



COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON ABORIGINAL AND TORRES
STRAIT ISLANDER AFFAIRS

Reference: Needs of urban dwelling Aboriginal and Torres Strait Islander peoples

WEDNESDAY, 6 JUNE 2001

CANBERRA

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

INTERNET

The Proof and Official Hansard transcripts of Senate committee hearings, some House of Representatives committee hearings and some joint committee hearings are available on the Internet. Some House of Representatives committees and some joint committees make available only Official Hansard transcripts.

The Internet address is: **<http://www.aph.gov.au/hansard>**

To search the parliamentary database, go to: **<http://search.aph.gov.au>**

HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON ABORIGINAL AND TORRES STRAIT ISLANDER AFFAIRS
Wednesday, 6 June 2001

Members: Mr Lieberman (*Chair*), Mrs Draper, Mr Haase, Ms Hoare, Mr Katter, Mr Lloyd, Mr Melham, Mr Quick, Mr Snowdon and Mr Wakelin

Members in attendance: Ms Hoare, Mr Lieberman, Mr Lloyd, Mr Quick, Mr Snowdon and Mr Wakelin

Terms of reference for the inquiry:

To inquire into and report on:

the present and ongoing needs of country and metropolitan urban dwelling Aboriginal and Torres Strait Islander peoples. Among other matters, the Committee will consider:

1. the nature of existing programs and services available to urban dwelling indigenous Australians, including ways to more effectively deliver services considering the special needs of these people;
2. ways to extend the involvement of urban indigenous people in decision making affecting their local communities, including partnership governance arrangements;
3. the situation and needs of indigenous young people in urban areas, especially relating to health, education, employment, and homelessness (including access to services funded from the Supported Accommodation Assistance Program);
4. the maintenance of Aboriginal and Torres Strait Islander culture in urban areas, including, where appropriate, ways in which such maintenance can be encouraged;
5. opportunities for economic independence in urban areas; and
6. urban housing needs and the particular problems and difficulties associated with urban areas.

WITNESSES

ADCOCK, Mr Paul James, Coordinator, Galilee Services, Lions Youth Haven, Galilee Inc.	485
BUCKSKIN, Ms Mary Joan, Chairperson, Winnunga Nimmityjah Aboriginal Health Service	503
CRAWFORD, Mrs Hilary Eva, Elder, Winnunga Nimmityjah Aboriginal Health Service.....	503
HUNTER, Ms Meredith, Executive Officer, Youth Coalition of the ACT	485
PELLEGRINO, Miss Susan Teresa, Policy and Project Officer, Youth Coalition of the ACT	485
QUALL, Mr Michael, Former Chairperson, Youth Coalition of the ACT	485
TONGS, Ms Julie Anne, Chief Executive Officer, Winnunga Nimmityjah Aboriginal Health Service	503
TURNER, Ms Jill, Finance Officer, Winnunga Nimmityjah Aboriginal Health Service	503

Committee met at 4.10 p.m.**ADCOCK, Mr Paul James, Coordinator, Galilee Services, Lions Youth Haven, Galilee Inc.****HUNTER, Ms Meredith, Executive Officer, Youth Coalition of the ACT****PELLEGRINO, Miss Susan Teresa, Policy and Project Officer, Youth Coalition of the ACT****QUALL, Mr Michael, Former Chairperson, Youth Coalition of the ACT**

CHAIR—I declare open this public hearing of the committee inquiry into the needs of urban dwelling Aboriginal and Torres Strait Islander people. As you know, the committee began this inquiry at the request of the then minister for Aboriginal and Torres Strait Island Affairs, Senator John Herron. The new minister, the Hon. Philip Ruddock has also indicated his enthusiasm for the committee to continue its work. The inquiry will assist the government's continued introduction and development of practical measures to help indigenous people. We are consulting widely, and today's hearing in Canberra is one of a number that we have had both in Canberra and around Australia. We want to hear from all interested parties—Aboriginal and non-Aboriginal—in the spirit of cooperation. This hearing is open to the public and a transcript of what is said will be made available. Anyone that would like further details about the inquiry or the transcripts, please do not hesitate to ask the committee staff and we will be happy to arrange for your request to be met.

I now welcome witnesses from the Youth Coalition of the ACT to give evidence. Although the committee does not require you to speak under oath, you should understand that these hearings are legal proceedings of the Commonwealth parliament. Giving false or misleading evidence is a serious matter and may be regarded as a contempt of parliament. *Hansard* reporters will be taking a record of what is said today and from time to time it would help us if we ask you to spell or repeat names so that we can record them accurately. Before we ask you questions, your submission has been received and is now part of the public record. We are very grateful for that. Would you like to make any additional statements or an opening statement before we proceed with questions?

Ms Hunter—Yes, we would like to make a brief opening statement. The Youth Coalition welcomes the opportunity to appear before you today. We consider the inquiry timely within the context of continuing discussions at all levels of the Australian community regarding the issues of reconciliation. The Youth Coalition's core business relates to young people and our submission addresses the third term of reference for the inquiry which relates to the situation needs of indigenous young people in urban areas especially relating to health, education, employment and homelessness.

Our submission focuses on the situation and needs of indigenous young people within the ACT and surrounding areas. Whilst it is acknowledged that many indigenous young people experience success, it is necessary to view indigenous disadvantage at a systemic level rather than allowing it to be viewed at an individual level. Our submission therefore focuses on the continuing disadvantages facing indigenous young people and those areas requiring advancement. In order that this submission was representative of the views of the youth sector

in the indigenous community, we undertook a process of consultation with members of the local indigenous community and indigenous and non-indigenous workers within the youth sector.

We think it is essential for the standing committee to consider the current inquiry in the context of previous major documents and inquiries pertinent to the welfare of indigenous people. The lack of resulting action from these reports and inquiries leaves us reiterating past concerns. We have also highlighted emerging needs and issues, particularly those relating to drug and alcohol use, risk taking behaviours and mental health. The Youth Coalition recognises the work done by government at a local and national level to address issues raised in previous documents and inquiries. There is, however, significant action required to continue to advance these issues.

Indigenous youth within Australia do not enjoy a position of equality within our society. By virtue of age and cultural background, indigenous young people continue to be one of the most disadvantaged groups. In an era of increasing youth suicide, drug use and unemployment, young people have specific needs which require specific attention. Indigenous young people in the ACT are more likely to experience markedly poorer health, poorer nutrition, higher rates of injury, lower levels of education, greater poverty, higher levels of unemployment, imprisonment, racism and discrimination and the prospect of a considerably earlier death than their non-indigenous counterparts. These disadvantages are coupled with increased barriers to accessing human services due to age and cultural background.

The ACT indigenous population is a unique, diverse population made up of the local Ngunnawal people and indigenous people from all over Australia. ABS data suggests that the indigenous population in the ACT is between 3,226 and 3,723 people, but anecdotal evidence indicates the indigenous population is probably closer to 5,000.

Furthermore, the geographical position of the ACT means that it is accessed for services and employment opportunities by a large number, and that is approximately 3,000 indigenous people, from surrounding areas such as Queanbeyan, Yass, Cooma and Tumut. This raises a number of cross-border issues for indigenous young people accessing services relating to lack of coordination of services and eligibility for programs across borders. The need to address cross-border issues has been highlighted in a number of previous government inquiries and needs to be addressed to ensure that services within the ACT are appropriately resourced to cater for this group.

The Jervis Bay territory, which includes the Aboriginal community of Wreck Bay, which has a population of around 419 people, is also within the ACT government's jurisdiction. Unfortunately, our submission is unable to address the issues for these young people due to limited resources. However, it is our understanding that service delivery to the Jervis Bay territory appears to be negatively affected by cross-border issues as a result of its location.

The indigenous population within the ACT is increasingly young, with the proportion of children and young people estimated at around 48 per cent compared to 28 per cent of the non-indigenous population. It is therefore crucial that policies and strategies be developed which address the current and future needs of indigenous children and young people. To quote the Human Rights and Equal Opportunity Commission's Social Justice Report of 1999:

The young age structure of the indigenous population also ensures that the disadvantage faced by indigenous young people in Australia is not going to 'sort itself out' or simply go away. Indeed, the disadvantage faced by indigenous youth today has the potential to increase and further entrench the disparity between indigenous and non-indigenous Australians over the coming decades, unless great effort is made by governments to reduce the sources of inequality now.

A critical area that needs to be addressed is ensuring a cross-portfolio approach to indigenous issues. The current situation and needs of indigenous young people should be viewed in the context of historical, social and economic issues of Aboriginal and Torres Strait Islander history and as such, it is essential to approach the issues of health, education, employment and housing as being inextricably linked. A cross-portfolio approach is necessary to adequately address the wellbeing of indigenous children and young people. This approach needs to be proactive in essence and developed through processes such that it is owned by the local indigenous community. It should also recognise and encourage the building of partnerships based on respect and understanding between the indigenous community and mainstream services, thereby increasing the capacity of services to address the needs of indigenous youth.

The Youth Coalition recognises the role of government in enabling the indigenous population to engage in active participation and self-determination as essential human rights principles which need to be addressed if the disadvantages of the population are to be addressed.

The principles of self-determination and effective participation are the major themes underlying our submission. Our submission has looked in detail at the areas of health, justice, care and protection, education, employment and homelessness. That finishes the overview, and we welcome any questions from the standing committee.

CHAIR—Thank you very much. Can I express my appreciation for the comprehensive submission that you gave us. You have obviously put a lot of time and effort into it and the attempts to consult are also noted with appreciation. Can I ask some questions about your organisation first so we can get an understanding. I know you have been established for quite some years. Do you have an executive or a committee that is elected?

