corrected

REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO ISSUES RELATING TO REDFERN/WATERLOO

_____

At Sydney on 4 June 2004

_____

The Committee met at 1.45 p.m.

_____

PRESENT

Ms Jan Burnswoods (Chair)

The Hon. Dr A. Chesterfield-Evans
The Hon. R. M. Parker
The Hon. G. S. Pearce
The Hon. I. W. West

Transcript produced by WordWave International Pty Ltd

DEIRDRE ANNE CHEERS, Senior Manager, South East Sydney, Barnardos Australia, 60-64 Bay Street, Sydney, sworn and examined:

CHAIR: Do you wish to make an opening statement?

Ms CHEERS: Barnardos welcomes the opportunity to address the inquiry. We have very direct experience of the lives of families and children living in the area over a long period and, most particularly, over the past 12 months. We have Aboriginal and non-Aboriginal staff. On a daily basis they meet face to face the extremes of need in Redfern/Waterloo. They tell us that there are individuals and families who have very public voices but that, equally, there are many very disadvantaged families who either cannot or choose not to speak out. There are children who live in very high-profile families. Every agency knows about them. No-one knows how to manage them. This is a very traumatised group of children. They are very visible. They have difficult behaviour. They frequently break the law. They are often too young to be charged with an offence. However, they very frequently, we perceive, have undiagnosed learning disabilities, very poor health and very poor nutrition. Some have intellectual and/or developmental delays and undiagnosed behaviours and syndromes. The families are very often painted as responsible for how these children are and blamed for not managing them better and keeping them off the streets. It seems, my staff tell me, that when professionals do not know how to cope with these children, diagnose them, treat them or educate them so they can read and write, it is not the system that is blamed but the families. The families are very often carers, parents and elderly grandparents. Families get the blame for what the services cannot deal with.

CHAIR: Our first couple of questions, in a sense, arise out of that. Could you give us a brief overview of the role of the organisation and in particular the relatively recent intensive outreach home visitation service, funded by the Redfern Waterloo Partnership Project. It might be easier if you answer the second question first. You have been working in the area for 10 years. Can you tell us a bit about your role over that time, how you think the area has changed and so on?

Ms CHEERS: We have run programs in the area for a very long time: a temporary care program, which has been there 25 years or so; an adolescent community placement program, for almost as long; and also a program called Find a Family, which finds placements when children cannot live continuously at home. We saw very much that our successful tender for the intensive support service 12 months or 18 months ago was because we had not only that history in the area but also specialist family support expertise in a number of other areas in the state. The Redfern/Waterloo service that was funded under the partnership project provides intensive home visits to families and takes what is called a case management approach-an overall approach. In practice, what it means is active outreach to families who, although they might be known to lots and lots of agencies and services, do not actually engage or make a connection with services. This particular approach is called assertive outreach. It was a key part of the brief. It means being on the ground visiting families over and over again, and sometimes knocking on doors every day, twice a day, three times a day, over long periods of time simply to engage with the family-simply to get them to open the door. This has been essential, because the families in Redfern/Waterloo are usually aware of what services and agencies are there. They know who does what, and they are often very suspicious of welfare. Welfare can be branded the same regardless of the agency. Trust is a very serious issue. The basic tool of any welfare intervention is relationships. Trust is No. 1.

The target groups for IFSS program are families with children, and young people aged 0 to 17-quite a wide age bracket. The definition of "families" is broad--parents, grandparents, aunts, uncles, extended family. In fact, we have a higher than expected number of clients who are grandparents caring for children, often very elderly grandparents with their own disabilities. But provided there are dependent children in the household they are eligible for the service.

As well as home visiting we provide daily intakes. There is a shopfront right in the main street opposite the bank. People come in and out all of the time. It is quite central, between Redfern and Waterloo-each end of the suburb. People walking past can get immediate advice/referral. Outreach also involves counselling, casework, practical parenting support, case management, as I said, and coordination of what lots of agencies are doing. As I said, lots of agencies are often involved with the family but no-one is taking a coordinated approach. We also have brokerage funds, which was part of the brief. That can be used for families or it can be used to engage services for specific children or

families.

The team is very much a multicultural one. There are five intensive family support workers, a manager, a clerical worker and a pool of 10 or more casual workers at any one time. Of the permanent staff, there are three Aboriginal and four non-Aboriginal workers, and the casual pool has also some other culturally diverse communities represented.

Over the last 10 years, we would say largely that it has always been an area of disadvantage. It has always, because of the high proportion of social housing, had a concentration of many poor families, and lots of child protection reports--if you look at the statistics across the state--and a fragmented type of community. However, there is-and has been-a strong sense of locality identity in different parts of the community, and many families have lived in the area over several generations--people who have not moved very far. Given its proximity to the CBD, it shares with other similarly placed suburbs across the world issues such as transience, homelessness, high rates of mental illness, and drug and alcohol problems. But as I say, that is in common with most large urban cities around the Western World.

Over the last 10 years the most obvious change has been the increasing gentrification in parts of the area-not all of the area but parts of it-as people have bought up houses, that is, people who can afford to do that. It is obviously a desirable place to live, because it is close to the city. What that has brought about-and this correlates with lots of research, particularly out of the United States-is a very wide gap between the richest households and the poorest households. Much research indicates that the wider that gap the greater the problems in the environment. It is often called a socially toxic environment. In poor areas where there is not such a wide discrepancy between the incomes of the most wealthy people and the poorest people, where that gap is not as wide, you do not necessarily find as many problems. But that gap in income discrepancy has certainly grown wider over the last 10 years in Redfern Waterloo.

The families we deal with tell us, particularly some of the Aboriginal families, that there was more of a sense of community 10 years or so ago; that there were still problems with drugs, for example, but they had a sense that families watched out more for each other than they do now. They say that it feels less safe and that many of those families who contributed to that sense of community have now moved away. That would be the reason why they say it is different and they feel somewhat less safe.

Redfern has of the area the lesser proportion of families with dependent children, these days, under the age of 15. But of the Aboriginal people, one in four is a child aged under 15. I think what has happened is that Aboriginal children in particular are now in the Redfern neck of the woods very visible within what is a largely adult population, and that may not have been so much the case 10 years ago. So their visibility is much more pronounced, and that also would have been profoundly affected by families moving away.

Ms PARKER: You talked before about who is responsible for the difficulties with children in the area. It seems to me that we have lost a whole generation in Redfern en bloc-a form of genocide, if you like--and that a large part of the blame surely must rest at the feet of DOCS' unwillingness, unpreparedness or failure all round to intervene appropriately and early enough. What is your view?

Ms CHEERS: I do not believe that there is an easy answer in terms of any one government department. I think that this is a very multilayered problem. In terms of government departments that deal with other areas, for example, education-there are huge issues that our staff see and deal with daily. We have had to develop programs, because there are definite gaps not just in protective intervention but also in basic services, such as education, being available to children and young people.

Ms PARKER: How effective do you think the local Redfern DOCS office is in terms of intervening on child protection issues?

Ms CHEERS: I would say, first and formost, that there are, as in every government department, good, hardworking professional people. However, that said, Barnardos deals-and I personally deal with-numbers of other DOCS officers. In Redfern the problems appear to be more

pronounced, particularly in the area of interagency relationships. DOCS' Redfern staff do not comply with the New South Wales interagency guidelines, which are government policy. Large numbers of the staff do not know about them or, if they do know about them, they say, "Yes, that is that document on the shelf. I know it's there but I have never had time to open it." If you speak with the managers about the interagency guidelines, they will say that, despite the very large government initiative and the hundreds of thousands of dollars that was spent on development and training, staff have moved on and there has not been a continuing training initiative. However, I believe that the non-government sector has a far greater knowledge of and willingness to enact the principles of those interagency guidelines. They are good principles and, if they were followed, it would actually make a difference. But time and time again, we are not able to deal with it, because DOCS staff do not hold protective planning meetings. Even when NGOs are ringing and have current and ongoing concerns, when they do have meetings sometimes NGOs find out about it afterwards and have not actually been invited. When the meetings do occur, they are mostly inadequately chaired. Sometimes they are chaired by a very junior caseworker who has not only no experience in chairing child protection meetings but who also is immediately responsible for the family. It is not uncommon for Barnardos staff to attend meetings-when they do happen-with families only to be told at the end of the meeting by the DOCS staff, "Thanks, everyone, for coming. We'll let you know what we decide." There is a very token attempt at the principles of participation, which our current care and protection legislation is very, very strong on. It is certainly not an experience that engenders interagency cooperation.

Ms PARKER: With one in four residents in the area a child under the age of 15, with whole families of children in trouble across-the-board and living in the appalling conditions that you have described and you are dealing with, do you think DOCS' inaction is because they are afraid of being tagged as racist?

Ms CHEERS: I think there are numbers of issues. This relates not simply to racist attitudes but to a generalised fear in the community on the part of professional or paid staff. DOCS would not be alone in that. Nor would it be purely a government sector problem, if you like. There would be workers in many agencies who not always but sometimes would be fearful of going into particular parts of Redfern and Waterloo. The community, of course, is very aware of that. It does not help. Although, the occupational health and safety considerations are of course very, very important, there are ways of approaching families. Unless you have, as I said previously, an attitude of being open to share information and to build trust, even in less troubled communities than Redfern/Waterloo it is a very difficult task. Fear certainly plays a part. I sometimes think that within the government office there is a bit of a seige mentality, depending on what the particular climate is, whether there has been a lot of open drug use or a raid. After the riot, our staff were there on The Block immediately and made requests to DOCS to be part of that, which was unsuccessful.

Ms PARKER: Since the riots, has anything changed with respect to the behaviour of the Department of Community Services in Redfern?

Ms CHEERS: I would not say that anything in particular has changed. We have observed over the last few months the care and protection removal of some groups of children. However, I would not say that was directly linked to the riots. It was more the result of prolonged or extended decision making or assessment that non-government organisations largely, despite inquiry, did not know was going on. It is tempting to say that things have got worse, but I think if you looked at the big picture in terms of the interagency work and the communication, although structurally there might have been children removed who were not removed prior to the riots, I do not know that that is necessarily to do with that particular incident.

Ms PARKER: You would say things have not gotten better?

Ms CHEERS: No.

Mr WEST: Ms Cheers, could you give us your personal experience in regard to Barnardos' Work, as we understand it, with the police to provide some planned activities for the young people in the community?

Ms CHEERS: I am very pleased to talk about that, because this is not only a challenging part of our work; it has been a very interesting project to be involved in. At the moment we are providing

direct one-to-one individual support for four children. I say "children", because they are what I consider to be quite young children. These are not young children in the sense of teenagers on the street. The four we are dealing with at the moment are seven, nine, nine and a half, and ten-and just ten. At the moment we are also in the process of setting up for a fifth child who is nine. We have been providing programs since around October last year for varying numbers. It has been necessary because of ongoing school suspensions and exclusions of those children. There is not a straightforward reason or, I realise, answer to that. However, I would stress that these are primary-age children, not children who are anywhere near the school leaving age.

Mr WEST: Have all of them been excluded from school?

Ms CHEERS: Yes, for varying lengths of time. Sometimes there is a suspension for a short period, the child returns to school and then gets a longer suspension. Some are excluded and then have a lengthy wait prior to being able to be placed in an alternative or specialist facility. Understanding that such resources are limited, at the end of the day it leaves a young child out of school. Also, some are on very part-time school attendance--a couple of hours a day or even a couple of hours a day a couple of days a week. There are full days when they are actually not at school. These children are placed very much at risk and exposed to involvement in dangerous activities, for example, hanging off the backs of the light rail, and throwing rocks at the trains. That is all exacerbated by the fact that they actually cannot attend school. The plans that services make for children's care, not to mention the children's stability, are very disrupted when that happens. When there is planning, workers might spend a lot of time building a plan that involves school, but then when the school suspension or exclusion happens-and often we are not even told about it-all of a sudden the whole plan has to be rejigged. Also, the other children living close by see what has happened and they learn how to get the same reaction. They model each other's behaviour and they know what you need to do to get out of school. That creates difficulties for other parents in the community who might not have been having the same problems, because their children are saying, "Well, we don't have to go, either."

What we have been doing-and we have done it cooperatively particularly with the police/youth liaison officers; over Christmas we worked closely with those officers, and the PCYC also-is developing individual programs largely targeting basic literacy and numeracy learning activities, not so much structured learning activities but particular activities that are designed to enhance basic literacy and numeracy, combined with recreational opportunities. We always try at the start to seek the advice and support from the school, because obviously they know what they have been doing with that particular child. But I have to say that is not usually forthcoming, and we have great difficulty in engaging the Education personnel in actually sharing with us or guiding us in developing those programs. As a result of that, we have looked for and employed casual staff who have teaching backgrounds, teaching experience and skills. We have used some of the brokerage funds to actually set up that service in order to provide it for the children. As a direct result, our staff observe, and we believe the police observe, less involvement with the police, a reduction in petty vandalism, less time on the street, and that includes at night. If children have been kept busy all day, our observation is that it is more likely that they will stay home at night. That is not to say that they will always stay home at night. If they have been wandering around all day unattended, they are less likely to return to the family home than if they have been involved in some activity. We have involved their parents as much as possible in that as well. The families themselves say to us that they feel more in control of their children's behaviour. That does not necessarily mean that the person next door or living in the next street might say the same thing, but for parents to feel more in control of their child's behaviour when that child has been in a lot of trouble is quite an achievement.

