REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO OVERCOMING INDIGENOUS DISADVANTAGE IN NEW SOUTH WALES

At the Redfern Community Centre on Wednesday 30 April 2008

The Committee met at 1.00 p.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: This afternoon the Committee will be hearing from representatives of the Aboriginal Housing Company, the Aboriginal Medical Service, NSW Health, the Settlement Neighbourhood Centre and the Babana Aboriginal Men's Cultural Group about issues affecting indigenous people in the Redfern area. I would like to remind everyone to turn off their mobile mobiles. I advise any members of the media who may be present that only members of the Committee and witnesses may be filmed or recorded, that people in the audience should not be filmed or photographed, and that in recording the proceedings of this Committee you must take responsibility for what you publish or what interpretation is placed on anything that is said before the Committee.

Firstly, I would like to acknowledge that we are conducting this afternoon's business on the traditional country of the Gadigal people, the Eora nation, in Darug land. I thank the people who are here with us. I thank you for allowing us to be with you and would welcome your advice in regard to this very important inquiry regarding indigenous disadvantage.

I welcome Mick Mundine, the Chief Executive Officer of the Aboriginal Housing Company, and those with him, Ms Angie Pitts, Mr Colin James and Peter Valilis. For the purposes of *Hansard*, I ask you to state your full name and the capacity in which you are appearing before the Committee.

MICHAEL MUNDINE, Chief Executive Officer, Aboriginal Housing Company, and

PETER VALILIS, Project Director, Aboriginal Housing Company, sworn and examined, and

Ms ANGELA PITTS, Community Social Planner, Aboriginal Housing Company, and

Mr COLIN JAMES, Director, Fell Housing Research Centre, Faculty of Architecture, University of Sydney, and Adviser, Aboriginal Housing Company, affirmed and examined:

Mr MUNDINE: Good afternoon. I would like to welcome this Committee and this inquiry. I just hope that some good will come out of this. We had an inquiry four years ago, and I do not feel that anything came out of it. I just hope that this inquiry will result in some satisfaction for Aboriginal people. We have a stumbling block in our redevelopment, and we have issues, but I hope and pray that this inquiry will look again at our issues very seriously. Thank you.

Ms PITTS: I appear today in my capacity as a social planner for the Aboriginal Housing Company, and I am also a student at the University of Sydney and a PhD candidate of the Ian Buchan Fell Housing Research Centre.

Mr JAMES: I am the Director of the Ian Buchan Fell Housing Research Centre at Sydney University, and I am an adviser and a consultant to the Aboriginal Housing Company, and have been so since 1972. I appear before the Committee in that capacity.

CHAIR: Would you like to make some opening comments? Or, if you wish, we can go straight to the questions.

Mr MUNDINE: I have said what I want to say at the beginning. I just hope and pray that something will come out of this inquiry. Nothing, really, came out of the last inquiry, and that was very disappointing. We would like to get the truth out in the open, and let people in this community know what is happening and what government is doing to our organisation in this community. It would be good if something positive could come from this inquiry.

Ms PITTS: When I began working on the Aboriginal Housing Company's community social plan in 1999 Redfern Aboriginal residents on the Block were suffering from a range of issues resulting from people coming into the area from outside the community. The Block witnessed, for example, drug overdoses, crime-related deaths, family issues and rape of young Aboriginal women. Over the past nine years we have watched a generation of children becoming subjected to drug and crime culture.

Further, the New South Wales Government had denied a promise of funding for housing and redevelopment of the Block, and actually tried to bully the indigenous community into the Redfern-Waterloo Authority having exclusive possession, management and control of the Block and the nearby Aboriginal Housing Company's land for a period of ten years. But, over a period of four years of working in co-

operation with the State Government not one house has been built. The Aboriginal Housing Company continues to lose approximately $1 million a year due to demolitions.

There are 19 unsafe and unhealthy houses on the Block. There is serious overcrowding. Many homeless Aboriginal people and families actually sleep rough on the Block, and a generation of children are subjected to poverty, crime and drugs. There is a lot of rhetoric at the moment about partnerships, co-operation and collaboration with government, but if the result is inaction then what is the point? This project is a perfect opportunity to have effective partnerships with Aboriginal community organisations, and it would be a shame and a pity if that does not happen.

Mr JAMES: Could I add a bit of descriptive information? Angie Pitts is a social planner and she has got a lot of experience in the United States of America and other places looking at planning issues regarding disadvantaged people. She spent five years working on the social plan for the housing company. In many ways, the series of workshops that were held over that period of time have now been condensed and analysed, and they have become the guidelines for the development of the plans. That particular piece of work is leading imminently towards her PhD at the university.

I just want to commend to you that the background to what the housing company wants to do is very solidly based on a lot of research and a lot of specialisation. Angie's work, in particular, with the police for example has led to a lot of the good potential outcomes—if only we could get them off the ground. I would like to put it in Peter's hands at the moment. He is the project manager, and he has a good overview of the responses to some of your questions.

CHAIR: We are in your hands. But, first, if I could ask through the Chief Executive Officer, what is the current position of the Aboriginal Housing Company in relation to the properties on the Block? How many are tenanted? How many are vacant? What is the Aboriginal Housing Company's current funding position?

Mr MUNDINE: At the present moment we have 16 occupation houses, and we have 16 tenants on the Block. As you know, the houses are in a derelict sort of situation. There is a lot of overcrowding at the moment too. The houses are in a very bad state of repair. From a health point of view, if you have not got good housing your health deteriorates. Then the parents cannot do the right thing by sending their children to school. But we are surviving, and we will survive. We are going to stick to our principles, and we will see what happens with the concept development application being approved.

On the other hand, we have 11 derelict houses that have been blocked up. The reason they have been blocked up is because of drug-related issues. As you know, in the past we had a vicious cycle of drugs being sold on the Block, and they get raided, and when they get raided they are classed as drug houses. The new legislation meant that the housing company itself had to block up the houses. We then relocate the tenants that have been selling drugs, barricade the houses up, and that is the reason for the number of derelict houses that we have on the Block.

Unfortunately, we are currently underfunded. We do not get any funding from the government any more. Since Frank Sartor became Minister for Redfern-Waterloo, and even Minister for Planning, he has really stuck the knife into us. He stopped our

funding. We were not getting very much funding, but he has stopped our funding. But we are surviving. We are really living on the crumbs from the table at the present moment. But I believe the loaf of bread is coming.

CHAIR: Would you be able to give us a broad overview of what needs to be done in the area to provide adequate housing for indigenous people?

Mr MUNDINE: I think the most important thing is good housing for Aboriginal people. At the present moment we have a Minister that is really trying to crucify us. He doesn't want the housing company to build good, affordable housing. From our point of view, he said in the beginning, when he first came to the Aboriginal Housing Company, that if he had his way there would be no Aboriginal people living on the Block. So that is our big stumbling block with Frank Sartor. But, as I have said, we will stick to our principles. We will fight him to the end, because I believe if you have good housing, you have good health, parents can send their children to school to get a good education. So housing is so very important, not only to the Aboriginal people but to people in general. Housing is our most important issue at the present moment.

CHAIR: Are you able to relate what you have just said to, specifically, the Pemulwuy project? What is preventing completion of the Pemulwuy project?

Mr MUNDINE: At the present moment we have a concept development application with the Planning Authority, and our stumbling block at the moment is Frank Sartor, I have to say again. Even to look at our concept DA they want us to pay $60,000. As you know, we are a charitable organisation. We do not make a profit. I believe they should waive the fee. I think the biggest stumbling block at the moment is the $60,000 that we have got to pay for our concept development application. The most important thing is that Frank Sartor is a guy who just does not want this new complex to go ahead.

The Hon. MICHAEL VEITCH: In your opinion, does the National Indigenous Housing Guide reflect the needs of indigenous people?

Mr VALILIS: The national guide played a very big part in our original brief for the Pemulwuy project, and it has actually guided everything that we have done along the way. So the answer to that is, yes, definitely. It has been a very important research document for us, and we have followed the guide pretty well all the way through. When you look at the final housing and commercial aspects, they are very much in line with what the national guide for Aboriginal housing says. So the answer to that is definitely yes.

Mr JAMES: If I could add a little to that. One of the frustrations that we have experienced is that we have nothing to show people physically. With the consent of the housing company, the university designed and built a prototype for what we call a home clinic. That was based very specifically on the Housing for Health guidelines. The prototype has been displayed, and it was shown at the Home Ideas Centre. What is really significant about it is that the mix brief to us was that the accommodation in all of the houses should include an elder as part of the family. As soon as you make a statement like that, then it determines the housing scope that we will be doing is 3- and 4-bedrooms, and that every house should be designed so that it has disability access, because as people get older or become infirm for various reasons they may need

wheelchair access. So that particular directive inspired this particular home clinic, where washing kids and washing clothes are central to the health and wellbeing of, firstly, children under 5 years but then young children.

That prototype is the only real bit of progress that we can say of, physically, "Here it is." At the moment the University of Western Sydney and the School of Industrial Design are doing a similar thing with the kitchen. They are doing a prototype kitchen, with inside and outside requirements. Those two real, physical projects are realistic. But, as Mick says, until we get the go-ahead with the concept plan we are even more frustrated.

Mr MUNDINE: Another important thing stopping our project from going ahead is that the Health Department planted a needle bus very close to our community. We believe it is a honey pot, drawing people of different nationalities together to use drugs and sell drugs. As you can see, and as I say, our community is like a junkies' paradise at the moment. We believe that needle bus should go. There are other ways they can give needles out. It is supposed to be a one-on-one situation. But they are giving our more than one individual needle. That is a very sore spot for us. It is creating a lot of trouble in our community.

The needle bus has been here now for 12 years now, and I think its time is up. We have had enough. It is time that the Health Department found some other avenue to look after this community. It says the reason that the bus is still here is because people sell drugs. But people sell drugs in a lot of communities. Do you see a bus in every community? From the black fellow's point of view, we think the thinking is, "It's okay, leave it there, don't worry. Blacks live there, and if they die, big deal!" That's how we feel they think about Aboriginal people. I think the time is up, and it is time for the bus to go.

Mr VALILIS: I would like to add one thing about the needle bus. Mick was saying about the distribution. The needle bus actually distributes bag-loads of needles, so there could be 100 to 150 at a time. The main recipients of these needles are drug dealers, who then on-sell the needles with drugs of a night, when the needle bus is not here. We are the only community in New South Wales that has a permanent needle bus fixed here, sitting right on the corner, next to a children's playground every single day.

The Hon. MICHAEL VEITCH: That leads to my next question. Mick, what do you think is the main issue affecting Aboriginal people here in Redfern?

Mr MUNDINE: If you go back a few years, I suppose the drugs really tore this community apart. As you know, drugs are in every community; there is no colour bar, and there is no boundary where drugs are concerned. It is a sickness—a very sad sickness, and people get caught up in it. What is destroying our community is drugs in our community. I know it is a very hard road, but we have got to work on it. I think it is about time that our people stand up and be counted; we need to make sure that people who sell drugs in the community have got to move on. The majority of the people here who sell drugs do not even live in this community. That is a very sad part about it. I think it is time that people stopped using this community for their own personal reasons.

The Hon. MICHAEL VEITCH: Mick, in your opening address you referred to a matter that the Committee has heard many times: that there have been so many inquiries, and everyone is sick of inquiries. We all feel the burden of expectation about this inquiry. What are a couple of things that you would really like to come out of this inquiry? To even start to make a difference to the Redfern community, what are a couple of things that we would have to recommend?

Mr MUNDINE: I reckon that Frank Sartor should approve our concept DA for the new complex.

The Hon. MICHAEL VEITCH: That is the Pemulwuy project?

Mr MUNDINE: Yes, the Pemulwuy project. Then we could get away from that poverty image. Everyone who looks at Redfern thinks, "Oh, the poor blacks!" We have got that image, and we want to get out away from that. We want to show other people in Australia and all over the world that Aboriginal people can stand up and do things for themselves. So the Pemulwuy project is very important. Frank Sartor is the man; he could give us the okay. We have now been through six years of planning, and we have very professional people on board. We have done everything by the book. We have fulfilled the guidelines under the SEPP. What more do you want us to do? I really think the reason Frank Sartor does not want to approve our project is because they want the land. People have to remember that we are a private organisation and this is private land. Anyway, why can't we be part of the vision of the State Government? We know they have a vision, and we are in the main corridor. It is said to say it, but we are being blocked. Why can't we be part of the vision, like everybody else? We are all people who work together and live together. Everybody knows we have Aboriginal Housing Company housing, but why can't we live together as people? It is very sad if Frank Sartor stops this Pemulwuy project going ahead.