Ms Hunter—As a community based organisation, we do have a committee that is elected from our membership—that is, a board with an executive. Board members meet monthly and look after the governance of the organisation. We also meet regularly. Once a month we hold forums for our members and that is to share information, to have guest speakers in and to keep people informed and updated on what is going on.

CHAIR—You are obviously a non-profit, incorporated association.

Ms Hunter—Yes, non-profit and funded by the ACT government.

CHAIR—Are you fully funded by the ACT government—when I say 'fully funded', is that the only source of funding?

Ms Hunter—We do have some others, but that is our major source of funding.

CHAIR—From the ACT government?

Ms Hunter—Yes.

CHAIR—How much funding are you currently receiving from the ACT government?

Ms Hunter—Approximately \$165,000 a year.

CHAIR—Your committee is elected by your members. I am excluded because of my age, but how does an eligible person become a member?

Ms Hunter—No, you are not excluded because of your age.

CHAIR—I thought I might have been.

Ms Hunter—No.

CHAIR—How do you become a member?

Ms Hunter—We have a constitution which has objectives. You must agree with the aims and objectives of the organisation. There is a membership fee that needs to be paid. So it is pretty open. We have individual memberships and individuals who have an interest in youth issues can become members. The majority of our members are youth-service providers in the ACT and also in Queanbeyan.

CHAIR—Working in the mainstream in many cases?

Ms Hunter—Yes.

CHAIR—Do you have any indigenous members on your executive?

Ms Hunter—Yes, our chair, who could not make it today, Michelle Thorne, is an indigenous woman, and Michael was our former chair.

CHAIR—I thought you might have been, Michael, but I was waiting for you to say you were. We will have a lot of questions from members and time constraints: there is another series of witnesses coming in and the House is sitting. We will have a number of questions we will not be able to reach, so when we write to you with those questions, would you be able to respond within 14 days—subject to the questions being able to be answered in that time? That would help us greatly with our inquiry.

Ms Hunter—Certainly.

CHAIR—I want to get right to the edge. The disadvantage in relation to employment, housing, health, training and education—all the things that you have mentioned, of course—we have noted that in our inquiry. You have talked about partnerships. Am I to understand that to mean partnerships where all the parties—indigenous, government and non-government—work together with a common goal?

Ms Hunter—Yes, as you say, that would be community organisations—indigenous and non-indigenous—the business community and government in partnerships.

CHAIR—A big tick, obviously. I do not think our committee will have any difficulty in subscribing to that view. I want to touch on something and it is said with respect—it is not in any way critical or singling people out. To succeed in addressing disadvantage obviously requires an effort from everyone. In your experience—in your consultations and your observations—have you seen a commitment by indigenous people to address some of the issues that they themselves might be able to start to do something about, even though difficult; for example, with respect to training and education, going to school, making sure kids go to school—that sort of thing? Could you comment on that?

Ms Hunter—It is probably best to hand over to Paul, and he can give some practical examples.

CHAIR—Thanks, Paul. Do not pull any punches.

Mr Adcock—Galilee, who I represent here today, is a member of the Youth Coalition. We have a long history of working with indigenous organisations and groups of indigenous people in the ACT, and trying to work together with a common goal, complementing and supporting each other in the programs and activities that we enter into. An example of that has been in reconciliation projects and projects looking at access to technical and further education for indigenous young people. Galilee has worked together in those areas with Gugan Gulwan, which is the Aboriginal youth service here in the ACT. Kim, the director, could not be here today—she is ill and sends her apologies.

CHAIR—I am sorry to hear that.

Mr Adcock—That relationship is extended to one now where Gugan Gulwan are undertaking a Reconnect program, which started three years ago as the existing government program. Galilee has been working with Gugan Gulwan in that area. Part of what they are doing is trying to assist young people to stay out of the substitute care system and the supported accommodation system, by having people within the indigenous community provide respite care and support for indigenous young people who are at risk of being homeless or who are homeless. It is a very preventative strategy that Gugan Gulwan have entered into.

The role of Galilee in that is that Galilee is an organisation which provides foster care and various forms of substitute care. Galilee has been assisting Gugan Gulwan and will be assisting on an ongoing basis with training and helping those people within the indigenous community who want to take on this role of being respite carers with training and support. There is a range of activities that I can speak to from the point of view of our own organisation, and that now extends into a working relationship with Aboriginal hostels and the provision of an educational program that Galilee runs in having a registered school.

CHAIR—Can your annual report be sent to us?

Mr Adcock—Yes.

CHAIR—It probably outlines some of the activities, which are commendable. I have some indigenous friends in another part of Australia, for example, who go to the homes of some of

the young people who do not turn up at school, and actually get them and take them to school—that is in very oversimplified words. Are you doing any of that sort of work?

Mr Adcock—Getting kids to school can be an issue.

CHAIR—It is an issue—not can be, it is.

Mr Adcock—Sometimes it works very well. On that level, I spoke to a young 14 year old who actually came to our education program from Queanbeyan. He would bus over from Queanbeyan every day and we would pick him up. He had not missed a day in four months. This is a kid who had previously been to 15 different schools. Within the context that we are able to provide a youth haven, his comment was, ‘The place makes sense.’ So I think on one level it is motivation, and the young people being able to see that there is a relevance to them. But, sure, transport and getting a kid to school can be a real issue. We have addressed that in the educational program for indigenous young people that we are currently running, by Aboriginal hostels working in and providing transport and getting the kids to the educational program.

CHAIR—What are you doing about talking with the parents of these children?

Mr Adcock—It is essential because quite often one of the things that is repeatedly referred to in literature and from experience is that many indigenous parents feel quite excluded from the educational process.

CHAIR—Because they themselves have not been able to have education?

Mr Adcock—That would be an aspect to it, yes. The strategy and approach that we follow is to wherever possible involve and include the parents and the broader indigenous community in the program that we run at Youth Haven at the farm in Canberra.

CHAIR—Do you see that sort of direction as not the most but one of the most important things to try and tackle? I mean the disadvantage.

Mr Adcock—Yes, to actively encourage the involvement of indigenous parents and the broader indigenous community into the schools. That is what we are attempting to do with our own school, but it is something that I would strongly recommend should be promoted in whatever way possible. One of the really positive things of bringing the indigenous community into the school setting is that it encourages the sense of participation and involvement, and it encourages a sense of worth and value—not just that the indigenous young people place on what is going on, but also the non-indigenous kids in the school setting seeing that these kids are not alone, that they have a context where there are elders and people who are involved with family and culture.

CHAIR—My last question is—and you can reflect on it if you like and answer it after my colleagues have had theirs: what contact are you having with the elders in these sorts of programs? Are you having any success in getting the elders to take a large role in helping in this direction that you are working in? Would you like to think about it and we will come back to you?

Mr Adcock—No, I can speak to that. Within our own context—and that is all I can speak to—there has been an act of involvement and support from Ngunnawal elders from this region, including Hilary, who you will be meeting later, and other elders from the indigenous community in Canberra. That has been highly positive and is recognised both by the indigenous kids that we work with and by the non-indigenous kids. Actually, for the non-indigenous kids it provides an opportunity and an understanding which they have not previously had access to.

Mr Quall—Going back to your original question, the point of the question is well taken. There are obviously a number of programs and agencies who are working on—taking the school example—ways of getting those young people in, and it is a variety of government and non-government. It is probably worth mentioning at this point that one of the significant issues for the ACT indigenous community is a lack of community capacity to manage those sorts of programs and run those sorts of programs. We often struggle to find people or organisations to take on board new strategies, new ideas and new programs, because we have really only got a handful, and even that handful is really only two community based indigenous organisations who are constantly expected to take on new programs and new responsibilities. So community capacity is a particular issue that we are struggling with here in the ACT.

CHAIR—So you are short of volunteers: is that what you are telling us?

Mr Quall—Probably not short of volunteers, but possibly short of training and skills. We have got a lot of people who are willing, and probably able, but could use some coaching around organisational skills, around governance, around financial management and those sorts of things, in the interests of self-determination, to use a key phrase there, in the interests of enabling the community—which has a lot of will, but often not the skills—to participate. In many cases we have seen historically, particularly around financial issues, a lot of indigenous communities get themselves into trouble because they are not adequately skilled but are given a particular responsibility and have found that they are not able to manage it.

Mr Adcock—Can I just chip in with some supplementary information on that. In Canberra there is, in fact, the most rapid increase of an indigenous community in population in Australia. The increase of the indigenous community here is very rapid, and it has been something which I believe—and someone can correct me if I am wrong—has only taken place, really, over the last 20 years. So you have many indigenous people coming to Canberra who are not well established in this town, because Canberra, amongst other things, acts as a regional centre for New South Wales as well as being the national capital.

Mr Quall—Just very briefly on the second point, regarding involvement of elders in programs and in helping young people particularly, a quick point would be that, again, an issue that Canberra in particular is probably grappling with, and which probably also goes to the core of the urban dwelling aspect of this inquiry, is that many young indigenous people are becoming increasingly removed from their culture and their background and a knowledge and the associated respect of elders. Whilst we are having a lot of success in getting elders involved, probably we are also struggling at the other end to engender that respect in the young people towards the elders and to actually get them to respond in ways that they may have in the past.

Mr QUICK—I have got stacks of questions. If this is a melting pot of the indigenous community and you have got ATSIC as the supreme body, what is the relationship between the

community organisations and ATSIC? Because if you are having an influx of indigenous people from the Northern Territory, Western Australia and Victoria they all have their own cultural identity, their own sort of subculture. How are they fitting in with the Canberra-based locals? Is that generating any angst? Is that a stumbling block?

