



## New directions for Australian Red Cross: an organisation with a history in the bush

[Robert Tickner](#), Secretary General CEO, Australian Red Cross

Thank you for the opportunity to address this conference.

In my remarks I want to issue some challenges and to stimulate debate about the need for all of us operating in this sector to work more effectively across boundaries of all kinds. In doing so I hope to give you some insight into the way in which Australian Red Cross is seeking to address these limitations and challenges.

Australian Red Cross is part of an international network of Red Cross and Red Crescent societies which began early in the second half of the 19th century, originally to take care of the sick and the wounded on the battlefield, regardless of the side they fought in.

Today the International Federation of Red Cross and Red Crescent Societies has 185 members. That's very close to universal representation – the UN itself has 192 member states.

Globally, national Red Cross and Red Societies and the International Federation are among the most significant non-governmental actors in the health and social welfare sector, during conflicts, disasters and at other times.

In the decades since its establishment in 1914, Australian Red Cross has pioneered and delivered a range of health and social welfare services both domestically and internationally. Over the last 92 years the organisation has proven to be a remarkably effective vehicle for mobilising the community to provide financial, material and human resources.

Without doubt we have incredibly strong roots in rural and remote as well as urban Australia and a capacity to mobilise people and to organise support and relief for humanitarian causes whether it be responding to cyclone Larry in Far North Queensland, helping people after the Katherine floods or the bushfires of Tasmania, or working in our humanitarian endeavours around the globe.

We have been very successful in what we do, however I am very proud of the fact that Red Cross in Australia is an organisation in transition. Over the decade leading to 2004 there was a debate within the organisation about the huge challenges of a structure based on largely autonomous state and territory administrations. This state and territory based approach, while highly effective in delivering local services, dramatically limited the capacity of Australian Red Cross to respond effectively on a national basis to a range of public health and other challenges confronting this country.

I want to tell you the story of the reform because I know for a fact that a number of national organisations as well as governments represented at this conference confront similar challenges and the lessons of our reform process can provide insights for all into how an organisation can change its structures and processes and reform the boundaries that can limit our work.

For over 90 years Australian Red Cross operated on the basis that the national Board and the national CEO had a limited role in directing the work of the organisation.

This was obviously not a sustainable situation in modern day Australia. Over time the momentum for reform grew and culminated in a decision in 2004, prior to me becoming CEO, which resulted in a change to the rules to enable the national Board to determine what would henceforth be national functions and would thereby come under the authority of the Board.

Over the course of the last two years, sweeping changes have occurred with the full support of the entire organisation across Australia. This has led to the overwhelming responsibility for the work of leading Australian Red Cross now resting with the national Board. The national functions include

crucial areas such as: fundraising; marketing and communications; financial management; human resource management; and a range of priority services and programs for vulnerable people.

I have spoken about the reform challenge which has been met by Australian Red Cross in order to encourage other organisations taking a hard look at their governance structures and organisational frameworks.

Governments and the community are going to listen much more to national organisations which have a strong and cohesive national presence. Too often in both the not-for-profit and government sectors, state and territory boundaries are blockages to human and organisational progress and we need leadership in the not-for-profit sector to champion reform in this area.

Such changes do not have to be at the expense of local connectedness which we in Australian Red Cross regard as essential for all the work we do. But in practical terms our organisation now speaks with one voice on critical national issues. We no longer have eight separate volunteer policies across the country and we are increasingly able to promote our identity and our ideals more effectively at every level of government.

These are just some of the real dividends of organisational reform.

But it is not only state and territory boundaries which present challenges and obstacles to the delivery of effective and comprehensive health and wellbeing solutions to people in the bush. Sometimes there are other boundaries and incapacities within our own organisations and this is where I would advocate a greater openness to potential new strategic relationships by not-for-profit and government organisations with each other and indeed with the private sector in appropriate cases.

I have to admit that within Australian Red Cross there is a long history of going it alone but we now realise that by increasingly working with others we can add value and deliver more effective services to vulnerable people.

Let me give you an example.

On the Tiwi islands we run a holiday program for young people in conjunction with the local government, the Tiwi islands Sport and Recreation Officer and the Juvenile Diversionary Program. The program also relies on partnership with the community members, who co-deliver it with Australian Red Cross.

