and mental health problems. They would also work with people in the context of their families and communities.

The importance of bringing people together to share stories and share meals was stressed. Healing Centres would be well placed to do this. It was noted that space need to be created for talking about history and racism in a non-angry, constructive way. The work of such centres should aim to develop ways of dealing with mental health issues that both avoids individuals internalising their problems and recognises the social roots of mental illness and acts to externalise problems. One example of a model (whose development has been possible because of a partnership with Indigenous people) is that of the Dulwich Centre (http://.dulwichcentre.com.au/). Their work started as a response to the Royal Commission into Aboriginal Deaths in Custody and developed a way of dealing with grief in a context of injustice. Their work draws on the strengths, skills and knowledge of families and uses stories and history as a resource for healing. Aboriginal health workers and other professionals have received training in using these methods. Nunkuwarrin Yunti has developed and delivered the accredited Diploma of Narrative Approaches for Aboriginal People for five years.

Indigenous-controlled organisations were generally seen to have a very positive impact on health, especially mental health. They can give children a chance to mix with a range of Indigenous people, hear stories and learn about culture and language. It is a space in which Indigenous people can feel 'at home' in a way that doesn't happen in other arenas of Australian life.

6.6 Conclusion

Closing the gap in a generation will require significant changes to the way Australian society is currently organised. The AATSIH study highlights some important ways in which Aboriginal people do feel positively about their neighbourhood and community life. The levels of racism reported in this study, however, indicate the need for significant action across society. The gap in health status likewise calls for dramatic changes to the ways in which mainstream Australia relates to Indigenous Australians. We suggest that these changes need to be in the ways services are provided, and the levels of access to the economic rewards of society, including most centrally education, employment and housing.

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Appendix 1:
Acronyms used in this report

AATSIH - Adelaide Aboriginal and Torres Strait Islander Health

ALRM – Aboriginal Legal Rights Movement Inc.