Mr JAMES: Could I add to that?

CHAIR: Certainly.

Mr JAMES: I want to talk about the legal side and ask why we cannot get the fee for considering the plan waived, because $60,000 is a lot of money. We are well aware that there are other ways of treating planning applications. I would like to say that the housing company is a charitable organisation, and it gets rate relief. The Local Government Act provides lots of avenues for support and the Act gives relief from payment of things like rates. It is the same thing with the affordable housing policy, recently enacted under the Environmental Planning and Assessment Act 1979. The Act does provide some relief, as well as some incentives, for organisations providing affordable housing.

The housing company is providing affordable housing on the Block itself. It is geared toward key workers in the area, which is partly where the 3- and 4-bedrooms come from, so that people working in the area could afford the options of home ownership, or rental, or home buy mixes. There is a lot of research yet to be done on what the best mix of housing could be. Nevertheless, we think there is potential relief, if you could lobby on our behalf, under that Act. I could give your people references to ways in which relief can be provided. We have a catchcry now: If it's broke, fix it. I mean, we're broke, and we think you could fix it.

The Hon. MARIE FICARRA: I do not know the history, but obviously there is a long history here. Can you give a brief history of where you think this community has been in the past? We have heard of the frustrations that you now have. Can you give us a bit of history on the project? Can you describe the project for us? You said that maybe the Government and the Minister were seen as a stumbling block. Is that because you envisage there is some other project that maybe your project will interfere with? I just feel there is more to the story that maybe we are not getting.

Mr VALILIS: The Block has had quite a long history, well over 30 years now. I would say the first decade was probably the best decade for this community, because there really was a lot of self-help. There were a lot of people who did not get help from anywhere else. We pre-dated even the Department of Housing; we were the first affordable housing provider, the first Aboriginal housing provider. We were at the forefront of the civil rights movement. So there is a lot of history here. This is like the Aboriginal harbour bridge or opera house; it has a lot of significance here.

I would say the second decade was probably the worst, when drugs came into this community. A lot of questions have been asked, but one question that has not been asked today I will address. A lot of people keep asking: Why won't it become a ghetto again? You know, it has been a ghetto, so why won't it become a ghetto again? I do not mean to insult anybody, but in the past our reliance on government has been our downfall. There have been two issues for us. One has been that this community even started with the disadvantaged. The people who start this Block were what we used to call the goomies—the alcoholics. So this community never turned anyone away.

So when the drug addicts came in, they were not turned away. One of the best characteristics of this community is also a thing that has harmed it the most. But drugs are not a community's issue. We are not police officers. Drugs and crime are an issue to be solved by the Government, through the Police Force, and it was not for nearly a decade. So, really, the Government let this community down in many, many ways.

The truth is that people do not create ghettos. I cannot imagine any of us wanting to live in a ghetto. No-one does. And Aboriginal people are no different. They do not walk into a beautiful community and say, "I would love to raise my kids here, but I think I'll make it into a ghetto first." That is a nonsense. The truth is that government lets communities down, and government has let this community down for a long time. The State Government in particular really did nothing for this community for 30 years. The community has done a lot of things on its own. We had community policing for a long time, and that was actually the best policing that was ever done here.

One of the things that we have decided is that we want to keep government out of the equation when we are rejuvenating this place. We can do it on our own. This is a self-funded project. We are not asking for any money from the government. This will all be done through private means. All we are asking from the State Government is approval for the DA—nothing more, nothing less. No hard feelings—even though a lot of bad things have been done to us by the Government. They have made a lot of promises—and we have detailed some of that in the written submission we have for the Committee.

The final decade, this decade, has been one of the best because we finally sat down—especially thanks to Angie and her social plan—and really looked at all the problems, warts and all, and said: Look, we can't solve any problems unless we acknowledge them first. The social plan has really been a roaring success. We won a national award for the first edition of the social plan. The second edition is on our web site now. In 2004, Angie won an international award for the crime prevention strategies. I am very proud to say we beat the City of Sydney that year! Not bad for an organisation that gets no money!

I have estimated we have been able to generate about $5 million worth of pro bono work for this project—because no government will fund it. Don't ask me why. I have no idea. But it is a good project, and it will solve probably one of the biggest problems in Sydney. The interesting thing is that every time we accepted funding in the past, government had a tendency to want to own the process and the outcome, then started to ignore Aboriginal knowledge. Once we said, "No thanks; we may take longer to do it, but it is more important to have the Aboriginal knowledge in there," then the outcomes were much, much better—exceptionally better, exponentially better.

So, from our perspective, doing it on our own has been incredibly tough but the results are phenomenal. It is very important to understand, when you are looking at Aboriginal projects like this, to realise that if Aboriginal people are not intrinsically involved, it will not work. It is very hard, when you giving funding out, to also give the power away, the control away. It is part of it, and we understand that. But, as individuals, you do not know the people that you are giving control to.

Thankfully, we do. We gave it to the right sort of people. For instance, the chair of our task force is Tom Uren. We have Richard Smyth, who is the former Director General of Planning, on our committee. These are all pro bono people. We have John Mant as our lawyer. We have Peter Lonergan of Cracknell Lonergan & Associates, who are architects, and they spent $250,000 putting our DA together, and we did not have a cent to pay them. I think we shouted them lunch once! Even the printing was $6,000 alone, and Peter Lonergan paid for that from his own bank account.

The Department of Planning said we must produce ten copies of the DA for them to consider. So we did. We produced ten coloured photocopies. When we took them to the department they said, "Actually, we made a mistake. We only really need one." That really upset our architect. I will not say the words he used! These are the sorts of stumbling blocks that the Department of Planning has put in place. For instance, it took nearly six months to get the director general's requirements, which are the basic controls we have to follow. To put it all in context, the CUB site, which is a $2 billion site, has got three pages of planning controls, three pages of director general's requirements. We got seven! And ours is in the vicinity of a $50 million or $60 million project—not big at all. We would probably just fit into their criteria.

Most of the things that they asked for were ridiculous and unreasonable. In fact, we would not be able to answer them until we were almost at the construction stage. So we basically refused to answer them. Other things that they asked us have upset us a little bit. They asked questions in regard to the governance of the company—who operates it, how it is funded, and things like that. These are not questions for the Department of Planning to ask. That is not appropriate. They will not ask these questions of anyone else. They would not ask them of Lend Lease or Multiplex or any

other developer. So why would they ask them of us? In fact the Minister, when he was on radio about a month ago, was asked about a Burwood project, and he said quite categorically, "As Minister, I cannot consider the character or nature of the applicant." Well, no, unless you are Aboriginal of course!

The Hon. MARIE FICARRA: So there is a deep sense of frustration, even though you have all this professionalism and all this voluntary donation of time, effort and money. Have you made approaches through the Minister responsible for indigenous affairs, who also happens to be the Minister for Local Government?

Mr VALILIS: We have spoken to the Minister. He came and saw us. There is a young lady in his office who regularly rings us for updates. But, again, the information sharing is one way; there is nothing coming back to us. To be honest, we actually debated for a while whether we should even give evidence to this inquiry. We asked ourselves, "What is the point?" But we have always had the attitude that we will always be honest, we will always share information, and we will not hide anything—because we have nothing to hide. We can control what we do, but we cannot control what you do.

The Hon. MARIE FICARRA: So, in respect of the project, all you are waiting for now is the $60,000 to lodge the DA? Is that right?

Mr VALILIS: The DA is lodged. They have actually assessed it already. They have asked us questions which we have answered. It is now sitting there, and the only thing outstanding in their eyes is the $60,000 lodgement fee—even though they have already assessed the project and they know whether it is going to pass or not.

The Hon. MARIE FICARRA: Have they given you any feedback whether it is likely to pass?

Mr VALILIS: The feedback was that they were very impressed. Actually, they were shocked by the amount of work that we had put in. I do not think they expected it from us. But the truth is that it does fit already within the planning controls. So there is no real reason they should knock it back.

The Hon. MARIE FICARRA: Is the social plan that Angie has been working on part of the information that was supplied with the project?

Mr VALILIS: Absolutely. Yes, it was.

The Hon. MARIE FICARRA: Can you tell us what you have done in terms of the sustainability of this project and its outcomes? Can you tell us a little bit about the social plan?

Ms PITTS: The social plan was drawn up back in 1999 by Peter and me. We started off with the division points of the project, looking at what would be the issues and the problems in this community. Then we sat down with team members, residents, the police and the Aboriginal organisations and had quite a few planning workshops and consulted with residents on what they wanted, what were their needs and expectations. From that we worked out strategies, goals and objectives. We came up with about 12 objectives, which included housing of course, reconciliation, social harmony, client

safety was a big issue, environmental sustainability, families, women and children's services and facilities. So we came up with quite a few objectives.

The consequent strategies were translated into design as well. So we looked at how to create social harmony as an element of it, and looked at the Red Square concept, which was to open up the community to the non-indigenous community, so it is not enclosed and isolated. We were looking at those sorts of things and creating those types of spaces.

As far as sustainability is concerned, one thing we looked at was problems from the drugs issues and relocations. A lot of good, strong, stable families that were here prior to the drug era had left and relocated. We wanted to bring back those strong families, to be part of something like a neighbourhood watch, because in the States it had been shown that strong families and strong communities kept communities sustainable, more healthy and would fight against undesirable elements that would come into the community. So we were looking at those concepts as well. So we basically took the social plan to another level. Interestingly, the social plan is basically a government tool, but this community took it as its own and used that tool to create a document such that they could say, "This is our document."

Just getting back to indigenous knowledge, one really interesting point about that this is actually a document that was put together and written by the community. It was the community that basically put together its ideas. I basically prepared it. It was really important to import that community knowledge into this process. We talk about Aboriginal capabilities and empowerment of the Aboriginal people. This is a great example of how Aboriginal communities can be empowered to create for themselves their own plans for development of the community. We should celebrate this process and what the Aboriginal community has done. But they just keep getting knocked back, and they have to jump more and more hurdles. This is unfortunate, because when we are trying to create empowerment within a community and they just keep getting knocked back, they do not get anywhere. This is a great area for cultural diversity, and it has a strong cultural heritage, and to deny that to this area of Sydney would be a real shame.

Mr VALILIS: I would like to add one thing. The social plan originally was a typical social plan. In fact, Angie got stuck doing it on her own for a while. But, as it evolved—because it did evolve, like most good things, as the environment changes and as your needs change—it really became a how-to manual, to put it in simple terms. We realised that it had to become part of the brief. We realised that builders would not understand what we were on about, because builders do not understand social plans; they just know how to put up walls and so on. That is what they are good at. We realised that we needed to write the social plan in a way in which it became a how-to manual—something you could follow, step by step. Our architects have done an incredible job of interpreting the social plan into built environment form, and a lot of the credit must go to them.

Mr JAMES: I just want to reveal another blockage or impediment that we have got. It has been one of the dreams that came out of the social plan and which really came out of Mick's idea. He said, "I would like to see the Block opened up for all." We are welcoming people to come through. There is quite a good bike path and pedestrian path. There used to be a very active pedestrian path to the city and to China town. Part

of the ideas that came from opening up the Block was the creation of a bridge across a very sharp corner down here where there is a mural. The idea was to bridge that triangle which would really open it up.

We talked to Railcorp about it. In fact, they were opposed to the idea at first, but later on said, "Oh, why don't you do a bridge, because we don't like building over railway tracks." So it was actually their idea. We have developed lots of images of it. We think it should be a public competition that should rival that square in Melbourne that we don't talk about, Federation Square. But, it should be in terms of all the add-ons that can go to support the housing and make it a very active and buoyant place, with a 24-hour café, which will help to manage the site, but also the cultural centre, which we have got some offers to do. They would love to have an Aboriginal cultural centre in Sydney which is a bit like a keeping place but also something that would attract visitors. We have some Aboriginal artists involved. That is a really important part of it.

