

REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

**INQUIRY INTO OVERCOMING
INDIGENOUS DISADVANTAGE
IN NEW SOUTH WALES**

At Nowra on Thursday 13 March 2008

The Committee met at 8.30 a.m.

PRESENT

The Hon. I. W. West (Chair)

The Hon. G. J. Donnelly

The Hon. M. A. Ficarra

Dr J. Kaye

The Hon. T. J. Khan

The Hon. M. S. Veitch

CHAIR: Before commencing proceedings today we are honoured to have with us elders Jack Hampton and Sonny Simms. I ask that they say a welcome to country.

Mr SIMMS: Firstly I would like to acknowledge the traditional owners of this part of country and the Wandj Wandj people, whose land extends from the south side of the Shoalhaven River to this side of Conjola and comprises right to the east coast. As I say, we respect the land that this public hearing is held on today. Hopefully some positive and affirmative actions will come from this. One thing I am always proud to say is that my dear old mum is the longest surviving member of that clan—my mum is in her ninety-fifth year and for an Aboriginal woman that is a really great thing to accomplish. My name is Simms. We are La Perouse people. That is my dad's country. I often tell people I have the best of both worlds: my father from La Perouse, my mum from Orange. Both my parents were born and raised on missions. I know I go to a lot of meetings throughout the year with the State Land Council and the land council on a lower scale. I have a bloke from Grafton never misses to say, "Blame Sonny. His mob let them in." So I take it with a grain of salt, but he does not forget to mention that. As I say, hopefully we can achieve something from this public hearing today. Thank you and welcome again to the land of the Wandj Wandj people.

CHAIR: Thank you for that welcome. On behalf of the Committee I acknowledge that we are meeting on Wandj Wandj land. We thank you for the welcome. We pay our respects to elders past and present. I declare the meeting opened. The Committee is pleased to be in Nowra for our sixth hearing day. We have been to a number of places: Gadigal land, Dhurug land, Dunghutti land, Wiradjuri land and now here in Wandj Wandj country. Today we will hear from representatives of the MERIT program, local health programs, the police department and the Nowra Local Aboriginal Land Council. This afternoon the committee will visit the South Coast Medical Centre and the South Coast Medical Service Aboriginal Corporation, and speak to participants from the circle sentencing court. Any members of the media reporting the proceedings of this Committee obviously have the responsibility of ensuring they publish matters correctly and responsibly.

JAIME KEYS, Aboriginal Drug & Alcohol Counsellor, MERIT Program, sworn and examined; and

GREG COLLINS, Service Manager, MERIT Program, affirmed and examined:

CHAIR: Do you have any opening comments you wish to make regarding your role before we proceed to questions?

Mr COLLINS: Firstly I thank the Committee for the opportunity to discuss the MERIT program and the work we do with indigenous people. The program has been running since about February 2001 in Wollongong and December 2001 in Nowra. In that time we have seen around 1,100 clients—the percentages we will talk about later. Mostly the program is set up to work with people with drug issues only as a main issue instead of alcohol. It is set up to work with those problems outside of their legal issues. They have to be in a Local Court, they have to have a demonstrable drug issue. Basically they have to wish to enter the program and the magistrate has to agree to that. We have been working for about seven years and we think we have done some good work in that time. We have provided a submission that basically explains everything else in it.

The Hon. GREG DONNELLY: Thank you both for coming along today. Would you provide the Committee with an overview of how a person gets into the program?

Mrs KEY: In our submission there is some general stuff about the program. We can talk about it but Teresa has some statistics that we made up for today. It is a Local Court program, so clients can be referred by any service, whether it is a magistrate, legal services, the Probation and Parole Service, or even community members. They have to be able to show that they have a demonstrable drug problem and that they want to do something about it. As long as they are not related to any sorts of assaults or anything that is quite violent, it is okay for them to come. If they come to the court we do an assessment on them.

If after an extensive assessment we deem them suitable, we send a report to the magistrate and the magistrate then decides whether or not they are suitable for the program. If they are suitable for the program the court case gets adjourned for four weeks and we start doing therapy with them. It depends on the client. We work on their needs and we use a holistic approach. It might be that someone needs some detoxification, rehabilitation, therapeutic counselling, groups, or whatever. We work with them for that time and we closely manage them through that process. Every four weeks clients go back to court and the magistrate receives a progress report from us letting them know how well they are doing.

All up the program goes for 12 weeks. At the end of the 12 weeks we send a comprehensive report to the magistrate and that can help with the magistrate's sentencing options. If a client does quite well it might open up other options. For example, it might make suitable someone who originally was not suitable for periodic detention or community service. If people go through the program and do quite well it might then open up those options for them.

The Hon. GREG DONNELLY: Is the framework that you have just gone through something that was developed for New South Wales, or did you look around overseas?

Mrs KEY: We looked around.

The Hon. GREG DONNELLY: Give us some background to the framework.

Mr COLLINS: A pilot program started at Lismore in 2000. They evaluated that program and found that there was a reduction in recidivist rates. They also found that there was an increase in health outcomes, which is another part of the program. It is a holistic program. It is not just about a reduction in drug use and crime; it is also about increasing the health outcomes of clients. If you put people back into the community in the same condition that they were when you got them into the program they will normally end up relapsing.

One of the programs that they looked at was the Court Referral and Evaluation for Drug Intervention and Treatment [CREDIT] program in Victoria, another court-based program. The basis for the program that they looked at was the basis for the Magistrates Early Referral into Treatment [MERIT] program. The Lismore program was put together by a couple of magistrates. I cannot recall their names at the moment. One of the workers is still a manager in Lismore. He helped to organise the program.

The Hon. GREG DONNELLY: Who makes a judgment about the seriousness of a drug problem? In other words, from what you have said you need to have a serious or demonstrably serious drug addiction problem to get into the program. Who makes that assessment?

Mr COLLINS: It is collaborative. The client has to want to come into the program and state that he or she has a problem. Some clients come in and say, "I do not have a problem" and they are not suitable for the program. It is also a clinical issue. We have seven clinicians who are all well trained in drug and alcohol and their job is to evaluate the severity of the issue. But, like I said, it is collaborative. If a client accepts that there is an issue then there is an issue. If the magistrate and the clinician think that there is an issue then there is an issue. But it has to be all three.

The Hon. GREG DONNELLY: So it is collaborative assessment?

Mr COLLINS: Yes.

The Hon. GREG DONNELLY: I gather that over that 12-week period there is a great deal of personal one-on-one counselling with individuals. Is that the case?

Mr COLLINS: It is mainly one-on-one counselling, usually for one hour a week. Sometimes it is more if there is a higher demand and sometimes it is less if they are doing well. But normally it is one hour per week. It depends on each client. We do not try to put a box around a client and make the client fit the box; we try to get a good treatment plan for each client. So if clients need detoxification and rehabilitation we organise that because we have dedicated MERIT beds in quite a few of our detoxification and rehabilitation establishments. If they just need general counselling we offer that as well.

We can also refer out to family planning groups and things like that. It depends on each individual client, but we do offer mainly one-on-one counselling. We are developing some groups at the moment. Most of those groups are around lifestyle, as in a men's process group, a women's process group, a relaxation group and a parenting group. All those issues are issues that our clients have. They are parents and they are basically a part of the community. They just have issues at the moment and they are not fitting into the community very well. We try to bring them back into the community.

The Hon. GREG DONNELLY: I refer to entrants into the program. Is the program open to both indigenous and non-indigenous people?

Mr COLLINS: Yes.

The Hon. GREG DONNELLY: Is there a ratio between indigenous and non-indigenous people, or is it up and down?

Mrs KEY: If you have a look at the first graph you will see that it gives you an indication at this time of how many indigenous and non-indigenous clients have been advanced through the program.

The Hon. MICHAEL VEITCH: I refer to the statistics and ask whether you have a gender breakdown. Is that available?

Mrs KEY: We could look into that and provide it to the Committee later if you need it.

The Hon. MICHAEL VEITCH: I am looking for indigenous and non-indigenous comparisons. Do you have any females participating in the MERIT program?

Mrs KEY: It depends on the circumstances. Sometimes we have a bit of a run and we suddenly get a huge increase in female indigenous referrals. On average I would say that the majority of clients who come through the program at this stage would be male indigenous clients. But female clients do come through.

Mr COLLINS: We are also trying to increase female participation with those women's groups and things like that. It is a long-term plan that we have to increase participation by all genders.

The Hon. MICHAEL VEITCH: Do you deal mostly with younger people?

Mr COLLINS: It runs between the normal 25-year-old to 35-year-old group. We do have some 18-year-old clients. The oldest client I ever had with a drug problem was aged 65. So we span the full age group. We cannot take anyone under the age of 18.

The Hon. MICHAEL VEITCH: How are you funded and from where do you draw that funding? You spoke earlier about a whole-of-government arrangement. How are you funded?

Mr COLLINS: We are funded through the Commonwealth Attorney-General's Department. Last year that funding was on a 12-month basis. This year it has to be renegotiated. It is negotiated on a round basis. The round before it was two years and this time it is one year. Hopefully it might be longer next time.

The Hon. MICHAEL VEITCH: How many staff members are involved in the program in Nowra?

Mr COLLINS: There are seven clinicians, two administrative staff and a manager. That is it.

Mrs KEY: In Nowra specifically?

Mr COLLINS: There are two in Nowra—Jaime and another a male counsellor.

The Hon. MICHAEL VEITCH: What sort of liaison do you have with the Aboriginal community and Aboriginal organisations?

Mrs KEY: The majority of the stuff that we do at this stage is liaising with services like the Aboriginal Medical Service. At the moment what we do is all client based. We liaise with other health services within Illawarra Health, for example, Illawarra-South East Sydney Health. We refer a huge number of clients to the Aboriginal Legal Service. We have a good working relationship with solicitors at that service. We also do a lot of stuff with circle sentencing. We utilise those services as much as we can to get the best possible outcomes for our clients.

The Hon. MICHAEL VEITCH: You mentioned circle sentencing.

Mrs KEY: Yes.

The Hon. MICHAEL VEITCH: Can you talk us through your relationship with circle sentencing?

Mrs KEY: Yes. As it is a small country court it makes it a lot easier for us to have close relationships with other workers. I believe that Aunty Gail Wallace will be talking to you this afternoon. We have a good relationship with her. If we have a client who goes through circle sentencing and that client has some illicit drug use issues Aunty Gail can utilise our service and look at putting that person on the program prior to him or her being sentenced through circle sentencing. So it can help with the outcomes for those clients.

The Hon. TREVOR KHAN: You gave us some statistics but you have to accept that when I went to university one of the things that I avoided was mathematics. On the right-hand side of your graph we have indigenous 151, non-indigenous 909, and not stated 3. On the left of the graph is a pie chart that has indigenous at 36 per cent. It strikes me that those figures are not correct: 151 indigenous people do not represent 36 per cent of the total figure.

Mrs KEY: I did not calculate the percentages. I asked the computer for a pie chart. That is what came up after I put in those numbers.

The Hon. TREVOR KHAN: I take it that the figures we can rely upon are the figures in brackets?

Mrs KEY: Yes. They were taken from the MERIT database on 26 February this year.

The Hon. TREVOR KHAN: Earlier the Hon. Michael Veitch asked you whether you were able to give us some sort of age breakdown for the people who participated in the program?

Mr COLLINS: Yes, we can. When we first do the assessment we take normal statistics and that includes age, gender and things like that. We can supply that information later if you like.

The Hon. TREVOR KHAN: We have heard stories—and I do not use that term in a derogatory sense—as we had an opportunity to chat with one young bloke aged 21 at Bennelong Haven who had been an ice addict since the age of 13, and who had clearly been substantially affected by his long-term use of ice. If you cannot do anything until a client is aged 18 have you not missed the boat? Have we not missed the boat?

Mr COLLINS: I am thinking about it. The main reason we take people at the age of 18 is because of our position. We are in a Local Court, which is a juvenile court, so we cannot see everyone.

The Hon. TREVOR KHAN: I understand the concept.

Mr COLLINS: As to whether we missed the boat, I do not think we ever really miss the boat. There is always a chance to make a difference with older people. We are doing it for people aged 18 and up and other people are doing it for people who are younger who have not benefited from treatment prior to that. We have around 25 per cent of clients who have not been in treatment before. We are not missing the boat so much as just taking up the fight later.

The Hon. TREVOR KHAN: Your focus is on illicit drug use. One of the consistent themes that we are hearing is that alcohol is a major problem in the Aboriginal community.

Mrs KEY: Yes.

The Hon. TREVOR KHAN: What program in your courts provides intensive assistance for alcohol abuse?

Mrs KEY: We are aware of no programs run dealing specifically with alcohol use. There is a generalist drug and alcohol service that also assists the court with clients. But in terms of the way our program is set up, we are unable to do that. We can accept a person if they have a primary illicit drug problem and they use alcohol as well. However, at this stage we cannot take anyone using alcohol primarily.

I am not sure whether the Committee has heard of the Rural Alcohol Diversion program, which was set up in 2004 as a pilot program. That was based in Orange and Bathurst. Apparently that has gone well, but we are still waiting for the outcomes—they are doing them at the moment. It would be really great if they were good. If they were, that program could perhaps be extended to other services so that we could start looking at alcohol as a primary issue.

The Hon. TREVOR KHAN: I would like to look at the structure of the local court here. You have described it as a small country court. Accepting that I come from a country environment, it surprises me as a description. Do you have a local magistrate who is based here?

Mrs KEY: Yes, we do.

The Hon. TREVOR KHAN: Does he have a circuit outside of Nowra?

Mrs KEY: He sits at this court and at Milton court. That is about 50 minutes down the coast.

The Hon. TREVOR KHAN: When he goes to Milton, do you go with him?

Mrs KEY: Yes, MERIT also covers Milton court.

The Hon. TREVOR KHAN: How do you assist the clients based in the Milton area?

Mrs KEY: We do a satellite service to Milton. We go out there once or twice a week, depending on how many clients we have, and see the client at their house or in the court. There are counselling rooms that we can utilise in the court.

The Hon. TREVOR KHAN: Your statistics include exit data. I will leave it to others to determine whether they think it is appropriate to ask questions about the comparison between the indigenous and non-indigenous communities. You have either 56 per cent or 64 per cent completion—that means people have completed the 12 weeks. You hand a certificate to the magistrate saying that this person has participated in the program and completed all the stages—rakka, rakka, rakka. Is that right?

Mrs KEY: That is right.

The Hon. TREVOR KHAN: If people reoffend and come back before the court, are they able to go back through the program?

Mrs KEY: Yes, they can certainly be reassessed to come back onto the program again. The magistrate down here is quite good. If the magistrate is good, he will request a reassessment, and we can then reassess that person. I have been working with MERIT since 2004. I am personally aware of a few people who have reoffended and come back through the program. That has probably been a very small majority of people. That is not to say that people are not reoffending, but only a small number have come back through the program.

The Hon. TREVOR KHAN: Do you have any follow up to determine success in staying off drugs by people who have been through the program?

Mr COLLINS: The Attorney General's Department has lots of reports on the public forum. The report for 2006 is the latest one on recidivist rates. They are reducing recidivism in MERIT clients. Clients who complete the MERIT program are less likely to reoffend over a 12-month period by a statistically significant number. I do not have the number off the top of my head. Each report has shown that it does work that way. If they complete the program, there is a good chance that they will not reoffend for at least 12 months.

The Hon. TREVOR KHAN: We are perhaps speaking at cross purposes. I am not necessarily interested at this point in whether they reoffend; I am interested in whether they stay off drugs. I recognise that there is a relationship between the two outcomes. Is there any follow up done by your program to determine the success of the program in keeping people off drugs?

Mr COLLINS: At the moment, no. I have been the manager for the past six months. I have been a worker on the program since 2004. One of our goals is to set up that sort of research. We have the staff now who can do that research and that is part of our overall business plan. We are not sure how to do it. We will sit down with our staff in the next couple of weeks to work out a business plan for the next 12 months.

The Hon. TREVOR KHAN: Because of the funding cycle and the quantum of the funding, is the problem that there is simply not enough money to do the follow up?

Mr COLLINS: I am not sure. Although I do not like to say it, I think our funding is adequate. We need continuity of funding; we need to know that we will be funded for longer. That does help with staff retention, which increases the probability of doing decent research and working out the probabilities of relapse and recidivism. These studies are being done anyhow. Other MERIT

services are starting to do the same thing. I do not think there is a concerted effort in New South Wales, but we are heading in that direction. Again, that is anecdotal from having worked in the program for the past four years.

The Hon. MARIE FICARRA: How widespread is the MERIT program? How many centres are there in New South Wales?

Mr COLLINS: I think they are in 61 of the 148 local courts.

The Hon. MARIE FICARRA: In both metropolitan and rural areas?

Mr COLLINS: Yes.

The Hon. MARIE FICARRA: Can you outline what you do in terms of the detoxification and rehabilitation programs? Does it involve methadone? How do you detoxify and rehabilitate?

Mr COLLINS: It depends on the clients and their needs. We have access to local rehabilitation and detoxification services. There is the Wollongong Crisis Centre, Kedesh Rehabilitation Services and Oolong House. Orana has an outpatient detoxification service but no inpatient service. We also have beds and detoxification services in other areas of the State that we are able to access. We do a comprehensive assessment on a client and set goals. If it they need detoxification, we find a suitable facility. Not all clients fit the same detoxification or rehabilitation regime; they need to be suited to a particular sort of treatment. It shows better outcomes.