Mr WEST: What is your view on the effectiveness of policing strategies in dealing with local issues?

Ms CHEERS: Our observation is that Redfern police are managed appropriately. The local commander there does a good job in trying to provide effective policing strategies. They are very visible in the community. We have had a lot to do with the youth liaison officer positions, as I have said, and have felt that they are very effective. Staff feel that sometimes the police presence is hampered by the rapid turnover of officers. I understand that is often a problem for numbers of government departments and for many different reasons. Turnover prevents that continuity and trust developing so, again, that is a problem. The other observation made by Barnardos staff is that the younger police officers sometimes appear anxious about the hotspots or the troublesome areas. Again,

that is not helpful, because the community perception of that is very acute and very high. Overall, I think there is a need for as experienced staff as possible to be working in those front-line sorts of positions, whatever the department is.

Mr WEST: Lastly, in your submission on page 2 you argue that some individual police officers do not understand welfare practices and therefore do not refer families to other agencies for assistance. Further, can you advise us what can be done to improve the referral processes between the police and government and non-government agencies?

Ms CHEERS: This is something that we have already started to see a shift in over time. Certainly, when the Family Support Service first set up there we were constantly hearing that there were families-and being told without knowing which families they were-that we were supposed to have fixed but had not, and people were asking what we were doing. In unpicking that we determined that the police often did not know how to make a referral and were justifiably worried about issues of privacy and disclosure of criminal behaviour-all those sorts of things. Our other observation is that prior to the Family Support Service of Barnardos-and whilst acknowledging that there are lots of small services there, this is the first large-scale service-the police were often left "holding the bag", as it were. When agencies did not know what to do or were so stretched that they did not have the resources to deal with an ongoing problem, the question would be asked, "Why aren't the police doing something?" The police clearly are not social workers. Apart from whatever welfare-type knowledge they might pick up on the job or have as part of their core training, they are not there to do intensive family support intervention.

I think over time we have noticed a change. It appears over the last month or six weeks to be bearing some fruit. It is about plain, regular communications with the police officers, with them feeling more confident that they know what we are doing. They do not necessarily have a good idea of what a family support worker does. Do they just go and knock on the door and have no-one answer so they go back to the office and have a cup of tea? Or if the door opens, do they just go in and have a cup of tea, anyway? Communication and constantly talking to one another appears to be slowly having some effect. That said, turnover, again, affects that. Where you have staff turnover, of course, you then have to repeat the process again and again.

Dr CHESTERFIELD-EVANS: In your submission you suggest that drugs have an effect on what happens at every level at Redfern and Waterloo. Could you comment on the extent and nature of the drug problems in the area?

Ms CHEERS: When I say that the drug problems and the dealing affects the whole population, I mean not just the people who are using the drugs. Residents who are drug users frequently commit crimes, but not all of them commit crimes and not all of the time. There are many people who are clean, so to speak, or who are trying very hard to be clean, whether that is via a methadone program or some other treatment option. We see many families where this is the case and they are making earnest efforts to actually stay off drugs. But they are under constant pressure, because the dealing is there and it is open and in their face a lot of the time. It makes their job of trying to stay clean harder.

The non-drug using residents who live alongside the dealing areas have great difficulty accessing services, whether they are mainstream services like getting a pizza delivered or getting the police to come quickly enough if they have had a break and enter. They have difficulty accessing services that other sections of the community find very easy to access. Obviously, they can feel unsafe. There are families where there is a drug dependent individual who does not necessarily live in the household. For example, grandparents who might be caring for their grandchildren might have a drug affected son or daughter. They get a double whammy in the sense that there is a lot of stigma attached to having an adult child with a huge drug addiction problem, but they are also often directly affected by violence in crime, because those adult children often steal from them. They have the same problems as their non-drug using neighbours.

Children obviously are neglected as a direct result. Family violence is exacerbated. The staff of the agencies in the areas, as I have said, are often fearful of actually visiting those streets and those areas where they know that there are drugs. That in turn leads to occupational health and safety issues. The families and children who are really in need as a result sometimes just plain do not receive a

service because workers are too afraid to visit.

Dr CHESTERFIELD-EVANS: Have you noticed any changes in drug trafficking and taking over the past couple of months since February?

Ms CHEERS: Staff observe that they are not seeing at present as much active drug use in the homes they are visiting. They would say that in late 2003 when they would go into some households there would be adults injecting; with needles in their arms. They are not observing that at present.

Dr CHESTERFIELD-EVANS: Has there been some improvement?

CHAIR: "Why?", I suppose, is the question.

Ms CHEERS: I do not know that I would say that that is some improvement. If you took a cynical point of view you could say, "Well, they are just not doing it in front of welfare-type people. They have let them in the door but they are wary of what they let them see." Or it could be because people are engaging in safer injecting practices. There are numbers of reasons, I think. But I do not know that I would say that necessarily signals an improvement. It would need some further examination, I think, and the families would have to be asked.

Dr CHESTERFIELD-EVANS: Do you believe there is an alcohol abuse problem in the community?

Ms CHEERS: Alcohol is not as visible as illegal drug use. It is not a primary presenting problem for most of the families that are referred to us. That is not to say there are not alcohol issues in those families. But it is not the reason why people come or ring. Families either come themselves or they are referred by their agencies. Alcohol is not generally something that is there on the list, certainly not as frequently as drugs. That said, we see a lot of families where there is a high level of mental illness, and those families often use alcohol as a means of self-medication. Their alcohol use fluctuates depending on the stability of their mental health. In the few families-and it is a few families-where alcohol is the primary referral reason it is usually for extreme alcohol problems. Where we see it as the main reason it is very severe, but that is not the majority of families.

Dr CHESTERFIELD-EVANS: In the families that are using illegal drugs, is the drug itself the problem or are the consequences of the illegality the problem?

Ms CHEERS: It is both. The use of the drugs themselves, for all of the reasons I outlined, affects the care of children, not just if the drug using parent has the direct care of the children but also if they are living outside the household and still coming and going, as it were. The majority of families would find it very difficult to disallow their adult drug using children to come into the household or to see their children, because of the nature of their relationships and their community and their feelings about kin.

Dr CHESTERFIELD-EVANS: Presumably the illegality brings them into collision with the law to a much greater extent?

Ms CHEERS: I do not think that I am able to comment on that, because we do not generally have access to information or knowledge of trafficking/dealing or who is doing what. No, I could not comment on that.

Dr CHESTERFIELD-EVANS: Do you think hard drugs should remain illegal, or would you choose not to comment on that?

Ms CHEERS: I would choose not to comment.

Mr PEARCE: Was the intensive families program you are running designed by Barnardos or the partnership project, with you just tendering for it?

Ms CHEERS: The service specification brief was designed, I am presuming, by the partnership project. But I might be wrong there. I do not know who wrote it. They might have done

that in conjunction with DOCS. Numbers of people have expertise in that area. The brief specified the types of services that were to be delivered and the ways in which they were to be delivered, and put the bones on how it was to be managed. That said, the tendering process was such that agencies, including Barnardos, which was successful, tendering for the service were required to demonstrate how they would actually provide that service brief. For us that meant drawing heavily on not only our experience in delivering family support but also a heavy research background with the University of New South Wales, which is extended into the intensive family service, because that project has now taken on the evaluation of it. So it was informed by research as well as by practice/experience.

Mr PEARCE: You said that immediately after the riot your people were on the ground. What were they doing?

Ms CHEERS: Visiting families, and just being there so that if families did need or choose to ask for help they would see someone there open, willing and able to do whatever they could, as much as they could, within the limitations of the service.

Mr PEARCE: You invited DOCS to join you, but it has not done so?

Ms CHEERS: Following the riot we had a couple of requests from families. I do not know that it was necessarily linked to or because of the riot. But rumours spread very quickly, particularly at the Redfern end of the community, throughout the community. Rumours spread quickly. There were numbers of rumours about children being on lists or being taken away. For us the most sensible and obvious solution was to meet with those families with a statutory worker to explain the law, basically; that children cannot be just taken away; that we do not have those sorts of laws; there are reasons and grounds and evidence. We do explain those things, particularly as we run care programs. I run care programs in other offices that cover this area. We have a very good understanding of the care and protection legislation. We requested that DOCS actually come with us to explain those things to a couple of families, which it declined to do. I think the riots having just happened was part of that. But again, it does not engender trust and a willingness to work with the community when those sorts of things happen.

Mr PEARCE: I think you said before that there was a siege mentality within the government offices down there. Can you explain what you mean by that?

Ms CHEERS: There is a real lack of willingness to be out there. In some instances-notwithstanding that there are times when it is necessary for DOCS officers, for instance, to go with police-there would appear to be sometimes an overreliance on, and a fear of going without, police accompaniment.

Mr PEARCE: I find it extraordinary that government services woulld not provide support so that the professionals who are working there did not get into this sort of fear/siege mentality over doing the job that they are provided for? Do you have to do that; do your people require police to go with them?

Ms CHEERS: No. In fact, in the almost 12 months that we have been operating I personally cannot recall an instance where my staff have requested police to go with them. That said, there may be one that I do not know about. But I am certainly not aware. They might have done-and do do-things with police officers for particular reasons, particularly around the activity programs. But if, for instance, we assessed-as we have done regularly with a couple of families-that in trying to engage them there were worker safety issues, we would conduct a risk assessment and then do things like go in pairs, assess the entry and exit points-all of the things that staff are taught to do in training. But we would never stay away. We might stay away for a day when there has been a particular incident, but mostly we are there every day.

Mr PEARCE: In your submission you said that when you took the contract you were prepared to develop a program. You said you would not use the funding to promote the public relations concerns of the government. Why did you find it necessary to say that?

Ms CHEERS: As is the normal process, in tendering for the contract the Barnardos chief executive and I presented a couple of times to a panel, including independent members of the panel.

The first time we presented the model of service delivery, which is primarily what we were going to do with families, because Barnardos is a very strongly practice focused agency; dealing with families is what we do. To our surprise, we were not asked questions about that. We were asked lots of questions about the interagency dealings we might have and how we might actually work with the other agencies in anticipation of having some difficulty in doing that. When we came away and discussed it between ourselves and then were subsequently asked to go back, we felt it important to make it very clear-and I said in public meetings around the time the tender was announced-that the staff would not be spending all their time going to meetings or doing community development work. Given that the nature of the contract was a two-year one, the time frame being very short, and the amount of money quite considerable for a program like that, we wanted to have the maximum impact on families' lives during that time, so we did not at all want to be a PR machine.

Mr PEARCE: You were concerned, though, that in being asked to tender for this project you might potentially have been asked to be a public relations mouthpiece?

Ms CHEERS: No, because that was not part of the tender document or the service specification. Agencies choose to tender; we were not asked to tender. But in going back the second time we felt it important to make it clear, because if in fact the brief was more that--

Mr PEARCE: But you were not going to do that?

Ms CHEERS: If it was more to do that, we would have declined it, because we were interested in delivering a service to families.

CHAIR: Can I ask you a couple of questions about the Redfern Waterloo Partnership Project, which you have mentioned a couple of times. I guess a couple relate to what you have just been saying. In your submission you comment on the short-term nature of the funding contracts. Can you put on the record for us why short-term funding contracts are problematic and whether they are particularly problematic in the Redfern/Waterloo area?

Ms CHEERS: We found specifically in Redfern/Waterloo in those very early days that having short-term contracts contributed greatly to the feeling or mood of hopelessness. For example, agencies would say to us over and over again, "You'll be here for the two years in the short term and then you'll be gone." Despite running services that cover that area for a long time, we had not had an office space there. We were perceived to be an outsider, even though we had many families on our books in the temporary care program having regular weekend respite. The short-term nature of the IFSS contract created a great sense of, "Well, easy come, easy go."

In broader terms, short-term funding contracts do not allow agencies generally sufficient time to consolidate service delivery. For small agencies that is crucial, because there is no way you can maximise a gain for a family if you feel that you are not going to be able to continue the service after a brief period of time. The small agencies also-and Barnardos is not a small agency-do not have the infrastructure to absorb and spread the financial costs over time. For instance, even just setting up an office takes a huge amount of time. Many agencies choose to, for instance, write their protocols, policies and procedures before they get the service up and running. For a small agency that may well have taken the first eight or nine months of the two years, before they even got to employing their staff. No sooner is the program set up than it is possibly going to be shut down. Of course, the staff then feel very insecure. Staff who are very dependent on that income start looking elsewhere for work. Even though the funding might continue, it might not and they cannot afford to be out of work. It just adds to that level of distrust and it spreads it into the service, not just between the clients and the service itself.