I cannot believe that we do not know how many indigenous people there are here, because the 29 recommendations are worthless unless you can say: 'We've got X number of people from zero to six. We need child care for X number of people. We need so many centres. Where do we need to locate them? Do we need transport? Do we just need one centre?' As legislators and as people involved in social equity issues, how the hell can you decide what you are going to do if you do not know how many people you are talking about—anything from 3,200 to 5,000.

I cannot believe that in the year 2001 people of an ethnic specific group are still frightened to identify themselves, when you see every day on the TV people proudly advertising their ethnicity, whether they are Macedonians or indigenous people. Why do we not know what the retention rates are, how many kids are absenting themselves from Wanniasa High School and the like? Unless we know those things, all of these recommendations are worthless.

Mr Quall—That is a good point. Statistics is a key issue. I guess there are some historical reasons behind it in terms of the way the ABS conducts, in particular, its population survey and whether or not indigenous people are identifying or whether they are in fact completing the survey, whether they are completing the survey accurately.

Mr QUICK—But you should know how many people. Do not worry about ABS; you people should be saying: 'We've got these problems. There are so many kids that aren't going to high school.' You should know them, because you are dealing with the families.

Mr Quall—We can provide those figures on an anecdotal basis, and it is widely accepted that in the ACT the indigenous population is somewhere around the 5,000 mark, compared to the just over 3,000 mark that ABS would tell us. The problem is, and again it reflects a little bit on the community capacity, most of our community based organisations—

Mr QUICK—But ATSIC are there. ATSIC get heaps, dray loads, of money. There must be an ATSIC office here. I know there is another indigenous place that we visited that has got the cultural centre that is now part of the new Museum of Australia. They have got people with expertise.

Mr Quall—ATSIC, as a Commonwealth-funded body, would probably see no point—or their funding would see no point—in duplicating the process of another Commonwealth body who does stats, being the ABS. So I do not think ATSIC does broad population statistics data as a matter of course. When it would be looking at specific programs and specific projects, it would look at some supporting statistics for those.

Mr QUICK—Who should do it, though? Someone has to.

Mr SNOWDON—Aboriginal people do not have to register when they come to town, do they?

Mr Quall—No, absolutely not.

Mr SNOWDON—So there is no way of knowing.

Mr Quall—Other than through normal census sorts of matters.

Mr SNOWDON—There could be any number of people. Aboriginal people come from the Northern Territory to work here, I know. That does not mean they go and register with you as an Aboriginal organisation and say, ‘Count me as an Aboriginal person.’

CHAIR—Nor should they have to.

Mr SNOWDON—I am not saying that they should.

Ms Hunter—That is getting a bit scary.

Mr SNOWDON—People do not have to register with ATSIIC when they come into town. They do not have to have a label on their forehead.

Mr QUICK—No, I am not talking about a label, Warren. What I am saying is: if there is youth suicide and there is incarceration rates there is a reason why, and the reason why is there is a lack of services. On page 20 of your submission you say:

Gugan Gulwan is situated on the suburb of Red Hill, a location which makes it difficult to access by indigenous young people ...

Why the bloody hell have you put it there? Is it historical? Or did someone say, ‘We will give you this wonderful centre, you go and use it, and it is totally—

Ms Hunter—Just to clarify on that one, some of the things have changed in the last eight months since we put in the submission.

Mr QUICK—So that is no longer at Red Hill?

Ms Hunter—Gugan Gulwan was put in an old pre-school, because it was the only available place to put them at the time. Since then, they are now moving into the Erindale youth centre, which is located in Wanniasa, so some changes have been made. But that was not our decision to, first of all, locate them at Red Hill; it was the ACT government, which said, ‘This is all we have got to offer.’

Mr SNOWDON—Are there pockets of population centres? I live in Narrabundah—I was brought up in Narrabundah, as it happens—but are there small pockets of Aboriginal people which you can discretely locate and say there are Aboriginal people in Narrabundah, there are Aboriginal people in Wanniasa, there are Aboriginal people in Ainslie? Do you know roughly where Aboriginal people might congregate as a group?

Mr Quall—Roughly, but they are probably not in the concentrations that people suspect. Narrabundah, for example, does not have as high a concentration of indigenous people or

families as people would first suspect. We rely on figures such as school enrolments and those sorts of things, the data that we have. For example, in relocating Gugan, we feel it was a good move to put it in Wanniasa, because the Tuggeranong area has quite a high proportion of indigenous school enrolments.

Mr SNOWDON—What about Queanbeyan? Does Queanbeyan come under your auspices?

Mr Quall—Unfortunately, not in an official capacity. But given the proximity and cross-border issues, services need to keep on top of their population as best they can to be able to cope with the impact on services of people coming across the border anyway.

Mr QUICK—Your first recommendation is about a cross-portfolio strategy, and I think that is wonderful. But how are you going to do it if, for example, you talk about sport and recreation, education and housing and health in the Wanniasa area? The first thing the school principal will say is, ‘How many kids are we talking about?’ The juvenile justice people will say, ‘The only ones I know about are the kids who are on the list for a mention next Tuesday at the remand centre.’ The sport and recreation people will say, ‘There are a few kids who wander in, and we have got an indigenous basketball thing, but I would not have a clue.’

Mr Quall—The point is we could provide the numbers. As somebody who works in indigenous affairs in the ACT, I could quite confidently tell you that we run a lot of stuff on the basis that there are 5,000 indigenous people or thereabouts. Our problem as community-based organisation is convincing legislators, policymakers and funders, in particular, that our anecdotal evidence, which is all it is really considered, is just as credible as the statistical data that government agencies collect on their own behalf. That is our main sticking point. We could quite easily provide you with the numbers. We are confident with our numbers, but unfortunately our funding, and therefore our capacity, is only based on the numbers that the government runs on, which are generally from government research.

Ms Hunter—Another point that I would make there is that, regardless of whether it is 3,700 or 5,000, there are major issues that need to be addressed. That is the point for us. It does not really matter between those figures. There are, obviously, some funding implications there, but—

Mr Quall—If I can give you a specific example—just an anomaly—an indigenous liaison position has been set up at our remand centre here in Canberra. It was given enough funding for 15 hours a week, basically on the basis of sheer numbers—that 15 hours out of a week is comparable to the number of indigenous people in the remand centre at any one time. But the reality is that those indigenous people are in there 24 hours a day—regardless of how many there are, whether there are one, two or 10 they are in there 24 hours a day, seven days a week. To take that to the broader example of a community like the ACT, whether there are 100 indigenous people here or 5,000 indigenous people here, there are people with problems who need help 24 hours a day, seven days a week.

Mr QUICK—But early intervention is the way to go—

Mr Quall—Absolutely.

Mr QUICK—As an ex-school principal, with indigenous kids in my area in Tasmania, we ran specific programs to at least get the kids up to a reasonable level before they wandered into high school where they were lost.

Mr Quall—Unfortunately, in the indigenous community, early intervention is getting them to school in the first place. So, whilst I would agree that early intervention is the way to go, there are also issues around interpreting what that means. I think we are still convincing people at the moment that working with primary school kids is more important than working with high school kids, but we probably also need to be working on getting them into primary school in the first place.

Mr QUICK—But does Wanniasa Primary School need two culturally aware early intervention people to work with the community there because there are X number of kids between six and 12? The education department is not going to fund it unless someone can quantify what the problem is in Wanniasa. Whether it is Wanniasa, Kambah, Aranda or somewhere else, someone should be able to provide those sorts of figures so we can actually say, 'We've got X number of kids.'

Mr Quall—Unfortunately, the only figures that are easy to get these days are sheer numbers, and funding is generally based on sheer numbers and population. This is what the Commonwealth Grants Commission has obviously been grappling with in its inquiry into assessing indigenous need and trying to develop a formula for indigenous need that is not based simply on actual numbers of indigenous people in a place, but actually being able to put a dollar figure on the social situation and the actual physical, mental, emotional and social needs of individuals. So, even if there is only one person in a room of 10, we do not only give them 10 per cent of the funding, because they may well be taking up 60 per cent of the time of the people who are working with that room of 10 people. So we base it on the 60 per cent, not the 10 per cent. At the moment, to put a generous spin on it would be that we are still grappling with the transition between those two things; the less generous way of putting it would be that we are not moving to that phase of actually looking at need, we are just looking at sheer numbers.

Mr QUICK—Following on from Lou's question, we have two culturally aware, highly dedicated and expert teachers at Wanniasa Primary School, for example, and the kids do not turn up. How do we get the kids there? The school can provide all the staff under the sun, but it is the parents' responsibility—

Mr Quall—Flexibility from agencies.

Mr QUICK—There are kids falling through the net and legislators and politicians are blamed because there is a high suicide rate and there is a high juvenile detention rate and so on. At what stage do we say to the parents, 'You have a responsibility to get the kids there'? Poor white have the same problem in lots of areas of Australia.