If it is pharmacology, we organise that through either Denison Street or our own methadone program at New South Wales Health. Again, the client must do most of that work, but we assist. If it is outpatient detoxification, we organise it or help them to organise it. As I said, it depends on each client. If someone needs methadone or Subutex, we organise that through the appropriate programs. If someone needs detoxification, we find an adequate rehabilitation and detoxification service and we help them to get in. Some people might need only six or eight weeks of after care in rehabilitation. Others might need long-term services—for instance, for 12 months—if their life has been shattered by drug use. They might need help for a long time.

The Hon. MARIE FICARRA: That is good. So it does not end at three months if the client needs more. Many would need more.

Mr COLLINS: This program has an after-care component for suitable clients. Suitability does not mean that they performed well in the program, but if it will help.

The Hon. MARIE FICARRA: Is their family situation taken into account?

Mrs KEY: Working in this area and with indigenous people, family is very important to all of us. We look at the family unit as a whole. We cannot take someone out of the circumstances and expect them to change and then go back into the same situation with the same issues and be okay. It does not necessarily work all the time. Sometimes it does and sometimes it does not. We assess every client individually and we sometimes get the family involved in the treatment. We ask the client if that is okay and they sign a consent form to say that we can talk to all the family and then involve the family in any way that we can. It can simply be support in rehabilitation and detoxification. If they want to come in for family counselling, we will work around it. We will do the best thing for the client within the realms of possibility.

The Hon. MARIE FICARRA: What is the trend in drugs? We have heard that ice and methamphetamine use is increasing. Are you seeing similar trends in Nowra to what is happening in Sydney?

Mr COLLINS: They are similar to Sydney in that ice takes over sometimes. However, some of the studies also show that the same people are using the drugs. It is not an increase in the number of drug users, but they are swapping drugs.

Dr JOHN KAYE: What are they swapping to?

Mr COLLINS: It is poly drug use. In the good old days a heroin addict would stay with heroin. These days, if it is not available or the quality is really poor, they will move to ice and vice versa. Again that is a very general comment, but it is showing the same trend as in Sydney.

CHAIR: Is it dollar driven?

Mr COLLINS: No, it is availability. It relates to what is available on the market. If heroin dries up or the quality is really poor, they mostly swap to something else, and they might swap back again.

The Hon. MARIE FICARRA: I am sure mental health issues are a great part of the problem. Are you seeing people with disabilities, and what do you do with them?

Mr COLLINS: Part of our plan this year is to start working with mental health because at times the drug use is seen as an organic mental health issue. There has to be a joint effort to get decent outcomes. There must be seamless care. We have to deal with the drug issues before we can deal with the mental issues, but they both have to be dealt with.

Mrs KEY: At Nowra and Wollongong courts we are lucky to have access to mental health court liaison officers from Justice Health. We utilise those workers often. We often do joint assessments with clients who have dual diagnosis issues. If someone on the program exhibits a mental health issue, we can utilise that worker to do an assessment so that it all stays within the realms of the court.

Dr JOHN KAYE: Congratulations on keeping 641 people out of jail over the past seven years. That is a great effort. I refer to the rate of indigenous acceptance into the MERIT program. Using your figures, about 14.2 per cent of the clients accepted into the program over the seven years and one month of your study were indigenous. I understand that the population you serve is about 6.8 per cent indigenous. However, they have an unemployment rate about 2.8 times the non-indigenous rate. Roughly speaking, one would expect the figures to be about 20 per cent. That is, one would expect the clients presenting within the ambit of MERIT would be about 20 per cent, not 14.2 per cent. Where did that 5.8 per cent go?

Mrs KEY: The way we assess clients and the eligibility criteria might have a lot to do with that. Keeping in mind that people involved in violent crime and things like common assaults might not fit into the MERIT realm. That can be a large number of people going through the court system, especially indigenous clients. The alcohol issue is huge. A majority of indigenous people going to court have alcohol issues. For that reason we cannot necessarily assess them for the program. That is where a lot of them have gone. That is quite sad.

Dr JOHN KAYE: That is a good explanation; it does explain it. Is there an equivalent program for people who present to the court with alcohol-related issues? Is there an equivalent diversionary program?

Mr COLLINS: There is no equivalent diversionary program in Nowra. However, we do have the Drug and Alcohol Community Adult Team, which is housed in the same building. They have connections with the court and counsellors who can deal with alcohol-specific issues. If it is just an alcohol issue, we usually refer them to the team. We do not simply reject people with alcohol issues; we do generalist referrals to other services which can help and which have some connection with the problems.

Dr JOHN KAYE: I accept the answer Mr Collins gave us, but do you see a role for a MERIT-like program that specifically focuses on alcohol?

Mrs KEY: Most definitely, especially in this area. I remember talking to our magistrate about nine months ago and he was mentioning that the alcohol issues in the area are quite huge. He made the comment, "If MERIT could take on alcohol clients, you would have every single referral through the court and would probably need 20 more workers." Clearly there is a need and it would be

really great if we could get that but, of course, it all depends on funding and all of those issues. But there is definitely a need in this area and, no doubt, all other areas as well.

Dr JOHN KAYE: Can you supply us at a subsequent date—I am not sure exactly what data I am asking for—data that would indicate the need for an alcohol-like MERIT program within the indigenous community and the non-indigenous community?

Mr COLLINS: There is a study happening at the moment called the RAD [rural alcohol diversion] program. It is being piloted to see if alcohol can be a primary part of it as well. It is being run in Bathurst and Orange. If this program does work out and is seen to be viable for MERIT, I cannot see any reason why we could not actually start that program in the Nowra area as well. It is necessary, I do agree, because alcohol, drugs, they are basically the same thing.

Dr JOHN KAYE: What procedures and practices could be put in place that would actually improve the efficiency and reach of the MERIT program, specifically with respect to the indigenous community?

Mrs KEY: I think that Nowra is very lucky, or the Illawarra is very lucky, in the sense that we actually have a designated position of an indigenous worker. There is myself, who is from the area and who understands the issues. Indigenous people can feel comfortable knowing that they can come to me and speak to one of their own, for want of a better term. In terms of trying to make things better for what we do, I think looking at the group situation we have been talking about is going to be beneficial. That way we can kind of work with more amounts of people using less resources, which can be a bonus. You know, more positions are always a good thing, however I do not think that will ever happen—but that would be really nice. Also, I really do think that if there was a possibility of adding alcohol to what you can do as a primary, it would make a big difference in our area.

Mr COLLINS: A couple of other small things. I think training is a big thing for all staff, not just indigenous staff. The higher trained your staff are, the better outcomes you get. Also, the more you retain your staff. If you retain staff, then you retain knowledge, local knowledge, and the ability to be able to attract more clients that way because you learn about the process as you go along.

The Hon. TREVOR KHAN: We have spoken to people going to detox and rehab venues. Where do people from Nowra and the Illawarra area go for rehab, generally?

Mrs KEY: If they go into residential rehab houses, Oolong House is a residential rehab that is actually based in Nowra. That is for males only, but that is actually just up the road. So that is somewhere we try to access as much as possible and MERIT actually has three funded beds in that program. There is also Kedesh Rehabilitation Services, which is another residential.

The Hon. TREVOR KHAN: What is at Kedesh?

Mrs KEY: Kedesh House is a residential relocation program, and the Wollongong Crisis. They are both based in Wollongong. They are the closest we have. Other than that, we look out of area if we need to. So, we go to places like Canberra or Sydney, wherever we can, depending on the client and what they need.

The Hon. TREVOR KHAN: When you have to go out of area is that a reflection that there are an inadequate number of spots available?

Mrs KEY: Yes and no. In some circumstances that may be the case, but in other circumstances, for some of our clients they feel that being in the area they are in, it is quite difficult for them to rehabilitate because they are around old circumstances. They are aware of where they can get drugs and so they would rather be out of area to try to start afresh. In saying that, other clients do not want to go anywhere but stay home. So, it is good to be able to have the option of having both for those people.

The Hon. TREVOR KHAN: As best you know from around the State, are there adequate rehab spots available or have we a shortage?

Mrs KEY: Personally I think there is a shortage. MERIT is lucky in the sense that we do have funded beds in rehabs. I am aware in general services that it can be very difficult to get clients in. Waiting lists can be quite large and it can take an extensive amount of time to try to get someone into rehab.

The Hon. TREVOR KHAN: That is one of the problems, is it not?

Mrs KEY: Yes.

The Hon. TREVOR KHAN: It used to arise a lot. You could not put to a magistrate a treatment program, in a sense, because you could not start a treatment program until you have the person into rehab?

Mrs KEY: That is exactly right.

The Hon. TREVOR KHAN: You might be waiting eight weeks, 12 weeks or whatever before there was a possibility of getting their head on a pillow?

Mrs KEY: Even longer sometimes. Yes, very true.

Mr COLLINS: And that is where we usually go into harm minimisation: basically keeping them as safe as possible until we can get them into beds and things like that. It is not the ideal or the optimum, but it has its benefits. But we need more rehab places and detox places especially in rural areas, because, as you said, unless they do need to move out of the area sometimes, but sometimes there just are not beds available.

Mrs KEY: Especially for women.

The Hon. TREVOR KHAN: You referred to your eligibility criteria and that perhaps that was one of the reasons there was the disparity to which Dr John Kaye referred. What are those eligibility criteria?

Mr COLLINS: Demonstrable drug problem, must be Local Court matters. Matters are not to be in District Court. Matters are not to be of an extremely violent or sexual nature. Must want to participate. Must have a treatable drug problem. I think I have them all. Suitable to be released on parole—that is the one I forgot. Some programs you get into the program, then you are bailed. In this program you have to be suitable for bail before you can enter the program, which is a bit confusing for some people.

Dr JOHN KAYE: What do you mean by "treatable drug problem"?

Mr COLLINS: It is a catchphrase. I do not think there are really untreatable drug problems but if it is a demonstrable, say, mental health issue or things like that, then maybe we would have to move them on to mental health instead of just a drug program. That would be the only reason.

CHAIR: Thank you very much for attending this morning. Obviously it is an important program in which you are involved and needing as much assistance as you can possibly get.

(The witnesses withdrew)

GINA WOOD, Constable of Police, New South Wales Police Force, Youth Liaison Officer, Shoalhaven,

BARRY LENIHAN, Aboriginal Community Liaison Officer, and

KYLE STEWART, Commander, New South Wales Police Force, Shoalhaven Local Area Command, sworn and examined:

CHAIR: Would you care to make any you brief comments before we proceed to questions?

Mr STEWART: Firstly I acknowledge the Yuan nation, who are the traditional owners of the lands upon which we meet today. I acknowledge also elders past and present. I extend my gratitude to Mr Simms for the heartfelt welcome to country he offered here earlier this morning. I am pleased to be given an opportunity to address the Committee in respect of how it is that the early mortality rates in our indigenous communities might be overcome. A large component of my career has been devoted to policing within communities that have significant indigenous populations. Given my experience, I absolutely conform to the view that the effect of the disadvantage facing indigenous communities is profound and unrelenting. I have seen and worked amongst the social fragmentation that my commissioner has previously spoken about when he gave evidence before this Committee. I know only too well that this fragmentation is driven largely by violence, drug abuse, alcoholism, welfare dependency and basic lack of capacity within our indigenous communities.

I hold the view that it does not take a quantum leap from that point when one endeavours to determine the underlying cause of the mortality rates amongst our indigenous communities. However, in quite contrast it is my view that identifying the means is clearly not as simplistic a task. I endorse the proposition that was advanced in my organisation's earlier submission to the Committee, which is that the Police Force cannot directly, and certainly not in isolation, address the issue of closing the gap of life expectancy of Aboriginal people. Similarly, I do not deviate from the view of my commissioner when he asserted to the Committee that our organisation has but an indirect impact on the life expectancy of indigenous people. Nonetheless, I am certain that what it is we do has at times both positive and negative impact upon life expectancy within the Aboriginal communities, as my commissioner explained.

Ultimately, I hold the view that it is the creation of increased capacity within the indigenous communities that holds out the greatest prospect of overcoming what at this point appears to be an insidious and seemingly intractable problem. It is my respectful submission that the creation of capacity within communities is something that is best achieved through a well-coordinated partnership of all agencies, that is, both government and non-government alike, that play a part whether by obligation or voluntarily in providing the service, support or basic core duty response to indigenous communities. For the part that we the police play in overcoming disadvantage within the indigenous communities, more generally our Aboriginal Strategic Direction [ASD] 2007-2011 provides a significant focus for our organisation. A key theme of the ASD is involvement with community. Ultimately, what it is that our involvement with community achieves is fundamentally an increase in capacity of community. At times the balancing act between our core duties, that is, the core duties of police to uphold the law and to that which is required to give impetus to the ASD, is a difficult one.

I know that, as an organisation, we have shown that it is not impossible to achieve that balance. I am convinced that, as an organisation, we have clearly demonstrated our commitment to improving our relationship with indigenous communities, the outcome of which is a reduction in the disadvantages with which Aboriginal people are confronted in respect of their involvement with the criminal justice system. I also think that our efforts in this regard impact positively on the broad disadvantage being faced by Aboriginal communities.

I reiterate that, as an isolated agency, particularly one that is focused on legal remedies, our successes will be stifled in respect of advancing us towards the outcome for indigenous communities that this Committee seeks, that is, closing the mortality rate gap. Thank you for providing me with an opportunity to place these opening remarks on the record. Prior to taking questions I offer an apology on behalf of Mr Longbottom, the Aboriginal Community Liaison Officer [ACLO] based at

Shoalhaven Local Area Command. I understand that he was expected to appear today, but circumstances beyond our control prevented that.

I invited Mr Barry Lenihan to appear before you and he looks forward to contributing today. As I indicated at the commencement of the proceedings, I have also brought along Senior Constable Gina Wood, the youth liaison officer based at the Shoalhaven Local Area Command. Similarly, Gina is looking forward to contributing. At 10 o'clock she has a number of operational matters that she needs to attend to, so it would be fantastic if she could exit at 10 o'clock.

CHAIR: Thank you; that is appreciated.

The Hon. TREVOR KHAN: I have taken on board what you have said. In many ways you see your role as an observer rather than as a change agent in the Aboriginal community. Is that a fair comment?

Mr STEWART: I do not totally accept that proposition. Police take a number of opportunities in leading programs that impact positively on the Aboriginal community and the contact that that community has with the criminal justice system. But by and large, when we are talking about health issues that impact on indigenous communities, in my submission the New South Wales police force is but a bit player.

The Hon. TREVOR KHAN: Our terms of reference are a little wider than health, but we will not go into the technicalities of it. What can you identify in your command as being major problems impacting on the Aboriginal community?

Mr STEWART: I think the two witnesses who gave evidence earlier gave the Committee a good insight into what drives significant disadvantage in Aboriginal communities in the Shoalhaven. Without a doubt drug abuse, drug dependency, alcoholism and general involvement in violent crimes such as assaults are significant contributors to the disadvantage that is imposed on the community.

The Hon. TREVOR KHAN: Let us deal with the drug issue. We heard what earlier witnesses had to say but I am asking you to articulate your position. Have you identified any change to the drug usage patterns of the indigenous community in this area?

Mr STEWART: We have noted one thing, and largely our notations are anecdotal, given the means by which we collect intelligence on the matter. We certainly endorse what the MERIT team offered. Drug abuse in the Koori community is rather transitory and people are guided by what is available at the time. There is a major issue in respect of cannabis abuse within Koori communities. Within the activities of the drug unit for Nowra police and the Shoalhaven command more broadly, one of the principal detection rates of cannabis shows a significant number of the law. That is reflected not only amongst the indigenous community; it is also reflected amongst the non-indigenous community.

The Hon. TREVOR KHAN: I refer next to the significant issue of domestic violence. Would you like to make any comment with regard to the prevalence of domestic violence in the Aboriginal community?

Mr STEWART: Yes, I would. The issue of domestic violence more broadly within the community has a number of facets. Data that we have to hand for the Shoalhaven Local Area Command indicates that about 40 per cent of the assaults that we have reported to us are domestic related, and about 40 per cent of the assaults that are reported to us also have an associated factor that links those assaults to alcohol use or abuse. Within the indigenous community we see a pattern of domestic violence that is not dissimilar to the pattern in the broader community. In respect of one of our targets there has been a focus on addressing disadvantage that is created through the problem of domestic violence.

Recently we increased the number of domestic violence liaison officers that are based in the command. More historically speaking, for about four years now we have worked very closely with a service called the Domestic Violence Intervention Service. The YWCA in Nowra operates that service

but for about three years it has been housed with us at the police station and it is used primarily as a support service for victims. We are the principal referrers to that service.

The first responders to a domestic violence incident obtain authority from domestic violence victims to provide their details to the Domestic Violence Intervention Service workers who, in support of what the domestic violence victim is going through, make a series of contacts and provide a basic service provision guide to victims relating to their circumstances at a particular time. Unfortunately, it gets a great number of referrals. Like all resources, I guess they are challenged significantly by what they can produce.

The Hon. MICHAEL VEITCH: Senior Constable Wood, as you have to go would you tell us quickly what is your role as a youth liaison officer? What do you do?