CHAIR: Some evidence has been given to us that perhaps there are too many services-too many agencies-operating in the Redfern/Waterloo area. Perhaps some of that multiplicity of agencies is related to short-term contracts and so on. Do you have a comment on the number and the nature of the services that are being offered and how they fit together?

Ms CHEERS: I note here the Morgan Disney review of human services-the preliminary data on the web site-says there are something like 100 organisations and 200 services, which of course is a huge number for a very small area. That said, however, our experience is that many of them are very

tiny NGOs and they have very limited funding bases and increasing reporting requirements. They have got obvious difficulties in delivering a service when they might have one, two or three staff, some of them, if not all of them, part time, and no back office or administrative support. The coordinator may in fact be doing the payroll apart from trying to supervise a family support worker or doing something else. They do a lot for very, very little. I think it is quite remarkable how much those small organisations do on a shoestring. Rather than saying there are too many, I think a better way to go is to look at the way in which they work, because they are unique parts of the service delivery system and for the most part they do talk to each other and work well together. They do try to use the interagency guidelines, and the community trusts them. I think it would be a reasonable suggestion to look at actually enhancing those to enable them to do the job that they want to do. A good concrete example is that the child-care centres often have very high-risk children. They have good relationships with the families, because child care is a very acceptable service, and the children are in fact getting very good care and, not to mention, fed while they are there. The child care staff know not only the child but the family intimately but can never come to a meeting because there is no release time. You are thwarted in a way by not having the full picture of a child or a family, because the person who perhaps has the biggest picture is not able to attend because the service cannot backfill their position even for an hour. Those sorts of enhancements and issues, I think, need close attention.

CHAIR: You have mentioned the Human Services Review, which is obviously addressing those sorts of issues and others at the moment. Can you also tell us your views on the partnership project and the extent to which you think it is perhaps pulling some of these things together or not? How effective do you think it is in ensuring the needs of the local communities are met?

Ms CHEERS: I think that the partnership project, above all else, needs to continue listening to residents from all sectors of the community. The agency opinions and the service deliverer opinions are important, but the consumer view is also very important. In addition-and as I said in my opening remarks-to residents who do have a voice and often a loud voice and who can speak it is very important for the partnership project to attempt to tackle that opinion that nothing has been fixed, the problems are still the same and nothing is changing. One of the ways of doing that, I think, is to look at ways of getting the feedback from the families who are not so vocal and who are living there with the same problems but who are experiencing the problems, perhaps differently, and who are consumers of some of the services that the partnership project has put into place.

Ms PARKER: I wanted to expand on the culture of fear that you were talking about with respect to DOCS and families. You were saying that DOCS workers require police escorts to go in, or feel they require police escorts.

CHAIR: I do not think that was said.

Ms PARKER: I am asking: is that what you said?

Ms CHEERS: On some occasions following, I would presume, a risk assessment.

Ms PARKER: Would it normally be the situation that the police would go with DOCS workers to take a child into custody?

Ms CHEERS: I cannot comment on that, because I do not know how routinely or otherwise that would happen. I would be aware of at least one incident where that has been the case, but I could not make a broader comment.

CHAIR: You said "one" question.

Ms PARKER: In terms of the culture of fear, do you think that the families have barriers to DOCS simply because of that police relationship?

Mr WEST: While we have a Barnardos person here can I ask some Barnardos questions?

Ms PARKER: It is directly related to the evidence.

CHAIR: Perhaps you could speed up. You did say "one" question.

Ms CHEERS: I had the answer and now I have forgotten it. I think it would be reasonable to say that the families have fear as well and their fear is about a lack of knowledge of what the role of DOCS is and a belief that the only role is to take children away.

Dr CHESTERFIELD-EVANS: We have had some evidence that the NGOs should be rationalised. I believe there are three youth drop-in centres in the one street run by different small agencies. Do you think there is scope to rationalise the small agencies to give a more comprehensive or 24-hour service?

Ms CHEERS: I do not know that I can comment on that. Our experience of the numbers of agencies is that there is not a great deal of duplication, but in terms of the unique service provided by each I honestly cannot comment.

Dr CHESTERFIELD-EVANS: In your submission you talk about an example where a grandmother is looking after the children but has never got any Centrelink payments because she does not want to dob in her daughter because the daughter does not actually look after the children. She did not have a birth certificate for the children so she could not get to first base in terms of getting welfare payments. What do you suggest is the solution to situations like this?

Ms CHEERS: I can give some insight. Just yesterday I got the end result of that, which is that the Housing Department has actually suggested that a statutory declaration will do. Having jumped through loads of hoops, talked to Queensland and spent lots of money there still is not a birth certificate, so the suggestion of the Housing Department officer is, "Can you get a statutory declaration?" That was our first port of call. That was the very first thing we requested, some months ago now, considerable months ago now. This is an example of the way in which bureaucratic procedures get in the way of people's lives.

Dr CHESTERFIELD-EVANS: Is Centrelink the same? You said they were not getting any Centrelink payments?

Ms CHEERS: Yes, less so. But what happens is that the layers get complicated by other people's layers. One level of bureaucracy then gets added to another one that actually has nothing to do with it. Families get very frustrated.

Mr WEST: I have two brief questions. You mentioned, I think, three Aboriginal staff. Could you let us know whether they are on recurrent funding. Lastly, what would you like to see come out of the inquiry?

Ms CHEERS: Could you just expand on that question about recurrent funding? They are funded via--

Mr WEST: Short-term or long-term funding?

Ms CHEERS: The funding contract is two years. On paper the funding finishes in 2005. We will be required to report and present a program and an evaluation report. I would caution on the public record that staff, as I have already indicated, often get highly anxious about what is happening to their job. In fact, I have already been asked that by some staff. As a large organisation and given what we consider to be the success of this project, what I say and have said to my staff is that I would be very hopeful of absorbing particularly those Aboriginal staff into other programs within the organisation were the funding not to continue. We would be extremely sad to let them go, because they have done, and are doing, such a wonderful job.

Mr WEST: And the last question?

Ms CHEERS: In terms of what we would like to see come out of the inquiry, obviously for the community to be continually assisted in renewal and regeneration, and the partnership project and the funding base for services to continue; two years is not long and not long enough to see sufficient change, we believe. The small community based agencies who are delivering good services but struggling very financially should be enhanced, if at all possible. The DOCS office in fact may be

better placed out of Redfern, not in the community's face, on their doorstep and being wherever they look. That may eliminate some of those problems around fear. The interagency guidelines, which are across the state not utilised well but most particularly there not even known about, should be given some consideration in terms of how they might be utilised more. That may be a bit of a tall order, but we would certainly like to stress that, because we believe that they are good guidelines and they are uncomplicated and very easy to use.

Finally--and very high on the list--the issue of education for children in Redfern/Waterloo should be seriously considered as a priority area. Those children are so affected by trauma and family problems, and they do not have equal access to education in the sense that when they are excluded or suspended they are missing out on vital basic skills without which their lives will be profoundly affected as young people and teenagers but also as young adults in terms of their employability, not to mention that their basic sense of communication will be profoundly affected.

CHAIR: Thank you very much for coming. Thank you for your submission and your thoughtful evidence today

(The witness withdrew)

TANYA JOAN PLIBERSEK, Member of the House of Representatives, Commonwealth Parliament, 422 Crown Street, Surry Hills, New South Wales, 2010, affirmed and examined:

CHAIR: Would you mind telling the committee in what capacity you appear today?

Ms PLIBERSEK: I am appearing before the committee in my role as the federal member for Sydney, which takes in the suburbs of Redfern and Waterloo.

CHAIR: You have the questions that we have prepared?

Ms PLIBERSEK: I do.

CHAIR: Can you start off by giving us an overview of your responsibilities as the federal member for Sydney, and then we will ask you to comment about various things, services in the area and so on.

Ms PLIBERSEK: There are a few different roles that I see myself playing in an area of disadvantage like you see in parts of Redfern and Waterloo. The first role is as a caseworker, I suppose, for people who are having individual problems with Commonwealth government departments. Probably the largest proportion of the work that we do in my office is helping people negotiate with Centrelink when they feel they have not been properly paid or for whatever other reasons. I can go into more detail later if you wish me to. In areas like Redfern and Waterloo this is a large proportion of the contact that we have with individual constituents who live in those areas. There is that sort of casework aspect.

A second aspect of the job is looking at the systemic problems that arise from people's interactions with those government departments. I do not mean to sound like I am picking on Centrelink; this is just because it is such a large proportion of what we do. For example, if Centrelink's Aboriginal liaisaon officer position is not filled for a long time, I see it as my role to encourage them to make sure that that position is filled. If they make decisions about hiving off part of the casework they do to a different Centrelink office not in the Redfern area and I think that that affects my constituents, I advocate on behalf of my constituents in that context. So there is that role with the government departments.

There is another role that is, I think, a bit like a community development worker. For example, in the public housing at Waterloo almost 12 per cent of the people are Russian speakers. There are very few dedicated services for Russian speakers. They have a lot of problems accessing proper information about not just Centrelink but also state government departments, the Department of Housing, for example. I have been advocating for a social group for the Russian speakers but also some Russian speaking workers for government departments like that.

The fourth area, I suppose, is the one that is the most complicated and difficult, and that is identifying needs in the community that are not being met, that are nowhere near being met, and working out innovative ways to try and meet those needs. For example, I have been talking to the women at the Mudgin-Gal Women's Centre in Redfern about developing a parenting program. I have found some extra funding for that and I have been talking to different people who have experience in parenting programs that have worked in other Aboriginal communities. That is something that is a strange and intangible part of my job, but I see it as a very important part of my role.

CHAIR: You have mentioned Centrelink. There is a lot being said to us--I think you heard our previous witness from Barnardos--about the problems of coordination or the lack thereof amongst service providers. So far we have probably heard about state government agencies and funding and, to some extent, about the city council, formerly South Sydney. Can you give us a perspective on the coordination or lack of it amongst the three levels of government?

Ms PLIBERSEK: I think the thing that is most important to remember is that if you are on the receiving end of any of these services you do not care if they are provided by the local government, the state government or the Commonwealth government. Indeed, I think most people do not know whose responsibility is what, which means that they do not know exactly where to go for the help that they need. So you might have one family that needs to access half a dozen different types of services

or government agencies. Tony Pooley, who is the former mayor of South Sydney and who is a councillor on the City of Sydney Council, has made the point in public meetings that if councils can manage to provide a one-stop shop where you can do everything from lodging a building application to getting a dog licence, it is important that government departments start to think this way as well. People should be able to go to one site and deal with their housing problem, their social security benefit problem, or if their children have particular needs that are not being met in their schools. Whatever the complex needs of people are, they really need to be able to have one point of contact, if at all possible, or one person who can help them negotiate those different agencies and different levels of government. They need someone or somewhere to develop trust with.

One of the things that I find sad--there is no other way of describing it--is how very disspirited people become. They may not even ask for help, if they have been cut off Centrelink benefits. They may just accept that they are not going to get Centrelink benefits for six months, because they are too intimidated by the process of challenging the decision that has been made, working out who to talk to, sticking up for themselves, and they are embarrassed that they cannot read and write properly. Even if the help is technically available to them, the most disadvantaged people often do not access it because they do not know how to and they are too disspirited and intimidated to do it. If you had one person or one place they could trust, you might overcome some of that.

Ms PARKER: You mention the police in your submission. You say that you believe they showed appropriate restraint during the riot in Redfern. Your next point states that if you were managing Redfern police staffing you would consider asking the police officers involved to accept a voluntary transfer to another police station. What do you mean by the "police officers involved"?

Ms PLIBERSEK: The incident that preceded the death of T. J. Hickey, Thomas Hickey, or the police officers finding of the boy when he was dying. The reason I say this is that they are under an enormous amount of pressure in that local community, or they were, and I think the anger keeps simmering, because there is a fear amongst some of the people that the investigation will not be thorough enough. I am not for a moment saying that that is the case. I am just expressing to you the fears that people express to me.

Ms PARKER: Have you met with police officers and the police department since the riot in Redfern?

Ms PLIBERSEK: I meet with police in the course of my duties at public functions all the time. But I should remind the committee that policing is generally considered a state issue and I am a federal member of parliament.

Ms PARKER: I know. But you have made statements about the police all the way through your submission.

Ms PLIBERSEK: I have not made them all the way through my submission.

Ms PARKER: In several spots you have talked about police, though, and you have talked about government departments in your submission, so I think it is fair enough to ask for clarification of those statements. I saw in the media that you hosted or participated in a barbecue at Redfern; is that right?

Ms PLIBERSEK: I attend all sorts of functions at Redfern. Last Sunday I was at Back to the Block, which was hosted at the new neighbourhood community centre that was opened by South Sydney Council. That was very successful. There are things like that three or four times a year that I attend whenever I can. In terms of the other sorts of contact I have, I have frequent street stalls there. I have been doorknocking there twice in the last six months. I visit services there all the time. I have an ALP branch--the Darlington branch of the ALP--that meets at Pine Street Recreation Centre. A lot of the members are heavily involved with the Aboriginal community and very supportive of a lot of the initiatives that are happening to improve living conditions and so on for people.