Mr Quall—I think in a general sense that needs to be stated up front—it is an immediate thing: parents do have that sort of responsibility. But you have to look at some of the underlying issues. If you take teachers, for example, where you might have indigenous teachers or indigenous liaison officers in schools or whatever but you are not getting the kids there, what

we need to do—and, again, it is a matter of rethinking the way we do things—is broaden the role of teachers, thinking outside the box of teachers being in a classroom between 9 a.m. and 3 p.m. and that is their role. While we might skill them up to be knowledgeable about indigenous issues, there is an argument that that is a waste of time because the indigenous kids are not there. Previous thinking has been to go, ‘Well, that’s a waste of money, so we’ll scrap that idea,’ whereas the new thinking should be: ‘Okay, we’ve got this skill. Let’s broaden the role or the mandate of that particular person or that program or whatever,’ so that teachers have a role to go to homes, obviously with the appropriate support and all that sort of business. Rather than just being classroom teachers, teaching becomes a bigger family support role as well—going to homes, providing the support in the homes, giving the counselling or whatever to parents, funding to pick kids up. For a lot of them it is really simple stuff like, possibly, transport issues. It may not be complicated cultural issues; it may just be that a family is unable to afford the transport or it may be that kids are at home looking after parents; it may be that they are not getting fed or whatever at home. Yes, thinking outside the box is an element of it.

Mr QUICK—Who needs to do it? That is my question.

Mr Quall—In the case of teachers, it is the people who employ the teachers. The teachers need to be willing, and the people who write their duty statements need to broaden the duty statements, to put it in a really bureaucratic sense.

Mr QUICK—I can understand that. I worked in one of the most disadvantaged areas in Australia and we had community liaison people who went out—the teachers were still basically there—and we brought up links with the parents to say, ‘Come in and see what is going on in the school. You are probably third-generation unemployed and have horrible ideas about school, but we want to empower your kids so we can break the cycle.’ We had lots of strategies. We had a community approach, so that if kids were wandering around the police just picked them up and dropped them off at the school, and we had someone there to say, ‘Let us work out some sort of strategy to keep you here.’

Mr Quall—Possibly Canberra is still struggling under a misconception that we are a fairly affluent society, and that reflects also on the indigenous community. There is probably a lazy assumption in Australia more broadly, but even amongst Canberrans themselves, that because we have a high level of public service employment and a high level of indigenous people in public service employment, that that is the majority of the people. So therefore we do not stop to think that young indigenous people in Canberra might have the same issues as young indigenous people in Wilcannia, or in Tennant Creek or wherever. I think we need to get at that thinking.

Mr QUICK—You seem to have a pretty decentralised suburban community complex arrangement. Canberra has grown up like that, unlike Sydney and Melbourne where streets just stretch forever. In Wanniasa, Kambah, Tuggeranong, Reid and all the others, there is a shopping centre and a school, and you do not necessarily have to travel out. Transport should not be a big hassle if you want to go to school, because a lot of schools are just down the road.

Mr SNOWDON—But poverty is a problem. That is the real issue there and I think we are missing the point. There are obviously dysfunctional families. These Aboriginal families in Canberra have the same problems as non-Aboriginal families who are poor, and they are often

not culturally related; they are about poverty, dysfunction, alienation and all of the things that make school very difficult for people to attend.

Mr Quall—And levels of just plain complacency with indigenous communities will be no higher than in the non-indigenous communities. What you need to be looking at is the other social factors that are preventing people from going to school or accessing services or whatever.

Mr SNOWDON—What is the story with homelessness?

Mr Quall—That is probably not my field of expertise, unfortunately. I could say anecdotally that it is an issue. We have a lot of young people who are homeless in the most obvious sense, in that they are living on the street—for want of a better way of putting it, and that is obviously a way of describing it. As well as that sort of thing, which is fairly recognisable as homelessness, we also have young people who are moving from house to house and from relative to relative, who quite often do not get picked up in statistics of homelessness, because at times that somebody might be checking on them, they might be living with a cousin or an aunty. But they might have only been there a day or two, and they might have been living with six different people in seven days. In terms of our work, we would consider them to be homeless and they would need the same sort of work. But in terms of the funding we get, they probably would not fall into the category of people that we are mandated to look after.

Ms Hunter—One of the points here too is that the ACT does not receive any Aboriginal housing rental program funds. Those funds are seen to be needed in rural and remote areas of Australia, and so the ACT has never received any funds to ensure that there are some housing programs—specific indigenous housing programs or community housing. That is a point that we would make, and it goes back to Michael's point about us being a regional centre. I think that does need to be revisited. In the ACT we have a fast-growing population and we are taking people from the region. The ACT government has tried to push the case over several years, and we support that effort, because we think that the ACT should be receiving some of those funds.

CHAIR—They call it a sponge city. We are worried about time. Harry is going to finish with another question.

Mr QUICK—We just got an update from ATSIC about community housing organisations. They list the distribution of indigenous housing organisations by state and stock, and they say that the ACT is included with New South Wales for confidentiality reasons.

Mr Quall—That is curious.

Mr QUICK—New South Wales has 170 urban housing organisations and 64 discrete communities—a total of 234 organisations—and a housing stock of 4,029. How many indigenous houses are there in the ACT? You are saying that there are none.

Mr Quall—There are a very small number. We have one accommodation service being run by Aboriginal Hostels.

Mr QUICK—These are houses.

Mr Quall—I am sorry; I am thinking out loud. We have one established Aboriginal housing organisation which has five houses and we have another indigenous housing organisation which is new to Canberra, which is establishing itself, but as far as I know they do not have any stock as yet.

Mr QUICK—And 258 indigenous people in Canberra own or are buying their own homes?

CHAIR—That should be 2,000.

Mr Adcock—The confidentiality issue, I suspect, is masking the fact that it is so small. One comment I would like to make is that I think the extent of, say, youth homelessness amongst the indigenous population in Canberra is disguised by the role that extended family plays in trying to support those kids. It is often very hard. There is no support through Family Services for very extended family members who are looking after their kids in that way in Canberra.

Mr Quall—Could I make two brief and related points?

CHAIR—If you would not mind keeping it brief because my colleagues want to ask questions too.

Mr Quall—Regarding ATSIC and their recognition of the ACT, the ACT has only been recognised within an ATSIC region since the most recent ATSIC election—less than two years. Prior to that, the Queanbeyan Regional Council—of which we are now a part—had two wards which essentially skirted outside the ACT. In more recent times the ACT fell into one of those wards. At the most recent election, the Canberra ward was established within the ATSIC Queanbeyan Regional Council. So our status in the eyes of ATSIC is actually quite new and I think that has to do with our being on Commonwealth-run territory essentially. I am not sure exactly how that works.

The second related point is that it probably serves to highlight our status as such. ABS will be running its indigenous social survey in 2002 and no ACT data will be able to be brought from that, because any data that we or our community might provide will be absorbed into New South Wales data. So as Canberrans we are also struggling to justify ourselves or, to put it really bluntly, prove that we exist in the eyes of particularly Commonwealth funding, because quite often we are not counted or we are absorbed into New South Wales. The dynamics of our community are in many ways different to New South Wales and it is not fair to lump us in with the same line of thinking.

CHAIR—If you have anything on your files—a bit of colourful correspondence between the Commonwealth departments and you guys—on that issue, illustrating the frustration, could you send it to us in response to the letter you will get from us? That would be good to see.

Mr LLOYD—I have just a couple of brief questions relating more to what your organisation does as such. You said that you are funded by the ACT government for about \$165,000 a year. How many people are employed? Do you actually have an office front?

Ms Hunter—We have an office that is located at the Civic Youth Centre. We lease some office space there. We have four employees, all working part time. Our role is to inform and

educate our members; inform and educate government and the wider community on issues relating to young people; ensure that young people have a voice, so we disseminate information; lobby—part of our role is to lobby government and to provide advice to government when they ask for it on specific youth issues, be on a range of advisory committees and councils; consult, and conduct our own research and consultations on emerging issues.

Mr LLOYD—How much time and effort do you put into actually assisting groups to seek out additional funding? The reason I ask that is because I see that as a very valuable role. Obviously, in your submission many of your recommendations basically say, ‘seeking additional funds’. You are looking at the ACT government, and you are also looking at the Commonwealth. I am a little concerned about the fact that you seem to be a new identity with ATSIC in that way. I would like to know how much contact you have with ATSIC and whether any of the regional commissioners have been in touch and looking at funding there. The vast majority of Commonwealth money goes to ATSIC to then disseminate throughout Australia. I am informed it is something like \$1.32 billion this year. It is a huge amount of money. I just wondered how much you go out looking to try to help increase funding.

Ms Hunter—Yes, we have worked with some of our members to identify funding and to go along and meet with ministers, or whatever, to try to secure funding. A recent example of that would be money that has been made available by the ACT government in the recent budget for its Relink program, under crime prevention and early intervention. It is setting up some sporting and recreational activities with a mobile component to it to go out to communities. We expect them to be able to access young disadvantaged marginalised indigenous young people. It is around physical activity and other pursuits. That is being run with the police citizens youth club and also with the Belconnen community centre. We worked with those two organisations to secure some funds. Yes, occasionally when people approach us we will assist in that capacity.

In general, because of limited resources and all the rest, our role is to ensure that any information gets out about, say, a recent fund that has been established or some philanthropic trusts that are available, or whatever. We have an e-bulletin that we try to send out as much as possible. We have good links with our ACT office at DETYA, who also keep an eye on the number of web sites, links and things that are going on. We ensure that gets out and gets disseminated.

Mr LLOYD—Just to follow up a little bit on communication with ATSIC—

Ms Hunter—I would probably give that to Michael.

Mr LLOYD—How much contact you have had?

Mr Quall—It is interesting to note, and this is more coincidence but it serves us well, that our current chairperson, who I am standing in for today, is actually an ATSIC regional councillor for this region.

Mr LLOYD—That is pretty close contact.