Ms WOOD: My job as youth liaison officer obviously is to deal with youth. I deal with anyone up to the age of 21, but mainly they go up to the age of 18. However, if someone is aged 21 I can also deal with that person. My core business involves working under the Young Offenders Act—legislation that was introduced in 1997 for children. Do you want me to explain what that is about?

The Hon. MICHAEL VEITCH: No.

Ms WOOD: I deal with a lot of people under the Young Offenders Act. I also liaise with different agencies and help to put children into programs. I also run programs myself. I run the Nimbal program which last year received \$55,000 in funding over a three-year period. Ten indigenous children were referred to me, or I selected them myself, who were at risk of getting into trouble or who had been in trouble and needed help. I take them away to cultural awareness days. The week before last we went to Wallaga Lake. Next week we will be going to Milson Island, a sport and recreation area on the Hawkesbury River, for four days. That area also has cultural-based activities.

People like the discovery rangers and what not come in. Tony Longbottom, our Aboriginal liaison officer, and elders also come. We do a lot of different things at these camps. It is not just a camp and it is not just activities; it is about their culture and about respect. We teach them right from wrong I am very passionate about teaching them right from wrong. I do camp and day trips, so it goes on and on. It is a continuous thing. Another program that I run for indigenous kids in the Shoalhaven is called Operation Stay at School. I needed that operation because I realised that indigenous children were not going to school. They were being suspended, they were wagging, they were stealing and they were committing offences.

I targeted 20 children that I knew were at risk and I started doorknocking at 6.30 a.m. and asked parents whether their children were ready, whether they were up, whether they had had their shower, had eaten and were going to school. If they had not I asked the parents why they were not going to school. If they had been suspended I asked which person they would be with and where they would be. When I first started doing that the response was pretty bad. I was abused and told to leave and what not. Now they come out with cups of coffee and they say, "Hi, Gina. How are you going? Yes, the kids are ready." The kids come out and have a chat and tell me that they are going to school.

The operation has been successful. Of the 20 children a couple have been suspended, but only in the short term. Most of those kids are still going to school. The school principals are ecstatic with the whole response. We have a good relationship with the school. If children say that they are going to school and they do not turn up I know about it because I ring the school and I ask whether they are there. If the school says no I go back to the parents and say, "Why are the children not at school?"

The Hon. MICHAEL VEITCH: Has this had an impact on the truancy rates?

Ms WOOD: Yes. The truancy rates have been good. I do truancy operations and generally there are about two a term. I think in the past 12 months only one child that I have been doorknocking has not gone to school, so it has been quite successful.

The Hon. MICHAEL VEITCH: I want to talk about the use of ice by indigenous youth. Like the Hon. Trevor Khan, I was quite moved by the young fellow at Kempsey to whom we spoke.

How prevalent is the use of ice in this community? How is it distributed within the Aboriginal community? What networks do they use?

Ms WOOD: That is a tough question. Talking about youth, from my experience I think alcohol is more of an issue. I am not saying that they are not using ice, but I believe that alcohol causes the majority of problems for our youth. I do a lot of different operations when there are functions on and what not, and the problems are always alcohol-based. In relation to drugs I can honestly say that the kids I deal with could be using ice but to me it has not been that prevalent. As I said earlier, alcohol is a major issue. That is the problem for me.

Dr JOHN KAYE: And cannabis?

Ms WOODS: Cannabis is being used in small quantities, but most of the young kids drink alcohol because it is easy for them to get. Their parents have it in the cupboard, or their parents drink alcohol and they go and buy it for them.

The Hon. MICHAEL VEITCH: Mr Lenihan, what is your role?

Mr LENIHAN: I am the Aboriginal Community Liaison Officer with the police. In a nutshell, I am the conduit between the community and the police in relation to a range of issues, whether it is legislative changes or community consultation. There could be some disharmony with the police and the way that they might be engaging the Aboriginal community. I go in and I work on both sides of the fence. As the police employ me that is generally where I get my direction, but you do whatever works within the community. Phone calls come and generally you are working more for the community, or so they believe.

In a nutshell, we are also program officers. Our position has changed quite dramatically over the last few years. I think the program has been in operation for 22 years now. We work closely with the Crime Management Unit and other lead agencies in the community that develop programs around Aboriginal people. Generally, we focus more on youth and on youth at risk. So our youth liaison officers are our right-hand people. We work very closely with them.

The Hon. MICHAEL VEITCH: What sort of training have you had, or what sort of training do you receive?

Mr LENIHAN: As I said, the job description has changed quite dramatically over that period. Twenty-one years ago I do not think we had much of job description. It was based on whether or not you were well known within the community and whether you handled yourself well. Obviously the job has changed from what it was to being, in essence, a program officer's position. Training is ongoing. Generally within our commands we have a close link with education officers and we develop training around the needs of each individual.

I did not come with too much community engagement training as I came from a different background that was hospitality based. But, as I have seen, a lot of that stuff it is quite transferable in dealing with some of the social issues that we have in the Aboriginal community. Training is ongoing and it is scheduled throughout the year with the commissioner's inspectorate. We have a team that works there and an assistant commissioner manages it. So there is a training development package corporately and there is also one on a regional basis when we engage with our regional issues officer in each region.

We develop training packages that can be delivered at regional meetings or at other intervals, specific to our region dealing with issues that we would like to address. Then we go to our local command. We sit in on police training, although that is quite limited because of a lot of that training is very specific and probably does not pertain to our position. Through our command, which is trained corporately, I have done domestic violence training. I have also gone outside and accessed training at the Education Centre Against Violence in Sydney. I also attend other local training that is given to our agencies. I have been invited to attend. You source your own training as well.

The Hon. MICHAEL VEITCH: How many Aboriginal police officers are in this local area command [LAC]?

Mr STEWART: We have four Aboriginal police officers on the books. We have had a critical mass of about seven during the two and a half years I have been here. You have hit on a significant issue in building our capacity to develop positive relationships with our community.

The Hon. MICHAEL VEITCH: We spoke to a former Aboriginal police officer yesterday and he conveyed his experiences within the Police Force that caused him to leave. Do you think having more Aboriginal police officers in the Shoalhaven LAC will have a positive impact on your interaction with the Aboriginal communities?

Mr STEWART: The simple answer is yes; there can be no other answer. There is significant detriment that each of those Aboriginal police officers would face initially. It is ground-breaking stuff for an Aboriginal police officer to go to their community as a police officer. It is certainly not a friendly environment by any means. However, it is not an entirely adversarial environment or a situation that those officers would not be able to impact upon eventually. A fair bit of assistance would be required. Ultimately there is a need for our organisation to shift culturally to a point where we are a little more sensitive to the needs of the Koori and Murry communities in the State. What we can do as a principal strategy to bring us to that point is as you indicated; that is, increase the number of sworn staff who have a black face and wear a blue shirt.

The Hon. MARIE FICARRA: Barry, how well are you accepted by the Aboriginal community? I am sure there is a divergence of views. Do they see you as a friend or a semi enemy? Are you seen as someone who has sold out or as someone there to help them?

Mr LENIHAN: That depends on the individual and their perception of my role. It is up to me to market myself and the police to help market me through engaging the community to change that perception. The same thing is transferable to black face in a blue uniform. We still work for the police, so we are seen to wear the blue uniform. Obviously we do not carry the appointments. It depends on how successfully we engage with the community and market ourselves, and how the community rallies behind you and gives you that support. We get called everything under the sun, but we get called for everything under the sun. So, it is about how we do that.

The Hon. MARIE FICARRA: Do you have a good relationship with the elders? That would be a very important thing for you to have.

Mr LENIHAN: It is imperative. Absolutely. We must engage with the elders in the community and have their respect. We need to lend our ear at all times to them, because they are the most important conduit to the community. Respect is a major thing in the Aboriginal community. If you have the respect of the elders—and you have to earn that—you can do your job well.

The Hon. MARIE FICARRA: Would you be seen as a role model by some of the indigenous youth? Do they come to you when they begin to trust you?

Mr LENIHAN: Absolutely. The engagement that we have with youth as our primary focus is a changing of the guard about Aboriginal people working for the Police Force. I believe that that person—whoever it might be—successfully engaging with the community obviously provides a leadership role in the community.

The Hon. MARIE FICARRA: Have you noticed a change in interest in pursuing a career in the Police Force? Are you encouraging the youth to do that?

Ms WOOD: We the Cadet Program, which targets indigenous people. Boys and girls from Vincentia High School are doing a typing course, a swimming course and a certificate III course. All these kids are interested in joining the Police Force. We have had two who have gone through the police academy and joined up. We have some good candidates for the future as well.

The Hon. MARIE FICARRA: Would there be resentment in the non-indigenous community about the programs directed towards the indigenous population? I am sure there is always an underlying current, and we have heard this in every community we have visited. Is that a criticism levelled at you in your role?

Ms WOOD: I work with a lot of indigenous children and I am asked that question. Even my own children have asked me how come it is always indigenous kids who get everything. I turn that around in a positive way and say that these children need extra help. Some of them are uneducated and come from poor families. I tell my children they have it good. I try to explain to them that these guys need the help that they already have. I explain some of the successes we have had. I do not identify anyone, but I explain to other kids about how well we have done. That changes their perception.

The Hon. MARIE FICARRA: Is the community slowly changing? We have to get this change of attitude in people's heads and hearts about what we need to do to move on in this country.

Ms WOOD: I think people are changing slowly. Before I was a youth liaison officer, I did not really understand anything about indigenous culture. In the 12 months I have been a youth liaison officer I have learnt an enormous amount about the indigenous population. I feel passionate about the culture now. That is why I work so closely with Tony Longbottom, and sometimes with Barry, with the Koori kids. It is great.

The Hon. MARIE FICARRA: Do community groups ask you to address them to spread this message in the schools and in the community to open people's minds?

Ms WOOD: No, they do not ask that. But I try to spread the message when I speak to other people that we are not different, we are all the same and we all have to work together. Some are underprivileged and need extra help.

The Hon. MARIE FICARRA: Is there appreciation for their culture?

Ms WOOD: Yes. There is a couple of non-Koori kids on the program. They have learnt so much about the indigenous culture that they almost feel that they are part of it. Those kids who did not know and did not understand and respect it now do.

Dr JOHN KAYE: I might be leading you into political minefield about school suspensions. We hear data constantly about what happens to suspended kids and their engagement with the criminal justice system. What happens to kids who are suspended from schools in your area? You are seeing a problem. Are there sufficient alternatives for kids who are suspended?

Ms WOOD: I have a very close relationship with all the schools. They immediately let me know who is suspended. I get a download quite often. I visit these families anyway and interact with them and find out the underlying causes. If the child has an anger problem, I will refer that child to an anger management course. If it is a family issue, I will refer the whole family to counselling. We also have a home school liaison officer—Bill Dicker. He works very closely with me with suspended children. He also refers them to other agencies.

Dr JOHN KAYE: Is he an officer of the Department of Education and Training?

Ms WOOD: Yes, but they call him a home school liaison officer. He and I work very closely together. We butt heads often about different things and what we will do about a family or a kid. We refer them to the right agency.

However, I go back to the school and find out why they have been suspended for seven days. The questions are asked. My job is to try to get that child back into school as soon as possible. Generally speaking, the principals and I have a very good relationship. I generally get the kids back into school quite quickly.

Dr JOHN KAYE: That is excellent and I am pleased to hear it. My question was more about what happens to those kids for the seven days during which they are suspended.

Ms WOOD: I ring the principal when I find out about it. I will make sure they have homework and that they are not just sitting around at home. I visit one particular child three times during the day to ensure he is at home and not wandering the street.

Dr JOHN KAYE: Do you have sufficient capacity to track every child who is suspended?

Ms WOOD: Most of the teachers email or call me and let me know. As I said, we have a very good working relationship. They will tell me that someone has been suspended for seven days for assault. I get the dates and then visit the child and speak to mum.

Dr JOHN KAYE: So you track them three times a day on average.

Ms WOOD: Sometimes.

Dr JOHN KAYE: Do you not feel there is an issue with kids, who are suspended being let loose on the street?

Ms WOOD: I think they should be in school. However, if they have been legitimately suspended and have been given work to take home and they are not wandering the streets, at least they are still getting educated.

The Hon. TREVOR KHAN: There are a number of big caveats.

CHAIR: Are you familiar with the Aboriginal Strategic Plan?

Ms WOOD: I have briefly read it and I have liaised with Tony Longbottom about it. But that is probably as far as I have gone with that.

CHAIR: How long have you been in the Police Force?

Ms WOOD: For five and a half years.

CHAIR: Barry, are you familiar with that document and have you been involved in the training of police officers in Nowra?

Mr LENIHAN: I have had an overview of the document. I was looking at working with the project with the inspectorate and at the review of the reporting procedure. That is the extent. The new document arrived for 2007 to 2011. I had a look at the previous document. The Aboriginal Strategic Plan will be workshopped across the State. It is now being rolled out and training is being done by Cleonie Quayle from the commissioner's inspectorate. She will be attending my command on 16 April. I know she will be attending this command. All police officers who are accountable within the Aboriginal strategic direction and anyone in the community who wishes to come along to the rollout will be invited. I think it is about a six-hour workshop.

CHAIR: Are you aware when the document was first commissioned by the Commissioner of Police?

Mr LENIHAN: There is a 2004-08 document.

CHAIR: I think it was 1996.

Mr LENIHAN: That was prior to my being here. I have worked only with the current document and the previous document.

(Ms Woods withdrew)

The Hon. GREG DONNELLY: In addition to the work of Mr Lenihan and Senior Constable Wood, are there other initiatives in which the local command is involved with the indigenous community?

Mr STEWART: There is. There are a number of other programs facilitated by the command that impact not exclusively upon the indigenous community but obviously involve a number of indigenous victims and perpetrators. One that principally comes to mind is a program we have

developed here, which includes case managing mental health patients. We have encountered a number of instances where we have a large component of offenders who are mental health patients and who have been a significant drain on our resources. We have affectionately nicknamed them "The Frequent Flyers" because they are constantly drawing upon not only the police resources but the Department of Health, the mental health team and the drug and alcohol workers. Part of that particular program revolves around making sure that on a regular basis we proactively interact with the mental health patients so that when there is a cycling and those patients find themselves at crisis point, we are better able to engage with them at that particular point.

Barry mentioned also, and very professionally fielded a question to me, some employment strategies that we have ongoing within the police. Gina spoke briefly about the cadet program, which has its genesis here at the Shoalhaven. That particular program, as she indicated, has successfully seen a couple of cadets that went through that program negotiate their way through the police college and become sworn members of the service. Barry specifically wanted me to talk about the program called the Murra program, which is the program that has its origins within the Lake Illawarra command. It is a program Barry is significantly involved in. That particular program is all about targeting Koori youths who have shown a desire to join the police. It is federally funded at this point in time.

We have identified somewhere in the order of about 11 or 12 positions that can be funded over a couple of years where the process over that particular two-year period would involve young kids who have been targeted working with us for a set number of hours throughout the course of the week whilst they complete their training. Whilst the program is completed or undertaken the people undertaking the program will be paid employees of, I think it is, the Warrigal Employment Agency up at the Lake Illawarra Command. Once the program is negotiated by those particular kids, they successfully complete a Cert III program of study, I think it is, which then satisfies the academic obligations and satisfies and qualifies them for entry into the police college.

So there is a lot of what we do that in fact is not just within the span and control of both Barry and Tony for the Shoalhaven and/or the youth liaison officer that impacts indigenous communities. Significantly, there is the work undertaken not only in this command but commands more generally by the crime prevention officer. That work that is specifically undertaken by the CPO, which impacts on indigenous communities, looks a lot like safety audits being done within the areas that are the principle inhabited areas of indigenous communities like Roseberry Park at Nowra. We simply go through the community, have a look at the obvious safety issues within that particular environment and then make a number of recommendations to those agencies to remedy the risks we have identified.

The Hon. GREG DONNELLY: On the difficult issue of sexual abuse of women and children, as we have travelled around the State I have been amazed by the number of women who have said that by the end of their Aboriginal community's involvement they hope there is far more openness to discuss this issue, which has not been spoken about in many communities up until now. How are the police involved with encouraging women in indigenous communities to open up and talk about this difficult issue?

Mr STEWART: I will just make a couple of comments and then pass to Barry. In respect of sexual assault within indigenous communities, it is a very difficult task for us to impact the communities to the point where victims openly will come forward to we the police to disclose what it is that has been perpetrated upon them. What we are involved with is a significant component of work within the Local Area Command Aboriginal Consultative Committee environment where a number of elders, particularly female elders, within the Shoalhaven attend and offer their support to the police in the work we do generally and specifically for sexual assault. There is a message that the LACACC members, and particularly the female elders of the LACACC, send back to the community about the capacity of the community and that sexual assault victims within the community should trust the police and bring forward their complaints.

Federally you would be well aware of the National Indigenous Intelligence Task Force work that is being undertaken. The members of New South Wales Police who were on secondment to the ACC recently have visited the Jervis Bay territory to look at the state of sexual assault within that community and perhaps the underreporting thereof. I think there is an acceptance amongst our organisation that particularly the levels of child sexual assault within the Aboriginal communities are

just an absolute disgrace. We work closely with a number of agencies here within Nowra in relation to the Aboriginal Child Sexual Assault Task Force. I guess taking you back to my opening remarks, it is about all agencies looking to an end or means to an end to what is needed to overcome a really horrible problem. On the ground, in simple speak, the work Barry and Tony do as the Aboriginal Community Liaison Officers, and more broadly Gina and the other liaison officers who work within our crime management units, really is about building trust and capacity within the community so that victims in the communities actually do have faith to come to the police and report their victimisation.