I turn to a quite distinct boundary issue. Australian Red Cross does not see health as being limited to the artificial boundary of physical wellbeing. We embrace the World Health Organization's comprehensive definition of health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

This WHO definition has also been formally adopted by the International Federation of Red Cross and Red Crescent Societies and we are giving practical effect to it in many areas. Most recent is an initiative to strike up a strategic relationship with the Australian Psychological Society so as to more comprehensively meet the needs of victims of natural disaster in Australia and not merely their physical needs.

In short our approach to this new way of working can be summed up in our commitment to an entrepreneurial outward looking all inclusive Australian Red Cross with a culture of collaboration and community engagement.

Another challenge for us all working in this sector is to move beyond the boundary of single service delivery and embrace a commitment to social mobilisation, capacity building and community empowerment, and increasing community involvement in health and care activities. In this regard we rely heavily on our 30 000 volunteers and seek to significantly build this volunteer base in the years ahead.





As a part of this commitment to building community capacity there is also a role for advocacy, that is, speaking up for the health and care needs of the most vulnerable people in the community. Advocacy is quite explicitly seen as an integral part of the Red Cross and Red Crescent mission, in addition to or in support of services rendered to the community. But over the years we have undertaken it on a rather ad hoc and uncertain basis. We are now committed to advocating in a strategic and concerted way, including the option of public action where that is considered necessary to achieve change. In doing so however we will of course continue to adhere to our longstanding commitment to our principles of neutrality, impartiality and independence.

I have talked already about the challenges and limitations imposed by operational structures, geographical boundaries, segmented services, and organisations operating with a silo mentality but in some ways the biggest challenge of all for all of us is to hold up a mirror to the work we do and seriously ask the hard questions.

Are we really reaching out to the most vulnerable in the community? Are our programs comprehensively reaching the whole of our client group or are we just scratching the surface?

Australian Red Cross is re-inventing itself as it has done many times in its long history. We have not been afraid to ask some of those tough questions and to refocus our work accordingly.

I am not suggesting that change happens overnight or that massive expansion of valuable programs to achieve national coverage will happen tomorrow, but we are an organisation on the move and determined to expand and develop our services.

Let me tell you about just some of our work and plans which in many cases involve new ways of thinking and working outside traditional boundaries.

## Social isolation

Through the Telecross program, Red Cross volunteers make daily phone calls to elderly and disabled people who live alone. The main purpose is to check whether the recipients are safe and well. If a call goes unanswered an agreed emergency procedure is activated and help arranged if necessary.

In 2005–06 more than 1 million calls were made to 4000 clients, by 5000 volunteers. However this critical service remains a relatively small program given the huge unmet need. We are looking to form new partnerships with not-for-profits, governments, corporate organisations and industry bodies to very significantly expand the program in the years ahead.

## Food security

We are very familiar with images of huge numbers of people in Africa starving because of natural disasters and war. Less dramatic in scale and severity and for different reasons, thousands of Australians also experience food insecurity.

Children are particularly vulnerable and of course the most vulnerable of all are our Indigenous children.

Australian Red Cross started providing breakfast to schoolchildren in NSW 1991. What we call the Good Start Breakfast Clubs are now national. At present there are 163 clubs and 2000 volunteers who are serving more than 450 000 meals a year with significant support from corporate organisations, local businesses and government and with high levels of community involvement.

In the months and years ahead, Australian Red Cross intends to broaden its response to food insecurity with Good Start Breakfast Clubs being one small but important step in this direction.

While many Australians suffer from not being able to access enough food for good health, many others experience problems arising from poor nutritional practices. Rates of overweight and obesity have

doubled in the past 20 years. And there's an apparent paradox in that both issues – hunger and obesity associated with poor nutrition – are linked with low socio-economic status.

In Western Australian we have implemented what is known as the FOODcents program, a program initially developed by the W.A. government, which educates at-risk members of the community about diet and healthy eating, and provides them with the skills to create healthy, low cost meals.

Over the next couple of years, we hope to roll out the program nationally as a complement to Breakfast Clubs and other food security measures.

## Mental health

As we all know this has been an area of great neglect in many parts of our country.

Australian Red Cross has deliberately shifted its focus to develop programs that either directly or indirectly address mental health issues. For example, we operate a program call MATES – Mentally Ill and Their Equal Supporters.

The MATES program recruits, trains and supports volunteers to offer ongoing friendship to a person with a diagnosed mental illness. It is not a treatment approach, but is complementary to clinical and support services. MATES has been operating in Tasmania since 1997, is now commencing in Victoria and we are keen to make it, or variations of it, available to other communities across Australia.