Ms PARKER: Have you popped into the police station to have a chat to the police and congratulate them on the role they play in Redfern? Have you been down there doorknocking?

Ms PLIBERSEK: I have not doorknocked their street but, as I say, I have frequent contact with the police. The last time I spoke to Dennis Smith was when one of the Commonwealth committees, the Senate Committee on Aboriginal Affairs, visited Redfern. There were a number of police officers there at that time. I see them frequently.

Dr CHESTERFIELD-EVANS: Several witnesses have expressed the view that there is a lack of coordination across service providers in the area. Do you believe that service delivery between local, federal and state could be better coordinated and, if so, how?

CHAIR: We covered parts of that when I led into that in my introduction.

Ms PLIBERSEK: I think it is always possible for services to be better coordinated. I do not think that is something peculiar to Redfern or Waterloo. But as I say, I think the best way to do that would be to focus on the people who are receiving the services rather than the service providers. If you actually looked at people's needs and then go out and get the services from where they are rather than expecting one individual to visit half a dozen services to get what they need from each service, we would be part of the way there.

Dr CHESTERFIELD-EVANS: You did say that. But does this mean we have a roving Housing Department officer looking for work up and down the street, followed by the roving DOCS officer? What does it mean in practice?

Ms PLIBERSEK: You talked about a roving Department of Housing officer. I actually do think that departments need a better presence in the areas where they are delivering services. I think it would be terrific if the Department of Housing, Centrelink and--I am not quite sure whether it would be as appropriate for DOCS--other agencies did have better outreach aspects. I see that the Centrelink office in Darlinghurst is operating a really first-rate outreach service, where they are visiting people before they leave jail and making sure that when they leave jail they have somewhere to go and some money coming in, so that the first thing they do when they get out of jail is not go and rob someone. I think that sort of innovative thinking about how to provide services is very important. You really do see it in the management of some of the organisations. That particular component of the work in Centrelink Darlinghurst has really made a big difference to the homeless population around Woolloomooloo. I know that is not in the terms of reference of your inquiry, but there is a fairly substantial similar problem there. Just letting people, for example, who have got problems with mental illness get by without Centrelink payments is not an option. The social cost of that is extraordinary. The Darlinghurst Centrelink's model is a good one that other areas could develop. You said "roving". I think you are pulling my leg a bit. But it is not a bad thing for organisations to think about how they can make themselves more accessible. An outreach model, for some of them, is a very good model.

Dr CHESTERFIELD-EVANS: Do you think that some of those outreach people could be NGOs for the purposes of going out, finding problems and advocating for those problems?

Ms PLIBERSEK: I do not think they will have to look too hard for problems.

Dr CHESTERFIELD-EVANS: But it would be a conceptual step for the Housing Department to send an NGO out to look for problems that it might solve.

Ms PLIBERSEK: If you want me to talk about the Department of Housing--

Dr CHESTERFIELD-EVANS: That was just an example.

Ms PARKER: It is a state government department.

Ms PLIBERSEK: What I would say about them is that the best thing I think that the Department of Housing could do would be to have more small offices in housing estates. They do have a presence in Waterloo. I think that that works well. But you could have an office in Redfern. You could have an office in Surry Hills. You would need a follow-up commitment, though. A follow-up commitment would be that if people walk into the local Housing Department office and say, "My tap has been running for a week", you actually then fix that problem for them. There is no point having an outreach service or a presence in local communities if your responsiveness time is as bad as

it ever was. You actually need to have a commitment that with that more immediate model of service delivery you get better, more immediate services.

Some of the big broadacre housing estates in western Sydney have handed over some streets, for example, to non-government organisations, with one house in the street serving as an office where people come not just to pay the rent but also to report problems with the housing. That office also acts. So they see immediate problems. If the garbage has not been collected properly, they get a skip in, everbody puts their garbage in and it gets dealt with. It is not a problem that hangs around for six months. That is the sort of thing I am talking about with immediacy. I think the picture you are painting, Arthur, is of crack teams that would swing into action and drag people into the loving embrace of a particular government department. That is not exactly what I mean.

Dr CHESTERFIELD-EVANS: There was a question of having an outreach function. I was pursuing it perhaps to the ridiculous. With respect to your model of lots of little offices, perhaps you do not want people to offer space to you because then the maintenace of the office might become an end in itself?

Ms PLIBERSEK: It is very hard to generalise, because not every department would suit this sort of model. I guess what I am saying is that if you are dealing with large numbers of people and they have special and quite extensive needs, you have to be where they can get to you. You have to talk to them in a language they understand. You have to meet their needs, not put them off for another six months. There are different ways of doing that. One of those ways is outreach. One of those ways is having a presence in big public housing estates. But there may be other models as well.

Dr CHESTERFIELD-EVANS: You could co-locate your departments, federal and state, or state ones with each other, and perhaps you could have NGOs as agents for those departments. Those are the possibilities.

Ms PLIBERSEK: It makes a lot of sense to have Housing and Centrelink, for example, co-located because you have a lot of crossover clientele. People might come to you looking for emergency accommodation. But if you need emergency accommodation you are more than likely to need emergency funding as well.

CHAIR: Can we ask you about your views on the Redfern Waterloo Partnership Project and how effective you think it has been in the local community?

Ms PLIBERSEK: I am probably getting this quote wrong, but I think it was Chairman Mao who, when asked what he thought about the French Revolution, said, "It's too early to tell." What I have seen so far of the Redfern Waterloo Partnership Project is very good and very positive. But when you are dealing with a community that has generations of entrenched disadvantage, nothing will be fixed overnight. I am really pleased to see the state government taking a location based approach to disadvantage in the Redfern and Waterloo areas. It is important to look very intensely at what the issues are there and think very creatively about what the solutions are for the area. But I do not think that we will see solutions in the next week, the next six months or even the next year. I think that it is something that needs a long-term commitment. If you have got children, for example, who are growing up in families where neither their parents nor their grandparents have worked, you are not going to fix that by a three-year project in their suburb. You actually do need to take a very long-term view. As long as the commitment is there for this to be a long-term project, I think it is fantastic. It will be incredibly demoralising and disappointing if people deal with another round of pilot projects or another round of--

CHAIR: Short term.

Ms PLIBERSEK: --one-year funding or two-year funding. Firstly, the organisations cannot cope with it. A lot of them are not resourced to put in their funding applications. That is what they do over and on top of actually delivering services. If every 6 to 18 months someone has to spend time putting together a submission, I think you can see the obvious problems with that. If what the Redfern Waterloo project will do--I hope that this is what it will do--is actually get the settings right, work out where the main needs are, work out pathways to get to a better place in those areas, push people along on that road and then resource that process for the long period they need to be resourced for, we have

got a real chance of cracking the back of the problems of disadvantage in Redfern and Waterloo.

CHAIR: In your submission there are some paragraphs on the Aboriginal Housing Company and the proposals for redevelopment of The Block. You might summarise those on the record here, but do you have any views on the type of housing that would be appropriate to The Block? I know you have views, some of which you have stated, about the public housing in the whole Redfern/Waterloo area as well and its appropriateness.

Ms PLIBERSEK: It is very important that building start very soon. I do not think it is right that with the intense housing need that we have in the area there is vacant land and vacant houses waiting for redevelopment. Obviously we need to get the design right. I am not saying build it tomorrow with the wrong design. The redevelopment of The Block has been a long-term project, and I really do not want this to be the halfway point. I really want this to be close to the time when building starts and people start moving in. There are a few things that I want to say about the redevelopment. The design will be very important. I think the State Government Architect has an Aboriginal architect's office. I believe that they will have an involvement in the design. That needs to have a lot of input from the local community and it needs to address issues like street safety. I think that the original design, which I believe will not be proceeded with, presented very bald walls to the street, which would not have made people walking down the street feel very safe. Obviously, commonsense issues like that need to be taken into account.

I think it is very important when the building starts that as many local people are employed as possible. There is a CDEP just up the road that has apprentices who have done building for the Department of Housing before and also private building. They are in a very good position to provide apprentices for building on The Block, provide landscaping services and a whole range of other services. But you get the point that I am making that there is high unemployment locally and it would be really good if, as part of whatever ends up being spent on this, some of that money stays local, stays in local people's pockets, and they get some transferable skills afterwards that take them into the broader work force.

In terms of financial models or who the housing goes to, there are a number of complicated issues. Firstly, there are people who have a historical connection to the area, and they should be given a preference. There are people who have moved out of houses in the area on the understanding that they would be coming back to the area. Of course, they should be given a preference. But as far as the socioeconomic mix, I would like to see Aboriginal people, but I would like to see a slightly broader socioeconomic mix than you would generally find in public housing. If you look at a model like City West, which is in Piermont and Ultimo, people are paying a proportion of their income. People on social security benefits pay a very low dollar amount. People who are in the work force at around the average wage or slightly above, if they have got a family--the threshold increases depending on the number of children you have--pay closer to market rent. It just means that you have a broader social mix. I think that is better for everyone.

CHAIR: Do you have any comment on the proposals for a hostel, partly to address the issue of Redfern being, I guess, a magnet for Aboriginal people across the state--not necessarily on The Block itself but nearby.

Ms PLIBERSEK: I think what happens at the moment is that people either stay with relatives or they do not, so they sleep out. If they are staying with relatives, that can lead to quite substantial issues of overcrowding. They are not obvious effects. They are things like kids not getting a proper night's sleep and not being able to study properly the next day because the house is full of relatives or friends from out of town. Hostel-style accommodation is a really good idea. But, like everything that we talk about in this area, it really has to be with genuine and extensive consultation with the local community. While I really welcome this inquiry and I hope that the recommendations will be acted upon--and I am sure there will be good recommendations--these things have to take the local community with them. When it comes to the location of the hostel, the size of the hostel, the eligibility for the people to stay there--all of these issues have to be addressed with extensive consultation with the local community, otherwise it is not going to work.

Mr WEST: Thank you very much for your submission. I was interested in your comments about the CDEP, the employment issues and whether or not you have any personal knowledge of

longevity in terms of some of the employment that is taking place and some follow-up as to how much longevity there is?

Ms PLIBERSEK: I think the CDEP has been working well. The auspicing organisation is the Aboriginal Employment Corporation. It has been going for a long time. It has placed a lot of people into jobs--not just in the building industry but also in landscaping, cleaning, catering; they have helped people get their ship/boat licences so that they can pilot ferries and tugs and those sorts of smaller commercial vessels. On site they have a small factory that produces screenprinted fabrics and makes those fabrics into things such as children's clothing, T-shirts and didgereedoo holders. They do all of the designs themselves. I think it has been a very successful organisation.

I was very disturbed, though, Ian, to find that in the past the Aboriginal Employment Corporation and the Commonwealth have generally gone halves in the costs for new apprentices. The Commonwealth has just told the CDEP that it will not be doing that this time around. Obviously, unemployment is not a problem in Redfern anymore. They are all on their own this time around. I am currently trying to ensure that we have that decision looked at again, perhaps with a more sympathetic eye.

CHAIR: What sort of funding are we talking about?

Ms PLIBERSEK: I think it is about $7,500 per apprentice or trainee that will not be paid by the Commonwealth. I would have to check those figures and I can quote back to you with the figures, but that is my memory. They have just put in an application to start another seven apprentices. It is very difficult to see how that can happen without the Commonwealth contribution that they have previously relied on. It is actually not about making work, it is not digging holes and filling them in. I know that some people have a fear that these programs can end up like that, but in this case they are very genuine skills that the people are getting. They are properly trained and properly paid. They do the associated TAFE training or whatever the required training is. It is a very good model. I will give the committee the example of one young woman I met last time I went to the CDEP. She was sewing in the sewing room. They had an order for T-shirts for a football team or something and she was sewing them. She would have been in her mid 20s. She had had two children. She had a long history of heroin abuse and had recently stopped using heroin. As I say, she was in her mid to late 20s, and that was the first job she had ever had. The people at the Aboriginal Employment Corporation had helped her and supported her when she stopped using and took her back after a relapse. Her confidence, having gone from never having had a job to having this job, was amazing. It was just fantastic to see.

CHAIR: Are there anymore questions? We have hopped all over the place, which makes it very confusing. While we are on young people, you have mentioned in your submission a program called Youth Matter. Can you tell us a bit more about that?

Ms PLIBERSEK: As far as I know, this was its first year. A group of young Aboriginal people went to New Zealand for a conference with Maoris about leadership. Kids from disadvantaged backgrounds were flown overseas for the first time, which was a fantastic experience for all of them. They talked to the Maori young people about the issues they have in common but also the things that were different about their countries, for example, the different approaches that New Zealand had to indigenous relations. That was terrific for them.