The Hon. GREG DONNELLY: I was particularly interested in any initiatives that send the message to perpetrators, who basically are male, that this is just not acceptable. Obviously, getting the word back through the female elders to women about being prepared to report is one thing, but I am talking about getting the word out to those male perpetrators that this is completely unacceptable and, in fact, is criminal activity?

Mr STEWART: Perhaps there is a gap in perpetrator programs that not only focus on male sexual assault perpetrators and male domestic violence perpetrators, but also just perpetrator programs generally. I think there is a huge gap. Within the Nowra township the Aboriginal Medical Service has employed a worker to specifically focus on perpetrator programs. From where I sit and the approach I take to policing generally, once we have a victim who is prepared to come forward and report the crime to us, we the police can send a very positive message to the perpetrators.

The Hon. GREG DONNELLY: Mr Lenihan, have you any other comments?

Mr LENIHAN: I support Mr Stewart's comments. Being an Aboriginal person working in an Aboriginal community, there is a minority of people willing to send that message as a community. If we can educate our community, I am not sure if it is up to the police to do so. There is a range of other available services and other agencies—local, State and Federal—that can address that. I am sure they are actually doing that. I know the police have set that as a high priority. So, it is up to us again to engage through our community consultations such as our LACAC, working parties and so on and so forth to help speed that up so that our community takes a zero-tolerance stance of it and looks at coming forward to report it.

CHAIR: What is your training? Were you trained as a police officer? What is your current training?

Mr LENIHAN: Our training is always in development. It is specific to changes usually in legislation so that we are kept up to date. It is kept generally to the command to do so. We have a week-long training session that was held at the Police Academy which the commissioner's inspectorate facilitates. They bring in a range of different sections within the police, and also a range of other agencies that work closely with police on specific projects. Generally we do not get specific training. It is up to the individual to source any form of training.

CHAIR: My apologies, I visualised that you were either in training to be a police officer or you were actually training and teaching police officers in line with the ASD document, but perhaps that is a question for the command and maybe the commissioner. It is my misunderstanding of the general concept.

Mr STEWART: I am just a little confused by the question. Are you wanting to know what training Barry receives or what training he gives?

CHAIR: I was under the impression that the ACLO also had a role in training police officers as to how they should act?

Mr LENIHAN: We do.

Mr STEWART: Absolutely, yes. You are on the money there. There is an obligation on the ACLOs to contribute to cultural awareness training that is delivered throughout the Police Force. You find in every location where there is an ACLO based, those ACLOs are responsible for delivering the locally derived version of the cultural awareness training required to be given in those commands. That is obviously focusing towards the sworn staff.

CHAIR: Does that involve the local elders?

Mr STEWART: It certainly does. If I could use, for example, the Shoalhaven command, the Local Area Command Aboriginal Consultative Committee has a number of elders included in its membership. The ACLO based here at Shoalhaven, Tony Longbottom, developed a package in consultation with the local elders, which was then delivered to the LACAC and the LACAC was able to provide a final ratification of that program before it was rolled out to the command.

CHAIR: Was that developed in consultation with or by the elders?

Mr STEWART: That was developed in consultation with the elders.

CHAIR: We have no further time. We appreciate your attendance today and the important work you do. No doubt we will possibly need to consult with you further for your assistance.

(The witnesses withdrew)

NORMA JEAN TURNER, Program Coordinator, Aunty Jean's Good Health Program, affirmed and examined; and

NOLA ROBERTS, Participant, Aunty Jean's Good Health Program, sworn and examined:

Mrs ROBERTS: My name is Nola Roberts and I am a Christian. I am trying to get out of the system but they will not let me. I am over 80. All my life I have been involved because my father was fighting for Aboriginal rights. I grew up in that sort of environment and I just cannot help myself. But I believe that today things are happening. Things are starting to turn around a bit. I find that young people have more of an opportunity than we had. To be honest with you, I come from Sydney. I think there is another chap here, a friend of mine, who also comes from Sydney.

We never had any problems in Sydney. I never had a problem in Sydney. We had good schooling; we had the library school. When I left school at 14 and nine months I put up my age to 15 and I went and got a job at Prince Henry Hospital. I got sick of that and I jumped to another job. I just jumped from job to job. I did not like working in factories so I ended up in Royal Prince Alfred Hospital. I went on from there to the health department and I stayed as coordinator of the health department. I worked from there on.

Mrs TURNER: I do not have a religion. I coordinate the Aunty Jean's Good Health Program in the Shoalhaven area.

CHAIR: Would you like to continue to make some opening comments and we will then ask you some questions?

Mrs ROBERTS: I was born in Sydney. My father was a well-known man. I do not know what discrimination is because my dad was a full-blooded Aboriginal. He was a well-known man. I travelled around when both he and I were singers. We went with a lot of people all over Sydney, Melbourne and everywhere else. My aboriginality was not a problem to me. That is the way it was and that is the way I am today. Today I am worried a bit about my people who are frightened to do this and that. I just want to help them.

CHAIR: Mrs Turner, would you like to tell us about your program?

Mrs TURNER: My program, which is called Aunty Jean's Good Health Program, is in the Shoalhaven area. We have a sister program and the initial pilot started in Wollongong. I think the program has been funded through the Department of Health for about seven years. When the first lot of funding became available the department chose about 15 sites across New South Wales as pilot projects. When we were the old Illawarra Area Health Service the Illawarra was targeted as a pilot site. Caroline Harris, who no longer works for the area health service, was employed as manager of the Aboriginal Vascular Health Program. I came on board about six months later as a project worker.

Caroline had done the work in putting the framework together for the programs. We worked with the community in Wollongong and we did community consultations in Nowra to see whether we could get the community and carers of people with a chronic illness to try to identify gaps in service delivery to people with a chronic illness. As a result of those consultations we then worked with Aboriginal health staff and put the framework together to put some meat on the bones, so to speak. We then ran the pilot program in Wollongong for about a 14-week period. The name "Aunty Jean's Good Health Program" comes about from a community elder in Wollongong who was well respected. Caroline sought permission from the family to use her name and her image as the pilot for the program, so she became our leader.

Unbeknown to us, when we kicked off the program in a pilot phase about five years ago, it would have been Aunty Jean's birthday. As I understand it, Aunty Jean Morris, a well-respected member of her community in Wollongong, worked tirelessly for the community. She helped families as well as individuals with welfare-type issues and most of her work was unpaid work. We believed that it was a fitting tribute to name the program after her. That is the history of the program. The program in Wollongong has been running for five years now. We are coming up for our fifth birthday.

We saw a need in the Shoalhaven for a similar program so we did a pilot program with the elders by way of a luncheon.

We asked them to help us put the program together because we would like to think it was community-owned and community-driven, we could put the framework together and we could develop a program that we thought would best meet the needs of the community. But if we did not have people turning up to the program we would not have a program; we would have a framework. We needed to involve the community and it needed to be a level playing field so that community felt a sense of ownership of the program. We looked at the many ways in which we could manage the program. When Caroline was working with us, or I was working with Caroline, we saw that we needed to take the program out of a medical facility. So we have programs that potentially run in hospitals and in community health centres.

We saw the need to take the program outside a medical facility and focus on wellness and ability rather than illness and disability. We were thinking about what they could do rather than what they could not do. It was about the community being together. When Koori communities come together it is usually at a sad time such as a funeral when people get to see friends and relatives and extended family. Often it is at sad times like funerals and things like that. The program is based on fun so we used the analogy of a football team. Aboriginal health workers were the coaches, Aboriginal participants were the players and then we got specialists to come in. At one of the presentations that we did at a conference Caroline made a spelling mistake that referred to strippers, but she meant to say strappers. So when we talk about strappers they are the specialised people.

We look at bringing in cardiac rehabilitation services and heart failure services. We decided that we needed to have a program that was community-based and we bring outreach services into the program such as diabetes educators and things like that. They come to the community rather than individual community members going to appointments and stuff. I think our program has been beneficial. I cannot prove anything to you at this stage but we feel that the program benefits people because it addresses a number of issues. It addresses people's spiritual issues. They get together as a group, they share stories and they talk about their childhood experiences. We see it as a social thing, so it addresses social isolation.

When people are not able to get out of their homes because either they do not drive or they do not own a vehicle, a community transport bus goes around on Fridays and picks them up so they are able to come. We work in partnership with community transport. We think about the emotional side of it, that is, people who are left at home who are isolated from family, or their family are not able to be there on a regular basis both mentally and physically. We know that sitting around the table telling yarns, sharing stories and laughing is one way to address some of their health issues. Sometimes laughter is the best medicine. It is better than any pill that any doctor could prescribe. That is how we see it. We hope that the program and the coming together result in better health outcomes for people with a chronic illness.

The Hon. MARIE FICARRA: I refer to preventive health care. We all know that the problems that are occurring in the indigenous community are also occurring in our community. But they are occurring to a greater extent in the indigenous community—things such as cardiac disease, kidney disease, diabetes and all the rest of it. Is it hard to get preventive health messages, dietary messages and exercise messages out to members of the community in compliance with going to see a doctor or a nurse, taking appropriate medication or looking after themselves?

Mrs TURNER: Our program is not a six-week or eight-week program; it starts in mid-February and we wind up in mid-December. Throughout those weeks—probably 46 weeks of the year—we do education sessions with those people who attend the program. When they come to the program they are offered a cup of tea and a biscuit. They come along and get their blood sugar done, their blood pressure measured and their pulse taken. They are then given a warm-up circuit and they do an exercise circuit. We sit down and have lunch and we then offer them an education session in the afternoon. If we have time they then do a bit of training for the mini Olympics that is held annually.

We get people who are specialised in different fields to come in, for example, diabetes educators. I work with the More Allied Health Services [MAHS] program through the division of general practice in this area. This year a dietician will be coming to the program twice a month. Last

year a dietician came once a month. Working with MAHS this year is a new nutritionist and she will be coming to the program twice a month, so she will be seeing people who have diabetes and stuff. I will also ask her to do group sessions, that is, education on good nutrition to assist people to look after themselves. We will also have some practical and experiential components to that where participants sit around the table, we bring in ingredients to knock up a healthy desert, or something like that, and they chop, peel and cut and are able to talk while they are doing that. So, again, we are working as a team.

The Hon. MARIE FICARRA: Do you have any problems in getting new referrals when you start the program the following year?

Mrs TURNER: Our program has been running for about three years and I have 80 people on the books. That is not to say that 80 people turn up every week. We have a core group. I can have anything from 17 people a week up to 25 people a week. When we designed the program we understood that people would come in and out of the program, as they needed to. We needed to have flexibility for that. But we get referrals from doctors and participants. They will run into somebody they know and they will say, "You should get yourself up to the program." Doctors from the Aboriginal Medical Service also refer and there is self-referral. So people get word on the wind or through the community and they come up. I am not saying that this is the be-all and end-all for everyone, because it is not. It is about offering choices to people with a chronic illness.

The Hon. MARIE FICARRA: How do you get through to men? I imagine that you are dealing mainly with women. What are we going to do about the men, because they are terrible?

Mrs TURNER: Good question.

The Hon. MARIE FICARRA: They are a terror—indigenous or non-indigenous.

CHAIR: That is a broad generalisation.

Mrs TURNER: I think she is correct in that generalisation. That is from a woman's perspective. When our program first started, we did have a core group of older ladies, but we also had two men who came to the initial luncheon. They were roosters in the hen house. They stayed with us for quite a long time. It was very difficult to encourage males to come to the program because the core group were older ladies. They thought it was a women's program. The message I was trying to give the health workers and the female participants was that it is not a women's program; we need to get men.

There are probably about seven men who come to my program down here. So the word is getting out. But I think for men's health in general, talk has been taboo. We still talk about women's business and men's business. For me to talk about prostate cancer is inappropriate. When we have those education sessions on continence we separate the group. I ask the group first whether the men would like to stay and whether the women feel comfortable about that. The decisions about the education sessions are left up to the group. The men will say they will go and do something else. So the men then leave with the male health workers and do something else in another room. We still respect and honour women's and men's business. To answer the question, I do not know how we address that. But the male health workers are trying very hard. I know that men's health programs are starting to spring up. How successful they are, I cannot answer.

The Hon. MARIE FICARRA: Do you use as a conduit middle-aged and older indigenous women to get the message out to the younger ones about the importance of health in adolescence when their fertility is developing and the importance of being healthy when they fall pregnant and having a healthy pregnancy for the future of the baby?

Mrs TURNER: When our program participants get information from an education session they become educators. I do not know whether it is conscious or unconscious. I know that the message gets out. Our program is open for all ages because we know that chronic illness starts at any age. From my past working life as a hospital liaison officer—I worked at Shoalhaven Hospital for 10 years—I know that this community is probably blessed in that we have a group of older women; that is, women in their 80s, and I do not know how common that is across the State.

As the hospital liaison officer, I found that we were losing our men at a ridiculous rate from 40 to 58 years of age from complications of diabetes and other chronic illness. Diabetes is the main indicator for heart disease, kidney disease and other chronic illnesses. To my great distress, I saw our male population dying in that age group. In some families in the Shoalhaven and outlying areas, the younger people—that is, in their 20s and early 30s—are having heart attacks and are being sent to hospitals in Sydney to have stents inserted and bypass surgery done.

The Hon. MARIE FICARRA: It is distressing.

Mrs TURNER: Yes.

The Hon. MARIE FICARRA: Aunty Nola, are you used as a role model? You are in your 80s and you are physically and mentally doing very well.

Mrs ROBERTS: I have been doing it all my life. My father was very active in the community and I have followed on. A lot of the people come to me and I just help them. I am starting to get too old to be a role model. I will go on while I have strength to help anyone.

Dr JOHN KAYE: Thank you so much for coming to today. It is inspirational to hear about your work. Where do you get your money?

Mrs TURNER: To my knowledge, it comes from the Department of Health. It used to come from the Aboriginal Vascular Health Program. I think it is now tied in with the Chronic and Complex Care Program. That is where I think my funding comes from.

Dr JOHN KAYE: Do you think there is change happening in community health attitudes in the Aboriginal communities you serve? Do you think people are beginning to understand the connection between lifestyle and longevity?

Mrs TURNER: I think so. As you are aware, community health works quite differently from a hospital system.

Dr JOHN KAYE: Sure.

Mrs TURNER: I have been blessed in being able to work in community health because I find that mainstream workers are willing to work with me. The message is going into communities through Aboriginal health workers. We have an Aboriginal health worker at Wreck Bay who runs programs for the communities, although Wreck Bay is in the Australian Capital Territory. We also have an Aboriginal health worker based at Jerringa who is connected to us at community health.

Working in partnership with other service providers, we are able to deliver certain programs to the communities. They are setting up a walking group at Jerringa. They are working with Aboriginal health workers and Andy Mark from the Heart Foundation. Cardiac rehabilitation might be involved in that. They were at the meeting last week. Workfit, which supplies Stuart the exercise physiologist, was at that meeting as well. Through our program and other programs—not only community health or area health services but also programs such as those provided by non-government organisations—we are doing a lot of work. I do not know how fast or slow the pick up is for individuals and families in the community. Everyone recognises that we need to improve our lifestyle, be it by more exercise or eating more nutritious food.

Dr JOHN KAYE: Are you saying there is a common understanding of the importance of nutritious food?

Mrs TURNER: I would say so. The message is constant. It depends on what the communities have in the way of programs. I am not sure about how many programs Lillian runs in her community or how many programs Coral runs at Wreck Bay. However, the messages are there and early childhood nurses do observations. The otitis media program through the area health service does screening for kids at schools. The work is happening, but I cannot give any success rates because I am not clear about that.

Dr JOHN KAYE: What is the next thing that needs to be done? What is the next area of ill health that needs to be targeted and what should we do about it?

Mrs ROBERTS: I believe there should be visitations to the old people in their home, because they cannot get out. You do not know what was happening.

Dr JOHN KAYE: I take you back in the issue that Ms Ficarra raised; that is, maternal health. How do we ensure that when young women fall pregnant they are healthy? We know that has consequences for the health of the child.

Mrs TURNER: I am probably out of my league here; my area is chronic care.

Mrs ROBERTS: Our people they are very tough. When they are having babies, they look after themselves. I had seven children and I only went to hospital when I had to. That is what our people do—they go when they have to. Some of the young people might follow up. They are very strong when it comes to that. We hardly lose our babies. Only a few do not look after themselves enough. They did not have that in the past—going to hospital. The only time they went to hospital was when were ready to have their babies.

The Hon. GREG DONNELLY: You have obviously been around for a long time and observed a great deal. Can you tell us what you think are the major issues confronting the indigenous people on the South Coast? I would like your observations about what particular areas we should be focusing on.

Mrs ROBERTS: There are a lot of problems. The main thing is to let the people know that you care about them. Getting jobs and things and like that and working for themselves means they are independent. Many of our young people are not working. It is not that they do not want to work; do not think they are lazy. They want to work and to earn money, but they cannot get jobs. So they go out on the street and walk around, and sometimes they get drunk. There is nothing for them to do. There must be more jobs for our people. They are not lazy. They worked hard in the paddocks years ago, and so did I. And I mean hard. They worked in the rain, hail, wind and cold. They are not lazy; they want to work and earn money. But it is not there for them.