We have also been offered a gym by the China Development Corporation. They would love to see a fitness centre at the top of the Block which would include a mesh between Chinese medicine and bush medicine. They have already built one at Blacktown which is very successful. It brings the kids in. There are a lot of people who would get behind this. But the Redfern-Waterloo Authority—and we feel sure that Frank is behind it—has put up a scheme to block the railway station. There has been a little bit of publicity about it. It is called "Square shelved after Railcorp pulls the pin". In another place, I would love to show you all the research that went into the design for that public place. We have suggested a name, which is Red Square, which alerted a lot of people and got them worried, but there are two good reasons why it was called Red Square.

One is that the train and bus union was very much behind it. Lucy Taksa, who did a history of the railway unions, discovered that in fact they employed a lot of Aboriginal people in the early days, and that it was the Aboriginal trackers and Aboriginal people who knew where the water was, where the good timber was, and who actually led the surveyors through. They had a very significant part in the New South Wales railway system, and they were offered jobs back in Redfern. So they filtered down here. But they were only paid half the wages that the apprentices were paid. In fact, they called them "boys". So the unions struck over this issue, to try to force the then New South Wales Government Railways to pay decent wages. The place where they met was one of the booths down there, and they called it Red Square. So it was partly that, but also there is a Green Square not far away, and there is a Red Square, and they are the Rabbitoh colours, and there is also a nebula up there called Red Square.

Ms PITTS: And it is part of Redfern, Eveleigh, Darlington.

CHAIR: Mick, if this history is able to be given to us, I would appreciate that.

Mr JAMES: It has been published a number of times. There is a web site, and I have a publication in here, the South Side News. We have got a mountain of material.

CHAIR: Would you like to table that?

Mr JAMES: Yes. There is a press release.

Document tabled.

The Hon. MARIE FICARRA: Is it on the web site?

Mr JAMES: Yes. The social plan is also included in these documents, with the twelve points, and there are copies of those.

Mr VALILIS: We would also like to table the DA in electronic form. I do not have it here today, but I can supply it to the Committee, so that you can see what we are talking about.

Mr JAMES: Could I add one thing about the status of the Block? It was declared a site of State significance when the Redfern-Waterloo scheme was introduced. Prior to that, however, a dysfunction between the Federal Government and the State Government was that the Federal Government had already declared it a national heritage site. The Aboriginal community of course regard it as a spiritual site. It is well-known throughout Australia, and it is a very significant icon.

In addition to that, Father Ted Kennedy was one of the spirits that led to toleration and anti-discrimination, and when he was buried they had the service on the Block. The bishops decided they would meet and they declared it a sacred site. Now the Pope is coming, we might try to get a bit more pressure applied to take advantage of this opportunity. It has all that sort of sanctification, and it is a very important place. To have an obstacle like the one we are experiencing—

Mr MUNDINE: From Frank Sartor.

The Hon. GREG DONNELLY: Have you been told what the actual position will be in regard to the development application if the $60,000 fee is paid?

Mr VALILIS: The answer to that is, yes. We got written confirmation the other day. They had two bits of information outstanding, and one was in regard to a property in our development site that the Department of Housing owns. We felt that we had clearly indicated that it was not part of our development by leaving it green on the plan, but apparently green meant to them that it was a courtyard. So we have to paint it another colour on the plan. The other bit of information was that they told us the outstanding fee is to be paid before they will proceed with the assessment approval process. Assessment is the word I was looking for before.

Ms PITTS: They previously waived other fees.

Mr VALILIS: There was an initial fee for a project description report. That was something like $1,500, and they waived that fee. In the director general's requirements they have actually said that the fees are waived. We therefore assumed that all fees were waived, so we proceeded on that assumption. And then, when we got there, they said: No, it was only that first $1,500 and now you have to pay $60,000.

The Hon. GREG DONNELLY: I do not know the detail of this, and you might be able to help me with it, but does the Redfern-Waterloo Authority have specific plans that conflict with your model? Is this really the fundamental problem? Have they

taken their views forward so far and they want to take it to the Minister for a conclusion, and is your position at odds with that? Is that essentially the issue?

Mr JAMES: Can I be a bit blunt about that?

The Hon. GREG DONNELLY: Sure.

Mr JAMES: The original engagement with the State Government on the Block was at the behest of some developers, particularly people who wanted to develop the air rights over the station and the TNT site. We understand, from fairly good authority, that they lobbied very heavily the State Government to rezone the Block because they could not make a profit if the Aboriginal people were still there. That background is persistent, although now we understand the Redfern-Waterloo Authority is actually broke and needs to sell property at the southern end of the carriage works, for example, and they have publicly recently released some statements saying they will provide some sort of housing, but now the housing market has dropped to a very low level and there is not a lot of activity in the housing market now. So that may or may not present a problem, but there is no way that they will be doing the sort of housing that we will be doing. But we think that one of the reasons they want to block our Red Square proposal is that they want to have a square at TNT Towers. They want to demolish that 18-storey building. I mean, there is one rule for the big end of town, and there is another rule, which is outright discrimination, and we get the brunt of that.

CHAIR: I appreciate that there are a lot of questions that Committee members would like to ask, but we are short of time. Perhaps, with the indulgence of the meeting, I could ask Mick if he has any final comments that he would like to make.

Mr MUNDINE: I just hope and pray that something good will come out of this inquiry because, as you know, we do not trust any government body at the moment. It is very sad that we cannot work together. Our main goal, our main vision, is the next generation of children. We do not want our children to go through the vicious cycle that this generation has been going through. As adults, if we do not do what we have to do for the next generation, that will rest on their shoulders. I believe we could have good, affordable housing for this generation and the next generation, so that they can have good health and get a better education, so that they will have self-esteem and respect amongst themselves. It is most important that the Pemulwuy project must go ahead.

Mr JAMES: Could I offer to give your secretariat some of the material that you have been asking for? Also, Mr Chair, could I ask you some questions?

CHAIR: Certainly.

Mr JAMES: Realistically, what can your Committee achieve, do you think? Secondly, will your report be circulated to the lower House, to Cabinet, the Aboriginal Housing Company and the press? Thirdly, can you negotiate with heads of departments? Fourthly, do you wish to be party to a press release about what comes out of this? Lastly, do you have any recommendations for our committee?

CHAIR: The Chair recognises the Chief Executive Officer, Mick Mundine. We are doing our inquiry through Mick and how he wishes to proceed. As Chair of this Social Issues Committee, I can say we will make an interim report at the end of June and

a final report in December. You will have seen our terms of reference. Mick and Peter are well aware that I am probably the only member of this Committee who was on the previous committee. I do not make excuses. I apologise for the results. Members of these standing committees of the upper House are members of Parliament who are given terms of reference by the Minister, in this case the Hon. Paul Lynch, Minister for Mental Health, and Minister for Indigenous Affairs and Minister for Local Government. We report back to the Legislative Council and to the Government, and the Parliament receives our two reports.

We have great pride in the committee, and I can say on behalf of the Committee that we want to come up with recommendations that are acceptable to the government of the day. Unfortunately, we do not have decision-making power. We feel some frustration with bureaucracy, perhaps not as much as yourselves, but we understand that we have to go through a certain process in reporting back. We are not in a position—as you, Mick, well know—to click our fingers and change anything, but we will be putting forward recommendations that we feel will be acceptable and we would expect them to be implemented by the government of the day. Those are the facts of life.

Are you able to get hold of and give the Committee the conditions for the development application laid down by the Department of Planning?

Mr VALILIS: The director general's requirements are on our web site, on our development page. We have tried to put as much information on our web site as possible. The only thing we have not put up yet is the actual DA submission itself, only because the Department of Planning wants so many changes to it. But we will put it up very soon. I will get a CD copy and make that available to the Committee.

CHAIR: Perhaps we could get that letter about the $60,000. We appreciate the opportunity to talk to you. We want to get as much information as we can. Maybe we will need to come back to you, if that is all right.

Mr MUNDINE: Thank you very much.

(The witnesses withdrew)

DENISE MARGARET ROBINSON, Chief Health Officer, NSW Health, on former oath, and

KIM STEWART, Acting Director, Centre for Aboriginal Health, NSW Health, affirmed and examined:

CHAIR: We are in your hands as to who wants to speak in answer to the questions. Would you like to make an opening comment about your functions and roles before we go to questions?

Dr ROBINSON: I will be brief, because you have heard from me before. I appear before the Committee in my position as Chief Health Officer and Deputy Director General, Population Health. Within that portfolio I have overarching responsibility for a number of population initiatives, one of which is specifically in relation to Aboriginal health, and it is in that guise that I am here today.

Our advice was that you wished to particularly follow up from our previous appearance, and that the focus that you would wish to see today was with reference to the otitis media program. That is a program that has been rolled out over the past four years, under the auspices of the Two Ways Together initiative, in conjunction with the New South Wales Government, the Department of Aboriginal Affairs and NSW Health.

The objective of the program was to undertake a series of screenings across the Aboriginal children of New South Wales, looking particularly at the age group up to 6 years. There was a technical target established for the number of screenings that should be conducted over that period of time. It was anticipated that there would be a progressive roll-up of the program given that we were starting from a new base and therefore the numbers that have been screened has increased over the period of time. The target that we were given at that point was 65,000 screenings to be conducted over that four-year period. Our figures, which we can relay to you, indicate that we will be achieving about 61,000 screenings at the conclusion of the program, which is at the end of June this year.

The Hon. TREVOR KHAN: If 61,000 be the figure, how many times does that mean a child will be tested over a four-year period?

Dr ROBINSON: I cannot give you that information. We do not know that answer. The information systems that we have available in the Aboriginal Medical Services and within the community-based services, which is where those screenings occur, do not allow us to make that calculation. We have specifically calculated the number of screenings that were undertaken, but I cannot tell you, because of the way in which the data has actually been collected, whether a particular child was seen once, or twice or even three times. I can tell you that, of the number of screenings that were conducted, 70 per cent of those revealed no need for any further follow-up. So that the results in terms of children being detected as requiring further assessment or follow-up by whatever means—and we can talk about "by whatever means" in a minute—range between 20 and 30 per cent of the screenings that were conducted. So that is the level of detection of something that has been occurring as part of the program.

The Hon. TREVOR KHAN: I am not being critical of anyone, but if the objective was 65,000 screenings over four years, how did you decide upon 65,000? There must have been a formula that you applied to say 65,000 is the right number to apply, irrespective of whether you get to that number or not.

Dr ROBINSON: That was the target that was actually established under the Two Ways Together program. I am sorry, I really do not know the basis for that calculation.

Ms STEWART: I do not either. My understanding is that it was the target that was set by government at the time that the Two Ways Together document was finalised.

The Hon. TREVOR KHAN: Again I am not being critical, but you would understand that that would mean that, in a sense, it could have been a number that was plucked from the heavens because it sounds a nice round number. It would have to have some connection with an anticipated population of children, one would think.

Dr ROBINSON: Yes. We know the number of children that are in each age cohort, so the target would have been say: We want you to screen 50 per cent, or 70 per cent, or 80 per cent of children in this particular age group. We know that roughly in each age group that we have about 3,000 children.

The Hon. TREVOR KHAN: Does that mean that all Aboriginal children in New South Wales were screened?

Dr ROBINSON: I cannot tell you that. I cannot say that that was indeed the case. We do not have the data at the personal level.

The Hon. TREVOR KHAN: Not one child screened 61,000 times, I am sure.

Dr ROBINSON: I hope not.

The Hon. MICHAEL VEITCH: Denise, that begs the question: Do you think that that is the sort of data that maybe should be pursued, to see how many times one child has been screened?

Dr ROBINSON: If you are going to have an effective screening program, you certainly should be developing the framework for that program, and you should be determining what the objectives of that program will be, and you should be rolling it out in the knowledge of those objectives, and you should upfront arrange for an evaluation to occur. Recognising the deficiencies of what has happened to the present time, we are currently engaged in working with the Search program. I do not know whether you are familiar with the Search program.

CHAIR: I am familiar with it, yes.