The South Sydney Youth Service, which is one of the main services for young people in the Waterloo area, is another service that I hope the committee will have a closer look at. They are one of the only services that has a dual diagnosis capability. They deal with young people who have mental illness problems and alcohol or drug abuse problems. If you have a mental illness and a drug problem you get told by the drug rehabilitation people to sort out your mental health problem. You try and sort that out and they say, "We won't deal with you until you give up drugs." As far as I know, the South Sydney Youth Service is unique in the area for dealing with young people with both of those sets of problems. Like most of these organisations, they kind of squeak along looking for where the next lot of funding is coming from.

CHAIR: We have heard quite a bit about that. If other members do not have a question at this stage, can I ask this: you said quite a bit about child care and early education programs in the area, and

also quite a bit about school education. We heard, for instance, from Barnardos earlier about problems of children who are very rarely at school, either because they are truanting or because they are excluded over discipline/behaviour issues and so on. Can you flesh out the remarks you made about both of those areas--the child care and preschool area--and its importance in Redfern and Waterloo and its importance to the school issue as well?

Ms PLIBERSEK: I will do this chronologically. I will deal with child care first and then go on to schooling. We are used to thinking about child care as being somewhere you put your kids when you go to work. We have to be a bit broader in the way we see child care in a disadvantaged area. For a lot of children child care is not just child minding. It really is incredibly important for a child's development. You can have situations where parents are under an enormous amount of stress, one way or another. Child care can in those circumstances be very valuable in child protection. You actually need to sometimes give parents time away from their kids for the safety of the children. That is particularly the case where parents and children are living in overcrowded accommodation or, in the case of Waterloo, high-rise flats, where you cannot just let your kids play outside the door. Child care can be very important in giving parents a break from their kids, even when they are not working. It can, for some children, be the place where they get their most nutritious meal of the day. It can be a place where they see different models of adults. If their parents are preoccupied with finding their next intake of drugs, I think you can see how it would be much healthier for the children to be in child care that day than tagging along with mum or dad.

I have heard stories of children starting school who do not know how to hold a pencil. They do not know which way to hold it. They do not know which way a book opens and that you read from the front to the back cover and from the left to the right page. Child care can deal with some of those very fundamental building blocks for education. I think it is obvious from all of the research that children who attend preschool have better educational outcomes over the course of their schooling. If you look at the figures, indigenous children are the least likely children to attend preschool. That is a shame. It would be very important, though, when trying to encourage parents to send their children to preschool, that they feel that the preschool is one that respects Aboriginal culture and is welcoming and supportive. I think that preschools and child-care centres can be a fantastic venue for parents to learn better parenting skills. One of the community workers at Redfern was telling me that she was talking to kids about what sorts of courses they wanted to see at the community centre. One of them was a parenting course aimed mainly at young parents. All of the kids were saying, "My mum and dad could do with that." I think it actually can be a really unthreatening, positive and supportive way of providing parents with hints on how to cope.

CHAIR: What exists at the moment in Redfern/Waterloo of this kind?

Ms PLIBERSEK: I noticed Barbara Stephens sitting up the back. Barbara runs an excellent program that is in the old Redfern primary school classrooms based on the Montessori model.

[witness sought information from audience member who responded]

Ms PLIBERSEK: As Barbara would say, Murrawina is child care and the Montessori group that Barbara runs is a play group. It is a good way of engaging children and parents. Maybe you should get Barbara up here at another time to tell you that the Alexandria Park School will be working with her and some of their kindergarten children to get them school ready.

There are still big problems with attendance. Nobody could pretend that that was not the case. I think that Alexandria Park School was set up in a very thoughtful way to try and deal with those problems. I think it has had an impact but, as I said earlier, you are not going to solve any of these very entrenched problems overnight. I think that Alexandria Park School is a very good school with a very good principal and very committed teachers. It is hard to get the kids there sometimes. For some kids, actually getting them on the bus to get them to school is difficult. Obviously, that becomes more difficult the less interest the parents have in getting them there or the worse the experiences the parents have had. You cannot discount how negative some parents feel about school. But I think that is the area where we could make the biggest single difference to children's life chances. I am not the first person who has ever said this. It is not rocket science that the more you invest in those early years the greater are the chances that those kids have.

Mr WEST: Arising out of that: would I be right in assuming that perhaps schools would be an appropriate place to have resource centres-one-stop shops--in light of your previous answer?

Ms PLIBERSEK: Yes, I think there are things that you could do. Certainly, support services for parents are really well located with child-care centres, preschools and schools. It is good to get all of that information through the schools. The only thing that I would say that you would have to be aware of is that you do sometimes have quite abusive and possibly even violent people going into Centrelink offices. You would have to actually be aware of safety issues. I would not have anything that was likely to be high conflict located within a school or near a child-care centre.

Mr WEST: In terms of trying to progress past that primary school level, where there appears to be a fairly good outcome across the community, have you any thoughts on what can be done in that transition stage in terms of mentoring and so on?

Ms PLIBERSEK: One of the things that has been good about Alexandria Park is that there is not as much of that scenario where you finish primary school and you are the biggest kid in the playground and the next year you are off to high school and you are the smallest kid in the playground all over again. Having the one location actually makes that a little bit easier. I cannot really give you an answer other than all of the things that probably all of your witnesses said. Of course, mentoring is important. Having the best teachers is important. We have a system where the better you are at teaching the more likely you are to go to what is called an easy school. You are more experienced, you get your choice and you are proceeded along the queue. I am certainly not arguing that teachers have a right to want to teach in what they see as an easy school. That means that difficult schools sometimes attract the younger and less experienced teachers. That seems to me to be the wrong way around. You do need the most experienced teachers. You need the leadership of the principal. That is probably the single most important thing about the school. Alexandria Park School is very lucky with its principal. Mentoring is good. The emphasis on sport that they have is very attractive and is one of the things that keeps some kids there. All of these things are important. There is no one answer. But I will tell you one thing that will make a difference, and that is making sure that kids are school ready and that you spend those first years working very intensively with them; that they do not slip behind before the age of 7.

Can I make a comment about an area that you have not asked me about, that being drug policy in the area? Do you want me to address that today?

Dr CHESTERFIELD-EVANS: I would be happy to ask that.

CHAIR: We started 10 or 15 minutes late. Go on, Arthur. They are your questions.

Ms PLIBERSEK: I suspected that you would get to it eventually. I do have another appointment and I did not want to have to spend 45 minutes being quizzed by Arthur.

Dr CHESTERFIELD-EVANS: Go on. You were going to spontaneously volunteer. I was going to ask you: how much do you think drugs are affecting the area?

Ms PLIBERSEK: I think there is a serious drug problem there. I think it has improved slightly in the last few years, but only very, very slightly.

Dr CHESTERFIELD-EVANS: Is it qualitatively different between Redfern and Waterloo?

Ms PLIBERSEK: I think it is a different drug culture. There is a lot more street based using in Redfern, but I would not necessarily say that the rates of use would be different.

Dr CHESTERFIELD-EVANS: Are they different drugs or the same drugs?

Ms PLIBERSEK: Which drugs are being used seems to depend more on what is available at the time. There will be times when everyone is using heroin. Then heroin becomes very scarce and some people shift to using other drugs like amphetamines. Cocaine is usually too expensive. But generally they will shift, if there is not a lot of heroin around, to amphetamines.

Dr CHESTERFIELD-EVANS: Do you think the drug situation would be improved if they were decriminalised?

Ms PLIBERSEK: I do not really know. I think that any person taking a simplistic approach to this is bound to go in the wrong direction. I certainly think that there is room for taking a much more thoughtful evidence based approach to the drug problem in the area than has happened in the past. I noted that some of your other witnesses suggested that a medically supervised injecting room for The Block was the way to go. I have been a supporter of the medically supervised injecting room in Kings Cross. I believe the evaluation, and my own personal observations, suggest that it has been successful. In terms of what will happen in Redfern, some similar thing can only happen in Redfern if it has the support of the local community. My experience is that the community is quite divided on whether it is a good thing or not.

Dr CHESTERFIELD-EVANS: Aren't they always?

Ms PLIBERSEK: No, well, if you look at the Kings Cross experience, I think there was strong community support. There were some vociferous opponents--some vociferous bowtie wearing opponents, if you recall. In general the situation in Kings Cross was that you had a lot of street based injecting. The proposals for where the injecting room was to be located were all in the commercial areas of Kings Cross. The key to its success has been that it has prevented a number of overdoses or treated a number of overdoses, so it is obviously successful in that way. Also, it has taken the public nuisance of injecting off the street and has put it into a commercial area. Firstly, I should say that I do not think The Block is the appropriate place if there is to be an injecting room in Redfern. I do not think that is the appropriate place. It is too residential and there are just too many kids running around. But that said, there is a very substantial problem of street based injecting in that area now. Kids are seeing it, anyway; they are seeing syringes and falling over people who have overdosed.

I am very pleased that the housing corporation has knocked down a number of those empty houses, because they were deathtraps. There were syringes everywhere. No child would be safe playing in and around places like that. Indeed, ambulance officers who were going there to treat people who had overdosed were not safe going into those places--with rotting floorboards, the high chance of a needlestick injury and so on. I know I have invited this conversation and then I am telling you that, again, there is no simple answer. If this is to happen, I think it would best happen as part of a broader primary care service. You could attach it to a doctor's service. I think Dr Byrne is providing methadone to people there. Someone like that would be in a good position to tell you where a useful service could be located. Obviously, you would not do anything without talking to the Aboriginal Medical Service, which I presume will give you evidence, if they have not already?

CHAIR: Yes.

Ms PLIBERSEK: I think that would be a very good question for them.

CHAIR: Today.

Ms PLIBERSEK: Good.

Dr CHESTERFIELD-EVANS: What are you suggesting?

Ms PLIBERSEK: I am saying that it cannot go ahead without local community support. The job is not finding the place and setting it up. The job is talking to people about the benefits of it, convincing people, if you can, and then starting the process of determining where and who should run it and all of the rest of it.

What I should say--and I really think this is a very important point to make--is that there are no detox beds available anywhere near Redfern at the moment. There used to be in Prince Alfred and at the Langton clinic. When we are talking about issues of drug abuse in the area, it is very, very important to address this issue of people who want to stop using walking into a doctor's or another service and saying, "I want some help to stop using", and being told that there is possibly a bed in a few weeks time at a service a long way away from where their friends and family are to support them. That is very important as well.

We had a public forum about it that 60 people turned up to. The majority of the people at that forum said that they wanted further discussion. I absolutely think that it is an area that needs a lot more work and a lot more discussion. It is also very important that, if we agree that we believe in Aboriginal self-determination, we do not ignore the voices of the people saying, "Not where I live. Not where my kids live."

Dr CHESTERFIELD-EVANS: So you are sitting on the fence?

CHAIR: That is not very fair.

Ms PLIBERSEK: You might call it sitting on the fence, but what I am actually saying to you is that, if you think there is a simple answer to the issue of drug abuse in the area, then you are wrong, because it is not a simple problem. There is no simple answer. I believe that the supervised injecting room has worked well in Kings Cross. I support a process of community consultation that identifies whether the opposition to it is able to be overcome. When that happens, I think that who runs it, where it is from--which organisations auspices it--can all be discussed. That has to be done in conjunction with addressing the issue of a lack of availability for rehabilitation. I think that is also very important.

CHAIR: We might finish on that note.

(The witness withdrew)

(Short adjournment)

BRADLEY JAMES FREEBURN, Coordinator, Drug and Alcohol Unit, Aboriginal Medical Service,

JOHN DANIELS, Medical Director, Aboriginal Medical Service, 36 Turner Street, Redfern, and

NAOMI MAYERS, CEO, Aboriginal Medical Service Coop. Ltd, affirmed and examined:

CHAIR: Could I just mention before we start that Mr West has to leave at 4, because he has to be in Richmond. Before we start with the questions that we prepared and which you have seen, do you want to make some sort of statement to start with?

Dr MAYERS: Yes, I would like to make a statement. Firstly, I would like to acknowledge the traditional owners of this land, the Gadigal people. I also congratulate Steve Bracks, the Victorian Premier, who will introduce a constitutional amendment to the effect that Victoria was established and its Constitution passed without proper consultation, recognition or involvement of the Aboriginal peoples of Victoria. I think that as New South Wales was the first colony set up by the colonists in 1788 that there should be the same thing done in New South Wales and recognition given by New South Wales to the prior ownership of the Aboriginal people and the nations of New South Wales. I also want to point out that it is the end of the international decade of indigenous people and that one of the major United Nations actions during the decade has been the development of the declaration on human rights for the world's indigenous peoples. In essence this declaration contains similar provisions to the Universal Declaration on Human Rights to which Australia is a signatory, but recognises indigenous people specifically within those provisions. I would like to recommend that actions be taken by the Australian Government as well as the New South Wales Government on the things that I have just mentioned.

CHAIR: Thank you for that. Our first question invites to you tell the Committee about the Aboriginal Medical Service, including a bit of the history, how many employees you have, how you get your funding and so on.

