

A WSWS investigation into the social crisis in Australia's Mount Druitt

“A lot of our people are trapped in a poverty cycle”

By our correspondents
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As part of its investigation of the social conditions facing the working class in Mount Druitt, the WSWS spoke to members of Aboriginal health and community organisations.

The western Sydney suburb has the largest urban indigenous population in Australia, with official figures indicating some 6 percent of the area's residents are from an Aboriginal or Torres Strait Islander background.

As with indigenous populations throughout the country, Aboriginal people, one of the most oppressed layers of the working class, confront many health and social problems. According to figures drawn from the 2011 census, over 25 percent of Aboriginal people in Mount Druitt were unemployed. Over 50 percent lived in Housing Commission dwellings.

The WSWS spoke to Jennifer Beale of the Butucarbin Aboriginal Corporation, an organisation that facilitates educational and social programs for the area's Aboriginal population.

Beale explained: “My family moved out here in the 1970s. The government had a policy of resettlement. Lots of women worked in the textile industry as cutters but that went offshore, so what was created out here was public housing. The Department of Housing had a policy then of only having one Aboriginal family in a street because they didn't want to create a ‘ghetto,’ so this is how the Aboriginal community was established in Mt Druitt. People from all over New South Wales (NSW) and even interstate came here. Over the years it has been well neglected. I came out here in 1975 and started work as an Aboriginal health worker.”

Over recent decades, the number of Aboriginal community and health organisations had dropped from

around 25, to just five, Beale said. “First they dismantled the community programs out of ATSIC [Aboriginal and Torres Strait Islander Commission] by cutting the program funding. We lost quite a number of organisations, and afterwards, the Howard [Liberal] government abolished ATSIC altogether.

“What has happened is that we have dwindled over the years. For instance there was a refuge for Aboriginal women which operated for over 30 years—that closed down around four or five years ago. Under the Howard government, they also brought in competitive tendering. So we have big church organisations, with professional submission writers, and then you have small organisations who do not have the infrastructure to compete. The philosophy of the government is that small organisations are not viable and are incapable of doing a good job.”

Beale explained that Butucarbin is funded by the NSW Department of Community Services (DOCS) and has not received an increase in infrastructure funding in more than two decades. “We have a big change coming up,” she said. “We are only funded until June next year. DOCS are going through reforms now. They did it with the refuge funding, and now, they're reducing 12 programs down to 5.”

Speaking on the deepening social crisis facing Aboriginal people in the area, Beale said: “A lot of our people are trapped in that poverty cycle—poor housing, poor health, poor education, poor employment. They never get the chance to step outside of it.

“The stats are worse than ever. Out-of-home care has gone up 400 percent in Aboriginal families since the government's ‘Bringing them Home Report.’ [A 1997 report on the ‘Stolen generation’ of Aboriginal children taken from their families] More kids are being taken

away. If you look at the juvenile incarceration rate in this area, it keeps going up. When you get oppressed people they seek something else, whether it is alcohol or drugs. Ice is a big problem. How do you get out of that when your kids are being taken away?

“Where are the programs that work with parents before it gets to that stage? The government is funding millions of dollars into out of home care. Why aren’t they putting that money into preventative care and parenting projects? A lot of the children taken away don’t go back to their families. They have been placed in care until they are 18, and in foster care they can get moved around. You are going to have another ‘Stolen generation’ but it will be far worse.”

Beale noted that Aboriginal families are being evicted from public housing in increasing numbers. “If you drive around Mt Druitt you will see all the houses that are boarded up. Then property developers buy those and do them up, then rent them back to the community. The government doesn’t want to manage public housing, they don’t want that responsibility. They are putting them out to community housing organisations, which again a lot of the big church groups are running, and they are building apartments. I’d hate to see what it’s going to be like in 20 years’ time—they’re putting people in apartment blocks that don’t even have a backyard.”

Speaking about the social implications, Beale said, “They will evict a mum with 8 kids and they move in with grandma who might be in a 2 bedroom unit. So where are those kids going to go? What they are doing is creating overcrowding.”

Nothing had been done to alleviate the health crisis confronting Aboriginal people in the area, Beale said. “The NSW Health Department cut a lot of the services from Mount Druitt Hospital. Now when people in the area get sick, they often have to go to Blacktown Hospital. You don’t have the doctors and services at Mount Druitt Hospital.

“Then for a family it means spending more money for the bus and train to go to see sick family members and give them support while they are in hospital. And then they come for their treatment and specialist appointments afterwards—well are you going to feed your family or are you going to buy your medication or go to your specialist appointment? You are going to feed your family. Those are the choices of people who live in that poverty cycle make every day of the week.”

Aboriginal life expectancy remains far lower than that of the general population, Beale pointed out. “After 35,

the population starts to drop off. They have bigger families and more kids. But after 35 you see the numbers going down because Aboriginal people are dying at a much younger age. Adult mortality rates haven’t improved; they are getting worse. I know people with diabetes, heart disease and high blood pressure in their late 20s. That has a lot to do with hereditary diseases.”

Beale criticised the gross inadequacy of public transport in the area, and said that for many years, private bus services had avoided certain stigmatized areas, in suburbs such as Bidwill and Chestnut Crescent, leaving those commuting to work stranded.

The growing cost of living was compounding the social crisis. “We have been trying for 12 years to have Emergency Relief for people who come in and need money for electricity and food,” Beale said. “But we have never got it.”

Many people with no money go to Butucarbin, to ask for assistance to purchase basic necessities such as bread and milk, and spare change for the public transport fare to attend a Centrelink (government welfare) appointment. Beale noted that such grinding poverty underlays the existence of petty crime in the area, and the “conveyer belt” that some are trapped on, in and out of prison.

Beale added: “The reason we’re sitting here today in the cold is that we can’t run the heater because we can’t afford the bills. And we are an organisation, so you can imagine how families are coping. Since they privatised the electricity there are quite a few families that have had their electricity cut off. You find people who are working, working class people, who can’t afford their electricity bills.”

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