Dr ROBINSON: It is a study that is being conducted in conjunction with the Aboriginal Health and Medical Research Council and the Sax Institute. It is designed to look at urban Aboriginal children, and to follow them over a period of time, and to look at their environments and also to look at any particular health challenges that they will face. We have provided to the Sax Institute the equipment necessary to undertake

tympanoplasty examination through the Aboriginal Medical Service structure, and they are in progression now to roll out, through a series of Aboriginal Medical Services, as part of that research program, the screening, and they will conduct an official evaluation. So it will be through that mechanism that I believe we will actually get valuable results about what is really happening with Aboriginal children and any value that exists in a screening program per se.

If you look generically, a screening program is designed to find latent disease. It is a disease in a person or in a community that will over time progress to bringing them to symptoms and to needing definitive care. The issue with this particular program is that otitis media is a fleeting condition. It is episodic. It does not come, and it does not stay, so you cannot say: Johnny here has got otitis media and therefore we will pick him up. Johnny may well have a middle ear infection that will resolve itself, that will leave no residual damage, and I might screen him the next day and not know that he has actually had it; or I might screen him the day before he actually gets that.

So I consider that there are two things: one, we need to have a research program, which will be conducted by research, so that we will actually get some definitive information as to what we are really dealing with. Secondly, we need to think of screening otitis media, not on a population basis—which is what we are doing now, which is basically saying, "Come to me all ye who would like to have your ears tested."—but on the need to ground it into the services that we are providing, so that every time we see a child for whatever reason, whether it is because we are seeing them because they are having a vaccination, or whether we are seeing them because they are presenting to an emergency department with a cut finger, we actually make it part of normal business so that at that time we actually look and start to record the data that will give us ultimate information. We do not have that.

CHAIR: Which, I assume, will be your answers to questions on notice 2, 3 and 4.

Dr ROBINSON: That is correct. I think it is really hard to argue that a population program that determines that there is nothing found in 70 per cent of the screenings that are conducted is a valuable way of doing it. You have to argue, I think, that it has got to be more targeted. We also got to remember that screening is meant to determine a disease before it becomes evident. I do not want to confuse it with the teacher who says, "Little Johnny is behaving badly in school; perhaps he has got a hearing problem." Well, perhaps he has, but if you have any suspicion, that needs to be acted upon. A screening program does not work in that way. Screening is meant to look at the normal population.

CHAIR: So I ask those three questions. Will otitis media coordinator positions continue to be funded? Which eight Area Health Services currently screen children? How did NSW Health recruit and train the 120 additional Aboriginal Health Workers to run this program?

Dr ROBINSON: I will deal first with the co-ordinators. We have had, up to this point of time, 15 co-ordinators, and 11 of those will continue beyond the conclusion of the program. As I indicated, we are also going to integrate the screening into part of normal business. So we will continue with the screenings in all of the Area Health Services. The eight Area Health Services that are referenced there are the eight

Area Health Services that we have. We talk at times about 11, but that is because we are actually including Justice Health, Ambulance Service and the Children's Hospital at Westmead. But if we are talking on a demographic, we have eight Area Health Services. So it is all of them.

CHAIR: Yet there are ten partnership regions in the indigenous area. Is there any thought of co-ordinating those regions? We talk of health, and we talk of 8 or 9, and we talk about some other department and 6 or 7. Is there any correlation between them?

Dr ROBINSON: I think the boundaries of different agencies is an issue that I could not possibly grapple with. I know there has been discussion over time about aligning boundaries for different agencies, et cetera, but I could not tell you. What happens at the Area Health Service level is that there is the forum for the Aboriginal Medical Services and the Aboriginal Health and Medical Research Council or for the Maari Ma or other Aboriginal community controlled health service organisations to actually sit down with the Area Health Services and work out how they are going to provide the services that the Aboriginal people need.

The otitis media co-ordinators are appointed in a mixed way. Some of them are employees of Area Health Services. Others are employed by the Aboriginal Medical Services. The data in terms of the numbers of screens that are conducted from the Aboriginal Medical Services are actually provided through the Area Health Services and then sent to the department.

Ms STEWART: With regard to the partnership regions that you are talking about, some Area Health Services participate in more than one of the regional engagement structures that the DAA has established for that work to happen at the local level.

CHAIR: Whilst I appreciate that we will not be able to change the man-made boundaries done by those on high, at least there should be in the back of the mind the thought that you do not arrange it so that there are two co-ordinators put into one region and none in another.

Dr ROBINSON: The sizes of the regions vary considerably. If you think of Greater West, it is about two-thirds of the State or three-quarters of the State, so obviously it has got to cover a much broader area, and therefore their requirements and indeed the proportion of the population of Aboriginals is higher in that particular area. So they are not all equal in that sense.

Ms STEWART: In terms of the Aboriginal health workers who participated in the audiology training, the hearing and screening training, in fact the majority of those were already employed either in Area Health Services or in Aboriginal Medical Services. They were supported in participating in the training. That was a pilot funded under the Two Ways Together allocation that the department received. TAFE was engaged to conduct that training, and they developed a curriculum, which is consistent with national competency standards, and rolled that out, and the department facilitated the participation and funding for backfilling if necessary for people to take the time out, because it was a residential program that was offered. So the competencies were able to be attained within the shortest possible time, enabling people to go back to their workplaces and commence screening.

The Hon. MARIE FICARRA: The screening program has been successful with otitis media. Can you talk about oral health and/or trachoma, which is part of question 8, and also cervical cancer screening and say bowel cancer screening? What is being done? In particular, could you relate that to Aboriginal health workers being involved in that screening?

Dr ROBINSON: I will start with oral health, because that is another area in which I do have an oversight responsibility. The total budget for oral health services for this State's public system is approximately $145 million, and of that $3.8 million is allocated to the Aboriginal Medical Services for the provision of specific services to their Aboriginal clients. So that does not represent the totality of the services that are provided, because we do actually provide for Aboriginal clients as part of mainstream services. However, there is a specific allocation to the Aboriginal Medical Services for that purpose.

The new ones that were given additional funding last year were Maari Ma, out in the Greater West, and Bila Muuji, which I understand is out Walgett way. We have asked the Aboriginal Medical Services to collect some data for us in respect of the services that they have provided so that we will, next time we come back to you, be in a position to let you know what is happening in those areas.

There are, however, two quite neat examples of how we are trying to make our mainstream services more acceptable to the Aboriginal clients. One of them is called Koori Kids, Koori Smiles. I do not know whether you have caught up with that at all. It is running on the Central Coast. What the Central Coast Area Health Service has done is employ an Aboriginal dental assistant. Now, they are very few and far between obviously, and we would like to see some more; we would like to employ some more. But they have employed that person, and they determined that the lack of success in encouraging Aboriginal clients to come to this service was because it was cold and clinical and therefore it was not very appealing.

So they did some very simple things. They looked at the time that clients might reasonably come, and decided to put on a clinic on Saturday mornings. Over time, as sport became more of an issue—as it does in different parts of the year—they also needed to put on a clinic on Thursday evenings. Over a 12-month period, by doing this and by turning the waiting room around and allowing families to come and to have a more congenial environment, they were able to put through nearly 500 Aboriginal children in that service. I think we have to take that on board as a very good lesson as to how we might customise things better for the future. And, just in terms of sport, they also gave out or fitted about 50 mouth guards, so we are looking at the activity as well.

The other one that I think is really important is entitled Clean Teeth, Wicked Smiles. It is conducted in the Greater West because, as you probably realise, with populations of less than a thousand it is really not feasible to fluoridate the water. It is difficult to do so on a dose adjustment basis, and it is hard in those communities to find someone who can maintain the equipment, and therefore we have to look at different ways of having the children look after their teeth. We are anxious ultimately to do that, but we have to go through food Ministers—

The Hon. MARIE FICARRA: To get the fluoride in there?

Dr ROBINSON: To get the fluoride in the water. But we are not there yet, and there are certain hiccups that we will have to work through. What they are doing there is giving the kids at school tooth brushes and fluoridated tooth paste, and the school is running a daily program for the kids to learn about their oral health and to brush their teeth. Increasing that awareness is, likewise, a pretty good thing.

Another issue you asked me about is cervical screening. We took that question on notice at the last hearing. Our analysis of what has been occurring is that there is no differential in the take-up of the HPV vaccine, which was another question that you asked as between Aboriginal and non-Aboriginal schoolchildren. We have not been recording Aboriginality on the cervical screening that is conducted in the Area Health Services, so I cannot let you know whether there is any differential response there.

The Hon. MARIE FICARRA: I will put on notice now whether the New South Wales Health Department will look at the provision of liquid-based cytology, just in terms of the convenience for the cervical cancer screenings of patients and eliminating unnecessary return visits—just for the future. I am not going to ask too much about that. It is hard to get indigenous women and rural women tested in the first place, without having to recall them unnecessarily because unfortunately Medicare-funded technology is not the greatest.

Dr ROBINSON: Unfortunately, the screening program is not funded under Medicare. As you would probably be aware, it is being funded by the Commonwealth Government through the public health grants, although that situation may change moving forward and maybe we will see the philosophy of Medicare change. I do not know. At the moment, as you say, the program does not include that.

The Hon. MARIE FICARRA: Now trachoma and bowel cancer.

Dr ROBINSON: I think I might let Kim answer those, because we have been concerned about the bowel cancer screening program and how it would roll out in Aboriginal communities because of some of the cultural sensitivities there. So there has been discussion as to how we might look at out a pilot.

Ms STEWART: You may be aware of the way that the national bowel cancer screening program works. When the relevant birthday comes around of 55 and 65, then an invitation and a kit are provided to the person in the mail. However, there is no mechanism to determine whether the person to whom the invitation is sent is Aboriginal or non-Aboriginal. So there is no data whatsoever on the extent to which there is an uptake by the Aboriginal community of that invitation, although there is some anecdotal evidence that it is a very limited uptake of that kit sent in the mail. I am not sure whether you are familiar with the instructions on how to collect the sample, but it is a quite complicated process, and it assumes you have particular bathroom facilities, et cetera.

The Australian Government has offered the States and Territories funding to pilot models for service delivery for the bowel cancer screening program to Aboriginal people. We are currently involved in some discussions with the Aboriginal Health and

Medical Research Council about how that might happen in New South Wales. We certainly do not have at this point in time a final proposal on how that will happen in New South Wales, but a view has been put to the Commonwealth—and the Aboriginal Health and Medical Research Council certainly shares this view—that the primary care setting is probably a better place to be offering this sort of screening to Aboriginal people than the invitation.

In terms of trachoma, there is not particularly good data about the prevalence of trachoma generally in the Australian setting, but it is documented that trachoma is more prevalent in Aboriginal and Torres Strait Islander people in remote settings. The literature that is available suggests that it is primarily a problem in Central Australia, the Northern Territory, the top end of Western Australia and Queensland.

The Hon. GREG DONNELLY: Were the couple of dental programs that you mentioned just pilot programs, or are they going to be rolled out more broadly across the State? They did appear, on the surface, to be reasonably successful.

Dr ROBINSON: The Central Coast is continuing with Koori Kids, Koori Smiles and has provided other Area Health Services the results of its analysis of the first twelve months of their operation. So we are certainly encouraging the other Area Health Services to look at the way in which they are currently making their services available. I am particularly anxious too that not only do we have a Sitting room that encourages people to come, but that we also look seriously at the times that we are providing our clinics. I do not know that we can continue to say that we operate Monday to Friday, 9 to 5, ignoring the fact that many people do not have the opportunity to attend those services at those times. So we are encouraging them also to examine how they might look at extending beyond those hours.

Of course, with the new Commonwealth dental program that is being rolled out—not the teen program, which is a separate initiative of the Commonwealth Government—there is within it a specific target for screening for Aboriginal people. The target that has been set nation wide is 48,000 per annum. Our expectation is that we will be delivering at least a third of those. That would be the expectation because of our population base.

The Hon. GREG DONNELLY: My next question goes to the issue of diet. Throughout the hearings many people have raised the issue of inadequacies of diets within indigenous communities, particularly in remote areas. Within NSW Health and the work that you do within indigenous communities, is the general issue of diet, food intake and balance something that is done as part of your education process for the indigenous communities?