Dr MAYERS: The Aboriginal Medical Service was the second community controlled organisation set up in Australia and was in Redfern. The Aboriginal Legal Service was the first. The legal service was set up in 1970 and the Aboriginal Medical Service was set up in 1971. With all of the demonstrations about what was going on in South Africa and the support that a lot of the non-Aboriginal people had for the people in South Africa, it was actually turned around and they said, 'If you are going fight for the blacks in South Africa, we have already got apartheid here.' A lot of students involved in the demonstrations—legal students, medical students and so on—turned around to support the Aboriginal fight for rights. That was directly after the 1967 referendum, when Aboriginal people were coming into the city and so on. That was initially how the medical service and legal service came into operation. At the time Aboriginal people would not attend GPs and would not go to hospitals and so on because of the out and out racism that existed—and still exists today. But at that time Aboriginal people were coming in from the country areas and had never been in the city before and so on.

As a result of that, some of the people that, for instance—Fred Hollows—he was one of the ones that initially got turned around with his politics and so on to support the Aboriginal community. I do not think Fred would have doing what he did later on in his life if it had not been for the young Aboriginal militants at that time turning around his politics and showing him what was talking place in Australia.

Today, the Aboriginal Medical Service in Redfern is one of 139 health services across the country. The medical service in Redfern as well as the first 10 medical services across the country were actually funded out of donations. The federal government and the state governments were actually embarrassed into funding the services. The medical service operated for nearly two years without government funding—on donations and people giving their time freely, such as students picking up patients and so on and bringing them to the medical service in their own cars and so on. That is the history of the medical service.

Today we have 55 full-time staff—I think it is about 10 part time. We also have about 14

specialists that do specialist clinics, including psychiatrists, ENT, ophthalmologists, orthodontists and various clinics. I have actually got the pamphlets that I can leave with you that show what our services are and so on.

CHAIR: Thank you.

Dr MAYERS: We are funded by both the federal and state governments. We also receive some private donations. Currently we have just about finished our building, which was funded by the feds and some by the state, but we had to raise about $250,000 ourselves to do up the dental clinic and so on. We have always had to do that. We actually serve the biggest population right across the country, but we are actually the worst funded city-metropolitan service in the whole country.

CHAIR: Is that measured by population?

Dr MAYERS: By population, by the occasions of service. For instance—I can give you the comparison—Alice Springs has 145 full-time staff and the budget is nearly $10 million. In 2001 they did 39,000 occasions of service, whereas the medical service did 65,000 occasions of service. So there is a disparity between remote and urban particularly Sydney. But there is a mentality that the real Aborigines live in the Northern Territory and we are not the real Aborigines—that shows that the funding is kind of biased—even though there are not as many Aboriginal people in the Northern Territory as there are in New South Wales.

Mr PEARCE: What is your total budget?

Dr MAYERS: It is approximately $4 million. Even Perth and Melbourne get more than we do. There is a national report that has been done by economists. One is just about to be put out within the next few months. It is by John Deeble. He is the person who will have done the second report as well as the first.

CHAIR: Do you think the reasons that led people to set up the service in the beginning are the same ones that still operate now—the rationale for an Aboriginal-specific service?

Dr MAYERS: Yes, because I think that, although there has been some improvement in different areas—for instance when the medical service was first set up in Redfern they actually did a survey in about 1975-76 which found that 30 per cent of the children were found to be malnourished. I think there has been quite a change in things like that. But things have changed since then. It did not have a lot of the things that we have got now. John can talk about that as one of our doctors.

Dr DANIELS: One of the key issues is the impact of culture on the delivery of health service. It is a generally accepted premise that culturally appropriate services are required. That was something that was envisaged in 1971 when the Aboriginal Medical Service was set up. But it has been an issue that we have attempted to promote very actively over the years. It has been something that has been accepted in numerous government inquiries from 1973 through to the current day. The key policy source that looks at the question of Aboriginal specific services, particularly Aboriginal culturally specific services is the National Aboriginal Health Strategy which was written in 1989 and adopted serially by state an federal governments.

CHAIR: What are the major health issues Aboriginal people face? You may want to answer that question in relation to Redfern? Presumably there are differences between the Australiawide pattern and the local pattern?

Dr DANIELS: There are differences across Australia, but there are also considerable similarities. There is a higher preponderance of infectious diseases in some parts of northern Australia; there is a higher incidence of specific renal diseases in some parts of northern Australia; but generally the patterns of ill health, the patterns of morbidity and the mortality data are remarkably similar wherever you go across Australia. The leading causes of death and morbidity are cardiovascular disease associated with diabetes. Then you have got respiratory diseases, cancers, mental health problems, drug and alcohol problems, accidents and injuries. Those account for most of the illhealth patterns that we see in Aboriginal communities.

Ms PARKER: I turn to the problem of drugs in Redfern and specifically on the Block. We have heard a lot of views about the needle van. What are your views about the impact of the needle van on the area?

Dr MAYERS: We have opposed the needle van. It was people to do with central Sydney that actually put the van down there initially. There was a preschool down there. Those houses were supposed to be for families and their children. There are people sitting here today—myself and everybody sitting at the back of me—that were originally on the housing company. I can leave a report with you that tells you what the housing company was all about. We started off and realised that we were going to have a drug problem. We did a few surveys back there then. Peat Marwick went around and interviewed all of the kids in 1985 and 1986. I have his report. This report was done on Aboriginal heroin addiction in Sydney. It was not just on the Block; it was not even started on the Block, it was all around Sydney. Then the AECG, which is Aboriginal education, did a report with the kids. The kids said back in 1986—some of these kids now are the parents of the kids down there now. We actually had a workshop with the kids. The kids had their own conference a couple of months ago. The same things that are in this report in 1986 are the same things that they want today. As John said, we are a bit tired of all of these reviews and inquiries with nothing being implemented. I will leave these with you.

I worked on the National Aboriginal Health Strategy in 1989. It was the most consultative report that has ever been done on Aboriginal issues. It was the first time that the community, the state governments and the Commonwealth government had agreed on a plan of action totally. It was passed; it was accepted by parliament. We thought it would be implemented. In 1994 when they did a review on the National Aboriginal Health Strategy, the major finding was that it had never been implemented. Then when the Howard government got in they set up the office of Aboriginal and Torres Strait Islander Health and decided that they did not feel like they owned the National Aboriginal Health Strategy—so they decided they were going to write their own, which is now called the framework. But next year when they do a review, that will not have been implemented.

Because I have been involved for nearly 34 years now in Aboriginal health—and I must have participated in about 35 reviews—everything. I still sit there and it is like nothing is going to be implemented. That is where we are at the moment. I was hoping that maybe some time something will be done at least about our youth not only in Redfern and Waterloo but right across Sydney.

Ms PARKER: When you say you are opposed to the needle van, what do you mean?

Dr MAYERS: The needle van was sitting there. There are the kids that live on the street. They have got the preschool—there were all of the kids there. The kids see people getting their supply, going and getting a needle out of the van, and going across the road and shooting up. Here are a whole bunch of kids who have grown up thinking that is the norm. Then they paid users to go and pick up the needles. They would go and pick up the needles, take them up there and get their money, go to the pushers, buy their stuff and go to the van and get their needle. It all started over again. From my point of view and from the way we feel about it at the medical service and through our work with the community—it is pure out and out racism that they have kept that van on the Block so that it is hidden and the community would break down. There is prime real estate worth millions. They are trying to get the blacks out of there. We were told this is what they tried to do way back; we had the biggest fight. Now we are back to square one again fighting over the Block.

The other thing is that they said that there are 720 needles a day delivered or used. There are also a lot of diabetics that use those needles. The other thing was that when we wanted to do our survey—when we wanted them to move that thing off the Block, we did our own survey and found that at the time there were only seven to eight people that lived in the houses on the Block that were actually users. The rest of them, black and white, were coming in on the train, getting their stuff, getting back on the train and going. There were people in suits coming down there with their briefcases getting their hit, their needle, getting back on the train and going down to the city to their jobs. That kind of tells us that there are other people involved that have interests in the Block—to keep it there. Somebody was in the papers a few weeks back saying that $50 million worth of heroin or drugs are traded there. It is not the blacks getting that, so what does that tell us?

Ms PARKER: What about the premise that a needle distribution system is established because

of the principle of harm minimisation? As health care workers, do you not support harm minimisation?

Dr DANIELS: That has been a perception. However that is not the case. I think if we go first to 1984, when it was first evident that HIV was communicable through blood and sexual contact, we actually, we think, had the first needle syringe exchange program in the world. It was an illegal one, but we thought it was very important to try and stem what appeared to us very early on to be a chance that there might be a spread of HIV. It is more in the context of overall harm minimisation. There is not an opposition to needle and syringe exchanges. The public health principle that we are articulating is that we want to protect the children from an environment which is laden with drugs, as well as to minimise the risk of disease transfer through infected needles.

Dr MAYERS: And we did ask them to move it up to Rachel Foster Hospital. We asked them to move it over to Prince Alfred—to move it off the Block where the families were. They also rented a property near Redfern station but on the other side, out of the Block. It was rented for three years. Nothing was done in there. That is where they were supposed to have the needle exchange and so on.

Ms PARKER: They moved it the day we had our inquiry down there. How many drug an alcohol workers do you have in your service?

Mr FREEBURN: Within the drug and alcohol unit we have a total of three doctors who are able to prescribe morphine and methadone. Maybe it is four. I am not sure. But it is worked on a part-time basis. They do half a day in the unit and a half a day across in the main medical building. We have a nurse unit manager who is also a counsellor. There is also myself, who is a coordinator, who is also a counsellor. We have a female counsellor/receptionist. We also have a youth worker. We are working on an outreach service where we have a young male. Later on, hopefully, we are looking at moving the receptionist to the outreach. She is pretty well trained up in that area. That is what we would be looking at.

Ms PARKER: Do any of your workers work on location near the needle van counselling users down on the Block?

Mr FREEBURN: With that, we know that with the people who we have seen use the bus—supposedly counselling and that happens. We do not necessarily go down that way, not because there is no need for it, but mainly because the people down there—we have a number of clients who come to us for methadone. So we take it from there.

Dr MAYERS: The people who do the bus, they are the ones who supposed to run the program down there and are supposed to be doing the counselling. As said before, because we opposed it—they would not take any notice of Aboriginal people and what they wanted done with the bus. They would not talk any notice of the families down there. So we said we do not want anything to do with it unless you move it off the Block. So they set up where they pay the rent and they have not even moved it there. They were going to have everything there. There was a building that would have been suitable, and it would have been away from the Block and away from the families and the kids. Then we would have worked in with them.. We said—and they know this—'Unless you move it off the Block we are not having anything to do with it. You handle it yourself.' A lot of the patients who have used the medical service—some of them have been on our program—have come from the Block. Our service is not only for just the Block, it is for the whole area, all of the inner city. They also come from some of the places out of the city. They come in on the train and get off and do all of that, too. I think you have got some of the records of how many patients have gone through.

Mr FREEBURN: Since we have been operating since late 1998—basically before the drug summit happened, we began operating through all the kerfuffle and all that down there. So we moved across and started work from there. We were asked to hold off, but there was too much work to be done. So we just started doing counselling and then we hired the doctors and nurse and we went from there. Since, as I said, that time period we have had over 426 or 427 people through the program—this is on methadone. At any one time we can have up to 110 or 120 people on methadone or bupronorphine. I honestly asked the question years ago: 'How do you tell a successful counselor?' I could not answer that question. But when you can see the difference—and I do see the difference—you can see it in the ones we see walking up the street. If you look at a person who has been through

the system—I am talking about someone with a criminal history, no family—and has been on the program for a while. Methadone has a negative reputation. If you are on a maintenance program the need for criminal activity to get the money to get the money to get the drugs disappears. If that happens—we have seen people who all of a sudden do not have a criminal history. They do not face the courts; there is no need to. You do see positive things. For example they do get back with their families.

Ms PARKER: Is there anyone providing drug and alcohol counselling in an outreach form down on the Block?

Mr FREEBURN: My understanding is that's under review.

Ms PARKER: So there is none?

Dr MAYERS: No, there is. Central Sydney Area Health Service, who is responsible for that bus on the Block also is supposed to supply that as part of their treatment.

Ms PARKER: Are they doing that?

