

Tasmanian Seminars on 'Attitudes and Actions: Working with Marginalised Communities in Today's World'

The William Oats Memorial Lecture in Hobart, and the Honora Deane Memorial Lecture in Launceston in August 2004 consisted of forums on marginalisation. At each a number of speakers presented aspects of the issue and their addresses were followed by questions and discussion. Following is a brief sketch of proceedings.

The speakers were as follows: Hobart—Prof. Margaret Reynolds, President of the United Nations Association of Australia; Dr Roscoe Taylor, Director of Public Health, Tasmania; Ms Alison Jacobs, Assistant Secretary, Department of Education. Launceston—Ms Alison Jacobs; Mr. Grant Maynard, Tasmanian Coordinator of TEAR Australia; Professor Judi Walker, Deputy-Chair, "Tasmania Together" Progress Board, and Professor of Rural Health, University of Tasmania.

What is marginalisation?

Marginalisation means confining to an outer or lower limit or edge; the relegation or confinement of individuals and groups to such edges or limits is part of our human condition, noted Vice-Chancellor Le Grew. He cited the relegation of the Aboriginal people who first owned the land on which the University of Tasmania is built as an extreme example of marginalisation. Similar examples of marginalisation are related to politics, left or right; colour, black or white; in custom and practice and gender and socio-economic status, rich and poor, able and disabled, young and old. He referred to William Nicole Oats as a person who resisted marginalisation through his characteristic attitudes: acceptance of one's self as the firm basis of tolerance; a spirit of frankness in relationships with others; vaccination against prejudice, both personal and national; understanding of the motives behind others' actions, of their cultural backgrounds and their needs; judgment according to merit and not according to origin; seeing others as human beings and not classifying them according to nation, or colour or religion or class.

The United Nations Organisation

In the Universal Declaration of Human Rights, the peoples of the world came together to accept the basics for all humanity, wherever they live, whatever their status, their colour, or creed. Members pledged themselves to achieving universal respect for and observance of human rights. Australia was one of the leaders in the formulation of this declaration, but in recent years there have arisen concerns that we are not as wholeheartedly adhering to the principles they are enunciating as we should be. Professor Reynolds spoke of many indicators of this trend: the dependence of many in our community on Government pensions and the marginalisation that goes with this; standards of health care and the level of rehabilitation available in our community; youth detention; the treatment of recent arrivals; the treatment of indigenous peoples.

Professor Reynolds spoke of the faltering progress that we have made towards equal rights for women, as shown in the discontinuance of the women's budget in Australia, but in its adoption in other parts of the world. Australia's adoption of the convention of the rights of the child has not been enshrined in legislation nor in our constitution. Similarly in relation to the elimination of racial discrimination and torture, Australia has not met its international obligations in that it has failed to enshrine these in legislation and in the constitution. Nor has Australia moved towards a bill of rights.

Australia is number three in the world as far as our economic and social well-being are concerned, but there are significant marginalised groups in our community for whom such high general status is of no consolation.

Health effects of marginalisation

In Hobart and Launceston respectively, Dr Taylor and Professor Walker emphasised that health follows a social gradient. Poverty and social exclusion cost lives. Social support and supportive networks do improve health. The health impacts of early development and education last a lifetime and exert a protective influence. Job security improves health while unemployment causes illness and premature death. The use of alcohol, drugs, and tobacco are themselves influenced by the social setting.

Globally, in relation to deaths through communicable diseases, maternal, perinatal and nutritional conditions, there is a huge difference between developed nations and places such as parts of Africa.

Features of poverty include poor housing, homelessness, poorer access to community, dental and mental health services. Marginalisation or inequality can itself cause a decline in health status. Unequal societies tend to be those with a low level of community coherence or social capital.

Individuals as well as communities can be isolated and suffer the effects of marginalisation. Lack of involvement in clubs or voluntary organizations, absence of quality relationships, the giving and receiving of little in the way of social support lead to poorer health. This is demonstrated in the incidence of heart disease and cardio-vascular mortality, poorer pregnancy outcomes, psychiatric morbidity and suicide, accident and injury rates, and decreased coping skills generally. There is a strong connection between social isolation, depression and the risk of experiencing a heart attack or coronary heart disease. The power of this connection is equal to or greater than that experienced if you were a smoker.

Recent studies have emphasised the importance of positive attitudes towards diseases through an understanding of their cause by the community as a whole as well as individual sufferers. Positive self-esteem promotes good health, even more so than dieting and health advice. The social system or social environment in which a person lives strongly affects their life choices and consequently their health. Health is not just an individual matter. Leaders of communities need to be able to access support for their people, in partnership with outside groups or authorities. It is impossible however to tell communities how they can achieve good health. It is in part a matter of inclusion as opposed to marginalisation.

Education and marginalisation

Alison Jacob gave examples of marginalisation of children and young people from mainstream educational opportunity, and the prejudice that accompanies it in the community and in the teaching profession. It is only 20 years since the Education Act in Tasmania was changed to make it legally a right for all young people regardless of their background or type of disability to have the right to education. The values enshrined in Tasmania's curriculum framework are vital to the life and welfare of all individuals. In terms of performance our top Tasmanian children are doing very well, but there is a long tail of disappointing achievement which has to be addressed through some form of special provision to overcome the marginalisation that often exists: aboriginality; poverty; socio-economic disadvantage, for example. (41% of children in state schools in Tasmania are eligible for the student assistance package, meaning that their parents are on a very low income. 40 schools throughout the state provide breakfast for their children.)

What becomes very obvious when the results of testing programs are considered is that probably the most potent single factor in the differences in the results achieved can be attributed to the quality of the teaching received. The quality of teaching dwarfs such effects as socio-economic status, gender, aboriginality or any other traditional risk factors.

The Tasmanian State Education system is currently being restructured around the value of inclusive practice to ensure that all children are able to benefit from participation and are truly included in the school system.

Millenium development goals

Grant Maynard emphasised the importance of trading off the generosity we lavish on ourselves to the generosity we extend to others, and the changes in our values that this entails. We have to acknowledge the world problem, the power which individuals have and the potential that exists for change in discussing and working with other people. Accepting inequity, and inaction in remediating it, creates culpability in individuals and in society.

The Need for active citizenship

Professor Reynolds emphasised the need for us all to be active citizens of the international as well as the local community; Grant Maynard emphasised the need to use the experience of former sufferers of addiction, for example, in helping people currently in need. Dr Taylor spoke of the need to see marginalised communities, not as the source of their problems, but as a resource for improvement of their situation.

Conclusion

Those who attended these informative evenings were confronted by the need for educators to not only encourage understanding but also to recognise the value of action and leadership.

(Rough transcripts of the speeches will be forwarded by email to anyone on application to <efist@netspace.net.au>)