The Hon. GREG DONNELLY: I have been asking people a question about the notion of family in the indigenous community. The trouble that the community faces is the breaking down of families and family dysfunction. I gather that is an issue here on the South Coast—the break up of families and children being raised without both a mother and a father.

Mrs ROBERTS: That goes on everywhere. In the past they put us on missions all together like animals. That is what brought it on in the first place. They all married into one another. That was a terrible thing for the people to do. But they put us there. We had good parents and Christianity. A lot of our old people were Christians and they tried to teach us the right way. Living together and all related—how could you stop it? They were marrying one another, and that was not very good. We were forced into that because white man put us in that position. It was only the good parents who kept us apart and stopped us from marrying one another and mixing the blood.

The Hon. GREG DONNELLY: Looking at the traditional indigenous understanding of family—

Mrs ROBERTS: They love their families and they do everything in their power to help their families.

The Hon. GREG DONNELLY: Do you see a way forward to rebuild that understanding among Aboriginals of the future?

Mrs ROBERTS: It is still there. It will be there forever because our people love their children. We look after our children and we will do anything for them. But they get on the wrong track and stray away. That is their problem.

CORRECTED

CHAIR: Thank you very much for coming. It is greatly appreciated.

(The witnesses withdrew)

(Short adjournment)

SONNY SIMMS, Chief Executive Officer, Nowra Local Aboriginal Land Council, and

SHANE CARRIAGE, Chief Executive Officer, Ulladulla Local Aboriginal Land Council, affirmed and examined; and

JACK HAMPTON, Council, South Coast Region, New South Wales Aboriginal Land Council and Member, Nowra Local Aboriginal Land Council, sworn and examined:

CHAIR: Would you care to give us a brief description of what you do and make any brief comments before we proceed to questions?

Mr SIMMS: I am the acting chair of the Nowra Local Aboriginal Land Council. I have been acting in that position for a while now. I do not know if I am the main actor or not! I have been involved with the Nowra Local Aboriginal Land Council since the inception of the Land Rights Act 1983. I have filled all the various executive roles and also at one time I was a former councillor for the south coast region of the New South Wales Aboriginal Land Council. I also spent two terms as an ATSIC councillor. I was there until the demise of ATSIC. At the Nowra Local Aboriginal Land Council we have a membership in excess of 500 adult members, and that is only the ones who want to join the land council and live locally here in the Shoalhaven. One of our major attributes is to provide housing, education and employment for our members. By doing that we sell land to get us the moneys we need. We are in the process now come June to sell a parcel of land at north Nowra for \$3.3 million, which will give us the moneys we need, the cash flow we need, to take us on further and which will implement more housing. Of course, we have a subdivision we built three years last December where we built eight new homes. Of that it has given our members better housing and with that comes better living standards, better dietary intake and better education.

In our land and community business plan that is all drawn up and with the proviso later on this year when we sell the other parcels of land at north Nowra we will have in the kitty in the region of \$16 million. Of that \$16 million one of our main assets besides the housing is to set up our own funeral fund, which is really important. We have had negotiations with the local funeral director. They will be the local funeral director for us. We will own the business and we will run the business. The reason we are setting that up in our community business plan is that when that time does arrive, our people certainly have not got that sort of money. Therefore, we are going to take that burden away from our people. So, at the present time the future looks really good for us, especially in monetary terms. As I say, the parcels of land at north Nowra are of great value. We have two potential buyers in from Port Stephens who not only are going to buy the land in June for \$3.3 million, but also want to buy the other four parcels of land. So, the potential is there to sell to these people. The land is there. That is one of our biggest assets. We are land rich at the Nowra Local Aboriginal Land Council.

Mr HAMPTON: I will give you a bit of an outline of what we do. There is a clear separation of powers between the elected arm and the staff. Councillors are elected from the LAC membership to represent the collective views and aspirations during a four-year term we are in. New South Wales Aboriginal Land Council zone directors administer the New South Wales Aboriginal Land Council's four region zones, which provides support, advice and compliance monitoring of local Aboriginal land councils located across New South Wales nine State regions. They report to the New South Wales Aboriginal Land Council Chief Executive Officer through the Chief Operations Officer. Councillors, zone directors and staff are in constant liaison with each other and administrative staff in New South Wales Aboriginal Land Council head office in Parramatta. Councillors also are supported by a Councillor Support Officer. They report directly to the councillor. At the moment my councillor support person has resigned, but I have only been in the job going on to eight months or a bit longer. What we have been doing since I have been there is attending meetings and doing a whole heap of training on governance around the New South Wales land councils. We also do training in budgets. There is a whole heap of training we do to try to get each land council operational.

Mr CARRIAGE: I have been in this position for 15 years. Due to legislative changes I am now CEO instead of a coordinator. The wages did not come with it! I see what we do in my land council that we act as a conduit between all the different government departments and the community. They come to us with their problems, whatever they may be—health, education, legal. We then are able to refer them to whichever body it is they might need to help them. There are a lot more other

things we would like to do. As Sonny said, we have a lot of land but Nowra land council has land that is cleared, we do not have any. So, when we go to develop we are finding numerous problems even though the land has been zoned for development for maybe 30 years. We have been working on a development for 10 years and we are stuck with DECC not wanting to come to the party. It could be worth up to \$15 million for a community, which we could take away a lot of the onus on you people by being able to provide things that we see we need without putting out our hand.

Mr SIMMS: Can I just add to what I said earlier. I have been involved with the Nowra Local Aboriginal Land Council for the last 25 years. I am qualified in property management. I am a qualified real estate agent and business manager. During the 25 years of the Land Rights Act being introduced we have never been under administration or default. A couple of times we have been in breach for lateness of audits, but that was the fault of a third party. So that was the only time we more or less were in breach. As I said, we are striving forward now. It will be benefits for our people and our membership from here on in.

The Hon. MICHAEL VEITCH: We have travelled to a number of places around the State, as you know. We have heard that in most communities a number of people provide housing—not just one body. How many are involved in providing Aboriginal housing here?

Mr CARRIAGE: We have only one body. We actually formed a cooperative between Ulladulla and Bodalla—there are six organisations. We have set up an Aboriginal management called CARMS, which looks after all the houses in that area, which is about 150. We also are managing other land councils' houses as an agent, and that is supposed to roll out throughout the whole State. At the moment we are the only one that is really running. If you do not count Murdi Paaki that has been going forever, we are the only pilot program that actually successfully got off the ground.

The Hon. MICHAEL VEITCH: When did that start?

Mr CARRIAGE: We started working about seven years ago. It has been running for about three years and we spent four years putting policy governance together.

The Hon. MICHAEL VEITCH: Does the model have acceptance across the community?

Mr CARRIAGE: It has been accepted in our community, yes. A lot of communities ring us up to find out how we did it, why we have done it and why it works when it did not work in other places. It is not a case of one model fits all.

Mr SIMMS: A property manager manages our 28 homes; an estate agent in town runs them and we pay him commission. Three years back we built eight new homes on our land at west Nowra for our membership and the rent is set at \$90 for a two-bedroom to a four-bedroom home across the board. I do not think you could get cheaper rent anywhere in the State, not for a three-bedroom or a four-bedroom home that has an en suite in the main bedroom. This is all for our membership. On that same land at north Nowra we will continue that mode of houses for our people this year. We have a couple of other things there, but we got burned, especially with the beef cattle. They are still on the hoof.

The Hon. MICHAEL VEITCH: I want to clarify something. When you said that this is one body for housing, does that include the Aboriginal Housing Board and everything else?

Mr CARRIAGE: In Ulladulla the Ulladulla Local Aboriginal Land Council is the only body that provides housing. The Aboriginal Housing Office has four houses but we have 17. One of the biggest problems we have is that the Aboriginal Housing Office has the Department of Housing [DOH] managing its houses. We got a pretty bad deal through DOH. It has an arm called Resitech—I do not know whether you know about it—which manages all new acquisitions and construction. It is not very efficient; it is very slow.

In the past we bought 13 houses. We actually went out, selected the houses and sent it a list of three. It came down to inspect them and every time we got the first house that we chose. Resitech has now changed it around. It now comes into our area from Sydney and it finally selects a house on our behalf. We have been waiting for three months and no-one has even turned up. Resitech does not know the client, it does not know the area and it does not know the market. There is no transport in Ulladulla so you have to buy in Ulladulla; you cannot buy in the other suburbs. I do not know why it was changed but it has been and it is just ridiculous. Those are just some of the things that we have to put up with.

The Hon. MICHAEL VEITCH: How long has that been in place?

Mr CARRIAGE: This is the first time. We bought 13 houses before but we did that the other way. Within three months everything was finished and people were in the houses. We have been waiting three months and we have not seen anyone.

The Hon. MICHAEL VEITCH: At one of our meetings we were told about overcrowding in Aboriginal housing. Is that a problem down here on the South Coast?

Mr SIMMS: That is a problem. We cannot meet the demand. We have a housing waiting list of 87 people. Hopefully we will reduce that throughout the year. That is a common problem. Overcrowding in houses is one of the biggest heartaches for our people. We do not get much help from the Aboriginal Housing Office [AHO] and we are not even registered with it. That is a party I have had nothing to do with because it is quite poor. Recently I heard that it has not got the money. We are way above the AHO so we implement and manage our own affairs, and that is the way we want to go. But overcrowding is a definite problem here in the Shoalhaven area.

The Hon. MICHAEL VEITCH: Sonny, in your opening address you spoke about putting some money aside for funeral costs, which I think is an outstanding idea. What currently happens if a family member passes away?

Mr SIMMS: About 10 years ago the New South Wales Aboriginal Land Council [NSWALC] set up a funeral fund that was quite cheap—it was \$2 per person. But a challenge came in from a funeral director in Coffs Harbour who had one Koori fellow working with him. He said that we were undercutting him, so it finished up in the courts. To be fair and equitable to all other interested applicants, the State land council said, "We will not accept any more, but those who are there are covered up to \$5,000." Should a person who could not become registered become deceased the State land council will provide \$1,000 towards funeral costs and the

Department of Aboriginal Affairs will also give \$500 and the rest of the cost is on the family.

With the funeral fund that we are proposing to set up we are seeking to transfer all those members across from the State land council to our fund. It will cost us \$1.5 million to set up that fund and, as I said, we will own it and operate it and Ray Owen, the local funeral director in town will be our funeral director. As we are land rich we are also asking council to allow us to establish our own cemetery, but I do not know whether that will pass the ordinances and bylaws. Besides housing, that is one of the major things that we will set up for our membership. Looking down the track, once our members are no longer listed on that funeral fund we will open it up to additional people. We have one mob from La Perouse to the Victorian border.

The Hon. TREVOR KHAN: I go back to the issue of overcrowding. Questions about housing have been asked in each of the locations that we have visited, so there is nothing different in the questions that we are asking. Where is this overcrowding? Is it in Department of Housing homes, or is it in private rental accommodation? How do you establish whether there is overcrowding?

Mr SIMMS: I speak in regard to overcrowding in Department of Housing homes. I know of one family that was living six to a room. I know of a similar case in Moruya where a woman with six kids lives in a three-bedroom home. The two eldest boys have to live in the lounge. That is only one small segment of overcrowding, but it is rife right along the coast. The Department of Housing has been reluctant to go out and have a look at these problems. I have supported this person in Moruya. I contacted the Murra Mia Aboriginal Tenants Advice and Advocacy Service and asked it to send a representative from the DOH in Moruya to go out and see the house that this family was living in. Amongst our people we have always had overcrowding. We had the same overcrowding problem when we were living on missions and reserves. We never had support that enabled us to go to a bigger house; we had to stay in the homes that we had.

The Hon. TREVOR KHAN: I wish to follow on from what you said and I invite comments from Jack and Shane. Essentially, you told us about two cases. Is it limited to just a few families, or is there overcrowding across the board?

Mr CARRIAGE: No, it is really common. Rental properties in Ulladulla cost \$250 a week. There is a great deal of unemployment in Ulladulla and people lose their houses because they cannot afford to pay \$250 a week. They move in with their families and straightaway you have stressed housing, which is common. That happens a lot. It does not just occur in our housing; it occurs in Department of Housing homes and in the whole community because unemployment is high, rents are high and availability is low. I do not know whether too many new houses in Ulladulla have been built or bought either by the Department of Housing or by us in the past four or five years. We are talking about very low numbers.

The Hon. TREVOR KHAN: That is good to hear because it is inconsistent with what we have been told by the department. In some locations the Department of Housing has adopted a policy of selling off a lot of its housing stock. Has that happened in Nowra or in the South Coast area?

Mr HAMPTON: Not that I know of. You talked about overcrowding in houses. I come from Wreck Bay, which is near Jarvis Bay. I know that there is also a lot of overcrowding out there. People have to go out and pay private rent. They can stay only for a certain period because they cannot afford the rent. The rent is about \$200 or \$300 a week compared to \$50 or \$90 a week.

Mr SIMMS: I can validate that the Department of Housing is selling off houses or properties. When they moved me off the mission from Roseberry Park our house in Nowra was bought by Aboriginal welfare. They, in turn, put the family into a smaller house and sold that one. They sold another in McDonald Avenue, two over in Bomaderry and they did not up the ante to replace them for Aboriginal people, so they made money out of Aboriginal housing. I took that up with the director of housing in Queanbeyan and asked him whether we going to be reimbursed for those houses. A number of years back we did a survey and we found out about all the houses lost by Aboriginal people when they traded their three-bedroom home for a four-bedroom home.

All up the Department of Housing owes the Koori people about 28 homes, which have never come to fruition. They have not been handed back at all. I can show you the house that was sold off and I can show you a place on the top of the hill on the highway—an old welfare bought home. They said that it was unsafe to live in. They said that the white ants had gone through it. The occupants moved out and they sold it. They have done that with other parcels of land in town—two on the highway and two opposite the ambulance station. I can recall at least eight that the DOH has sold off this year.

Mr HAMPTON: Referring to the house on the highway, as soon as the occupants moved out it was put up for sale and it was sold within a week or two. They did the same thing up on the highway.

The Hon. MICHAEL VEITCH: What impact is overcrowding having on Aboriginal children in those homes? What impact is that having?

Mr CARRIAGE: If you have too many Aboriginal people in one house and one person catches something, the whole household catches it. If you have 15 living there, straightaway you have a health problem. That is just one example but there are plenty of others. There will be stress, kids yelling and screaming, and parents getting stressed out because so many kids are in the house. You will have other health and psychological problems straightaway. It would not matter whether you were black, white or brindle; if you have 15 people living in a three-bedroom house it will cause stress.

The Hon. MARIE FICARRA: Are there any positive or negative aspects in the relationship between the New South Wales Aboriginal Land Council and your chief executive officers, acting chief executive officers and councillors of local land councils? Are there any positive or negative aspects, or can anything be improved?

Mr CARRIAGE: They are not user friendly.

The Hon. MARIE FICARRA: We have heard that one before. Could you elaborate on that? Is there a common theme?

Mr CARRIAGE: There are only a few employees in head office that we can work with. I have been doing this for 15 years. The old saying, "The more things change the more they stay the same" applies here. That is exactly how it is. You leave messages, you want information and you try to get help but your calls are not returned and you do not get any help. Over the past 10 to 12 years I decided that it is probably best if I just do things myself and find another way around it. There are a few good employees in NSWALC who will help you straightaway, but the culture there seems to be one of, "Don't worry about it; it is 225 miles away." I wish that were not the case, but it is a bureaucracy. I deal with all types of bureaucracies—both black and white—and the culture seems to be the same in all of them.

The Hon. MARIE FICARRA: Do they not have a responsibility to follow up and give you support?

Mr CARRIAGE: All NSWALC officers have a responsibility, but they put on a white shirt and a tie and it seems to change.

Mr HAMPTON: As a councillor we are going through a restructure with NSWALC to try to put things back on track. It has been running its own race since it has been in administration. We want to try to change that so we have a better understanding with our local Aboriginal land councils [LALCs]. We look after 121 LALCs and we have to provide for them. That is why we want to try to change this. I try to do my best by phoning up every LALC and asking how things are going. I tell them that, if they need me, I will come down and see them. But because I have been doing all this training for the past eight months I have not been able to get where I need to go. I can only do that now and again.

Mr CARRIAGE: One of the problems is the attitude: "He's just the coordinator. What would he know?" They made us change our auditor. We had the same auditor for 14 years. In small business one of the things they teach you is that if you get good accountant you do not get rid of them, even if you have to pay a little bit more. I wrote on behalf of my membership to the person in charge of that area who changed it asking questions and pointing out that we had had our auditor for 14 years and the office was across the street, whereas the auditor they made use of was 225 miles away. The answer was that it would be economically better to use their auditor. They sent me a photocopy of the Act. I know it back to front, so I did not need that piece of paper.

These auditors got our land council accounts in on time, but no others. They had 13 land councils to do. We ended up paying more than we would have if we had kept our own auditor. These things are really frustrating when you write a sensible letter and you want answers and just get a photocopy of the Act in reply. They are the things we have to deal with. They are up in Sydney and it is really hard to strangle one in Sydney from Ulladulla. Uncle Jack tried his heart out, because his land council was affected by the same thing. He had to cope with the same auditor, who is 300 miles away from him. It did not make any difference. They think they know everything in Sydney.