Mr Quall—Yes, in this case. As I say, it is quite coincidental. It probably also highlights the small community capacity generally and that there is quite a lot of cross-fertilisation of a

number of boards, committees and organisations who share members, mostly through the goodwill of a small number of people who end up sitting on quite a number of committees.

CHAIR—It might be a case for consolidation with fewer meetings and more action.

Mr Quall—Quite often that is happening. In the interests of conserving our own energy we quite often do that anyway because it is better for us to have only a few meetings rather than be meeting 10 or 20 times in a week with the same people.

Mr LLOYD—That is very good. I have many other questions I could go on with, but I won't because I know time is going on.

CHAIR—Yes.

Mr WAKELIN—I suppose the irony has not been lost on you that here at Woden is the centre of the universe for ATSIC, and yet you were not recognised by ATSIC in a territorial sense. There is some irony that occurs to me in that. We talked of a population of probably 5,000 and yet, as I understand it, there are virtually no resources coming from ATSIC through the infrastructure program and probably the indigenous land fund. Is there any connection with the land fund at all?

Mr Quall—The Queanbeyan Regional Council, which encapsulates the ACT, would have obviously just as equitable access to it but the nature of the ACT and landholdings here makes it a completely different situation. The land fund and native title generally are a bit muddled up here in the ACT.

Mr WAKELIN—But, just to stay with infrastructure, there is virtually no access to ATSIC infrastructure funding.

Mr Quall—That is probably a reasonably fair way to put it, and that comes again to a recognition of our community, the size of our community, the perceived relative affluence of our community and those sorts of things.

Mr WAKELIN—But not affluence for Aboriginal people, surely?

Mr Quall—I am not sure if you were in the room earlier, but I think that the national perception of Canberra's affluence as such is also reflected in a perception of the indigenous community; that is, that we are a more affluent indigenous community than other indigenous communities, which is plainly false. I guess that is the best way to put it.

Mr WAKELIN—You are right to observe that. The point that I was trying to understand was that it is surely not that affluent to the degree of having virtually no access to ATSIC funds.

Mr Quall—No. There is certainly a disparity between what is offered and what is needed. That is probably to do with how often data is taken, how often surveys are taken and those sorts of things in terms of what is available.

Mr WAKELIN—I think it has probably been covered, but do you expect to access those programs in a more proactive way?

Mr Quall—I would think so, just from observation, with the recognition of the Canberra ward since the most recent ATSI collection. Plus, without speaking badly of previous people, the current ATSI regional council is very active. I think it has amongst its membership some of the most community focused people on the Queanbeyan Regional Council for a little while. I have certainly seen in the last couple of years some great improvements in their role in lobbying for national funding to be brought into the ACT—

Mr WAKELIN—Back to that capacity issue again.

Ms HOARE—I am interested in exploring the relationship between the ACT and Queanbeyan and the services and problems experienced by indigenous people. Does the ACT attract a cross-border population because it is perceived to be affluent and to have better services? As you have said, the Queanbeyan Regional Council and the indigenous population in Queanbeyan may be attracting more services because of the lobbying of the regional council in past years. Does Queanbeyan then attract more indigenous people? Is there much cross-border migration of indigenous people because of that? Are similar problems experienced by ACT and Queanbeyan indigenous people? I sometimes find it difficult to come to grips with borders. For example, the ACT and Queanbeyan are not separated by borders, so I am interested to explore that relationship.

Mr Quall—Certainly, in terms of people just moving back and forth, the border is almost non-existent in terms of interaction between the communities. It is probably a mixed story in terms of services that are available and the funding that is going on. Queanbeyan, as part of New South Wales, has until recently probably had better access to ATSI funding because it has been more connected with the regional council than we have. But they are probably disadvantaged, being a fairly isolated New South Wales community and they are quite removed from state level funding in a government sense. The ACT, being a small jurisdiction, probably has advantages that they do not have in that we have closer access to territory level funding. I think it is mixed. You would probably need to look at specific examples of different services to see where the disadvantages are. For example, a number of years ago, I was the Aboriginal liaison officer for ACT policing. During that period, Queanbeyan was without an Aboriginal liaison officer. I often had to deal with issues which had cross-border implications. Luckily, I developed a rapport with the Queanbeyan police and was able to travel into their jurisdiction and deal with communities there.

They lost their Aboriginal liaison officer because he moved to another job and there was quite a delay in getting a new Aboriginal liaison officer. I think that had something to do with them being a fairly remote, in terms of removed from Sydney, community so there was no priority from New South Wales policing, perhaps, to fill that position. In that sense we are in a better position here than, say, Queanbeyan. Then again—and the next witnesses will obviously be able to comment on this a lot better than we can—if you take indigenous-specific health services or community controlled health services, Queanbeyan, being in New South Wales and having access to ATSI funding and the funding associated with regional councils, has probably had easier access to funding than the health service here in the Australian Capital Territory because of the strange anomaly that we have of being a self-governed but essentially Commonwealth

territory who has conflicting access to various funding, whether we are supposed to be accessing Commonwealth funding, territory funding, New South Wales funding or whatever.

There are a number of initiatives around that are working on a regional basis. There is a reconciliation committee in the ACT which works on the region and has membership from Yass, Cooma, Goulburn, Yarralumla Shire, Queanbeyan et cetera. There have been some initiatives at a community level setting up regional centres around emotional and social wellbeing and that sort of thing. So there are initiatives out there but, again, it is a struggle to figure out exactly where to get those funds from and what to do with them, because obviously different agencies will set different requirements, different reporting, different performance indicators or a different mandate on the funding that they provide. If you are an agency that is part state-funded, part ACT funded, part Commonwealth funded, it then impacts on your administrative capacity because you spend as much time tracking your money and reporting on your money as you do actually spending your money on worthwhile things.

Mr Adcock—I suspect from an indigenous point of view the border between the ACT and New South Wales is really quite arbitrary. It cuts right through the traditional country of the Ngunnawal people, but we were talking earlier of ATSLA and how the ACT can be left out in the cold in that relationship. It can work the other way as well, particularly for kids who are with DOCS in New South Wales and have difficulty accessing certain services that are ACT government funded. These are kids who live in the one community but move from one side of the border to the other and yet there is complexity and difficulty for those young people in getting access to services in Canberra. So it can cut both ways. Certainly we have had difficulty with getting kids that are temporarily living in New South Wales access to the services that are ACT government funded here in Canberra.

CHAIR—In the letter that you will write to us with this other information, it would be very helpful if you could give us three, four, five or six examples of the cross-border difficulties affecting the ACT and New South Wales state governments, either of those governments and the Commonwealth government or all of them.

Ms HOARE—Yes, I think that would be helpful.

CHAIR—I would like to see that because not only is the chairman interested in what you are saying, he happens to live on the border of New South Wales and Victoria and I have some scar tissue to sympathise with you about.

Mr Quall—I am sure the next set of witnesses will have quite a bit to say on cross-border issues.

CHAIR—We could go for a lot longer but time is against us. It has been a very valuable dialogue and I appreciate very much the work you are doing. Maybe we could drop down one day to your office and have an informal talk. It would be nice to do that. We wish you well with your work and we look forward to your response to the supplementary matters that we would like to get from you. The reason for that is we are trying to bring in our report by the end of August, which means that we really have to have supplementary evidence within the next 14 days so we can start to examine it again. Thank you.

[5.19 p.m.]

BUCKSKIN, Ms Mary Joan, Chairperson, Winnunga Nimmityjah Aboriginal Health Service

CRAWFORD, Mrs Hilary Eva, Elder, Winnunga Nimmityjah Aboriginal Health Service

TONGS, Ms Julie Anne, Chief Executive Officer, Winnunga Nimmityjah Aboriginal Health Service

TURNER, Ms Jill, Finance Officer, Winnunga Nimmityjah Aboriginal Health Service

CHAIR—Welcome. Thank you, Hilary, for being with us with your friends today. We are honoured to have you here with us. Although the committee does not require you to speak under oath, you should understand that these hearings are legal proceedings of the Commonwealth parliament. Giving false or misleading evidence is a serious matter and may be regarded as a contempt of parliament. We have received your submission and it has been made part of the public record. Do you have any additional statements that you would like to make before we ask questions?

Ms Tongs—I would like to give you a bit of an overview of Winnunga and what we actually do in an Aboriginal community controlled health service in the ACT. We are probably the most under-resourced urban Aboriginal medical service in the country. I will take you back to October 1997. I was the Aboriginal liaison officer with the Canberra Hospital and I came over to Winnunga to have the service relocated. We had two little rooms in the back of the Griffin Centre in Bunda Street in the city. We had a big wire fence around the back of the building and there was a youth centre there. We had a lot of social problems around that area. There was only one way into our service and one way out. There was just a concrete pavement and then you had to go up around the corner to get out from the back of the building. We had a big fence—the Totalcare car park was fenced off and then you looked over to the big DETYA building and that was where we were. It was quite an intimidating place to work. It was very dingy. Before we got moved into there, the parks and gardens people stored their rakes and shovels there. It was a storage shed, and then they moved the service in there.

My prime objective when I came into the service was to take six months leave and have the service relocated and co-located. They offered us a place at 91 Wakefield Gardens in Ainslie and, although it was not perfect, the environment was beautiful and we could see that there was potential. We moved there in March 1998. So I achieved that in that six months. But when I went into that service—and this is Canberra and we are talking about three years ago—there was no fax machine in the clinic. There was a one-page photocopier and I borrowed a laptop computer from ATSIC. I was a health worker by day and an administrator by night. I was doing all my work at home at night and faxing things through to the department. I met with departmental people at the service so that they could actually see the conditions we were working under.