Dr MAYERS: You will have to ask them that. The other thing is that all of the stuff that went on in Redfern, particularly on the Block, and then it was the kids up in Waterloo, was not to do with drugs. It is to do with what happens in our community. The kids do not have anything. That is why I left that report with the Committee. It is going to continue, because this is now the third generation that I have seen. It is just repeating itself, because there are no programs for the kids. They say there are programs going on at Alexandria Park school, but from what I understand there are kids dropping out of Alexandria Park school and going to other schools. We tried to work out some of the things that we can do after hours with the kids down there. We were informed that the bus driver stops at 4.30, so for some of the programs that go to 5.30 we will have to find a driver to drive the bus, because the school bus stops at 4.30. What is the point in having programs that go till 5.30 with kids if they cannot pick them up on the bus and take them home? The other thing is that a lot of our kids, because of the racism there, it is a question of their self-esteem and so on. I think we are the only major city that does not have a huge youth program—a youth centre. They have been asking for a youth centre in Redfern for I don't know how long. We are the only Aboriginal metropolitan area that does not have an Aboriginal youth centre. In Melbourne they have got their own football grounds; they have got everything. It is the same in Alice Springs, Adelaide—everywhere. You go around and look at all of those programs, you will see that we are the worst off in the country—Sydney. The kids have got nowhere. They need a youth centre to do the things that we want to do, not things that are run after school for an hour or an hour and a half. They want things that they want to do that help them with their self-esteem and also to run programs to do with the parents, so that we break the cycle of what has been happening.

CHAIR: So in your submission you strongly call for an Aboriginal youth service. What sorts of services would it provide? Would it bring together a variety of things within the community?

Dr MAYERS: Some of the kids, they want to have dances. They want to have things that they can all do together, but they also want to learn the piano. They do not just all want to learn to play football. Some of them want to learn to play tennis; some of them want to learn the guitar. They are all in that report I gave you—all of the things that they wanted to do. We can also get the minutes of that meeting two months ago that was done by the dance school—and I am sure they will give it to you. You can see that it is still the same things that they have never had.

CHAIR: Would you see Aboriginal kids continuing to go to the existing youth services?

Dr MAYERS: The existing youth services have kind of all split up everywhere. It is a bit—a lot of people such as the parents do not only know what exactly goes on in what particular area. As far as functions are concerned, tonight there is a monster's ball going on down at the settlement. Everybody has to put in donations to help run it and so on, whereas under that Redfern/Waterloo thing, the street beat and all that gets funded. But the Aboriginal organisations that were already there before Redfern/Waterloo was set up never got any of that funding to run programs for the youth. So we are doing it out of donations.

CHAIR: Alfred wanted to ask a couple of questions. But I hopped in on the youth service because we had it written down as question.

Mr FREEBURN: Back in 1989 when the Aboriginal Health Strategy came down the medical service did a report. The prediction of a heroin epidemic back then was, we said, 12 to 15 years. My question is: why didn't anyone listen to it? There could have been strategies put in. Something could have been done. The other question I ask is: we talk about policing and all that. I asked at a forum—a Clover Moore forum a couple of years back. An inspector of police was asked, 'Why don't you act?' My question is: why didn't they act. They said they were sitting back waiting for intell. How many years of intell before they find out where the drugs are coming from and act on it? That was my question. If we had the youth centre would we be sitting around talking about all of this now? We are talking about 22 years ago.

Dr CHESTERFIELD-EVANS: Dr Mayers, you said that you thought that the reason that they put the van there was to damage the Aboriginal community so that they could more or less get the real estate? Is that what you said? Is that what I understood?

Dr MAYERS: I don't know who they listen to for their advice or whatever but they do not take any notice of anyone. They decided right or wrong that they were going to have the van down there; it had to be on the Block. They couldn't move it across the road, where, as I said, they rented the premises for three years. The other thing is that it is like a smorgasbord. People who are making the money off the drugs have it all down there. The needle exchange is down there. And then all of the users can come in down there. If they do enough—now they are knocking down the houses slowly. There are only 20 houses left; there were 65 initially and there were all families in them then. A lot of families took off because of all of the stuff going on. They have ring-ins where you can dob in a pusher. The community—the people who live down there—know who the pushers are and so on. They have rung in and told the police. They are sick and tired of trying to tell them. The police at one stage were observing the Block from the towers—the twin-tower thing. They were watching the Block with telescopes. So you cannot tell me they did not know who was doing what down there. And it is prime real estate. The government is holding onto the money that is supposed to go to renovate the houses—to do up the houses. They have been holding on now for three or four years. So what do you want to us think about all of that?

Dr CHESTERFIELD-EVANS: It sounds like you are assuming an extraordinary level of malevolence at a government level.

Dr MAYERS: Racism, I am calling it.

Dr CHESTERFIELD-EVANS: It is malevolence in the sense that they are trying to kill you off to get you off your land. That is pretty extreme.

Dr MAYERS: Yes. Back in 1973 we had to fight, and some of those behind me fought for the housing in that Block. So it is starting all over again, but this time they are using drugs so they can say, 'Get rid of the block.' What did that guy say? 'Bulldoze the Block.' Brogden said that.

Dr CHESTERFIELD-EVANS: You would agree, though, that from a preventive health point of view that the needle exchange program has lessened HIV and AIDS and hepatitis C, would you not?

Dr MAYERS: It would have done that whether it was on the Block or over across the road where they were supposed to put it or up at Rachel Foster hospital.

Dr CHESTERFIELD-EVANS: So it is only the location that you are upset about?

Dr MAYERS: Yes. They had this mentality. I will explain something to you. They had the Polly Smith mothers and babies clinic down on the Block. They moved that up to Redfern Park, which is, what, three blocks away from the Block, where all of the mothers and babies used to go. When we set up our drug and alcohol program opposite the medical service there in Redfern Street, which is halfway between Redfern Park and the Block, the Health Department director said to us that our

program was too far away from the Block. I said to them, 'Explain this to me. You can move the mothers and babies clinic three blocks up the road, but we are too far away for the users to come and use our program?' That was their mentality. You have to come to some reasonable and rational decision sometimes to ask: why are they doing this? All you can really come up with is racism; they want the Block because it is prime real estate; or there is vested interest in the drug trade.

Dr CHESTERFIELD-EVANS: But you are not saying that the injecting room people have a vested interest with the pushers.

Dr MAYERS: We do not know who is at the back of deciding to keep that van on the Block, whether it was destroying Aboriginal families or not. We do not know who decided that. We just know that they will not listen to anybody. There are people down there who asked them to move it off the Block. Then we were saying that they talked to grandmothers and people, but we know that there are grandmothers down there who are pushers. But they will not listen to us. They will not—not me, they will not listen to the people who live down there. They will not listen to the community.

Dr CHESTERFIELD-EVANS: You would like an injecting room, would you?

Dr MAYERS: Rachel Foster, Prince Alfred—away from the Block.

Dr CHESTERFIELD-EVANS: Okay. You would like methadone programs as well?

Dr MAYERS: We have got ours?

Dr CHESTERFIELD-EVANS: You have got one?

Dr MAYERS: Yes.

Dr CHESTERFIELD-EVANS: Do you think that hard drugs should be decriminalised? Would that help Aboriginal people?

Dr MAYERS: We are flat out trying to get that thing off the Block without further thinking about it.

Mr FREEBURN: I think the decriminalisation of any sort of drugs would help anybody, whether they are black or white.

Dr CHESTERFIELD-EVANS: That will help?

Mr FREEBURN: It could, couldn't it? Think about things. I am not saying decriminalise it. I was there at the beginning with the bus, what was known as the Newtown needle exchange was right in front across from Aunt Polly's. When it was there the locals there were using it and they were putting the needles in and exchanging them. For some reason it moved up to Currambine. Then all of a sudden you had a huge amount of needles handed out—something like between 38,000 and 40,000 needles in a month. We were being told that they are the ones on the Block using them. We did our own research with a few people. We found out how many users were down there. For that amount of needles to be used per month they had to use something like 600 needles a day. How realistic is that? How close is it to the universities or big business? I saw a businessman come up there getting pissed off because he had just been sold gyprock. And that was not for drug addicts, that was just some young bloke trying to make $30. And it worked. But they come back a bit miffed. I am saying that I saw it. That is what I am saying. To say that amount of people and that amount of users are down there is a joke.

Dr CHESTERFIELD-EVANS: A case for fair trading.

Mr FREEBURN: I suppose you could say that, yes.

Dr CHESTERFIELD-EVANS: We have had evidence that there are some youth centres there such as factory and the South Sydney youth centre. Those are not Aboriginal specific? Is that the problem, or they are too far away.

Dr MAYERS: They are only small. The factory is very, very small. There are limited activities you can do there. I am talking about a big centre like this, for instance, or bigger.

Dr CHESTERFIELD-EVANS: And open longer, presumably.

Mr FREEBURN: Yes.

Dr MAYERS: At one stage during the International Year of Youth there were all sorts of programs put in for the youth, but the workers were employed—not by us—to work 9 to 5. We were saying that they should be working from 3 until 10.

Dr CHESTERFIELD-EVANS: But kids are hopefully in school from 9 till 3.

Dr MAYERS: Yes. There are a lot of things that you can do.

Dr CHESTERFIELD-EVANS: You have suggested that the Aboriginal housing company is not necessarily fulfilling the need; is that right?

Dr MAYERS: No. What I said was that in regard to the houses the program has been held up as far as the funding is concerned. I have seen the plans for what was intended. Initially there were 65 houses down there. Now, it has taken about five years for it to be down to 20 houses, I think, and there could be less than that now, because some houses are being knocked down all of the time. For people to fix up the Block we have to have the houses back there. We cannot go waiting another 10 years before the houses start getting rebuilt.

Dr CHESTERFIELD-EVANS: But you are in favour of the building program in the first stage in that bare area where the houses were, which is now a vacant block?

Dr MAYERS: Yes. The sooner the houses are built and families are moved back in there and it gets back to a proper community rather than, you know, what it is today, the better.

Dr CHESTERFIELD-EVANS: So you would favour that money building that plan at the moment.

Dr MAYERS: Yes.

Mr FREEBURN: Back at the beginning of this year the Redfern/Waterloo drug and alcohol task force—of which we were a member—went down and looked at how we could safely remove this bus and still practise harm minimization and that sort of thing. There were three houses stuck there. There was one in use and one on either side which were condemned. They came up with the idea of putting in a dispensing machine. I think the value was $3,000 and they had to adapt it. I asked a lot of questions. The problem was some dealers go along and collect needles and sell little kits—little drug packs—the needle plus the drug. That is my understanding of what some people were doing. I said, 'Wouldn't that still be the case if we had this machine?' I asked them if they had $270,000 in their kick, because it was only to be a 90 day trial. I assumed that one would be knocked off the wall every day. I don't know if I got that answered. What had happened was that the person who was holding up the project moved out. The houses, on my understanding, were gone. And the bus was supposed to move to another area, which did not happen. So it stayed where it was. It just seemed like a wasted exercise.

Mr PEARCE: Dr Mayers, in your submission you actually say that AMS is alarmed by the New South Wales government's ongoing delay in releasing promised moneys for the redevelopment of the block. When you say 'promised moneys' what do you mean there?

Dr MAYERS: They promised about $6 million to redo the whole thing, to rebuild the houses and so on.

Mr PEARCE: The New South Wales government.

Dr MAYERS: Yes.

Mr PEARCE: Where was that?

Dr MAYERS: Carr's office.

Mr PEARCE: Earlier you said it was being held up because of racism.

Dr MAYERS: That has been going on for the last five years. Why haven't they released some of the money. The other thing is that it is like they want to keep the Block the way it is and slowly kill off people down there, by the sound of it.

Mr PEARCE: You are suggesting that the Carr government is guilty of racism or some conspiracy to kill off the Block. That is what you are suggesting.

Dr MAYERS: Yeah. What I am suggesting is --

Mr PEARCE: By suggesting that you will probably get some action from Mr Carr.

Dr MAYERS: What I was going to say—and it doesn't really matter whether it is a Labor government or a Liberal government and so on—it is still racism and it does not matter what government is in place. I also deal with our organizations; I am the deputy chair of our national organisation. From what I have learnt over the last five or six years, we have gone back to the fifties. It is like we are all going to be put back on missions again. The office of Aboriginal and Torres Strait Islander Health—ATSIC had 15 staff to handle health nationally—has got 270 and it is growing. It is like an octopus. But instead of just giving the money and letting their state office handle things, it is like you have to reply back to each little secretariat. We call it silos. They fund us in these silos, and every time they set up a silo they set up a secretariat. They give us one position, but we have to report back on that one position to the silo.

Mr PEARCE: What is your explanation for the fact that three decades down the track things do not seem to have improved and we are having another inquiry?

Dr MAYERS: I know.

Mr PEARCE: Is it just an intractable problem? Is it that we might as well all give up and go back home and watch TV.

Dr MAYERS: It is because they never implement any of the recommendations of all of these reports. It is like one of my friends said, they call it the follies. Because we are sitting here, she said, each time there is a change of government they all dance on the stage and do their little dance. Then they dance off and we are still sitting here. The next lot dance on and they have all these 'gungho' ideas that they want to implement and all the rest of it. Then they start doing reviews and the next minute the government changes and they dance off and the next one comes on and we are still sitting here. That is what is wrong with it all. It needs to be taken outside of government. ATSIC was supposed to be that.

Mr PEARCE: Why didn't ATSIC work?

Dr MAYERS: Because of the way it was set up. We didn't set it up and we didn't set the rules; it was the government that set the rules.