Mr SIMMS: My grievance with the land council is land claims. Claims lodged over 10 years ago are just starting to come to fruition. I lodged 52 claims in February 2000 and they are just starting to come forward. Unbeknown to us, the State land council sent a team of five to all the land title offices and lodged claims on behalf of the State land council, not us. When they came here they even lodged a claim for the cemetery. We copped enormous ridicule about that because of their negligence.

The Hon. MARIE FICARRA: So you copped the local community flack.

Mr SIMMS: Yes, because we claimed the cemetery. It was not our responsibility; it came from them.

The Hon. MARIE FICARRA: Did they tell you they were coming or consult?

Mr SIMMS: No. I got a call from the manager of the lands titles office. He said, "Sonny, there are blokes in here lodging claims on your behalf." I told him that they had not advised us. That is one of the low points of the State land council. Another issue is outstanding money. If you are in breach, they will stop your money. The State land council owes us \$22,600. We have been waiting for more than 10 years for that to be reimbursed. It is our money and we want it back. They are holding a post mortem about it. It is definitely our money. They are still the big brother and dominating us.

The Hon. MARIE FICARRA: When you fulfilled the requirements and the funding started again, they kept the money.

Mr SIMMS: They kept it.

The Hon. MARIE FICARRA: It has kept the money and accumulated interest.

Mr SIMMS: Yet they hold us in breach for any little thing, but nothing is mentioned about that money. They are still the big brother and still have that standover mentality. I know the system because I was there as a councillor and I have been involved since 1983.

Mr HAMPTON: I have been inquiring about this money. No-one seems to know who has it or where it is. Every land council gets breaches. I try to intervene because of the auditors. I have inquired about the auditors' processes and doing the audits on time. I have raised that a number of times at our council meetings. Because they are under contract, we are stuck with them. We can always cancel their contract, because we are councillors and we can do it.

Mr CARRIAGE: They breached. They did not get the audits in on time, so they breached and you can get rid of them.

Mr SIMMS: We were the last ones to get that clear order from Merimbula. I drove the papers down and delivered them to the man. Yet they took us away from our bloke at Mona Vale, who we have had for the past 17 years with no right of reply.

Mr HAMPTON: I even delivered the stuff on my way down to visit Eden local Aboriginal land council. He said we would have it in two weeks. It was not until two months after.

The Hon. MARIE FICARRA: So there is not a lot of respect for your views and service delivery on a local basis.

Mr SIMMS: We comply with the Act as it is put before us. However, when they step out of line they are not reprimanded, but at the local level we are.

Dr JOHN KAYE: The Act has changed substantially. How have those changes affected you—have they been positive or negative? Do you see a need for further changes?

Mr SIMMS: Changes have been made to the Act and the regulations about four times since 1983. Before the last lot, they had workshops throughout the State. Joanne Scott's brother did the presentation. The chief executive officer of the State land council and the general manager did not have the guts to confront all the people in the State. Joanne's brother held the baby. He was praised for the work he did. But the other blokes did not explain the changes to the Act. When they did have a meeting at the Novatel at Brighton-Le-Sands they did not want blokes at the meeting who bucked the system or challenged them. I was not on the invitation list; I was left off.

Mr CARRIAGE: I was there. A lot of changes to the Act were never discussed at the meeting. One is the chief executive officer. I do not know where that came from; it came out of left field. I do not know why they changed the title; they certainly did not change the wage structure or

enable us to be paid as chief executive officers. We now call them "cheap" executive officers. Some of the changes are good. We can now set up trusts and he can have his funeral fund. While we are still not a profit-making organisation, we can make money for the benefit of the community. They are never going to get it perfect. When they do invite us to talk about it, they should at least listen.

Mr SIMMS: They said to us on the South East coast, "You have prime, valuable land and sell it for millions of dollars. Why not give some of it to us over the mountains, to the poorer land councils, and give the State land council a commission?" I told them to go and jump. Despite the land that we will sell between now and Christmas, I will still gladly accept their \$130,000 as our allocation. That is our money and we will commit to the business plan, but they will not come in and stand over us again. It has gone on too long. We suffered mission managers and they are mission managers in the form a black fella.

The Hon. GREG DONNELLY: We welcome your comments about your experience with shared responsibility agreements to the extent that you have been involved in them. What is your experience with shared responsibility agreements and how have you found them to the extent that you have utilised them?

Mr SIMMS: We have not had long to look at this. It has been thrust upon us. We still have to take it back to our local members for clarification. Since they amended the Act, the larger land councils have elected a 10-person board. The smaller ones elect five to seven members. Being the third largest land council in the State, we elected 10. We can make recommendations about shared responsibility agreements, but we still have to take that back to the membership for clarification. The membership has the deciding vote about the new Act. The chairperson, the chief executive officer and the board can make a recommendation, but it still has to come back to the local land council membership for ratification.

Mr HAMPTON: Sonny has said everything. That is what is happening now.

Mr CARRIAGE: We have no dealings whatever with them. I do have concerns about them. They sound like they are a grant. They are saying we are sharing responsibility. We want all the responsibility. We want to be able to make our own decisions, not have to answer to someone else. Even if it is called a shared responsibility agreement, we are answerable to someone else. Nowra Aboriginal Land Council is lucky in that it will be able to sell land and get money. In Ulladulla we are trying to develop land; we are not simply trying to sell it. We are in a joint partnership to develop land to create a housing development. We cannot do that because of the legislation and the new part 3A. I do not know whether members know anything about it. We do not want to sign up to some shared responsibility agreement where at the end of the day we are the pupils and you will be the master. That has been happening for 200 years—too long. We want to get on with the game and do it ourselves. We need some legislative changes because we are being held back. It is not only the Ulladulla Aboriginal Land Council; all the land councils up and down the east coast will be in the same boat. We will never get on the front foot.

The Hon. GREG DONNELLY: How has the demise of the Aboriginal and Torres Strait Islander Commission impacted on the capacity and ability of the people of the South Coast to represent themselves?

Mr SIMMS: I was a councillor until the demise. Our former chairperson is the next presenter. She is the best person to answer that question. She was the chairperson when Johnny said goodbye.

Dr JOHN KAYE: Mr Carriage, you mentioned part 3A. I presume that you mean part 3A of the Environmental Planning and Assessment Act.

Mr CARRIAGE: Yes.

Dr JOHN KAYE: It just changes the consent authority from the local council to the Minister. How does that impact on you?

Mr CARRIAGE: We were granted a block of land that has been zoned residential for 30 years. We have tried to create a subdivision. However, under part 3A, you have to have all your surveys done prior to lodging a development application. They found a couple of things on our block of land. It abuts a national recreation area covering 400 or 500 hectares. Our block of land is 16 hectares. The Department of Environment and Climate Change has put its head in the sand and said that it does not want us to do anything. We offered the land to the department, but it knocked it back because it is surrounded by residential development.

I spoke to people from the National Parks and Wildlife Service yesterday who have to deal with part 3As. They are a nightmare. No-one knows what to do. The Department of Planning does not know what to do. I have had meetings with the Department of Environment and Climate Change and the Department of Planning in Sydney. The bloke from the Department of Environment and Climate Change said, "I know it will socially impact on the Ulladulla Aboriginal community, but I don't really care." That was his attitude.

We are looking at the end of this development probably bringing between \$15 million and \$16 million to our community. We are writing a community land and business plan that revolves around this development. We have been working on it for 10 years. We have not done it overnight and we have followed all the correct legal procedures. We got lawyers and all the experts to ensure we were not getting ripped off. Our own lawyer drew up the joint venture agreement, which gives us the money for the value of the land up front. We cannot lose. Even if the development falls over, we still get the money. We are dead in the water while the Department of Environment and Climate Change is treating us this way. It is going to happen to every land council. Most of the land we have is covered in trees.

Mr SIMMS: We spent \$129,000 on three consultants to draw up our community land and business plan, which was going to last for the next decade. That has been rejected and we have to go over it again. The State land council said it would lend us \$5,000.

Dr JOHN KAYE: That is big of them.

Mr SIMMS: That is \$129,000 down the gurgler.

The Hon. MARIE FICARRA: What was wrong with it?

Mr HAMPTON: It did not fit the criteria.

Mr CARRIAGE: They now have a template that we have to write to.

Mr SIMMS: It is school kid stuff, but we have to abide by what they send us. When we lodged those 52 land claims, we had great support from the Shoalhaven City Council. It supported 48 of the claims. We now have a really good working relationship with Mayor Greg Watson. He is very supportive of the land council and Aboriginal people in general.

The Hon. TREVOR KHAN: Have you had any experience with community working parties around here?

Mr HAMPTON: Yes.

Mr SIMMS: I gave the CDEP a job on the old housing estate at west Nowra. That was part of my role as a project officer, but I am not popular with the CDEP so I do not indulge in it at the present time. I am not the flavour of the month.

CHAIR: We would like to continue, but we are out of time. We appreciate your attendance today. You have been informative and have given us a lot of food for thought.

(The witnesses withdrew)

DIANE MURRAY, Institute Director, Nowra TAFE, and

IRIS WHITE, Aboriginal Development Manager, Nowra TAFE, affirmed and examined:

CHAIR: Would you care to make an opening statement about your role and then we will proceed to questions.

Mrs MURRAY: As Institute Director I have responsibility for the Illawarra and south-east region of TAFE New South Wales. That means 14 campuses from Wollongong down the South Coast to Bega across to Cooma and up the highlands area to Moss Vale. Annually we enrol about 40,000 students across that region. We are managed by district operations, so that we have a northern district that manages the Illawarra, a South Coast Regional District and a highlands district. So, administratively I have managers in each of those regions who report to me for the delivery and management of those campuses. We operate our educational programs from a faculty perspective where we have programs planned and delivered across the region and with an educational cohort of managers reporting through for the business of the whole region.

Within that, from an Aboriginal perspective, we have an equity unit that is responsible for addressing areas of social inclusion and disadvantage among a range of target groups. We provide government-funded programs to address the vocational educational issues for disadvantaged groups through our equity unit. The Aboriginal education unit is part of that group. Structurally Iris is responsible for the delivery of Aboriginal education programs across the region. Within those regions we have Aboriginal coordinators who liaise with communities, liaise with peak bodies for Aboriginal communities and provide advice to us on their future needs, their employment challenges, and their skills needs to enable them to take advantage of opportunities in the community.

That advice is fed into our planning systems and each year we provide a range of programs both to enable people to access skills and, in particular, initially to provide them with opportunities for learning that they may not have received in the past to build their educational skills. Predominantly our focus is about the vocational skills people need to take advantage of employment opportunities across the region and to build community capability. So, our real challenge is about moving people from an access perspective into an educational training system through to an equitable outcome that is going to enable them to operate within their community and within the broader community.

Mrs WHITE: As Di said, my role is that I manage the Aboriginal education and training unit. I have a team of four Aboriginal coordinators, one based in Wollongong, one based at Nowra, one based at Moruya and one based at Queanbeyan. In my role I provide strategic support to the institute in building the institute's capacity to be able to respond to community. My team works with community to identify the training and vocational needs of Aboriginal communities. We provide support to individual Aboriginal students accessing mainstream programs and we also liaise with industry to identify vocational programs so that we are training people to respond to those market needs.

CHAIR: Do you provide culturally sensitive training as opposed to vocational?

Mrs WHITE: We deliver a program that is a nationally accredited program, which developed by TAFE New South Wales. That program is the Aboriginal Cultural Education Program. We deliver that program internally to staff. We have a team of six trained facilitators within the Institute to deliver that program. It is an accredited program as I said and we deliver that program also to government agencies and non-government organisations to be able to work with Aboriginal people.

CHAIR: Have you ever seen the Police Force Aboriginal Strategic Directions document?

Mrs WHITE: I do not believe I have.

CHAIR: Have you ever trained or been involved in courses for the Police Force in Nowra?

Mrs WHITE: We both have historically. This institute or organisation was—I am trying to think back how long; I cannot just recollect. Probably about 15 years ago we were actively involved in

and coordinated a statewide training program in conjunction with the police department where we put people through a tertiary education program and prepared people for entry into the Goulburn academy. In more recent times we have just had a program developed and we are actually piloting it here in Nowra and in the Illawarra-Wollongong area, a school-based traineeship for people to undertake training as part of their studies to prepare them for entry into the Police Force on school leaving.

Mrs MURRAY: In relation to a cultural awareness program, I am part of a regional coordination management group that includes the heads of government departments in the region. At that group we have discussions about the various agencies and the delivery of the ACEP program to those agencies. Police have been part of that discussion regionally.

CHAIR: My question is: Specifically, has Nowra TAFE in conjunction with the local Yuan elders and the local commander of police been involved in training the Police Force under the commissioner's Aboriginal Strategic Direction document?

Mrs MURRAY: No.

The Hon. GREG DONNELLY: In your earlier comments you spoke of delivery of both specific courses for indigenous people and mainstream into other courses. Could you expand on that a little? In regards to specific courses, could you tell us what kind? In encouraging participation in mainstream courses, what sort of courses are they taking up?

Ms WHITE: I will give you an example of the courses that are currently being offered through Nowra campus.

The Hon. GREG DONNELLY: Yes, that would be good.

Ms WHITE: Students in this program are continuing students. This year we are offering a diploma in community management and a certificate 4 in welfare. We are offering a carpentry course, which is an introduction to the construction industry, and that is in partnership with the local community in preparation for the construction of the jail. We are offering an outdoor recreation course, a certificate 3 in Aboriginal and Torres Strait Islander art, and a certificate 4 in outdoor recreation. Those are the courses that are currently running at Nowra campus.

The Hon. GREG DONNELLY: Specifically for indigenous students?

Ms WHITE: Specifically for indigenous students.

The Hon. GREG DONNELLY: So by definition the people who participate in those courses have to indigenous?

Ms WHITE: Yes, they do.

The Hon. GREG DONNELLY: Let us take the current academic year. What sorts of numbers of students are taking those courses?

Ms WHITE: We are just getting our enrolment data at the moment. On average, each of those programs has about 12 students enrolled in them, but that varies from course to course. On average there are 12 students in each program.

The Hon. GREG DONNELLY: Which courses of that sample of courses appear to be the most popular in attracting applicants? Are there any particular courses?

Ms WHITE: They have all been popular because the community identified them, and we have responded to a need that has been identified in the community. In the course that commenced this week—the introduction to construction— 30 students have enrolled in that program. I would like to talk a little about that program because I think it is a good example of working with the community.

The Hon. GREG DONNELLY: That would be good.

Ms WHITE: At the end of last year we were approached to partner with what was the Community Development Employment Project [CDEP]—I think it is still the local CDEP project—to work with it to develop a program so that we would have people job ready when the construction of the jail commenced. The local community here has been involved in negotiating with the Department of Commerce to ensure that a percentage of Aboriginal people are employed in the construction of the prison. We identified the sorts of skills that people would need to have to work in the construction industry.

What has been really great about it is that the CDEP put out expressions of interest in the community for people who wanted to participate in that program. I think in excess of 60 young people applied or expressed an interest in the program. Then it went through a process of screening those people and, as I said, we took 30 of them once they had been screened by the CDEP and they all enrolled and commenced this week. We will do a range of units in that program. We will ensure that they have licences to do particular things like occupational health and safety, the WorkCover green card, first aid, and working in confined spaces—tickets that are relevant to that industry.

In addition, they will have completed some units of competency so that when they get employment opportunities at apprenticeships or traineeships with the contractors they will already have some accreditation towards their qualifications.

The Hon. GREG DONNELLY: Putting aside that program, how did you go about marketing the other programs to which you referred? Have people come in freely and willingly to enrol and have you been able to fill up your numbers that way, or has it required a fair bit of marketing on your part to attract applicants?

Ms WHITE: Our Aboriginal coordinators have to build a relationship with the community on an individual basis and with organisations at a community level. Our coordinators hold forums or attend community forums like the Shoalhaven Safe Communities Aboriginal Partnerships [SSCAP] and talk about some of the options that are available for training, and they try to link in with the community's plan for training. On that basis they come back into our organisation and work with the respective faculties and say, "These are the programs that have been identified."

Once we establish those processes internally we market them through various channels. But, basically, we go out and promote them in the community. We send out fliers to each of the organisations and we promote those processes, at the same time as targeting Aboriginal-specific organisations around town. We promote those processes in available print media and through job network agencies, but mostly through Aboriginal organisations.

The Hon. MICHAEL VEITCH: How many Aboriginal TAFE teachers are there in the Illawarra institute?

Ms MURRAY: I do not have the number for the Illawarra institute. I can get that for you. However, there are six full-time staff members at Nowra. There is one part-time casual teacher, so altogether there are seven.

The Hon. MICHAEL VEITCH: Out of a total of how many?

Ms MURRAY: I do not have that figure at my fingertips either, but I can get that for you.

The Hon. MICHAEL VEITCH: Are their qualification levels the same as the qualification levels for everyone else?

Ms MURRAY: Yes.

The Hon. MICHAEL VEITCH: In what courses are they involved?

Ms WHITE: I can answer that question. We have six full-time teachers. Each of those teachers has the relevant qualifications to teach in those areas. So they are qualified not just to teach Aboriginal people but also to teach the subject area. We have Greg Christian, a general education

teacher. Greg is a full-time teacher of Aboriginal studies. We have Isabelle Fitzpatrick who is an adult basic education teacher. Isabelle teaches numeracy and literacy-based programs. Eva Dillon-Smith is a teacher of childcare. John Baker is a teacher in hospitality. He teaches primarily baking programs. Warwick Keen is an art teacher and Jody Edwards is our Aboriginal coordinator. Jody is also Aboriginal Studies trained.