Dr ROBINSON: It is an activity that is conducted at the Area Health Service level. But, as I think I indicated on the last occasion I was here, our concern rests more with the population and their poor nutrition in terms of the energy-dense nutrient-poor food, rather than a scarcity of supply, which I understand is an issue in some rural areas. We have to acknowledge that our population is primarily in the urban and regional areas, and that is really where our focus needs to be. I have not been provided with any advice about particular concerns about shortages. I think I did reference last time the fact that there are some fruit and vegetable exchange programs that are in operation. But, beyond that, I am sorry, I really cannot give you any more detail.

The Hon. GREG DONNELLY: Earlier this afternoon we had witnesses here expressing concern about the needle exchange program here in Redfern. They were expressing serious concerns that some needles are being obtained in bulk and then being used by suppliers of drugs to people in the community. Is that something that you are aware of?

Dr ROBINSON: I might pass that question to Kim, who was previously with the AIDS and Infectious Diseases Branch.

Ms STEWART: I was. I have not worked in that Branch for some time, and therefore I do not have distribution data available readily to me. I know that there are a number of issues in relation to the needle and syringe program operating out of Redfern raised with government and with the department. I would have to say that Sydney South West Area Health Service is probably much better placed to respond accurately. I am not in a position to respond in detail. There is a policy and procedure manual on the needle and syringe program. I am sorry, I was not expecting a question on this, so I am not able to give you an answer off the top of my head about exactly whether or not that is a particular problem from the point of view of the Area and the way that the program is administered. I am not familiar with the detail at this particular moment of time of what guidance there would be about the volume of needles and syringes dispensed at any one time. I am happy to take that question on notice.

The Hon. GREG DONNELLY: It was put to us—and perhaps we could provide the *Hansard* record of it—that bags of syringes, I think up to 150, are being distributed, apparently to individuals. I presume the witnesses who said that know that first hand. It did surprise me. They said explicitly that those bags of syringes were being distributed to people who are selling drugs in the Redfern area. That obviously is a matter of serious concern, if it is the case.

Dr ROBINSON: We will take that question on notice.

Dr JOHN KAYE: I want to take you briefly to the issue of preventative medicine. We have talked a bit about screening for otitis media and preventative dental work, but generally, in terms of programs that engage directly with communities to improve health, can you tell us a little bit about what they are and what their successes and failures have been?

Dr ROBINSON: It is interesting that you ask that question because we have obviously been looking quite seriously at what the issues are in the differential burden of disease and also in the differential in mortality between Aboriginal and non-Aboriginal people. Obviously, the most important of our screening programs or our preventative programs is our Mums & Bubs program. I think everybody is now very familiar with the fact that the way in which you are nourished or looked after in the womb will be critical to the way in which you as an adult are going to function.

The Mums & Bubs program, which was previously in up to 17 sites within the Area Health Services, has now had a further injection of funds and is being rolled out to 31 sites across the Areas. We are endeavouring to make sure that those populations with the highest number of births are the ones that are targeted. There are multi-disciplinary teams there that are talking to the mums about their level of nutrition and about

smoking. Alcohol is obviously becoming a quite critical issue and it is getting a lot of attention at the present time. We are endeavouring to make sure that those mums are well nourished and are not subjected to ongoing STIs, that they are limiting their use of alcohol and other drugs and are at the time of confinement progressing to breast feed their babies, because there is absolutely no doubt that the best prevention that we can offer any child is a healthy ante-natal period and then to give them breast feeding, if at all possible, for a period of six months before we start to wean them and put them on solids.

Our success in those programs is impressive, I think, in terms of the enrolment of mothers in the programs. Within the areas that we have had them, we are now capturing up to 85 per cent of the Aboriginal mums who are pregnant at that point of time. There does not appear to be great resistance to attending for the ante-natal visits. There seems to be quite a lot of bonding going on there. In fact, one of the services has some absolutely fascinating belly casts that have been painted with quite interesting Aboriginal paintings, as a display. So they had a little bit of arts and crafts involved there. The number of mums who are breast feeding for periods greater than six weeks is increasing.

The area that I am disappointed in, and an area where we have not made significant advances yet, is smoking. We still find that there is great reluctance to not smoke during that period. That is really where we have to put a lot of effort. I think we need to involve partners and grandmothers and aunties in this issue overall, because not only is it affecting the bubs—and this is why we have low birth weight babies—that are going much closer to term, but they are still of low birth weight. So we have to stop the smoking. That is one thing.

The second thing, if I could do anything in terms of prevention to really improve the health of the Aboriginal population, is smoking overall. If you look at the burden of disease, you can see the chronic patterns of disease coming through quite strongly. If you look at mortality from stroke, from cardiac disease, from chronic pulmonary disease, it is there. The smoking levels between 2001 and 2005, according to the health survey, were about 46 per cent. In the general population, as you know, we were under 20 per cent. For 2006-07—and again it is from the health survey, and the health survey has limitations in as much as it is a telephone call at random, and to a specific number of people that is determined very much on an epidemiological basis, so there is a good distribution and a good mix of socioeconomic groups and, we hope, a good mix of Aboriginal communities in there as well, but it does mean you have to have a telephone, so it has some limitation—the figure had gone down to 29.6 per cent. That is still very high.

Dr JOHN KAYE: From 46 to 29.6 per cent?

Dr ROBINSON: That's correct.

Dr JOHN KAYE: To what do you attribute that?

Dr ROBINSON: I would love to be able to attribute to the Smoke Check program, but I think it is probably multi-factorial. I suspect the reason is that the community as a whole is getting better educated. I think that the Mums & Bubs program is probably having an impact and they are actually starting to talk to the dads

and saying, "I really should not be smoking, and you should go outside if you are going to smoke," and that is pretty inconvenient anyway. Obviously, a lot of work has been done with SIDS, talking about the higher incidence of SIDS in households where people are smoking inside. So I think the community has actually taken some of those messages on board and is responding, as did the non-Aboriginal population.

However, for the past two years we have been rolling out the Smoke Check program, which is designed specifically to skill up the Aboriginal health care workers and stop them from smoking, so that they can then deliver the brief interventions and the advice to the community. That is where we had to go twelve years ago with the non-Aboriginal population, so I am sure it will be equally successful. So, continue the Mums & Bubs programs, and definitely do something about the smoking because it is a killer. And, if we are going to have an impact on life expectancy, smoking is somewhere we really must go.

The third thing is that, on a preventative basis, we need to be much more aggressive in identifying covert disease in the population. We need to be detecting early-stage renal disease.

Dr JOHN KAYE: Can you define covert disease, for the non-medical people?

Dr ROBINSON: Something that has not become obvious as yet. We know that there is a certain proportion of all populations, but more so in the Aboriginal population, in which renal disease will be developing. I believe we need to be detecting these early, and we need to be assessing their risks and referring them into treatment early, not waiting till they have symptoms that bring them along, and then they are heading down the path to dialysis. Community-based screening that actually looks at those issues is critically important as well.

The experts—and I do not have responsibility for this area, and I do not have any expertise in it—are very concerned about the impact of the foetal alcohol syndrome and the fact that overseas experience shows that quite a high proportion of prisoners who are in gaols in other countries are indeed affected, because you get irreversible brain damage. So, if I had to pick a few things, those are the types of preventative initiatives that we are focussing on and we are starting to give a lot greater emphasis to. I hope, and I believe, that within a short period of time we will be able to demonstrate that we are starting to make a difference.

CHAIR: We will have to finish there because we have run out of time. If I could ask, on notice, questions 5, 6 and 7:

5. How are the 120 Aboriginal Health Worker positions funded?

6. In the NSW Health submission (p24) you note that an evaluation of the program will assess the effectiveness of this program. Will the results of the evaluation be made public?

7. Given this program is one of the first Two Ways Together funded initiatives, what lessons can be learnt about the implementation of programs specifically for indigenous people?

Question 9 is a dental health question. One of the recommendations regarding Redfern-Waterloo social issues that came from the last Social Issues Committee inquiry was that the Government appoint an Aboriginal Oral Health Co-ordinator to oversight administration of the $3.3 million allocated to Aboriginal oral health.

Dr ROBINSON: I should have responded to that question before. That appointment has been made. It was made in August 2006. We have a person of Aboriginal heritage who is responsible for co-ordinating those programs across the Aboriginal Medical Services. She is particularly busy at the present time, because we will be relying to a large extent on the Aboriginal Medical Services gearing up their services to meet our obligations under the Commonwealth dental program. They have also identified a Koori reference group that will provide her with overarching advice and support in terms of what the needs of the Aboriginal communities will be, and I understand that they will be meeting again shortly.

CHAIR: We will be looking to get some very detailed feedback on how they are going and what is happening there in terms of the whole concept of our inquiry.

Dr ROBINSON: Yes.

CHAIR: Because one of the two issues out of the Two Ways Together report is being monitored, there is a need for us to get much more detailed information as to the specific method of monitoring the roll-out of that program. Could you take on notice that we will want to get back to you about that.

Dr ROBINSON: Yes.

CHAIR: We are really in the dark as to how the Two Ways Together report is rolling out, and how it is being assessed. I think the effectiveness of that roll-out and its monitoring will be a benchmark or cornerstone as to whether or not the whole State Plan vision and the Two Ways Together report have any success.

Dr ROBINSON: Chairman, as I indicated at the beginning, between 20 and 30 per cent of screens are indicating a need for something further. Of that, 60 per cent are being referred to local doctors or to Aboriginal Medical Services, just for immediate management. That represents an acute incidence that then goes away. In about 20 to 22 per cent of cases we have a hearing test. In terms of requiring ear, nose and throat surgeon assessment, and perhaps surgical intervention, the numbers are between 10 and 13 per cent. So it is not a very high proportion. As I said earlier, I think we have to have a much more targeted approach, to have better education of parents, to have better education of teachers, and to have people understand that screening is not something that you should wait for; that if you have a suspicion that there is something wrong then we should be doing something about it. We have a couple of papers on screening.

CHAIR: We would appreciate it if you would table that.

Document tabled.

CHAIR: Percentages, I have to admit, do not mean a lot to me. I would like to drill down a bit further into how assessments are done, and what they really mean. Anyway, maybe that is just me. That is a question for another day.

The Hon. TREVOR KHAN: It means 7,000 or more children are needing ear, nose and throat intervention.

CHAIR: I appreciate that superficial assessment as to the numbers.

The Hon. TREVOR KHAN: There is nothing superficial about it.

CHAIR: I understand the superficiality of that. I am just saying I need to drill down a bit further into what that really means in terms of the inadequacy of implementation. We thank you for your attendance at this hearing.

Dr ROBINSON: And thank you for your patience.

(The witnesses withdrew)

SOL BELLEAR, Chairman, Aboriginal Medical Service, Redfern, affirmed and examined:

CHAIR: I acknowledge that we are meeting on the traditional land of the Gadigal people, and we pay our respects to past and present. I think you would have received a number of questions that were sent to you.

Mr BELLEAR: I do have those. I have six copies for members.

Documents tabled.

CHAIR: Could you state the capacity in which you are appearing before the Committee?

Mr BELLEAR: I appear as Chairman of the Aboriginal Medical Service, Redfern.

CHAIR: What is the key issue affecting indigenous people?

Mr BELLEAR: The most fundamental issue in Aboriginal Affairs is recognition of the human rights of Aboriginal people as the historical owners of Australia and the associated implications for the central position of Aboriginal culture within the cultural framework of modern Australia; the need for formal mechanisms of consultation between Australian governments and the Australian people via self-determining representative organisations, rather than with selected individuals; and the need for appropriate restitution for the ongoing effects of colonisation.

The National Apology set the groundwork for a new beginning in the character of relationships between Aboriginal peoples and Australian governments. It challenges the pervasive analyses that: one, governments and their officials should exert dominion over or act as rulers in relation to Aboriginal people; two, that Aboriginal people are requiring intervention by governments because we do not have the intellectual or moral wherewithal to organise our societies productively; and, three, that non-Aboriginal Australian society is a flawless model from which to take those examples.

The 2020 Summit expanded the policy direction implicit in the National Apology. Aboriginal people are waiting for Australian governments to break with the past and move forward with the new, mature policy orientation in Aboriginal Affairs.