Now we have moved to Ainslie, our client numbers have increased. We had around 3,000—2,700 I think it was—when we moved from the Griffin Centre to Ainslie. Now our client numbers are 4,160. Five hundred of them are non-Aboriginal people. They are disadvantaged

are 4,160. Five hundred of them are non-Aboriginal people. They are disadvantaged non-Aboriginal people who live in this community and have run out of places to go with mainstream GPs. They are in the too-hard basket, so they come to us. We do not discriminate in our service. We see whoever needs to be seen. We have got a huge drug problem with our young people in this community. They are self-destructing, and we have got elders like Aunty Hilary out there trying to pick up these young people. We are trying to change the way that they live, but we need to be resourced to do that. We have seven doctors in our service. Six are sessional and one is a full-time doctor who has been with us for 12 years. Of the other doctors, one is a trainee psychiatrist who is with us for four days a week. We are an accredited training facility with the Royal Australian College of General Practitioners and we are training two doctors at a time to give them exposure to Aboriginal health and the serious health needs of our people here in the ACT.

We are training fourth year medical students from the Canberra Clinical School at the Canberra Hospital. I will read you an article from one of our clinical students who did a four-week placement at Winnunga. She wrote to the *Medical Journal of Australia* about what she actually saw in that four weeks. I can sit here and I often tell politicians and I tell lots of other people about the problems that we have got here in our community in the ACT. They think that all the Aboriginal people work in ATSIC. We know that could not be further from the truth.

Canberra is a very false city. The disadvantage is hidden but you have only got to scratch the service. It is hard for people to get access to mainstream service because there is a lot of attitude out there and a lot of bad attitude. We feel the impact on our small service. When there is bad stuff in the media about the stolen generation and all those sorts of issues you can bet your life that our client base will increase over that period of time because Winnunga is a culturally safe service. People feel safe there and it is more like a little village.

We do not have a housing co-op in the ACT. We do not have an Aboriginal child-care agency in the ACT. We do not have a link-up service in the ACT. We do not have a lot of services here in the ACT. We are the pivotal Aboriginal service, Gugan Gulwan, and we are everything to everyone who is Aboriginal. Our core budget at Winnunga is \$310,000. That is equivalent to three ASO5s in the public service. That is what we get to pay me, our full-time doctor, two Aboriginal health workers, a part-time admin. officer, a receptionist, our cleaners, and to run the service. Our service has grown in the last 3½ years. We have gone from seven to 19 staff but still our core budget has not increased.

This is the ACT. The ACT government gives us nothing. They are actually about to give us funding for a community midwife. We got funding for a patient information recall to input our data that has been done manually into a computer system so that we have good evidence based data so that we can go to government and say, 'We have got this many people with diabetes. We have this many intravenous drug users.' Ninety per cent of our intravenous drug users are hepatitis C positive. What cost is that going to have in end care and acute treatment when we should be doing something about it down here? Instead of putting the money in here, it is too late when people are caught up in psychiatric wards and all those places, because that is where the high cost service is. We are into keeping people out of those places. We do that fairly effectively with a few resources. If you do not mind, can I just read this?

CHAIR—Certainly, Julie.

Ms Tongs—Jennifer Blaylock was a final year medical student who did a four-week placement at Winnunga. This is an article from the *Medical Journal of Australia*. It says:

Recently, I completed my four-week, urban general practice block in the Aboriginal Medical Service (AMS), Winnunga Nimmityjah, in downtown Canberra. It shocked me. The reality of tragedy I witnessed among urban Koori people I met was staggering. It seemed to me that almost every person, or every family, was in real trouble. I saw poverty stop people from filling prescriptions, arranging antenatal ultrasound examinations, repairing their cars to get to specialist appointments, and having a telephone connected. I saw heroin abuse, boys and men imprisoned, suicidal ideation and attempts, and motor vehicle accidents leading to traumatic death. I saw unplanned pregnancies in teenagers, an ongoing disregard for contraception and a third episode of pelvic inflammatory disease in a teenager. Early-onset heart disease and diabetes were ever-present. I believe it is the distress arising from a lack of belonging to and control of land which has led to poverty, poor education and high unemployment among Australian Aboriginals, and that this translates into distressing health problems.

That is what this young student saw in four weeks. We are talking about Canberra, the capital of Australia. I really believe that if we cannot get Aboriginal health right in Canberra, where can we get it right? I think that we should be leading the way and I think that we still can lead the way.

There is a lot of good will out in the community, particularly with these registrar doctors coming through Winnunga. A lot of them do not want to leave the service after they have been there for six months because they have learnt more there than what they have seen in the whole time they have been practising. Before they have finished they say that they will probably do a placement in drug and alcohol treatment after they have come to Winnunga, but then they do not feel that there is any need because they have seen it all there. We have got 500 intravenous drug users that are accessing the service and 90 per cent of them are hep C positive. This is the dilemma.

CHAIR—Those 500 are not all indigenous, are they?

Ms Tongs—Yes, they are all indigenous here in the ACT.

CHAIR—Five hundred?

Ms Tongs—Five hundred intravenous drug users.

CHAIR—What age range?

Ms Tongs—Between probably 10 and 50. A lot of the older people are taking it up now. They have been drinkers all their lives and now they are shooting up. When they come in I say, 'You're starting to look good,' and they say, 'Yes. I'm off it and I'm going okay.' But then they turn around and tell you they are shooting up speed or heroin. These kids are not going to school. There is a lot of dysfunction in our community. We have recently got two substance misuse workers. That came out of a report that I will leave with you that was done by the National Centre for Epidemiology and Population Health at our National University.

My aunty here lost two children in January three years ago. Her two sons—one 35 and the other 36—died on 1 January and 3 January. The one that died on the 1st died from a heroin overdose and the one that died on the 3rd died from cirrhosis of the liver. So these two boys,

aged 35 and 36 have died, and this is not uncommon in our community. Another one of our elders lost a son and a daughter six months apart from drug overdoses.

Canberra is supposed to be an affluent city, but the disadvantage and the destruction out there are enormous. It is more than what we are resourced to deal with. If we were resourced properly, we could deal with these problems. Every time you go to the government for some funding to do something, you need another plan even just for a practice manager to assist me in the clinic so that I can be promoting the service and trying to get people to listen and resource us. I need to look for private funding and go to companies. We have already got a strategic plan, but now they want a plan to draw together our strategic plan, the ACT regional plan and the Commonwealth's plan. How many plans do we need?

We have the need in our community right now. We are so committed to doing something to make a difference. We want to give responsibility back to our people, but we need to be resourced to be able to do that. We have to have enough people on the ground to give that intensive support to be able to empower our people to take responsibility for themselves and their families. They need help to do that. There is a lot of fear out there about the system and the past treatment, and it is still happening.

Mr LLOYD—I have a simple question, and I know the answer will not be simple. Why can't your people access the mainstream medical services in Canberra? I am sure there are people in lots of areas we have travelled to that are very isolated with very limited resources who are in the same situation but do not have mainstream medical services. I am sure other people will be asking exactly the same question. Here in Canberra, the capital of Australia, we have probably the best medical services in Australia. The simple question I am asking is: why? Why the stories you are telling me? It is very tragic.

Ms Buckskin—It is probably debatable about having the best medical services here in Canberra. As you are no doubt aware, our health system that is being run by the ACT government is in a state of gross disrepair at the moment. So saying that we have the best health services here is probably not correct in terms of the mainstream.

Mr LLOYD—As you know, this committee travels extensively. We go to many isolated Aboriginal communities where, in many cases, there are no mainstream health services, and they are relying on very limited services. You come to a city like Canberra and the debate can be on the level of the services, but by standards in Australia there is a fairly significant health service here. I am concerned. Is there a block? Is there discrimination?

Ms Tongs—There is discrimination; there is racism; there is a bad attitude toward anyone that looks or acts a little bit differently. You do not seem to be able to get the same sort of treatment as everybody else. The hospital system is in disarray in the ACT anyway, and most of our people, unless they actually access Winnunga, cannot use it. Some people that work in the public service or feel like they have got their lives together will access mainstream GPs, and I think that is great. But the number of people out there who cannot is enormous.

Mr LLOYD—You say they cannot; I am having trouble coming to terms with why they cannot. Tell me why they cannot.

Ms Tongs—Because for a lot of GP services you have to pay a gap. That is one issue.

Mr LLOYD—That is what I want. I want specifics of why they cannot.

Ms Tongs—That is one issue. Racism is another issue.

Mr LLOYD—Do you mean that people actually turn you away? If you go to a doctor, will the doctor turn you away?

Ms Tongs—No, it is the attitude of the receptionist in the reception area. I have actually asked my doctor to change specialist appointments for a client because of the attitude of the receptionist towards one of my staff members when they rang up to make an appointment for that person. It is less than satisfactory. They come to me, and I go to the doctor and say, 'Can you change that? Is it going to be too much of a hassle? Because I am not going to have my staff treated like that'. If the client had been ringing up, they would not have gone; they just will not go. We give them support to access these services. Our health workers are not health workers per se; they have not got clinical skills. They are workers that help our people access mainstream services.

Ms Buckskin—But there are also not a lot of health services available in the ACT for the needs of our clients, and that is why the demand is so great on Winnunga. Julie and I have both worked at the Canberra Hospital as the Aboriginal liaison officer at different times. The ALO was a new position to Canberra; it started in 1994. Problems had been there for a long time, but it was not until 1994 that I went there as the first ALO. They have two positions there now. I was there for two years, Julie was there for about a year and then they managed to get an extra position. But getting access to that hospital for our community is still increasingly difficult.