The Hon. MICHAEL VEITCH: So they cover a broad range of subjects.

Ms WHITE: Yes.

The Hon. MICHAEL VEITCH: What sort of impact would Aboriginal teachers at the campus have on students?

Ms WHITE: From my perspective I think they are fantastic role models for Aboriginal students who are on campus. I think the impact is broad right across our organisation because we have Aboriginal people who are teaching non-Aboriginal students. They build the capacity of our organisation as part of a collegiate, if you like, to be better able to respond to the needs of Aboriginal people. Just in their day-to-day roles I think they fulfil a really important role in providing education to non-Aboriginal people. I think that they provide a really important face on campus for non-Aboriginal students who are then being taught by Aboriginal people in areas in which historically or traditionally they do not expect Aboriginal people to be involved.

The Hon. MICHAEL VEITCH: It can only be positive.

Ms WHITE: I think so.

The Hon. MICHAEL VEITCH: I wish to ask a quick question about the make up of your student demographics. How many Aboriginal students have disabilities?

Ms WHITE: I do not know the answer to that question offhand.

The Hon. MICHAEL VEITCH: Will you take that question on notice and get back to us, for Nowra and the institute?

Ms WHITE: Yes.

The Hon. TREVOR KHAN: I grew up in Wollongong, so I have an interest in Wollongong. We talked about programs that are operating in Nowra. Wollongong is quite different because of the industries that operate in that area. What programs are available for Aboriginal students in Wollongong?

Ms MURRAY: Once again, I will just give you a sample of the things that have been operating. You will probably find that this is fairly consistent across TAFE. Because of the link with community needs we offer a core of programs. A diploma in community management is one of them. That is a fairly standard program. We have also been running a bricklaying program linked into pre-apprenticeship training-type programs to prepare people with skills to gain apprenticeships. We have run a number of Aboriginal art and cultural practices programs.

We were particularly proud of the outcome of one program that we ran at Wollongong. That program, which was completed last year or the year before, was an advanced diploma in visual arts. The students who completed that program are the first indigenous students to complete it within New South Wales. The program, which was run out of Wollongong, involved quite a high standard of visual arts study. That was a particularly significant and important program. We have run horticulture programs and painting and decorating programs. We have a large painting and decorating section. We also run general education programs.

We run a number of programs to give people the basic skills they need to work in industry in relation to licensing requirements, occupational health and safety, the responsible service of alcohol, and the responsible conduct of gambling for people who want to work in the hospitality industry. We

run the general vocational preparation and introductory business programs for people who might be working in the business context. I guess that is a fairly broad range.

The Hon. TREVOR KHAN: Are you able in due course to identify the number of Aboriginal students that are enrolled in Nowra and Wollongong?

Ms MURRAY: Yes. I can tell you now.

The Hon. TREVOR KHAN: I am happy to hear the figures.

Ms MURRAY: So far this year—we have not completed our enrolments this year—a total of 356 students are enrolled at Nowra. Across the institute so far approximately 1,500 students are enrolled.

The Hon. TREVOR KHAN: In which campuses are the majority of those students? What are the major campuses where Aboriginal students are enrolled?

Ms MURRAY: Nowra, Moruya, Wollongong and Wollongong West. In Wollongong we have two campuses, so when I talk about Wollongong it is across those two campuses.

The Hon. TREVOR KHAN: Where are they?

Ms MURRAY: The largest campus at Wollongong is the campus on the freeway, in the university precinct. The other campus, which is called Wollongong West, is the original technical college in Wollongong, which is near the railway in Rowland Avenue.

The Hon. TREVOR KHAN: I would not have thought of it as Wollongong West.

Ms MURRAY: It displays a sign that reads, "Wollongong Trade School."

The Hon. TREVOR KHAN: You were asked a question relating to the number of Aboriginal teachers. If I remember correctly, that was restricted to Nowra.

Ms MURRAY: I can get you that information. I do not have it with me. I have the information for Nowra, but I do not have information for that. I can get it back to you.

The Hon. TREVOR KHAN: Would you also be able to identify support staff?

Ms MURRAY: Yes.

The Hon. TREVOR KHAN: Would you be able to give us percentage figures for staff?

Ms MURRAY: Yes.

The Hon. TREVOR KHAN: I am particularly interested in Wollongong, Nowra and Moruya, that is, the campuses with the largest Aboriginal student populations.

Ms MURRAY: That is fine.

Dr JOHN KAYE: How many students in total are at the Nowra TAFE?

Mrs MURRAY: I do not have that figure.

Dr JOHN KAYE: What about a rough estimate?

Mrs MURRAY: I cannot even provide an estimate.

The Hon. MARIE FICARRA: Do you provide placement assistance after the completion of courses?

Mrs MURRAY: We work quite closely with the job network organisations to identify opportunities and to provide advice about the training. We provide advice to prospective students and to the job network organisations about our programs and where we are able to match them. We do not have an employment placement capacity within the organisation. We point students towards agencies that are funded to provide that service. Within the campuses, the coordinators and support staff have a process whereby they work very closely with the students to access opportunities.

Mrs WHITE: We piloted a very successful at Nowra last year. Aboriginal and student support officers provide individual support to students, including developing individual education plans. We work with students to determine what they want to do long term, and then we map out a process for what they need to do to get there. We try to link with industry or job network providers on an individual basis to help people pursue their interest.

Our Aboriginal student support officer also initiated a job board. Students now come to check out the job board and to see where the jobs are. Not all of the jobs are in Nowra; some are part of the State strategies in place with some of the bigger industry groups. We have been assisting and facilitating processes for those students to access that information and make that contact to pursue. For example, Qantas and Jetstar had a recruitment process. That is on the job board.

We get people thinking about what they want to do in the long term and what things they need to do and what we can do to help them get there. There is one-on-one counselling and we facilitate that process for them. We then steer them into the most appropriate course of study to help them to achieve their individual goals.

The Hon. MARIE FICARRA: Are there some industry sectors, companies or corporations that are outstanding in working with you?

Mrs WHITE: Probably one of the best links we have locally is through the area consultative committee. We recently participated in an employment expo they had. It is the regular contact with the area consultative committee and involvement in the projects they are doing.

The Hon. TREVOR KHAN: What about BlueScope?

Mrs WHITE: I have not had any involvement with BlueScope.

The Hon. TREVOR KHAN: Is that right?

Mrs MURRAY: Not in relation to our indigenous strategies. We work with BlueScope training its apprentices, but not specifically with indigenous strategies.

The Hon. MARIE FICARRA: Could you look at that in future? Could that come on the agenda on a regular basis with the corporations and industry groups with which TAFE has a good relationship? What are they doing?

Mrs MURRAY: The question is whose responsibility it is in terms of employment and who needs to initiate that with an employment strategy and a role in the community. While we are able to work to assist organisations and businesses to build the skills bases they need to implement their employment strategies, I do not think it is our role to be responsible for their employment strategies.

The Hon. TREVOR KHAN: Nor was I suggesting that.

The Hon. MARIE FICARRA: Someone should take that up.

CHAIR: Who do you think that should be?

Mrs MURRAY: I think it is the role of the organisations themselves. If businesses want to be good corporate citizens, economically sustainable and improve the value of their business in the community they must work to harness the skills and capabilities of the broadest range of people in the community. Working to build skills within the community and then accessing those skills makes good business sense.

CHAIR: Do you think TAFE could or should have some role in educating the various companies about these things?

Mrs MURRAY: Yes. We have very good relationships and partnerships and we are able to assist and participate in those strategies. However, my answer was about who has to take responsibility for the strategy.

CHAIR: I was wondering whether TAFE had a role to play in vocational training.

Mrs MURRAY: We certainly do.

Dr JOHN KAYE: What percentage of the teaching staff at Nowra TAFE have some form of pre-service or in-service Aboriginal cultural awareness training?

Mrs MURRAY: We recruit our teachers from an industry base. As part of their general teacher training after they commence service with us, within the program that they do in a certificate IV or a degree program, there are elements and components about working with indigenous people. I think within certificate IV there is a unit of competence in working with indigenous people.

Dr JOHN KAYE: What has become of the graduate diploma?

Mrs MURRAY: We have certificate IV as part of the undergraduate course. People have to complete the certificate IV within that undergraduate diploma.

Dr JOHN KAYE: Are you saying that all teachers, whether they are part time, casual, full time or permanent, who sign on to the Illawarra Institute have at least one unit of competency in cultural awareness?

Mrs MURRAY: It is available in the certificate IV course.

Dr JOHN KAYE: That is a different question. How many of the teachers at the Illawarra Institute and at Nowra TAFE have some training—

Mrs MURRAY: I cannot give you that as a number. The program provided has a unit of competence within it. Not everyone might do that unit. In addition, the Aboriginal Cultural Education Program that Iris referred to is being offered—not as extensively as we would like—to all existing staff.

Dr JOHN KAYE: Is it that you cannot answer now or that the data simply does not exist on how many of your teaching staff have Aboriginal cultural awareness training?

Mrs MURRAY: There are two parts to that. I can get figures on how many of our staff have completed the Aboriginal cultural awareness program. There is the additional thing, which is the number of staff who in their teacher training program—

Dr JOHN KAYE: Or in other in-service programs.

Mrs MURRAY: Have undertaken a unit of study.

Dr JOHN KAYE: You do not have that data.

Mrs MURRAY: No.

Dr JOHN KAYE: That data does not exist.

Mrs MURRAY: No. A number of staff undertook their training prior to the inclusion of that training.

Dr JOHN KAYE: Is it not true also that, although it was an option, a number of your staff coming in now do not take it up?

Mrs MURRAY: It was an option and they may not have taken it. I cannot answer that.

Dr JOHN KAYE: Is it fair to say that both the State and Federal governments have substantially changed the way in which they fund institutes, both in terms of the dollar amount per student hour and the way in which that money is delivered? Can you comment on the way that has impacted on Aboriginal students?

Mrs WHITE: In terms of the resources; if the resources—

Dr JOHN KAYE: The total amount spent per student hour in TAFE colleges in New South Wales has declined by about 25 per cent over the past ten years. A lot of that has to do with the casualisation of the teaching workforce, bigger class sizes and so on. How have those things impacted on Aboriginal students? Or have Aboriginal students been protected from that?

Mrs WHITE: I cannot see that that has impacted greatly on Aboriginal students. I can base that on the fact that we have increased our Aboriginal enrolment over the past seven years. Not only have we increased our Aboriginal enrolment but we have also had Aboriginal students articulating to the higher level of courses.

I have worked in the organisation for quite a long time. When I first started, for many of the earlier years of my involvement in TAFE, Aboriginal people were still accessing the lower levels of programs—certificate I, certificate II and statements of attainment. We now have a good distribution of Aboriginal students accessing programs at all levels, including up to certificate III, certificate IV and diploma level courses. As I said, our enrolment has increased of over the past seven years.

Dr JOHN KAYE: Thank you for that. You neatly answered my next question. That is very good news and a credit to your work. Does the funding for the unit you work in come directly from the Department of Education and Training or via the institute? Is that funding discretionary to you or is it mandated by the department?

Mrs MURRAY: In relation to the unit, the setup and the operations?

Dr JOHN KAYE: And the funding thereof.

Mrs MURRAY: That is discretionary to me. The institute operates on a global budget; we are allocated a global budget. The structure and the positions within that structure are determined by me and my board. We put in place a fund out of our global allocation. In addition, we allocate funds to run our programs in each of the coordinator areas. In addition, Commonwealth funds are made available for specific programs.

Dr JOHN KAYE: Do they come directly to the Illawarra Institute or via the Department of Education and Training as part of the global budget?

Mrs WHITE: The Commonwealth allocation comes to us via a head office unit.

Dr JOHN KAYE: But as tied funds for specific courses.

Mrs WHITE: As tied funds specifically to achieve outcomes in specific areas. That is targeted to courses at certificate III level and above. It also targets literacy.

Dr JOHN KAYE: Are there any tied State funds targeted at specific indigenous outcomes?

Mrs WHITE: Yes, there are. Again, the focus is the higher level courses.

Mrs MURRAY: They are not tied funds, there are tied outcomes. The outcomes are about completions and increasing the number of students in certificate III and above courses. We have a

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performance agreement that includes performance outcomes related to indigenous student participation and outcomes.

Dr JOHN KAYE: And you and your board make decisions about allocating funds as a trade off to achieve those outcomes.

Mrs MURRAY: Yes.

CHAIR: Unfortunately, we are on borrowed time. I appreciate very much your appearing. TAFE does very valuable work and it is appreciated. Thank you very much.

(The witnesses withdrew)

FAYE WORNER, Chief Executive Officer, Waminda South Coast Women's Health and Welfare Aboriginal Corporation, affirmed and examined:

CHAIR: Would you care to give us a brief outline of your role and then we will proceed questions?

Ms WORNER: Yes. I have written out in my notes some of the things I want to remember. Firstly, I recognise the traditional owners of this land and acknowledge elders past and present. I am pleased to be able to talk with you today. It is an opportunity to openly discuss our service, what we do, what we need and to discuss the state of Aboriginal health from our perspective. My background is working in the community services sector for about the last 20-odd years I suppose in most States of Australia. Currently I am in this role as manager of the women's service.

The Hon. MICHAEL VEITCH: Does your service have much to do with the otitis media program?

Ms WORNER: Yes it has. We have run screening programs for otitis media in the past and we are just in the process of developing a partnership with Community Health to actually run those programs on an ongoing basis at our health centre.

The Hon. MICHAEL VEITCH: A few days ago we heard that otitis media programs have not been very effective in some communities. What is your view about that statement and whether it applies to the South Coast?

Ms WORNER: I would agree with that. I think the reason some of these programs have not been successful is that they have not been targeted to the actual community and the need of that particular community. The discussions we have been having with Community Health about such programs is how we would go about running the program, not just content of the program, where would we do it, how would we encourage parents and their children to come, attend and stay and be treated. It is simply not a case of just saying that a program needs to be run and setting a date and hoping people will turn up. That is why they fail.

The Hon. MICHAEL VEITCH: How often are kids screened for otitis media?

Ms WORNER: Very irregularly at the moment, that is why we are setting up a process with Community Health to make it a regular program.

The Hon. MICHAEL VEITCH: To quote my friend here, the Hon. Trevor Khan, it would be fair to say that a number of kids would go through school without having been screened for otitis media?

Ms WORNER: Absolutely.

The Hon. MICHAEL VEITCH: How do you derive your funding?

Ms WORNER: Yes, that was one of the questions I have answered. I will read it out. We get our funding from the New South Wales State Health Department through the area. We have a women's health program and a drug and alcohol program funded through State Health. We have Aboriginal health funding also for our domestic violence and family violence programs. We have a small amount of funding through the area assistance scheme through DOCS, that is for young women at risk. We get a very small amount from Mission Australia to run a playgroup. We have received funds from the Cancer Institute of New South Wales. We have had indigenous cadetship money in the past. We have also had Federal money from OATSIH for sexual assault. That is where we sit at the moment. Predominantly our money is State.

The Hon. MICHAEL VEITCH: If we were to make a recommendation to the Government about the otitis media program, how would like us to word that? What should it look like?

Ms WORNER: Some of the stuff I will touch on a little bit later is about looking at and developing local solutions for local issues. The issues for otitis media in the Shoalhaven I guess have things that are specific to this area. So, there needs to be an acknowledgement of finding out in the community what the issues are at the moment and what is happening at the moment, and then working out what specifically the Shoalhaven needs for those programs. You cannot have blanket programs throughout New South Wales or federally. Just in terms of wording, it needs to be about local issues, local programs, and working with local organisations. It needs to consult with the local communities as a start before any wording can be developed, I guess.

The Hon. MICHAEL VEITCH: When is the optimum time for screening otitis media?

Ms WORNER: I would have to get back to you about that.

The Hon. TREVOR KHAN: I do not disagree about the local solutions exercise because it is a recurring theme. We will talk about it in the context of otitis media. Just about everywhere we have gone and every relevant group we have talked to about regarding otitis media tells us it is a problem, yet it is not from the Shoalhaven that message comes. What is the particular issue for the Shoalhaven that is, say, different to Kempsey?

Ms WORNER: In regards to otitis media?

The Hon. TREVOR KHAN: Yes?

Ms WORNER: The actual community. I am not aware of statistics in comparing the Shoalhaven with Kempsey on the otitis media. That can be readily accessible. I guess the whole issue around local solutions for local people is just that: it does not matter whether we are talking about women's rehabilitation units and why is it important for the South Coast and Shoalhaven to recognise the need for one of those units on the South Coast versus Kempsey. What are the needs of the Kempsey community compared to the Shoalhaven community for drug and alcohol issues? They are different. Coastal communities are completely different. I do not know where you have travelled to, whether you have gone to Moree or Bourke, but they are completely different issues. We have quite discreet communities here. I do not know if you have heard from people like Auntie Grace from Jerringa—probably not Wreck Bay because it is Federal—but there are lots of different Aboriginal communities here with completely different needs. That is really hard to grasp. I know it is incredibly hard to grasp from a government point of view when you want to roll out programs. However, the issue is that unless programs are targeted locally and organisations consulted—like SCAP, for instance or the local consultative community groups—the programs just do not work.