ANTaR - Australians for Native Title and Reconciliation

ANZ – Australia and New Zealand

CDEP - Community Development Employment Projects

COAG – Council of Australian Governments

CSDH - Commission on Social Determinants of Health

General L&H – General Location and Health project

GP – General Practitioner

NAIDOC - National Aborigines and Islanders Day Observance Committee

NHMRC - National Health and Medical Research Council

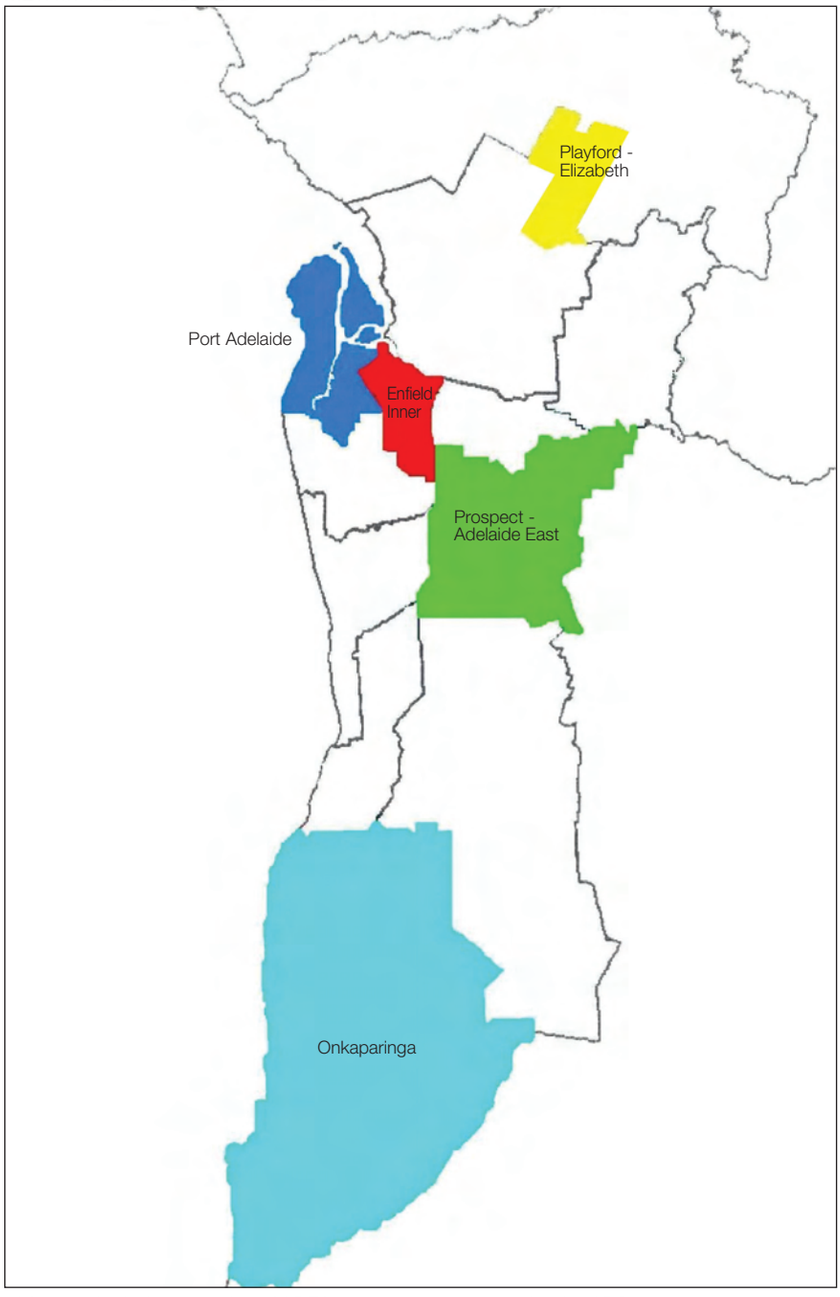
Oxfam - Oxford Committee for Famine Relief

SAHT – South Australian Housing Trust

TAFE - Technical and Further Education

Appendix 2:
Map of study areas

METROPOLITAN INDIGENOUS AREAS*



* Mapped by Indigenous Area (IARE)boundaries as defined by the ABS, 2006

Appendix 3:
Policy workshop participants

Workshop held at Tauondi College

Alec Wilson	Relationships Australia
Amy Rigney	Centrelink
Corey Turner	Centrelink
Helen Diassinas	Aboriginal Health Council of South Australia
Jaime Cripps	Australian Red Cross
Janet Taylor	City of Port Adelaide Enfield
Kevin Coleman	Kura Yerlo Inc
Kirsty Ah Matt	Blakeview Primary School
Lisa Warner	Kura Yerlo Inc
Luita Casey	Aboriginal Health Council of South Australia
Sheree Glastonbury	Centrelink
Sonia Waters	Social Inclusion Unit
Wendy Lord	Kura Yerlo Inc

City of Adelaide held at Aboriginal Legal Rights Movement Inc

Cathy Leane	Department of Premier & Cabinet
Dana Shen	Department of Health
Diane Hart	Australia Post
Dr Kathryn Powell	Aboriginal Affairs & Reconciliation Division
Eugenia Flynn	Department of Premier & Cabinet
Glenn Giles	Aboriginal Health Council of South Australia
Joanne Leonello	Office for Women
Laney Mackean	Flinders Medical Centre
Kim O'Donnell	Flinders University
Laura Winslow	State Records of South Australia
Mandy Ahmat	Office for Women
Marjorie Stroud	Children, Youth and Women's Health Services
Michael McCabe	Nunkuwarrin Yunti of South Australia Inc
Rosemary Wanganeen	Australian Institute for Healing Loss & Grief
Natasha Rose	Equal Opportunity Commission
Neil Gillespie	Aboriginal Legal Rights Movement
Parry Agius	Native Title Unit