It is also about the types of services available that people need. When I first came to the ACT in 1992 they had a lot of community health services where GPs were residents. The ACT government changed that, and those community health centres with GPs are not around any more. The number of GPs available for people to access has decreased in that time, so the demand becomes even greater on services like Winnunga.

It is also the range of other services. It is almost impossible to get people into detox through the detox centre at Canberra Hospital. Julie has had complaints. She can tell you the number of incidents where we have had great difficulty getting people into detox. It is opportunistic: if people come and say they want to detox, you need to get them there and then. The beds are not available, and also the way the people are treated when they actually get in there, if they manage to get a bed, leaves a lot to be desired. Racism, as Julie said, is alive and well, and that stops people from seeking treatment. If primary health care services like Winnunga were resourced better, we could get involved in a more preventative type activity. As it is, because it is demand driven, it is crisis management at the moment.

Mr LLOYD—Where do you think the resources should come from?

Ms Tongs—I think both the Commonwealth and the states have got a responsibility. Until now, the ACT government have shirked their responsibility big time. We are Aboriginals; we

are citizens of this country; we are taxpayers. We are entitled to proper health care for our people.

Ms Buckskin—There was a lot of discussion before about ATSI/A and the amount of money that actually goes to ATSI/A, and I will make a comment about that. That \$1 billion plus actually gets divided nationally for legal services, housing, environmental, health, language, land, et cetera. So when you look at how much money actually gets out, it is not a lot of money to divvy up for the needs of our community. Aboriginal health has been transferred from ATSI/A to the Department of Health. We heard previous comments about how this community has not really had a lot of recognition as being a community with Aboriginal people living in it and how the needs associated with that have not been addressed. We are only now in our second year of getting direct funding. The bulk of our core funding comes from the Commonwealth government via the ACT government. The ACT government gave it to us, but acted as if it came from their coffers when in fact it was Commonwealth money.

Mr LLOYD—That is a common action from all state governments.

Ms Buckskin—The shift to getting direct funding came not because either the Department of Health and OATSIH—or even the ACT government—recognised that we are a community in our own right but because we pushed it. We wanted to get direct funding, partly because we felt that we were grown up—able to manage our budget, able to negotiate with the Commonwealth directly and we felt that we did not need anybody intervening on our behalf—but also because we wanted to be able to go to the ACT government and say, ‘Look, we know that you’re not putting anything into Aboriginal health,’ or ‘We know that you’re only putting this little bit into Aboriginal health.’ We felt that our community would benefit because we would be able to argue much better to get more resources and get the ACT government to actually start taking a bit more responsibility and putting stuff in. The ACT government signed the framework agreement but, unlike the rest of the country, we have not benefited directly from the framework agreement being signed.

CHAIR—Can I come in on this point? I am very saddened by your tragedy in life. I know how you must feel, and I would like to do something to help prevent these things happening. That is why I am going to ask questions that are respectful, even though they are direct. You do not want anything from me other than directness, as we do not want to beat around the bush. You have just told me and my colleagues that one in seven to one in 10 indigenous people living in Canberra are shooting up heroin and using heavy drugs.

Ms Tongs—Yes.

CHAIR—You have also said that those statistics include not just young people, although they are as young as 10, but people in their 30s and 40s.

Ms Tongs—Yes.

CHAIR—And that some of them have come from alcohol addictions into these other horrendous drugs. You have also told us today that you are virtually in crisis all the time, that you do not believe that there is a proper pathway of access for the people to the mainstream services. You have said that you think part of the reason for that is under-resourcing of the

mainstream, anyway, but also you think there are attitudinal areas to be addressed in the mainstream to gain access. I think I also heard you say that you believe your role should be, primarily, to foster the use of the mainstream services so that you do not build up another health system to substitute that, because of the obvious cost of doing that. We need one good health service in Australia, not a number of them. I think I picked up that you like to refer your people to mainstream services, but that you are finding this blockage. Am I fairly accurate on that?

Ms Tongs—While ever I draw breath I know that we are going to need an Aboriginal medical service and there are no two ways about it, because the way the system is set up fails our people.

CHAIR—At the moment—but what is your long-term dream, your long-term goal?

Ms Tongs—In an ideal world we would all be able to access all the same services, but it is not an ideal world.

CHAIR—That is the point. I want to get towards what we should be working for and aiming to achieve, as partners. That is really what I am trying to establish: whether or not we are on the same pathway. Do you know what I mean?

Ms Buckskin—We are on the same wavelength, but we need to actually look at what it is that our current system provides.

CHAIR—What are the obstacles?

Ms Buckskin—There is the tertiary and secondary level. There is what hospitals provide. Hospitals have a particular reason for being. Most of the primary health care services are provided to the Australian population through general practitioners. But, firstly, our health need is so great at the present time and, secondly, general practitioners do not provide the range of services that are required. It is all the extra support services that the primary health care service provides that a general practitioner does not.

Ms Tongs—Holistic.

Ms Buckskin—In terms of that, what we would be saying is that, if you had a better primary health care service, that is one thing, but at the present moment the way the system has been set up is that Aboriginal community controlled primary health care services provide additional services and in a way that will ultimately lead to benefits for our community—that is, a better quality of life, our people living a lot longer and not being so sick. Those extra services are needed for our people to actually manage whatever their particular illness is.

CHAIR—In the long term, what we have to try to do is remove as quickly as we can the reasons for the disadvantage of your people so that they do not get into this despair and finish up shooting up heavy drugs and all of that. What we have to get to the core of is: what is the best way of helping to achieve that self-sufficiency, pride and all those things that most human beings manage to achieve but which, for some reason, we find, regretfully, many of your people do not? That is the core of it. I know your crisis management needs addressing, but moving

away from that and a bit forward, what are the things that we need to do to help build up this self-esteem, self-sufficiency and confidence? What are the core things?

Ms Tongs—We run an art for therapy program, which is for people with social and emotional wellbeing problems. Because these kids are dropping out of school at a very young age and a lot of our older people, because they were brought up on missions, only went to third class or whatever, they have limited education. Because of the number of people with quite serious social and emotional wellbeing problems—social meaning drug use and things like that and also mental illness—we actually rented a room off Manuel Xyrakis, who owns shops in Ainslie. He rented us a room so we opened up an art for therapy program. We were doing that on Fridays, and people from the community would come and paint, do artwork and talk about their issues with others. We had a counsellor there who coordinated the program and things like that. That program has grown, so we rented another two rooms that are side by side and now they have opened up their own art gallery. Now we have the Commonwealth and other places coming to us, so our people are designing covers for your pamphlets and things like that.

CHAIR—That is a good example of a good thing to work off.

Ms Tongs—That is exactly right. It is about empowering the people, doing simple things and getting back to basics. There is a fishing trip that we started in conjunction with Gugan Gulwan, the Aboriginal youth program. The first week when Dennis and Anne went out, there was nobody. I said, 'Look, don't worry, go again next week.' The next week they got 17, the week after they got 23, and then it was up to around 30. Now Dennis is really sick and he has left. We got \$1,200 in funding from the AFP, the Australian Federal Police. We try to work in partnership with these people but you need to be resourced to do that.

CHAIR—In my community, adult education was a very great thing for helping build up those sorts of practical hands-on type things. Do you have a link with the adult education programs in Canberra and do you find they are interested in helping you in some of these areas?

Ms Buckskin—Probably the short answer to that is no at this stage. We have already told you about our crisis management. We have enough just dealing with the health issues on a day-to-day basis let alone looking at some of the other broader issues.

CHAIR—I do not expect you to do it yourself but I am interested to know whether there is any mechanism that we can perhaps recommend in our report that might bring in the adult education services.

Ms Tongs—A lot of our adults are not ready for adult education. Because they are so dysfunctional, so to speak, we need to empower them by just doing very basic things. The next step then is adult education to move them into literacy and numeracy.

CHAIR—Pathways?

Ms Tongs—That is right.

CHAIR—You guys cannot do it because you are too busy with such an enormous workload but we need to try and make sure that in Canberra the many good people in this community

with experience in developing pathway education, training and things like that are somehow involved in designing the plan to help you to deal with so many cases.

Ms Tongs—But the thing is we have got such an enormous workload because our people trust us. It is about trust and we need to be involved, because if we are not involved then the people will not go.

CHAIR—I am not diminishing the importance of your mentoring, which in my view is one of the most valuable ways of building successful programs. I want to maintain you and your good people as mentors but if you and Julie endorsed something and said to your people, ‘We know you will be treated fairly and respectfully and we want to encourage you to start a little pathway course being run in one of the adult education areas that is especially designed for you’, I think your people would follow that recommendation, wouldn’t they?

Ms Buckskin—The reason why this works is that it was made an open program for people. People were made to feel welcome and invited. They felt safe because of the fact that Aboriginal medical services are founded on the principle of Aboriginal community control and the people who run and manage the service are people from the local community. I think Michael talked about community capacity. That is a really good working example of building up your community capacity where you have community people managing the service. Have people like Julie running it on a day-to-day basis but in terms of the bigger picture, let us look at the direction the organisation wants to go. It is about the community people running it and setting the direction et cetera. This is a really good working example.

CHAIR—This is a very important issue and I would like your advice on this. In a modern nation like ours, indigenous people want to make their way and to overcome the disadvantage that is not acceptable in a modern nation like ours. But, culturally, is there any case for some modification to this model of it having to be provided by indigenous people for indigenous people? In an urban environment, would it not be better to get your people access to that big pool of services and knowledge, rather than saying that unless we run it and control it ourselves it is not going to be culturally successfully and it will not work? Don’t we have to break through that a bit and have people like you giving confidence to your people saying, ‘Look you can go to, for example, a community education centre, where there is a mixture of indigenous and non-indigenous people, because we know those people care about you. We are linked with them and we know that they are going to try and work with you and give you all the help that we ourselves want you to get?’ Am I too much of an idealist?