The Hon. TREVOR KHAN: We might be talking at cross-purposes. Is there something particular about the otitis media issue in the Shoalhaven area that differentiates it, say, from its prevalence in Wollongong?

Ms WORNER: I am not aware of that. All I know is that access to general practitioners and to these programs is limited.

The Hon. TREVOR KHAN: It is in Wollongong as well, I can assure you.

Ms WORNER: Yes, and it is worse here. We have the highest number of Aboriginal people per capita in the State. We have 3,500 Aboriginal people and Torres Strait Islander people here. A huge percentage of those are under 15. So, what you have in this area, which is different to many other areas in the State in particular, is the high prevalence of Aboriginal-Torres Strait Islander people in this community. Then also you have in the Shoalhaven the issues around transport and access to services, which is very different from Wollongong.

The Hon. TREVOR KHAN: If we just deal with the health issues of young, adolescent members of the Aboriginal community, are there other significant health issues that are failing to be addressed appropriately?

Ms WORNER: Absolutely.

The Hon. TREVOR KHAN: That is a very specific answer to the question.

Ms WORNER: Yes.

The Hon. TREVOR KHAN: Would you like to expand on those issues?

Ms WORNER: On any given day at Waminda we have people coming through our door or we are at home visiting young parents, young mothers—women and children in particular. That is our target group. Someone will present with an issue, for instance, around a middle ear infection for their child. However, on presentation the mother usually has multiple and complex needs as well, which she is not presenting with. She is not there to see us about those issues. So, they can range from mental health to drug and alcohol to diabetes to heart conditions to other chronic conditions. The other day we had a woman incredibly sick on our door with liver failure.

I am not trying to be dramatic, but it is just an everyday occurrence. We have a lot of young mums. We run programs specifically trying to tailor our programs for young Koori mothers to come into Waminda for that purpose. So, obviously we want to be running more programs actually out in the communities. But it is really important that young mums in particular get used to the fact of coming into the centre and being supported by a lot of the workers we have there so that, yes, they are coming into a supported playgroup, however, by doing that though a lot of their health issues are being determined and then are being able to be siloed into particular area for their health needs.

The Hon. TREVOR KHAN: I read in your response that none of the nurses employed by the service are of Aboriginal background?

Ms WORNER: That is right.

The Hon. TREVOR KHAN: Plainly, you would not see that as ideal?

Ms WORNER: No.

The Hon. TREVOR KHAN: We would all accept that. Are you aware of Aboriginal nurses working in this area?

Ms WORNER: There are at the hospital, but not in the general community health. No.

The Hon. TREVOR KHAN: When you say "at the hospital" are we talking about the Shoalhaven?

Ms WORNER: Shoalhaven District Hospital.

The Hon. TREVOR KHAN: Have you an idea of the number?

Ms WORNER: No, I do not, but there are very few. Three.

The Hon. TREVOR KHAN: Am I safe to say that in this area there may be, say, three Aboriginal nurses out of the entire nursing profession?

Ms WORNER: You would be safe to say that. That is a huge issue for us. One of the biggest things—I guess a bugbear of mine—is that it is not good enough just to say what programs do we need, how are we going to roll them out and how are we going to implement them. We actually need to be able to be supporting from my perspective Aboriginal women to move through their education, move into tertiary education and come back home.

Incentives must be put in place for young women not to stay in Sydney or Canberra but to come back home. While those incentives are not in place those young women will continue to be lured away by money and by the cities, which is a huge issue for us. At the moment Links House, the sexual assault support counselling service, is advertising for two Koori positions. It is trying to get a Koori social worker. We will have Buckley's in doing that. We will have Buckley's attracting someone from Sydney, let alone getting someone from Shoalhaven.

The other position is not a tertiary qualified position and it will be incredibly difficult to fill that position. I talk about getting a Koori female general practitioner but I might as well fly to the moon. I want nurses, young women who have come from this community and who can contribute to it. I do not know when that will ever happen. Incentives must be put in place for these young women to stay in school. At the moment we are working with young women to encourage them to stay in school. We are starting in year 6 and we are working at the moment with young girls.

I just left 33 young girls at Waminda who are participating in programs at our place. They have fun, they get to know us, they get to meet all the women, they develop relationships and we go through anything from sexual assault to self-esteem. We continue to see those young girls through each of their high school years and we want put in place programs to encourage and support them to stay at school and to become leaders and mentors in their own communities. It is not okay for these young girls to think it is all right to leave in year 8.

We are working with young girls now who left in year 7 and year 8 and we are attempting to get them back into TAFE, but it is really difficult. Once you have left and you have had some children and you are still only 16 and 17 it is difficult to get back into TAFE and then go through tertiary qualifications so that you can come back and work in your community.

The Hon. MARIE FICARRA: This is a huge issue for young indigenous women and young women as a whole. There is much that they need to know about social issues, self-esteem and sexual health. It is all right to say no and they have to know what are the limits. How is that progressing? Are we seeing hopeful signs?

Ms WORNER: Yes, we are. I am incredibly hopeful, given that a couple of young women that we employ at our service are coming through. At the moment we have a young woman who is going to university who is doing health promotion and psychology. I see our role as supporting her to do that, making sure she is able to do that and come back and work in her community. Our organisation is employing another young woman in a traineeship. She left school at year 8 and she has three children. That young woman, who is 21 years old, is incredibly bright and incredibly intelligent. She brought up all her siblings. Her father died when she was 14 and she was given care of all her siblings at that age and she has looked after them ever since.

Her mother has severe drug and alcohol issues and she continues to have those issues. This young girl is a shining light. We need to support those young women, but that is not easy. She is up against it. Why do we start at year 6? Why do we not start at year 5? Today year 6 girls are asking questions about rape, sexual abuse, cocaine about bongs, you name it. They know it and they are asking questions about it. So it is about information and it is about setting up stuff so that those young women can make real choices. We should not just say, "Here is a pamphlet. If you need to ask anything, phone this 1800 number." It is not about that; it is about making relationships with real people in the community who can support them and who can do stuff. When they say, "Can we come back and can we do more?" we say, "Yes, you can."

When they ask whether they are going to see us again we tell them that they will. That is what that stuff is about. Hopefully, when these young girls are in year 10 there are no ideas in their heads that they will leave. We want them to think, "I wonder what I will be? I wonder how I am going to get to university." That is what we are aiming for.

The Hon. MARIE FICARRA: How do we increase the rate of cervical cancer screening? It is abysmal in the non-indigenous community. The rate in this area health service is one of the worst. What process are you making with getting indigenous women to go for cervical cancer screening?

Ms WORNER: At the moment we are having a lot of success because of the way in which the programs have been developed and the support that we have received from the Cancer Institute of New South Wales. We get a small amount of funding to do this in a particular way. If we make appointments for these women and provide them with transport for their appointments it would not happen. So we have to ask ourselves why it does not happen. It is much more likely to occur on an ongoing basis if these women can get together as a group. So we organise days. We have about 12 days booked this year.

Women from all over the South Coast community, including Ulladulla, Wreck Bay, Gerringong and Bomaderry have been targeted and informed that we will be having these days. The day includes not just the clinical side of the screening. Women are able to get together have a yarn and a really nice lunch. They are pampered, a masseuse from South Community College comes in, they can have their nails done for free and they all have a laugh and that sort of stuff. In the meantime they have cervical screens and, if they have cervical screens, they leave with bag of goodies. Our success rates statistics that are coming through are incredibly high.

On the last day about 15 of the 19 women were screened—these are women over 40—and nine of them had never been screened before. So those are really high statistics. That is the way we will be doing those sorts of programs. Our breast screening programs are exactly the same. We have young women's pamper days when they are screened for sexually transmitted infections [STIs], and the same sorts of things.

The Hon. MARIE FICARRA: And a knowledge about chlamydia and infertility.

Ms WORNER: We are getting very high and positive rates from a lot of the girls.

The Hon. MARIE FICARRA: So they are being picked and treated and they are told about what they have and how to avoid it?

Ms WORNER: Yes. Obviously there is follow-up care; it is not just about getting screened. It is about options, their health, contraception and transportation into our clinic. You cannot ask someone who lives 30 kilometres away to come in for an appointment if that person does not have a licence. How do people get in if there is no bus? We have a very deliberate program of working out how to get them, how to make the program something they want to participate in again, and why they want to do that. If they have never done it before why would they want to do it, or why would they want to do it on a regular basis so that their health improves?

The Hon. MARIE FICARRA: In the area of maternal health you are doing good things, which will have long-term benefits for the next generation and for generations to come. Are women responding to that? Do young girls in particular understand how important their health is prior to conceiving, carrying a baby and post-natal care?

Ms WORNER: We are getting there. The figures are lower than we would like. We still have to break a lot of the myths and present information that is important—information about which a lot of young women are not aware or do not believe. That includes smoking, drinking, taking drugs, falling pregnant in the first place, and how not to fall pregnant. There is a lot of information not just for indigenous young girls but also for young girls across the board. But in saying that, the rate of indigenous young girls falling pregnant is not going up.

Dr JOHN KAYE: It is not going up?

Ms WORNER: It is not going up.

The Hon. MARIE FICARRA: It has plateaued.

Ms WORNER: It has plateaued. We hope to be able to continue to jump on that wagon to ensure that we deliberately target maternal and pre-natal health. Young women not just in Waminda but also in the South Coast Aboriginal Medical Service and a number of other services are targeted prior to the birth of their babies at hospitals and afterwards. We work with early childhood nurses from community health as well as midwives in a deliberate program that targets Aboriginal women who are having babies.

Dr JOHN KAYE: You said that the birth rate had plateaued. I presume that we are talking about young women under the age of 18?

Ms WORNER: That is right.

Dr JOHN KAYE: Do you ascribe that to better access to contraception?

Ms WORNER: I do. It is information, but yes.

Dr JOHN KAYE: Information and contraception?

Ms WORNER: Yes.

Dr JOHN KAYE: That has been a deliberate program?

Ms WORNER: Absolutely.

Dr JOHN KAYE: And that has been successful?

Ms WORNER: To date, yes.

Dr JOHN KAYE: Do you think that more could be done?

Ms WORNER: Absolutely.

Dr JOHN KAYE: What should be done?

Ms WORNER: The issue is that these programs are not one-off programs and they can never be. We must run programs in schools all the time for all young Koori girls. I am talking here about girls and not boys. So it is not a one-off. I never want to go for a bucket of money that restricts you to running programs for 18 months. I want to avoid that sort of funding. Consequently, we run our program with limited resources because short-term funding is not available. We do not want to go through a competitive tendering process just to run a program that lasts for six months. We need to work with these young women and young girls all the time. That is how you get consistent change.

Dr JOHN KAYE: Programs are run in all schools that specifically teach students about the use of condoms, barrier contraception and chemical contraception.

Ms WORNER: Yes.

Dr JOHN KAYE: Are you saying that more programs must be targeted specifically to Koori children?

Ms WORNER: I believe so. The young girls and the Aboriginal education assistants [AEAs] that we see in high schools and in primary schools—in fact in every school in which we have worked to date—have all said that the best thing about it is that there are no boys. They can ask these questions and there is no shame. They can ask whatever they want to ask which, from my experience, is quite different from normal sexual health education in schools. Most of the time it is done with boys and girls. The other thing that is different is that it is important for young girls to make relationships and connections with their elders and with other Koori women in the community.

Waminda does not just go out to these schools with a facilitator and run a PowerPoint program. Obviously, we go out with a number of women, or the young girls come to us at our place. They have fun, they have a talk, they have a laugh, they ask all sorts of questions, and you can see those girls in a context that is different from the school where they do not say a thing. They do not even talk about that stuff at school. It is important to run programs that are tailored to young women that deal with sexual health, contraception and sexual abuse. The rate of sexual assault in this community is incredibly high.

Most of the young girls with whom we work know somebody who has been sexually assaulted. A large percentage of mothers are in a domestic violence situation, or they have been sexually abused or abuse themselves. It is important to understand that I am not just talking about the Koori community. When we are developing those programs the information has to be targeted specifically to young Koori women to enable them to feel confident, to ask questions, and to get information firsthand so that they can make decent choices about this stuff.

Dr JOHN KAYE: I refer to sexually transmitted diseases [SDIs] amongst younger women. Apart from barrier contraception and education what else is being done? Are there specific screening programs?

Ms WORNER: We run specific screening programs for SDIs. We do things in two ways: we have a women's health clinic. At any given time a woman can come to the clinic and get screened. If it is a positive result, a women's health nurse follows it up either with support and/or medication or information for that particular disease. So it is an ongoing process, especially with things like chlamydia, which takes a long time. We also run programs such as the cervical screening programs I was talking about for older women. We have young women's pamper days, for want of better word. A whole group of young girls get together and we do the screening.

Dr JOHN KAYE: Congratulations on the work that you do; it is really wonderful.

The Hon. MARIE FICARRA: Is the human papillomavirus [HPV] vaccination program that is being rolled out in schools understood by communities? It would be great to get all the young girls into that program. Is that something that is occurring?

Ms WORNER: Yes. We are also doing those vaccinations. We find that a lot of Koori girls get missed. Given that those vaccinations occur on only one day of the year at high schools, it is a really easy thing to miss.

The Hon. MARIE FICARRA: How is your relationship with local general practitioners? Do they see you as a resource?

Mrs WORNER: We have a really good relationship with a number of general practitioners. One general practice in particular is incredibly supportive of women and has been for a long time. We have huge issues getting women and children in to see doctors in a timely manner. It is shocking the amount of time that women and children have to wait to see a doctor. There is a local general practitioner we can call when we have really serious cases and they cannot get attention. That general practitioner will see them almost straightaway for free.

The Hon. MARIE FICARRA: Osteoporosis is a problem for older women. Is it as big a problem in the indigenous community as it is in the non-indigenous community?

Mrs WORNER: I cannot speak about that.

The Hon. MARIE FICARRA: Because they are living longer, perhaps they should be offered preventative treatment in middle age.

Mrs WORNER: I cannot speak on that, but I can provide that information.

The Hon. MICHAEL VEITCH: One of our previous witnesses mentioned overcrowding in Aboriginal housing. What are some of the health signs you are seeing because of overcrowding?

Mrs WORNER: It is a huge issue and incredibly severe. Most of the women that we support with housing and attempting to get houses have children and are living in homes that are overcrowded. The children have issues around where they are sleeping, how they are sleeping and the amount of sleep they are getting. I am thinking of a case I dealt with yesterday ensuring that people had regular meals. If they are lucky enough to have someone offer accommodation for a short time, it is difficult to get into regular habits and contribute properly to the food and so on. There are issues about eating properly. We find that the mothers are severely stressed and depressed. When there is no immediate accommodation, it is incredibly stressful.

We also have homeless women who are in desperate of mental support. Overcrowding is a shocking issue. The housing situation in Shoalhaven is terrible. We battle all the time to get appropriate housing for people given where housing is available. If a woman with children is able and prepared to go into detoxification and rehabilitation to improve her life, when she comes out of that rehabilitation often her only housing option is to go back to where the drug dealers, alcohol and

overcrowding are. There are simply no options. It is a big issue for us and it is very distressing because many people want to break that cycle and they are desperate to do so, but they have nowhere to live.

The Hon. MICHAEL VEITCH: That is terrible. Oral health is an issue for the entire community. It is a particular problem for Aboriginal women and children?

Mrs WORNER: The oral health is a key issue. If you have bad oral health, the rest of your health suffers. Members probably know that. It is a huge issue that is not necessarily prioritised. External stuff such as a leg ulcer or housing might be prioritised. Hanging around for three hours to see a dentist is not necessarily a high priority. However, oral health affects everything—the condition of your organs, what you can consume and so on. Very few people coming through our doors have good oral health.

The Hon. MICHAEL VEITCH: Is there access to a dentist?

Mrs WORNER: It is very difficult.

CHAIR: We appreciate your appearing before the Committee and what you have told us is in some ways positive and in other ways distressing. Thank you for your time.

Mrs WORNER: It is really important that the Committee takes away the idea that the community is trying really hard and there are a number of really good processes in place in the Shoalhaven. The thing that works and does not happen often enough is hearing what people are saying. Government departments do not listen to the communities. I congratulate the Committee for coming to Nowra and listening today. But that is scraping the surface. People need to listen to people in the communities. People in the Shoalhaven know what the issues are and they know the solutions.

Whether people like it or not, it is about funding, resourcing and long-term solutions. It is not about short-term bandaids. Every time a short-term solution is applied, we cringe. It is frustrating and it causes people like me burn out, and it is not okay. The issue which must be put on the table and which I have mentioned in my paper is the desperate need for an indigenous women's drug and alcohol rehabilitation unit in the Shoalhaven. I have a staff member who works 21 hours a week as a drug and alcohol worker across the South Coast. She is continually driving women to Cowra, Kempsey, Bourke and Brewarrina to get them into rehabilitation. That is not on. There is a push by State and Federal governments to set up home detoxification. That is not culturally appropriate and it does not work. Depending on the state of the drug and alcohol use, it may work for some people. However, for the people we are working with and who need care and to be able to remove those themselves from those situations it is not an option. I emphasise that. Thank you for your time.

CHAIR: Thank you very much.

(The witness withdrew)

(The Committee adjourned at 1.05 p.m.)