CHAIR: Perhaps we could go to question two, and the important issue of: In what way is Redfern symbolic for Aboriginal people?

Mr BELLEAR: Even going back to the early 1900s and 1920s, a lot of Aboriginal people migrated from country areas to Sydney for work and other reasons. Some, of course, came out of institutions. Once they turned 16 or 18, they were then put out on the street and let go. Most of them came here to Redfern because Redfern was full of factories and there was part-time and full-time employment, and housing was cheap to get. It was a congregation of people who came, not just from country areas of

New South Wales but from all over Australia. They knew that to catch up with other Aboriginal people, Redfern was the place to go to.

From the late 60s to early 70s we had a number of social issues affecting Aboriginal people, and from that grew the Aboriginal Legal Service, the Aboriginal Medical Service, the Aboriginal Housing Company and the Aboriginal Children's Service. There was a whole political dilemma; everything was happening. There was the land rights struggle in the Northern Territory with the Gorinji people. That emanated from here in Redfern with demonstrations and all that sort of thing. So this was the political hub for Aboriginal people nationally. It has become, I suppose, the Aboriginal capital of Australia. If you want to meet up with or chase up relatives, or you are trying to trace families and extended families, there will always be somebody here in Redfern who will have an idea of who they were or where they came from. It has grown from that.

I must say that now a lot of Aboriginal people who have gone on and got jobs and bettered themselves, for want of a better word, and have moved to surrounding suburbs, such as Newtown, Chippendale, Mascot, Rosebery et cetera. If you bump into somebody living at say Rosebery and say, "Where do you come from?" they will say, "Redfern."

The Hon. MARIE FICARRA: Sol, how do we present becoming a health caret, a medical service practitioner, becoming a nurse, became a paramedic more attractive for indigenous youth to follow as a career path? This morning we talked with Professor Joe Canalese from the School of Rural Health, University of Sydney, at Dubbo. We were also talking this morning to Wayne Rigby from the Charles Sturt University. It would be great if we could identify indigenous youth and encourage them into these sorts of careers. What do you think?

Mr BELLEAR: The Aboriginal Medical Service here started in 1971. It was the first one that was kicked off because at that stage the Rachel Foster Hospital was functioning, and you had to pay $2 then to go to outpatients there. Not many Aboriginal people had that sort of money to go and be seen to. That is where the Aboriginal Medical Service generated from. Doctors started volunteering their time, along with nurses and sisters, et cetera. I think, after 30-odd years, there are now about 75 or 78 Aboriginal doctors throughout Australia.

In the paper you will see that in order to get a work force the Aboriginal Medical Service here started a health worker education program. It was non-bibliographic. They did two weeks in a classroom situation and two weeks on the job. I think that something like 48 Aboriginal health workers who are working in the medical service came through that course. We took others from medical services throughout New South Wales. In the two weeks they did out in the field they did not just go to a particular area. It was a twelve months course, so they had to do a couple of months in the dental clinic, a couple of months in the medical clinic, and a couple of months in the administration, so that you got an overall view. Then, at the end of that twelve months, they had the opportunity to sit down and think, "Gee, I liked it in the dental clinic, so I'm going to work there."

We also had partnerships with doctors and hospitals and so on, so that they also had an opportunity to do a couple of months within that twelve-month period at the

Prince of Wales and the Royal Prince Alfred Hospital, with private doctors, in clinics, et cetera. The medical service itself, out of donation moneys, has supported students and set up scholarships and that sort of thing. Just recently the New South Wales Aboriginal Land Council drew down $30 million from its statutory fund. That is there as an education endowment. That will allow up to 300 scholarships a year forever. We are suggesting that they put aside about 30 to 40 per cent of that specifically for Aboriginal people who want to undergo some sort of health or medical schooling.

There are a lot of Aboriginal people who see a career in medicine as the way to go. It is just that it is very expensive with HEX and all that sort of thing. Universities have allowed some Aboriginal students to go through the back door, as long as after the first twelve months they maintain the required results. There are all those sorts of partnerships, but how to encourage people to keep on going is really a struggle. It is a struggle for any students, but particularly Aboriginal students who have come down from the country and live in the city and get accommodation. There are all those ancillary hardships for them. But those who are there we encourage to stay there. We encourage them to come into the medical service if they want to sit down with our doctors or our nursing staff and be mentored.

The Hon. MARIE FICARRA: In terms of outreach into the schools, is that currently going on so that indigenous health care workers, doctors and nurses are able to go into schools at the right stage, say early high school, to present these careers as a possibility for them and get them thinking about those opportunities? Is that something that is being done?

Mr BELLEAR: We have a partnership with two area health services, North Shore and I think Sydney South Area Health. We have a partnership with them under which they do career days. Some of our staff, and myself at times, go out and speak at the schools and to students to encourage that to happen. We have an open day at the medical service. We have kids from Alexandria Park School and kids from La Perouse school come down. We have secondary colleges of the UTS, and they come in. We are doing our best. The whole thing comes back to a financial situation. A lot of people see health as a really difficult area to get into.

The Hon. MARIE FICARRA: So scholarships would help.

Mr BELLEAR: Yes. There are a number of scholarships around. That is one of the things that the land council is hoping to do now that we have that pool of $30 million. But if you have a look at the State and Federal governments, the big end of town have always got scholarships for this, that and the other. We are hoping in New South Wales that everybody will pool the funds into one fund so that we can set up a one-stop shop. In the beginning we are having talks with the State Health Department to do that, so that rather than people applying here, here and here, it will go into one health scholarship fund and people would apply to that fund.

The Hon. MARIE FICARRA: What would you like to see coming out of this Committee? What areas would you like us to concentrate on when we make our recommendations in our interim and final reports?

Mr BELLEAR: There are a number of things. The Rudd Government must be congratulated on the apology. It really lifted the Aboriginal people who were the Stolen

Generation and their descendants. Emotionally, it did lift them. We spoke to some of them who come to the medical service. It is fact that that happened. Paul Keating came very close to an apology with his Redfern Park statement. But the Rudd apology really was a lift for those people affected.

What I would like to see—and I have spoken about it before—is the establishment of a New South Wales Aboriginal Health Act. I think that is one of the things that should flow from the apology. If you look at New Zealand, there is a gap between the Maori people and the non-Maori people. In North America the same thing has happened. The reason that gap is so narrow, particularly in North America, is that they have a Native American Health Act that deals with that, just as we have a Mental Health Act here. I do not see any reason why we cannot have an Aboriginal Health Act. If we are serious about closing the gap, and we are serious about making inroads into Aboriginal health, we certainly need the legislation to bring that about.

At the moment I do not believe there is the political will to implement such an Act. There have been a number of reports over the years that I have been involved in Aboriginal health, and that is some 35 years. There has been report, after report, after report, and not one of those reports has been implemented. It got that bad that at one stage we had a report called the last report—but there have been another 40 reports since the last report!

One of the best, which all levels of government and all parties became involved in, was the National Aboriginal Health Strategy of 1989. It went across party lines. We had government, local government and Aboriginal people from different communities and bureaucrats et cetera. It took twelve months, but it covered the whole nine yards of everything to do with Aboriginal health.

The Hon. MARIE FICARRA: Do you think the recommendations are still relevant?

Mr BELLEAR: The recommendations are still relevant today. That report was never implemented. There was a change of government, and the new government said, "Well, that's the property of the last government, so we are not implementing it." There was $500 million identified to implement the recommendations, as a first round. But that never got off the ground. They did a review of the National Aboriginal Health Strategy that apparently showed it was not possible, and it was not implemented. That is one of the things that Aboriginal people have difficulties with. We had a royal commission into Aboriginal deaths in custody, and we had a number of national reports that showed the way. All those reports, over all the years, said that it was important to fix the underlying issue; that if you fix up the underlying issues of health, housing, employment et cetera that will have a positive impact on the closing of the gap.

Every time we get a new Minister, he or she decides what the health issue of the day is. It might be heart disease, so most of the money will go towards heart disease. Or it might be respiratory disease, or diabetes and so on. The good thing about Aboriginal Medical Services, and there are about 48 throughout New South Wales, is that whatever the health issue is on the ground is the issue dealt with by the local community. A lot of money has been poured into dealing with alcohol problems throughout Australia, but we have a bigger drug problem here, with ice and things like that. You will be aware of

the raid here this morning in Redfern. It was supposed to have been cleaned up a few months back. Then they come down today and find all these drugs here.

But, after all those reports, we need a New South Wales Aboriginal Health Act, and we need a drug and alcohol rehabilitation centre. We still do not have that. We have property available through Tranby College and the Aboriginal Land Council is prepared to give us what it can, but it does not have the finances available to do that. It is a huge property out at Minto. It has the capacity to treat the client in a family atmosphere.

The Hon. MARIE FICARRA: Is this Tramby's property?

Mr BELLEAR: I think the research foundation actually owns it, but the foundation has given it to Tranby on a peppercorn lease. It has to be used for some educational purposes, and you could have a drug and alcohol educational program out there as well. Tranby is now sitting down with the Aboriginal Medical Service and saying that it is prepared to sit down and have a look at what we can do.

The Hon. MICHAEL VEITCH: Sol, thanks for your written responses. I want to get your views on an issue that I see as important to New South Wales. Whenever we see data or research about indigenous health, people immediately think of the Northern Territory or the Far West of the State. But is it true that the majority of indigenous people in New South Wales now live in urban areas?

Mr BELLEAR: I think that is right.

The Hon. MICHAEL VEITCH: Does that distort or skew figures?

Mr BELLEAR: No. At the medical service we see something like 20,000 patients a year. We have more than 60,000 occasions of service a year, and it is not all from here in Sydney. We did a report by post code as to where people come from. When there are big functions in Sydney, say the Aboriginal knockout for instance, if it is held in Sydney then you have an influx of 10,000 people that come in, and you have a range of different illnesses. We have people coming from Cairns and Townsville, the tropical areas, and they have tropical diseases.

One of the questions in the paper is about eye health, about trachoma. In the last 10 or 15 years the only patient that we have treated for trachoma is a bloke who came from the Northern Territory. So, in Sydney, you get a whole mix of everything. It really annoys us that all the Federal Government funding and programs are now going across northern Australia, and in particular the Northern Territory, because there are bigger issues here of isolation and disadvantage in Sydney and New South Wales that need to be addressed. I mean, we just cannot go on doing things to narrow the gap in the Northern Territory of life expectancy of Aboriginal people and say, "It's fixed." Well, it's not, because in New South Wales the reports say the gap is widening, rather than narrowing.

The Hon. MICHAEL VEITCH: In your written response you say that there are about 75 Aboriginal medical graduates in Australia, and that as far as you are aware there are only four Aboriginal medical practitioners working in Aboriginal Medical Services.

Mr BELLEAR: We had one in Redfern back in the 1980s, and that was Faith's daughter. When she graduated, she came and worked there. One thing of course is the salary. We cannot offer much by way of an appropriate salary for doctors, and you are competing on the open market for doctors. It is unfortunate that some of those who have graduated as doctors have gone into the administrative side of things, particularly the first 10 or 20 who graduated; because they were Australia's first Aboriginal doctors et cetera, everybody wanted them—the NH&MRC and so on. They just said, "Come in. You're now an expert in Aboriginal health." I mean, some of them had never practised in a hospital or medical service; they had been at universities for the past seven or eight years. Yet they became experts in Aboriginal health!

Apart from the matter you raised in your question, getting young kids to take up studies in health care and medical fields, we must ensure that we maintain them in those fields. No doubt, in time, given their training, some will come back into an Aboriginal Medical Service. I think it is round $100,000 to pay back the HEX, so when they graduate they have to pay back that sort of HEX fee. It is the same for white students. They do not want to come into this situation when they can get an extra $30,000 or $40,000 somewhere else. There is a similar issue with the small number of doctors who go to rural centres. Rural towns cannot attract doctors for similar reasons.

The Hon. MICHAEL VEITCH: It is an interesting conundrum that you train Aboriginal medical graduates, who should be regarded as champions who could encourage future generations to go on to university. Is it happening that they are seen as champions to encourage other kids to come through?

