



Cabrini

SOCIAL POLICY
POSITION
STATEMENT

Australia's
First People



We are a community of care,
reaching out with compassion,
integrity, courage and respect
to all we serve.



Message from the Chief Executive

Our Mission and identity impels us to continue to look beyond our current services to identify and respond to unmet need. Australia's First People experience significant marginalisation and disadvantage and this is reflected in the wide disparity in their health outcomes compared to non-indigenous Australians. We believe we cannot be indifferent in the face of this problem.

In 1986 during his visit to Alice Springs, Pope John Paul II spoke with deep respect for Australia's indigenous peoples and culture. He expressed his compassion for those who had suffered, and condemned the attitudes and policies that had led to the continuing discrimination. He likened their experience to a tree standing in the middle of a bush-fire. Despite the leaves being scorched and the bark scarred and burned, the roots underground remain strong enabling the tree to survive. They too have the power to be reborn.

Twenty years later Pope Benedict visited Alice Springs. He acknowledged that although much had been achieved towards reconciliation, there is still much yet to do. He encouraged all Australians to tackle the underlying causes of the plight that afflicts so many indigenous citizens.

These themes have been repeated in successive statements from the Australian Catholic Bishops Conference Bishops Commission for Relations with Aborigines and Torres Strait Islanders. They remind us that any gulf between cultures that gives rise to exclusion, suffering, despair and injustice cannot be tolerated and they call on us to work towards a just relationship in order to achieve authentic unity.

Indigenous health and wellbeing has been a priority area for Cabrini's Social and Community Outreach Program since 2000. This Social Policy Position Statement provides the framework for our response.

1 > Australia's first people in context

The seminal Royal Commission into Aboriginal Deaths in Custody Report published in 1991 focused the nation's attention on the marginalisation and major disadvantage experienced by indigenous Australians. Since this time there have been some major steps forward in reconciliation, most notably the apology by Prime Minister Rudd to the Stolen Generations in 2008, and increased investment in indigenous health and social services. However, progress against targets to close the gaps between indigenous and non-indigenous Australians has been disappointing .

In 2011, Aboriginal and Torres Strait Islander people made up 2.5% of the Australian population, but represented 26% of the prison population and were 14 times more likely to be imprisoned than non-indigenous people.

Babies born to indigenous women were more likely to die in their first year of life, with the mortality rate in the Northern Territory more than three times the average rate for the total Australian population.

Indigenous populations carry a higher burden of chronic disease. According to the Summary of Australian Indigenous Health , in the 2004-2005 National Aboriginal and Torres Strait Islander Health Survey, almost one in eight indigenous people reported having a long term heart or related problem. In 2006-2010, cardiovascular disease was the most common cause of death for indigenous people. They were more likely to die from cardiovascular disease than other Australians at any age, but particularly in younger age groups. Indigenous Australians are three times more likely to have diabetes than non-indigenous people and, like cardiovascular disease, it affects indigenous Australians at a younger age. In 2006-2010 death from diabetes was seven times more common for indigenous Australians. There remains a 10.6 year gap in life expectancy for indigenous men and a 9.5 year gap in life expectancy for indigenous women.

There is little comparative data on social and emotional wellbeing between indigenous and non-indigenous Australians however the 2007-2008 National Health Survey found

indigenous Australians were more than twice as likely to feel high or very high levels of psychological distress. Almost 80% of those interviewed had experience one or more significant stressors in the prior year compared with 60% of the total population. The Western Australian Aboriginal Child Health Survey found almost one in four indigenous children and young people were rated by their parent/guardian as being at high risk of 'clinically significant emotional or behavioural difficulties' compared with one in seven children for the general WA population.

Aboriginal and Torres Strait Islander people assert that their health is linked to their collective ability to control their lives and cultures and the recognition of rights. Research on the social determinants of health highlights that lack of financial and other forms of control in disadvantaged populations lead to poorer health outcomes. Other recent studies have shown that access to traditional lands and the practice of culture have been found to be associated with improved health outcomes for Aboriginal people and there is strong evidence that community control also produces positive socio-economic outcomes.

There has been some recent recognition that a new policy direction is required that engages indigenous people in solving their own problems. However, the indigenous health crisis reflected in the morbidity and mortality rate creates challenges for the maintenance and continuity of cultural knowledge and practice. Aboriginal communities have a disproportionately high percentage of young people and a corresponding low percentage of people over 35 which impacts on the social control, leadership, authority and familial support networks of communities.

In the Royal Commission into Aboriginal Deaths in Custody Report Commissioner Dodson speaks of the need for the relationship between Aboriginal and non-Aboriginal people to mature. This requires a deeper understanding of how each sees the other and why, and a focus on the common ground between us, that is, the centrality of human beings."

2 > Cabrini's context

Our response to the plight of Australia's First People is influenced by Catholic Social Teaching, the vision of the Missionary Sisters of the Sacred Heart of Jesus (our owners and sponsors) and our Mission.

2.1 Catholic social teaching

"The Church's social teaching is a rich treasure of wisdom about building a just society and living lives of holiness amidst the challenges of modern society. Modern Catholic social teaching has been articulated through a tradition of papal, conciliar, and episcopal documents. The depth and richness of this tradition can be understood best through a direct reading of these documents. In these brief reflections, we wish to highlight several of the key themes that are at the heart of our Catholic social tradition.