Mr PEARCE: But your people were the ones who were running it.

Dr MAYERS: No. I was elected in one of the first regional councils. I knew within the first week that we do did not have any power; the bureaucrats had the power. They had the money; they had the power. It was set up like that. We just needed to Aboriginalise ATSIC. If we had Aboriginalised ATSIC and set it up in the way people wanted to set up—and some of the recommendations that had been made implemented—we might have been able to save it. But they did not.

Mr PEARCE: What sorts of things do you mean?

CHAIR: Can I?

Mr PEARCE: I think it is important.

CHAIR: We have 10 minutes to go. We are getting a long way away from our terms of reference.

Mr PEARCE: I don't think we are.

CHAIR: ATSIC is a long way away from dealing with the direct problems. But if you want to tie it in, fine, but we must finish at a quarter to five. I am getting a bit concerned.

Dr MAYERS: To go back to what I was talking about—all those recommendations that were made and all of the reviews—there have been reviews into Aboriginal health in New South Wales There have been reviews into everything in New South Wales. One of the last ones on health was called *The Last Report*. We were hoping it would be the last report and so that is what it was call. But I think you will find that the majority of those recommendations were not implemented. I think if we went through all of those reports and got out all of those recommendations and see ones that keep popping up all the time over the past 30 years and start implementing some of them, we would probably get somewhere.

CHAIR: In your submission you talk about the AMS being in partnership with a number of health organisations. Can you give us your views on how successful those partnerships are and how satisfactory the level of coordination is?

Mr PEARCE: Or unsuccessful.

CHAIR: Any other comments you may need to make.

Mr PEARCE: I did say unsatisfactory.

Dr DANIELS: I think they represent the way forward. It gives the capacity for Aboriginal community controlled agencies and mainstream agencies to work together towards common goals. The partnerships that we have got with the Central Sydney Area Health Service, the South-Eastern Sydney Area Health Service and the Northern Sydney Area Health Service are all underpinned by the statewide partnership which in turn is dependent on the National Aboriginal Health Strategy and other supporting documents. So there is agreement on what needs to be done. Because these are relatively knew initiatives it is a process of learning on both sides. We have regular meetings with the area health services to discuss coordination and basically getting to know one another. We had for instance our mental health service, which is jointly operated by the Aboriginal Medical Service and the Central Sydney Area Health Service. We have adolescent psychiatry, adult psychiatry and child psychiatry and Aboriginal mental health nurses that we have access to through the Central Sydney Area Health Service. That is a very good model for progression. We also have an antenatal shared care program, which goes back to 1984. That is quite a longstanding program. In that we have been able to improve maternal and child outcomes. There is a process by which positive change can occur, and we are very keen to progress that.

I wanted to just return to something that Mr Pearce was adverting to before in relation to Aboriginal community control. I would say that if you look at the history of Aboriginal medical services over the 33 years, they are outstanding examples of how Aboriginal community control works. We have fantastic levels of care. I think it is a fair thing to say that across Australia most Aboriginal medical services are regarded highly by their peers. ATSIC may have not succeeded terribly well, but we have a model which works.

CHAIR: What about the broader area of health services? We have talked about those partnerships and your services. We have talked about the needle van. We have been given a lot of evidence, I guess, questioning various things about the government and non-government services in

Redfern/Waterloo. Maybe there are too many; there are certainly a great number. It may be that there are a large number that are not terribly well coordinated and integrated so that it is hard for people to know where to go, what services exist and which one they should approach. I do not know whether you want to comment particularly in the health area. That would be useful for us if you did. We are talking about government and non-government.

Dr MAYERS: In Redfern/Waterloo I do not think there are a lot of health agencies. But from my understanding, a lot of the—when they set up the Redfern/Waterloo thing partnership, they kind of funded positions in agencies that they set up—Aboriginal positions—instead of putting the money into the Aboriginal organisations that were already there: like the children's service, like the legal service, like the Murrawina preschool and so on. There were already programs there. Then all of a sudden—we did not even know—there was street beat, and they put Aboriginal workers in there.

CHAIR: Would you include the Barnardos program in that?

Dr MAYERS: They just moved in. They were not there. Some of the things that were in the paper there were very derogatory about some of the Aboriginal organisations that had been around for quite some time. We did get a letter from Barnardos apologising. A lot of people did not even know what they were about until the Redfern/Waterloo thing. Yet a lot of the stuff that they do could have been done by the Aboriginal organisations that were already there.

Mr PEARCE: If they had had the funding?

Dr MAYERS: Yes.

CHAIR: So the fact that Barnardos for instance took on some Aboriginal workers is not really the point from your point of view?

Dr MAYERS: No. It was that they used money that was supposed to be Aboriginal specific. It could have gone to an Aboriginal organisation to carry out the job that they were trying to do, and very underfunded to do. They just kind of added. There was not any kind of talking with the community about it. It was kind of done without people's knowledge.

CHAIR: So you are not very happy with the Redfern/Waterloo partnership project?

Dr MAYERS: From an Aboriginal point of view, we are not, but from the general community, we do not know how they feel about it. One of the things I was going to suggest here is that this Committee meets formally with the Aboriginal organisations in the inner city and the Aboriginal community together, so that it is on record what comes out of that meeting.

Mr PEARCE: Which groups are you talking about?

Dr MAYERS: I am talking about the Aboriginal Children's Service, the Aboriginal Legal Service, the Aboriginal Housing Company, Murrawina, Wyanga aged care, Mudgin-Gal.

CHAIR: We have met already with some of those.

Dr CHESTERFIELD-EVANS: We have met about half of those.

CHAIR: We are meeting with the Koori interagency people as well. That is yet to come. Do you think we should meet with all of those people together.

Dr MAYERS: All of those agencies together with the Aboriginal community.

Dr CHESTERFIELD-EVANS: At once? At a big round table?

Dr MAYERS: Yes. You can do it at Redfern Town Hall or the community centre.

CHAIR: We have been looking at doing a forum as well. That is one of the things we could maybe do later.

Mr PEARCE: Just to finish your view on the Redfern/Waterloo partnership project—you probably characterised it before as the Redfern/Waterloo thing. That is probably the better description. Sorry, I just wanted to finish that point.

Dr CHESTERFIELD-EVANS: She should probably have the last word.

Mr PEARCE: She says yes.

Mr FREEBURN: I know it sounded like when we were talking about the bus and all that—the AMS D and A unit has a great working relationship with those drug services within the area health services. So I just want to point that out. At the beginning it was a bit bumpy, but everything works great now. I just wanted to point that out. Just imagine if you as workers were working on that bus the incredible amount of pressure that you would be working under. You would be approaching it differently each day. I know that for a fact, because I have been down there when they have been in situations when it gets hard.

Mr PEARCE: Just to finish up on the drug issue—you said also in your submission that whilst the existing AMS drug and alcohol service has been a model of success, the major barriers to its ultimate effectiveness have been the absence of a culturally appropriate in-patient drug and alcohol rehabilitation service. Do you want to expand on that?

Dr MAYERS: It is practical to do rehabilitation and detoxification and so on. We have always been trying fight for that all of the time.

Mr PEARCE: What is required there?

Dr MAYERS: We were hoping that we would get—we will talk to the Metropolitan Land Council—a rehabilitation centre out at Wiseman's Ferry, which is part of the metro land. From our understanding, they would support us in doing that. They supplied the land and so on. But we have never been funded for such a program. That is one of the things that the drug and alcohol people have been asking for—our program. That is where it is lacking.

Mr FREEBURN: Because I do not know, I would like to know the number of services around that—I do not like using the word indigenous—do have Aboriginal money but do not use it. They use it, but they do not use it for Aboriginal people or Torres Strait Islanders.

Dr CHESTERFIELD-EVANS: Do you think there is a lack of accountability for Aboriginal money given to departments?

Mr FREEBURN: Yes. I would like to know where that information is available. A service just around the corner from us told us they have two Aboriginal beds for females. They are the only service that have told us that they have Aboriginal money for this specific thing.

Dr CHESTERFIELD-EVANS: In the mental health inquiry we found that the money that was supposedly distributed for mental health disappeared into the consolidated revenue of departments. Would you say that the same thing happens in Aboriginal funding?

Dr MAYERS: Yes.

Dr CHESTERFIELD-EVANS: Which is why you want it in specific Aboriginal organisations because otherwise you would say it does not get to you.

Mr FREEBURN: You do have services out there and, as you pointed out, the money does not make it to where it is supposed to go.

CHAIR: One area that we have not touched on, which was our question 15, was what your comments are on the issues of policing in Redfern/Waterloo—police resources, police strategies?

Dr MAYERS: We have never seen anything written down about the police strategies in

Redfern. We tried to find them. It is part of your inquiry. But we have never seen anything down as to what their strategy is or what their plan is. We have never seen that. We tried to get it.

CHAIR: What is your comment on it as you experience it on the ground?

Mr FREEBURN: I thought it was a police training area. That is my understanding.

CHAIR: What, young police, high turnover.

Mr FREEBURN: They send their young probationary constables down there to get trained. But that is just a comment.

CHAIR: Is that a comment about over the long period? Has it changed over time?

Dr MAYERS: It has gone on quite a long time going back to the late seventies.

CHAIR: A number of witnesses have told us that there is a very visible police presence around the station and around the Block. Do you have any comment on that?

Dr MAYERS: I think it has got worse. I think there are more police around. Young kids are really facing a lot of racism from various people around the Block—non-Aboriginal people and the police and so on, which makes it bad. They feel that they cannot walk along the street because somebody thinks they are going to steal something. When all of that stuff was going on about Redfern/Waterloo and the TV cameras were down there, they were going into shops along Redfern Street and asking if they had any films on their camera that showed Aboriginal people robbing things from their shop. One of them said, 'No, but I have got this white fella trying to steal something. Do you want that?, They said, 'No, we will get that later.' It was like up in your face. A lot of the kids were feeling very uncomfortable about the whole thing. That is why some of the kids run when they see the police.

Mr FREEBURN: It goes back to the old adage: if you give respect you will get respect. It does not happen.

CHAIR: Do you have any comment on initiatives that the police have made, likely liaision officers, for instance, and the cultural awareness training?

Mr FREEBURN: I have heard about the mentor with the kids, and I think that is absolutely brilliant; there is no doubt about it. I made a comment to one of the inspectors at a community drug action team, which we are also a member of in Redfern, 'Why don't you go back to the old school of going into the schools without your gun and saying, "This is what we are about. We are not all badges and guns. This is what we are about. We are here to help you." ' He said that that was what they were looking at doing again. I said that it wouldn't hurt, because I remember when I was going to school that is exactly what they did. My idea of police has changed a fair bit since I have been working down here. I know there are some decent police around.

Dr MAYERS: Yes, there are.

Mr FREEBURN: There are some really good, decent police.

CHAIR: It is probably time for our last question? What do you want to see come out of this inquiry? We know you don't want more inquiries and reviews.

Mr FREEBURN: Action.

CHAIR: Action. Okay, do you want to be more specific?

Mr FREEBURN: As Naomi said, we have had how many—I am sure there is a room around here full of reports.

CHAIR: Probably a few rooms, actually.

Mr FREEBURN: It would be good to see something come out of it.

Dr MAYERS: Even if it is only a big youth centre with funding to do programs that the kids want. They are in some of those reports there. We could get the minutes from the meeting that they had at the dance. Even if we could get that out that out of it, it would be brilliant.

Mr FREEBURN: During the consultation that Naomi was having at the youth centre back in 1982 or 1984 she had a number of young girls—I think it was four or five. What did they call it—miracles.

Dr MAYERS: They did a poster and they called it 'Miracles Across the Top'. I said, 'What did you call it miracles for?' They said, 'Because it will be an f-ing miracle if it ever happens.'

Mr FREEBURN: I will ask the question: 'How many of those young girls are alive today?'

Dr MAYERS: Out of those at that camp we took them to there were four that were dead by the time they were 16. That was from drug overdoses—on Rohypnol. They were beautiful kids that were 10 and 11 at the time. Four of them died before they were 16. That is just young girls. There were some young fellas, too, that died and overdosed and so on.

Mr FREEBURN: So if you are not doing anything with this building, we have got something we could do with it.

Dr MAYERS: By the way, that was not from the Block, either, it was from Waterloo, Alexandria and around. It was inner city, which includes Redfern/Waterloo. Where the Block was used to be Chippendale. I don't know how it came to be Redfern. That was the postal address for the—when you are going down Everly Street towards Cleveland, on the left-hand side it was Chippendale and on the right-hand side it was Redfern. I don't know how it all became Redfern all of a sudden.

CHAIR: Thank you very much for coming and giving your evidence and for making your submission. I hope if there are things we want to follow up that we can talk to you and get more information. And if there are other ideas you have got about people we should talk to or things that would be good for us to know—a copy of another set of reports!—please feel free to contact us. Thank you very much.

(The witnesses withdrew)

The Committee adjourned at 5.00 p.m.