More recently ARC has embarked on another new mental health initiative. During the 1990s, we became aware of the increasing number of emergencies associated with alcohol and drug use, particularly with young people. Very commonly, incidents of overdose and other harms were witnessed by others – for example in clubs and private homes.

Australian Red Cross adapted its expertise in first aid by developing the Save-a-Mate program – SAM – which combines drug education and training in emergency response along with peer education strategies.

We also extended the focus of the program in a major way. Research shows that there is often a strong link between mental health and substance use but it is only in recent times that the issues have been addressed holistically.

Building on the success of Save a Mate last year, in partnership with Beyond Blue, we piloted the Talk Out Loud project which aimed to reduce stigma, encourage people to seek professional assistance, raise mental health literacy and build stronger peer support networks amongst young people.

Currently Australian Red Cross and Beyond Blue are supporting another new project called SAM our Way to adapt and deliver SAM and Talk Out Loud in remote Indigenous communities, covering both substance abuse and mental health issues.

There are other programs I could mention that address mental health issues, but suffice it to say this is an increasing area of priority for ARC.

## Other innovative programs

You may be pleased to hear that I don't have time to describe all the new areas of work we are undertaking to address issues of vulnerability we have not previously tackled. These programs are directed to such diverse areas as refugee settlement, prisoners and their families, and programs in partnership with Indigenous Australians.

I am optimistic about the prospects of Australian Red Cross making a real difference to the lives of the Aboriginal and Torres Strait Islander people with whom we are working in partnership.

But I am a realist.



No matter what we do.

No matter what other non-for-profit and business entities do.

No matter what Aboriginal and Torres Strait Islander people do.

We will not achieve the lasting and fundamental changes that are required to address the appalling health and related third world living conditions of Indigenous Australians without a sustained and strategic commitment by the national, state and territory governments as an integral part of our national response.

It is not beyond the means of one of the most affluent countries on the planet to ensure that its Aboriginal and Torres Strait Islander citizens have the basic housing, water, sanitation and other services which its other citizens enjoy, and which is one of the preconditions to improving their health and wellbeing.

Late last year Australian Red Cross joined with other leading health, human rights and development organisations to publish an open letter to national, state and territory politicians and the public, urging them to commit to a plan to achieve health equality for Indigenous peoples within 25 years.

As we stated there, Indigenous Australians continue to needlessly suffer and die early, not from a lack of solutions or government commitments but from a lack of political will and action.

In thinking about this subject while preparing today's remarks, I was struck by a number of parallels with the work of economist Jeffrey Sachs seeking to end extreme poverty in Africa. Let me cite two elements which Sachs contends are crucial.

The first is the need for substantial but entirely feasible amounts of investment in infrastructure and other kinds of capital.

"At the most basic level," Sachs says, "the key to ending poverty is to enable the poorest of the poor to get their foot on the ladder of development. The development ladder hovers overhead, and the poorest of the poor are stuck beneath it. They lack the minimum amount of capital necessary to get a foothold, and therefore need a boost up to the first rung."

The second critical element is personal commitment: "In the end, it comes back to us. Individuals, working in unison, form and shape societies." And we must not be dismayed by the enormity of the task.

Recalling the powerful reminder of Robert Kennedy: "Let no one be discouraged by the belief that there is nothing one man or one woman can do against the enormous array of the world's ills – against misery and ignorance, injustice and violence...few will have the greatness to bend history itself; but each of us can work to change a small portion of events, and in the total of all those acts will be written the history of this generation..."

I passionately believe in this ideal and goal and hope you do too.

## Presenter

**Robert Tickner** took up the position of the Secretary General – Chief Executive Officer (CEO), Australian Red Cross in February 2005.

Prior to taking up this appointment he was the CEO of Job Futures Ltd. Robert served as Federal Minister for Aboriginal and Torres Strait Islander Affairs from 1990 to 1996 and is Australia's longest serving Minister for Aboriginal and Torres Strait Islander Affairs. Before being elected to the Federal parliament, he was a lecturer in the Faculty of Law at the Institute of Technology, as well as the Faculty of Business Studies. He later served as Principal Solicitor to the NSW



Aboriginal Legal Service. Between 1977 and 1984 he served as a Councillor on the Sydney City Council, including a very brief period as Acting Lord Mayor.

Robert holds Bachelor of Laws, Master of Laws (Hons) and Bachelor of Economics degrees and has undertaken the first stage of an Executive MBA.

Robert is committed to ensuring that Australian Red Cross remains a leader in the not-for-profit sector in transparency and accountability and in delivering even greater efficiencies in its humanitarian work.