• Life and dignity of the human person

The Catholic Church proclaims that human life is sacred and that the dignity of the human person is the foundation of a moral vision for society. Our belief in the sanctity of human life and the inherent dignity of the human person is the foundation of all the principles of our social teaching.

• Call to family, community and participation

The person is not only sacred but also social. How we organize our society-in economics and politics, in law and policy-directly affects human dignity and the capacity of individuals to grow in community. The family is the central social institution that must be supported and strengthened, not undermined. We believe people have a right and a duty to participate in society, seeking together the common good and well-being of all, especially the poor and vulnerable.

• Rights and responsibilities

The Catholic tradition teaches that human dignity can be protected and a healthy community can be achieved only if human rights are protected and responsibilities are met. Therefore, every person has a fundamental right to life and a right to those things required for human decency. Corresponding to these rights are duties and responsibilities-to one another, to our families, and to the larger society.

• Option for the poor and vulnerable

A basic moral test is how our most vulnerable members are faring. In a society marred by deepening divisions between rich and poor, our tradition recalls the story of the Last Judgment (Mt 25:31-46) and instructs us to put the needs of the poor and vulnerable first.

• The dignity of work and the rights of workers

The economy must serve people, not the other way around. Work is more than a way to make a living; it is a form of continuing participation in God's creation. If the dignity of work is to be protected, then the basic rights of workers must be respected-the right to productive work, to decent and fair wages, to organize and join unions, to private property, and to economic initiative.

• Solidarity

We are our brothers' and sisters' keepers, wherever they live. We are one human family, whatever our national, race, ethnic, economic, and ideological differences. Learning to practice the virtue of solidarity means learning that 'loving our neighbour' has global dimensions in an interdependent world.

• Care for God's Creation

We show our respect for the Creator by our stewardship of creation. Care for the earth is not just an Earth Day slogan it is a requirement of our faith. We are called to protect people and the planet, living our faith in relationship with all of God's creation. This environmental challenge has fundamental moral and ethical dimensions that cannot be ignored.

2 > Cabrini's context

2.2 Vision of the Missionary Sisters of the Sacred Heart of Jesus

At their General Chapter of 2008, the Missionary Sisters renewed their commitment to those on the margins of society in their new vision statement. It reads:

"Our Cabrinian Family today is challenged on many levels: the cry of the poor and the excluded, the suffering of children and elderly at risk, the disintegration of the family and the disorientation of youth, the tragedy of so many of our immigrant and refugee brothers and sisters, the exploitation of women and human trafficking.

Today we are called – MSCs and laity together – to develop new and creative forms of charity, that will respond, Mother Cabrini proposed, "passionately and swiftly" to these challenges. We are called to move into new spaces of missionary activity, wherever life is most threatened. At the same time, we recognise the strength and support we have received from the hopes of the poor and the dreams of youth who struggle for their future.

The Cabrinian Family, with the missionary daring and strength of the Cabrinian Charism, accepts the challenge of multiculturalism inherent in communion and international sharing. We accept the challenge of witnessing to the love and compassion of the Heart of Jesus. We commit ourselves to a strategic plan that will involve all missions and apostolic institutions, in concrete actions and constant discernment of our human and economic resources, so that we may be a prophetic sign of hope for the Reign of God in today's world."

2.3 Cabrini's Mission

• Who we are:

We are a Catholic healthcare service inspired by the spirit and vision of Mother Cabrini and the Missionary Sisters of the Sacred Heart of Jesus.

• What we believe:

We are a community of care, reaching out with compassion, integrity, courage and respect to all we serve.

• What we do:

We provide excellence in all of our services and work to identify and meet unmet need.

3» Cabrini's response

We want to make a real difference to the lives of Aboriginal people. Understanding the context of Aboriginal disadvantage and guided by Catholic social teaching, we seek to form strong partnerships with Aboriginal led organisations and others who are investing in capacity building of Aboriginal leaders.

Whilst our involvement in indigenous health and wellbeing programs grew slowly from 2000-09, in 2010 we made a strategic decision to enhance our commitment. In 2012-13, \$580,000 (nearly 20 percent) of the funding for Social and Community Outreach was directed to Aboriginal programs. This represented a 40 percent increase on the prior year. We aim to keep the funding level at 20 percent of total expenditure.

We believe that indigenous disadvantage cannot be eliminated without changing the hearts and minds of non-Aboriginal Australians. We discovered early on that when you stand alongside and get to know one another, both of you can be changed for the better. We are committed to providing opportunities for our staff to experience and learn about Aboriginal culture to offset the prevailing negative perceptions portrayed by the media. In engaging in this way we have found there is much we can learn from Australia's first people. This is our reconciliation project.

Our engagement with one Aboriginal family in the Northern Territory has taught us that addressing disadvantage across the generations is a long-term endeavour. Being a constant and reliable friend, being willing to stop, to listen and to act when required is more potent than money alone. We know we cannot address the whole problem, but we have found a place to start through this relationship and we are seeing the fruits of this long-term investment.

Our commitment to Aboriginal health and wellbeing is for the long-term. Our most recent activities are outlined in the Social and Community Outreach Program Annual Report.





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