Ms Tongs—No, I think that you are way off track.

CHAIR—Tell me why because I really am serious about asking the question.

Ms Tongs—What the ACT government has done is that they have put what I call token positions in mainstream services. They have put Aboriginal people in mainstream services, and those people are burning out; they are not coping; they are bound by all the bureaucratic red tape and they are not effective for their people. That puts more pressure on us as a small under-resourced holistic health service.

Ms Buckskin—They put a person at the service delivery end, but they do not do anything for the organisation itself to actually make the organisation more responsive.

CHAIR—What you are saying is that it does not work now for a range of reasons, some of which you have just said. Looking beyond that, can we make it work and what do we need to do to make it work? Do you think we are wise to fix our mind on saying, ‘We are going to do that; we are going to make it work’?

Ms Tongs—Are you going to change the attitude of every non-Aboriginal person in the mainstream services?

Ms Buckskin—How are you going to make us trust you?

CHAIR—We have to build trust. Haven’t we got to do that?

Ms Tongs—No, it hasn’t got to that.

Ms Buckskin—It is a long way off.

CHAIR—I agree that there is a huge chasm there, sadly.

Ms Tongs—Yes.

CHAIR—But don’t we have to try to get a partnership going?

Ms Buckskin—But we do have a partnership.

Ms Tongs—We do have a partnership with the Royal Australian College of Practitioners and with the division of general practitioners. We have a lot of partnerships, but we do not have partnerships with the Commonwealth or the ACT. I have a really good partnership with ACT corrections. You would not think that an Aboriginal health service and ACT corrections would have a good relationship.

CHAIR—Why not?

Ms Tongs—Because it took a lot of hard work. We were not allowed into the remand centre when I first came into this position. Now when James Ryan, who is head of corrections in the ACT, has an issue, he will ring me. What he is bound by, and what we are bound by, is that I always put community first. My community comes first and foremost. Anything after that comes after that. It is people first. James and I used to have a few run-ins at first, but we have come to respect each other. We find common ground and will find some way around something that might be a very difficult issue for both of us.

I can give you an incidence of that, where a young Aboriginal boy last year overdosed on heroin. He was taken to the Canberra Hospital and he was on life support. Canberra Hospital rang our doctor at Winnunga to let us know that he was in there. This boy had an Aboriginal mother and a non-Aboriginal father, who had been divorced and separated for a long time. His

mum was up in Rockhampton and his dad was here in Canberra. His dad got here first, and they explained to him what was going on. By the time his mum got here, nobody was talking. They did not tell her that her boy was already on life support so that the family could say goodbye to him.

On the Saturday I got a phone call and was asked if I could ring the head of corrections, because one of her sons—the brother of this boy who was on life support—was out at the remand centre in remand, and the other one was in Goulburn jail doing time. I contacted the head of corrections on the Saturday because he had made a decision that that lad from the remand centre was not to go to the hospital. I rang and asked him to reconsider his position. He did reconsider and said that the boy could go. Then the lad did not want to go. He said he would leave it open, and the boy actually went the next day—this was Sunday. I went up there Sunday lunchtime to the hospital. That family had all the hope in the heart and they were praying. They were a big family of 33 Aboriginal people up in intensive care. They thought there was hope there. Nobody had told them that there was no hope. On Sunday night at midnight my phone rang at home, with a distraught mother on the other end. She had been watching the signs on the machines—the monitor—and thought her son was getting better but, in actual fact, he was deteriorating and she was really distraught. We had people from the hospital going off on stress leave and the family getting angry, because fear turns to anger.

I do not work in the hospital; I work in the community for our people. But if our people need me to take up an issue and it is in hospital—or wherever it might be; remand or wherever—I will go in and I will do it. I went in there at nine o'clock the next morning and things got really bad. Staff were going off on stress leave and that family was really stressed out. That was on Monday. It is not my job; it is a social worker's job at the hospital to get a boy from Goulburn over to see his brother and the boy back from BRC and stuff, but I did all that. Two of my staff stayed there the next day.

I spoke to our doctor on the Wednesday—because he goes to Goulburn jail every second Wednesday—and I said, 'I really don't think that family had been fully informed about what's going on here.' He said, 'If you call a meeting with the hospital staff, let me know and I will catch up with you when I get back from Goulburn.' We met at two o'clock that afternoon. That family did not realise that it was an issue of whether they waited until his heart stopped beating or whether they turned off the life support. So they were faced with another dilemma. That boy actually passed away at quarter past seven that night. That was not an easy time. This happens a lot in this place.

Ms Buckskin—They had two Aboriginal liaison officers working at the hospital. They have had those position since 1994 and this happened last year. Six years down the track and the hospital still cannot cope with it. The family still have to ring up Winnunga and ring up Julie. That is partly because Julie is so well known but partly because the hospital still does not respond appropriately. This is a very good example: they talked to the white father—the staff said, 'We will let the white father know.' They knew that the parents were divorced and estranged but no-one bothered to tell the Aboriginal mother. That is a prime example of attitudes of white health professionals to Aboriginal people.

CHAIR—Where were the two so-called Aboriginal workers within the hospital? They are paid for, salaried and the works—what were they doing?

Ms Tongs—They were probably sleeping. That is no reflection on them—they do a mighty job, the two ALAs in the hospital.

CHAIR—Why weren't they pulled out of bed?

Ms Buckskin—They were told to, in fact. The hospital should be able to—

Ms Tongs—Why should they have to be, though? They should be able to cope.

CHAIR—You were pulled out of bed.

Ms Tongs—I know—by the family; Not by the hospital.

Ms Buckskin—By the family. The nursing staff and the medical staff should be trained to be able to cope. What would they do if that was a white family? They would cope; they would sit down and they would talk to the family. The minute it is an Aboriginal family, the way that they react is totally different. I have seen it myself.

CHAIR—Mary, with respect, we will move on from this.

Ms Buckskin—But you are asking why.

CHAIR—There are two Aboriginal employees at the hospital who are there for the purposes of addressing some of the things that you have—

Ms Buckskin—But the point is that it is not just the responsibility of those two Aboriginal people: it is a responsibility of the hospital for the service that they provide to any member of this community. The fact is they treat Aboriginal people differently than they treat non-Aboriginal people. Why is it you ask the question, 'Where were the two Aboriginal liaison officers'? This happens at night; this happened on the weekend and they do not work over the weekend. What does the hospital do with difficult patients in any other situation with non-Aboriginal people? They cope with it. They deal with it. They treat them—

CHAIR—If I was the manager of the hospital, I would have called in the Aboriginal workers from their weekend leave and said 'Come in.' That is what I would have do. Wouldn't you do that, Mary?

Ms Buckskin—No. Because what you are saying is that the Aboriginal patients in that hospital are the sole responsibility of the Aboriginal liaison officers, but they are not.

CHAIR—No. You are telling me that they needed some assistance from people who are skilled.

Ms Buckskin—But those workers do not get paid to work seven days a week, 24 hours a day. My point is that when they are on duty they do their job, but the fact is that the hospital itself should be able to respond appropriately and they do not.

CHAIR—We are on common ground. That is what I am trying to say.

Ms Tongs—That is right. Does it matter whether we are Aboriginal or not? How do you respond?

Ms HOARE—Could I just pull back to the present? What do you think we can do to stop those 10-year-old kids from injecting drugs now?

Ms Tongs—Now? I think that there needs to be a lot of support, even for the family. You need intensive support. You just about need to be with these families 24 hours a day. These families are dysfunctional. There is a lot of dysfunction in this community. We are seeing second generation users in our community. A lot of our old people are just coming to terms with alcohol abuse and what that has done to our community. Now they have got this other thing with their grandkids out there shooting up.

Aunty Hilary has this problem—she has got one boy in remand and one boy in juvenile detention. This has to stop. As a community we have to take responsibility, but we have to have the support to be able to do that. I really believe that we can do it, because what we need to give these families is basic parenting, budgeting and living skills. Money is a foreign thing to Aboriginal people. How long have we have had rights? How long have we been classed as citizens? Thirty years. That is not a long time. So of course there is going to be fear and there are going to be issues around all this stuff. I do not think we should be blaming each other; I think we should be trying to work together to overcome all this stuff, because you cannot blame the victim either.

Ms Buckskin—In the short term governments need to recognise that it is going to take time, effort, a lot of money and a lot of resources—resources not only in terms of money but also in terms of the people who are able to work with our community. I think Michael raised the point that funding is usually based on the numbers of people in the community not on real need. Until we get resources based on real need in our community, we are always going to be struggling.

CHAIR—We have had a pretty harrowing trip together, haven't we?

Ms Tongs—We have.

CHAIR—We have swapped notes.

Ms Buckskin—We would like to invite you to come out to our service at any time.

CHAIR—And we respect each other and we will do our best.

Ms Tongs—Yes, I understand that.

CHAIR—I know you are doing your best. It has been great to have you with us today. Thank you very much for the work you are doing and your submission. I wish you well. Also I would like to thank *Hansard*, and I thank our secretariat for arranging the hearings today.

Resolved (on motion by **Mr Lloyd**):

That this committee authorises publication of the evidence given before it at the public hearing today.

Committee adjourned at 6.06 p.m.