Mr BELLEAR: They are. But they are tied up in their own work. There is a shortage of doctors generally. Kelvin Kong is the only Aboriginal surgeon in Australia, and he is working at St Vincent's as an ear, nose and throat specialist. It is very difficult to encourage doctors or other Aboriginal professionals to come and be role models, rather than trot out the rugby league star. We are getting a bit tired of that, because kids are not getting into sport and that sort of thing. But to bring out Aboriginal doctors is one of the ways of addressing the issue. It is just the problems with the HEX fees and the salaries that we can pay. To a degree, I do not blame them. I blame them for taking up administrative positions, because we could pay probably $40,000 to $50,000 for a person coming out of university. If they go and work in the public service, they will go straight into a job paying $70,000 or $80,000—and we lose them.

One of the things I put to the State Aboriginal Land Council's Scholarship Fund was that every student that we provide a scholarship for should be required to come back and work for an Aboriginal community or organisation for at least three years of their careers. But nobody wanted that. They told me to get out the door. That seemed a bit too tough on them. But those are the sorts of things that we have to be self-disciplined about. We have got to start putting those sorts of conditions on them. Look back to what the Jewish people did. They instilled self-control and discipline into their communities, and that is how they progressed. We need to revisit some of those things to see how we can get these people into our services and maintain them.

The Hon. GREG DONNELLY: Question 8 inquires about the rationale for having Aboriginal-specific medical services. This is meant to be a challenging question. The Aboriginal Medical Service obviously has a long experience to this point, and you have probably seen it at its best, and probably at its worst, regarding some things that

have happened. Do you have a view about reforms or changes that may need to be introduced to improve the way in which the Aboriginal Medical Services operate in New South Wales? Standing back and looking at it with the benefit of your great depth of experience, you would see what has got us to this point. But, looking forward, particularly given the argument about mainstreaming and trying to deal with a number of chronic health issues for the indigenous populations, particularly in isolated areas, and trying to bring the two together, with reform if necessary or refinement of the medical services and how the bureaucracy delivers services to the broader community, is there a need to try to bring the two together, or should they continue to operate concurrently and deal with the range of issues?

Mr BELLEAR: I suppose we are operating concurrently, but the whole basis of Aboriginal community controlled health services and medical services is that they are not one-person establishments. The community had to be in favour of one of those services being established. I mean, we have all these people running round and saying, "I started this service." Well, they did not, because if the community did not want that, it would not be there. The more successful ones are those that are embraced by the community and have input from the community.

In the 80s the State and Federal governments tried to take over the services. They put on a couple of conditions. One was that they were going to provide funding for X amount of time, until Aboriginal people are confident enough to go to private doctors' clinics and hospitals. Well, that did not happen. People wanted to go to the Aboriginal Medical Services. They felt comfortable there. It was theirs. Their kids had been there, and their grandchildren as well, et cetera.

They then set up a number of clinics—particularly the State governments—similar to the Aboriginal Medical Services and called them community-based Aboriginal Medical Services. What we said then, and what we are still saying now, is that you can base anything in a community, but that does not mean that the community controls it. That is why we use the community-controlled model, not a community-based model. I think Laurie Brereton was the Health Minister at the time. That is how far back it goes. But the Government tried to set those things up, and they failed. They put in Aboriginal health workers, but the Aboriginal health workers had to go by State health policies, et cetera. So whatever were the priorities of the Health Minister of the day for Aboriginal health, that is what they did. They were complete failures. People were not turning up to them.

The Hon. GREG DONNELLY: I have asked this question of other witnesses on other occasions. In terms of the Aboriginal community deciding what the priorities are, given that the nature of Aboriginal culture is very much community based and high regard is given to decision-making within the community to resolve a range of issues related to culture and tradition, and given that each tribe or group or community may establish different priorities and have different health issues that need to be resolved, is it the inevitable result that there will be a whole range of different outcomes in terms of what their clients resolve? By its very nature, would that not inhibit your ability to resolve what are identified as broad-based problems? I do not put that forward as a criticism. Rather, is that an inevitable reality of that way in which the community looks at trying to resolve issues at that local or community level?

Mr BELLEAR: There are a number of things I would like to say in response. For eight years I worked for Fred Hollows when the current eye health program was started, and we made sure that all the ophthalmologists and orthoptists and so on that travelled with us went down and had a look at the conditions of that community before they looked at even one set of eyes. You cannot just say, "We're going to go in there," like they did in the Northern Territory with that interventionist approach, sending in doctors and sending in the cops and the Army et cetera. You have got to understand the illnesses that arise and where they are coming from.

In Moree, for instance, there were a heap of problems resulting from crop dusting. We have the Dust Diseases Board and so on, but you had to have a look at what is happening there. We had this thing called elevate, separate and ventilate, because 10 people were living in the one house, and 15 were sharing the one mattress. We were saying, "You will have to throw that mattress out, you have got to ventilate your house and you have got to allow the winds to come in, you have got to put this in and put that in."

That is one of the biggest problems with the housing situation. The Aboriginal people who live there know which way the wind blows, when the dust comes in, and this, that and the other. But people just go in there, put up a house, and that's it. So we started a program called Housing for Health. We got the experts in and said, "This is what the Aboriginal people tell us. Here is where to plant the trees, and here is how to green all around it, because this is what happens here." You have to have that local knowledge for the diseases that are occurring there.

You do not just fix up the person, you fix up the whole community, and you have a holistic approach. Go down and see what is in the rivers, see the bore water is like that they are drinking. Have a look at the homes and see the conditions that they are in. Look at food prices. By the time some fruit and vegetables get to some of those outback communities they are rotten. When they do buy them, the prices are high, and they end up paying perhaps $3 extra a kilo for their foods. It is a comfort zone for Aboriginal people, and if we are going to close this gap then all those things I have just spoken about have to be taken into consideration. The National Aboriginal Health Strategy not only addressed those, but showed from experience how they can be addressed on an international basis.

The Hon. TREVOR KHAN: You spoke earlier about the need for an Aboriginal Health Act. What do you envisage being in the Act?

Mr BELLEAR: We looked at one in the United States of America, but we are talking about provisions to make governments and departments accountable, so that they just don't go in there and say, "We are going to do this, that and the other, and that's it." The legislation is there to back up what is done, so that there will be that political will and there will be the bureaucratic will to fix the problems. At the moment you have the Director General of Premier and Cabinet. Every senior director general of different departments has to report as part of their performance agreement. They have to report on what they have done in relation to Aboriginal issues. That should then go back to the Minister for Aboriginal Affairs so that he can sit down and say: Yes, this is happening and that is happening. That is not happening.

There is not the will there for the director general to sit down and say, "I really want to know what you have done. Don't give me this airy-fairy business about we have given them an Aboriginal knockout with $5,000 sponsorship and that is our contribution." There is a hell of a lot that government and each department could do in relation to fixing up Aboriginal issues. It is a holistic approach that is required.

On the last page I have suggested that an Aboriginal Affairs Commission be established. I really do not know what the Department of Aboriginal Affairs does any more. It is really an actual waste. There are a lot of people there, and not on a very big budget, but I think we need to have an Aboriginal Affairs Commission with Aboriginal commissioners. I am not going to bring up about the Aboriginal and Torres Straight Island Commissioner [ATSIC] issue. I was there from the beginning as an appointed commissioner for the first twelve months, and then was elected deputy chair for the following three years. I disagree with the Federal Coalition's stance that it was an experiment. It had the capacity to really do some stuff.

In relation to a bureaucracy, I think there should be an Aboriginal Affairs Commission. You will note that I have called for 10 per cent of parliamentary seats to be dedicated for Aboriginal people. That would give us, I think, 9 in the upper House and 8 in the lower House. I was on one of these inquiries that went round way back and consulted with the Aboriginal community about dedicated seats. That was another report that got buried. But the report is still there. South East Asia has dedicated seats for minority religious groups. So does New Zealand for the Maori. It does not stop Aboriginal people from running things themselves. Nor should the dedicated seats be for Aboriginal-specific issues. The Aboriginal people can discuss any issue.

The Sami people have their own Parliament. A lot of States in the United States of America have dedicated seats for native Americans. So it is not something new. It is something that the New South Wales Government could take a huge step on. It could revisit that report. There is no need to do another one; just revisit the one that is already there. You might say that there will be only 2 per cent of dedicated seats. That is nonsense. Then 5 per cent has been suggested, or 15 per cent, or have a look at 10 per cent. It is not that many more—about 9 seats in the lower House. Some might say that is too many, but have a look at the people that are now there; there might be too many seats there now.

CHAIR: There a number of dedicated seats in the British Parliament.

Mr BELLEAR: Yes, and in the House of Lords. So it is not anything new, and it is not revolutionary. When I was with ATSIC I suggested that the chair should be in the House of Representatives and that the deputy chair should be in the Senate, and there should be no need for a Minister for Aboriginal Affairs. That was one of the reforms that I would have liked brought forward for ATSIC. I just think this is now an opportunity for New South Wales to revisit and seriously look at some sort of a representative body for Aboriginal people in this State. We have our peak bodies—the Aboriginal Land Council, the Aboriginal Health and Medical Research Council, and such lobby bodies—but since the demise of ATSIC we do not have at a State level, let alone a national level, an Aboriginal representative, be it elected, selected or whatever. It does not matter. I just think it is time to revisit the dedicated seats issue.

CHAIR: It has even more currency if one looks at the words of the vision of the Two Ways Together report.

Mr BELLEAR: Yes.

CHAIR: We are talking about accountability and partnership. I think it uses the words "vision" and "equal partners". If it does not, it uses words that mean that. So control and accountability are in the vision statement. That seems to blend with what you are saying.

Mr BELLEAR: Yes.

CHAIR: In terms of how you would actually implement such a thing, others may have a view different from mine.

Mr BELLEAR: For years, Aboriginal people did not want to go into politics. Since people have got used to voting because of the ATSIC elections, with ATSIC regional councils and commissioners having to be elected, we now have 40-something Aboriginal people in local government. From what I understand, in the September elections there will be at least another 30 Aboriginal people who will put their hands up to run for local government. I was going to put my hand up to run for the City of Sydney election.

The Hon. MARIE FICARRA: Do it.

Mr BELLEAR: Sussex Street won't allow it!

The Hon. MARIE FICARRA: Run as an Independent. That is the way to go.

Mr BELLEAR: Now, now, don't fight over me! Now that you have to elect the land councils at all those levels, that has got Aboriginal people now getting out there, getting onto the rolls and actually voting. It is a good turn-around. If we had dedicated seats, people would say, "Hang on! He's got a dedicated seat. I'm going to run at the next State government elections." It is just one way to go, and other States and Territories have not looked at it. On the weekend there is some talk that it may be a way Kevin Rudd may want to go, in relation to a national representative body, that the Commonwealth would put aside some dedicated seats.

The Hon. TREVOR KHAN: If I could turn to a basic issue and talk briefly about the Aboriginal Medical Service. You talk about the wages being available for your doctors being, I think, between $40,000 and $45,000.

Mr BELLEAR: Yes, but I am not sure of that. It could be the first year.

The Hon. TREVOR KHAN: How are you attracting doctors to work in the service if they are to be on those levels of wages?

Mr BELLEAR: There is a scale. A lot of the doctors that we have there now have been there for years. One of the first doctors we had there for nine years was Andrew Refshauge. He did nine years there before he went into Parliament, because we said, "If you get your ten years up we're not paying you long service leave! So you'd

better look for somewhere else." No, we never said that. Under Bruce Shepherd the Australian Medical Association worked very closely with the Aboriginal Medical Services, and he helped recruit a lot of doctors for us, and he allowed advertisements to be run for doctors. We would get in doctors from some country towns that could not attract doctors, so our single long-term doctors would go and do a stint in country areas. In country areas, doctors that do work at the Aboriginal Medical Services do sessional work at the hospitals, and some of them run a private clinic to top of their salaries that way. Here in Sydney it is much easier. There are a number of doctors out there that will come and work in Sydney. Some say, "Look, I'm only going to come and work with you for two or three years and then I'm going back into private practice," or whatever.

The Hon. TREVOR KHAN: I have a question on service delivery models. Essentially, what I want to ask about are two different models. The Aboriginal Legal Service has gone through times when it has been broken up into parts across the State, and at other times, like now, it has consolidated into one body. Which model do you think works best?

Mr BELLEAR: Local Aboriginal autonomy works best. Your local community has to be in control of your local organisations. You cannot have a statewide body. I cannot sit here and make judgements about a service in Cowra, because I am not there on a daily basis, or at Moree or Tweed Heads. Your local governing council has to come from the local area. I have seen all of that stuff about State councils representing a region, and when you come in for a council meeting you are supposed to be discussing statewide policy. But the councillor slips back into his regional role and talks about things that are priorities in his or her particular region. It is difficult that way.

I was part of the Aboriginal Legal Service when it was established. I was one of its first field officers. It worked much better when you had a governing committee here from Redfern that oversaw the day-to-day operations and policies. When it became a State thing, it lost it, and the whole thing broke up because you had one particular faction that was controlling the whole situation. I just do not see how people from Sydney can rule on something or make policy on something that affects people in Moree. That is what local community control is all about.

CHAIR: How do you then come to grips with a situation where perhaps a local community is structured so that it reports to a regional structure, and then to a State structure of some sort? In that governance setup, how do you deal with local communities that report that so-and-so is ruling the roost, and there is no democracy? How do you deal with that type of situation?

Mr BELLEAR: That is one thing that the human race has never been able to deal with, because that very system does not just apply to Aboriginal people. Look at the Catholic Church, the Labor Party and the Liberal Party.

Dr JOHN KAYE: The Greens.

Mr BELLEAR: I was going to mention the Greens!

The Hon. TREVOR KHAN: You've just lost your seat!

Dr JOHN KAYE: I would offer it to you—but!

Mr BELLEAR: Aboriginal people have always had different things. If you have the Wiradjuri people you do not get the Bunjalung people coming in and arguing things for the Wiradjuri people. I mean, that is just not on. But Aboriginal society has been such that there were a number of rules and things laid down from when you were born. As you come into manhood there are ceremonies that you went through, and you were taught the law on this and that throughout. And you abided by those, and there were very harsh penalties if you did not. That is one of the reasons that, particularly in rural areas, the circle sentencing system is working so well because it is the local people who are meting out the sentence, in some cases sentences that are stronger than a magistrate would order.

CHAIR: In terms of coming to grips with governance in local communities, do you see any problem in having a white man's governance structure to bring communities together so that there is some uniformity in the structure? If you are going to have say a community working party, then the community working party will be set up by having perhaps a meeting, with people coming together and voting and electing people.

Mr BELLEAR: The early days of those community working parties were actually good. I think the Murdi Paaki were the first ones to have it. It was good because it brought together all the factions within the Murdi Paaki region, which goes from Walgett out to Broken Hill and so on. It worked well until they started paying sitting fees, and then people put themselves forward to get a voice at the table. But, if you go back to that original concept, and I think it was one of the local government councillors out there said, "Who do I talk to in this town?" Everybody put their hand up. But then it worked out that you get one from the Aboriginal Medical Service, one from the Aboriginal Legal Service, one from here, and I will get a couple of independent ones that are not connected with an organisation—for whatever reason, and that is their business—which wanted to have a say and did have a say. He started out with six or seven people that represented six or seven of the most powerful organisations. That worked well for a while.

The other thing with Aboriginal society is that family is very important. A lot of organisations have gone bust because of family, but a lot of them have flourished because the person who is the CEO there feels more protected if they put some of their family members in key positions. That is nepotism, but that is tribalism. I mean, the Fairfax newspapers wouldn't be where they are today if they did not practise tribalism back when they first started. That is the truth. There are those founding fathers.

I just think there has to come a time when people have to walk away from something and allow the younger people to come through, because younger people are getting frustrated. They say, "We want to get on there, and say this, that and that." People in those positions are hanging on just a little bit too long. Through Tranby College and through the State Land Council and the Aboriginal Medical Services, we are actually sending trainers in governance and compliance to country areas. We are suggesting to every Aboriginal organisation that it have a board of directors. The Land Council has to under the legislation. Now that the land councils have gone to a board system, every board member has to have training in compliance and governance.

What we have done with that model is then said to the organisations, "When we come out to teach about governance and compliance with the land council because it is

a statutory requirement, why don't you send representatives of the board of the Aboriginal Medical Service, the Aboriginal Legal Service and the Aboriginal Housing Company along to that as well? It does not cost us any extra." That is now working well. A lot of those people who have been on boards for years have said, "You know, I didn't realise what I was liable for. I didn't realise I couldn't do this and couldn't do that." They just thought, "I'll get on the board and I'll have a say in how this town is run." Now that they are undergoing governance training, it has opened a lot of new doors. It has also opened doors for younger people to come in.

Dr JOHN KAYE: I would like you to put on record why ATSIC or an ATSIC-like model is important. It has been said in many ways, but I would like you to give us a statement on what the benefits of ATSIC were, and what the damage was in taking it away, and why something like that should be re-established.

Mr BELLEAR: Number one, because it is a national representative body for Aboriginal people. That is the first and foremost reason. It gave the Aboriginal people a voice at the national level. It gave Aboriginal people in the beginning the right to determine what policies would be in place, and what funding would be there, and all that sort of thing. Yes, towards the end, there were some rogues. I can't find a better word. But in New Guinea, for instance, parliamentarians were given slush funds to go out and spend on their constituents because that is the way things were done there.

Dr JOHN KAYE: That would never happen in New South Wales!

Mr BELLEAR: I know that, as I said to my friend in Wollongong the other day. It is because there is a voice on that national body. I did not go along with the three-tiered system, but in the two-tiered system you had regional councils elect the commissioner to represent them at the national level. When we had the tent on the lawns of Parliament House in the early 70s, one of the things we were pushing for then was that 2 per cent of the GDP of Australia should be allocated specifically to fund Aboriginal issues. It does not matter who you are or what you are, a State government, or whether you are a doctor or an Aboriginal organisation, if you want to do something for Aboriginal people then you have to apply to that pool of funds. You could look and keep track of where Aboriginal funds were going to and to support what programs.

The thing with ATSIC was that, even though governments denied it, it was a recognition of self-determination for Aboriginal people. It was recognition that Aboriginal people could get up there and do something. And it fell through, I think because of Mark Latham. If Mark Latham had not said, when he was in opposition, that he was going to dismantle ATSIC, I do not believe the Howard Government would have rushed in and dismantled it as quickly as it did.

I think there is a need for an Aboriginal representative body. It does not necessarily have to be an ATSIC. As you know, when it first started people came up straight away with things. They asked, "What does ATSIC mean?" Somebody said, "Aborigines talking shit in Canberra." Next day, Gerry Hand went off his head! But it was a good body. It gave us the right to self-determination.

Dr JOHN KAYE: Can I summarise that in two ways. One, in terms of giving the Aboriginal people a voice, but is it also true that it gave Aboriginal people a point and a sense of engagement and identity?

Mr BELLEAR: Engagement, identity and empowerment. It empowered a lot of Aboriginal people. The Aboriginal people in rural areas, through their regional councils, could sit down and devise programs for their local areas.

Dr JOHN KAYE: Do Aboriginal Medical Services and other equivalent bodies give Aboriginal people the same sense of empowerment, or a similar sense of empowerment?

Mr BELLEAR: The empowerment is particularly from a men's point of view. Once upon a time you had to drag your mate, kicking and screaming, to a hospital to get treatment. Now, that same person, as soon as he feels a little ache or pain, will present himself for treatment. But there is that empowerment in them seeing, "This is our building, this is our doctor, this is our health worker." Because most health workers come from the local area, local people identify with them. A lot of them are role models for kids in the local community simply because of the fact of where they work. Years ago kids used to say, "I'm going to be a copper or a fireman or an ambulance person when I grow up." Well, a lot of kids in Sydney and rural areas are now saying, "I want to work for the Aboriginal Medical Service when I get older," or, "I want to be a health worker," or, "I want to be a doctor," or, "I want to be a lawyer and work in the Aboriginal Legal Service." That is the sort of attitude that is coming through. But there is an element of empowerment for any Aboriginal service simply because it is a mechanism for Aboriginal survival. The very fact that those Aboriginal community-controlled organisations have survived contributes to the survival of the Aboriginal people as individuals.

CHAIR: Unfortunately, time has caught up with us. We are on borrowed time. No doubt there will be further questions so that, if you wish, we would like to call on you again for your assistance.

Mr BELLEAR: Absolutely. I am happy to go on a drafting committee if you do decide to have an Aboriginal Health Act. I have got some of it already drafted!

Dr JOHN KAYE: If you do have something already drafted, would you be prepared to share what you have got with us?

Mr BELLEAR: We could certainly do that. I would certainly like the Committee to pursue the issue of dedicated seats. I think this is an opportunity, and if we leave it too much longer the opportunity provided by the apology will be lost. I think the New South Wales people are ready for dedicated seats. Will these be admitted as a record?

CHAIR: They will go into the *Hansard* record.

Mr BELLEAR: Thank you.

(The witness withdrew)

CHAIR: We will ask you to state the capacity in which you are appearing before the Committee and ask you to take the oath or affirmation.

MARK SPINKS, Chairman, Babana Cultural Centre, and

JOHN WILLIAMS, Pro Bono Adviser, Babana Cultural Centre, affirmed and examined, and

RAY MINNIECON, Member, Babana Cultural Centre, and

JACK DUNN, Member, Babana Cultural Centre, sworn and examined:

CHAIR: Do you wish to make an opening statement?

Mr SPINKS: I might, and it is probably going to surprise you. I have been here for a couple of hours. I might add, you must be worn out, seriously. You have sat there diligently, all day. I want to thank Victoria, too, for the help she has given us to be here today. She has followed up phone calls and she has given us information. I thank you, Victoria, for your assistance. I am presuming members of the Committee are going to ask me questions.

CHAIR: If you would like to make some remarks, we are in your hands. Otherwise, I believe we have given you some questions on notice.

Mr SPINKS: You have.

CHAIR: If you like, I could start by asking you question one. I am in your hands as to the way you would like to go. How did the Babana Aboriginal Men's Group come about, and how is the group funded?

Mr SPINKS: The group initially started purely through my work. I am the Chairman of the Babana Aboriginal Men's Group, duly elected, but I am also the CentreLink indigenous community development officer on the east coast, and I base myself in the Redfern office. My mother was Aboriginal and my father was white, and I have cousins who live here on the Block and who grew up with me in the town of Bourke, in the Far West, on the banks of the Darling River.

I deal with probation and parole and on-parole release through my job. That is one of the aspects of my job. We used to meet at the Settlement. I think the beautiful people of the Settlement are coming to see you today. On watching and observing the men that came and went, and those that came out of the big house through the revolving door and ended up going back, I thought, "What a great idea if we could get the men together and form a group and see if we can get some support," because that seemed to me to be what was lacking. Some of the questions you are going to ask me here will tie into why we came up with that idea.

So we had a meeting. Our initial meeting was at the Settlement. It wasn't appropriate because we were out the back, in the open. The houses backed onto the

property. When we had lunch some females attended the meeting. It wasn't appropriate for us. So we went to see Micky Mundine, whom you spoke with today, and we got the ground floor of Micky's building at the top of Eveleigh Street. It's very tiny. When we had our first meeting we had eight men. After two meetings at Micky's we found we had 20 or 30 men. It really wasn't appropriate for us to go out and have a break and have no yard. We would come out into Eveleigh Street. If there was a raid on, as you have seen today, because of people doing drugs or selling drugs, which we deplore, that was affecting our members.

So I approached my brother on my left, Pastor Ray Minniecon, and he secured for us, temporarily, the Crossroads Church in George Street, Redfern. That is where we meet as we speak. However, any day, at any time, they could say to us, "We want our property; you can't use it," and we would have nowhere to go. I will tell you that we are averaging 50 to 60 men a meeting. I don't pay them. They're coming because they believe that together we can change their lives and put them on a different path. I firmly believe that is why they are attending our meetings. But we don't have a home.

CHAIR: You are getting an attendance of 50 to 60 a meeting.

Mr SPINKS: That is amazing stuff, and I have got pictures to prove it. When I sit here and say that to you, you could think, "He's throwing figures at us." I have got in front of me a report on a Health Information Day—which I will come to, and table that report—and there is a picture there of 112 men that we took to Rodd Island to investigate their health. We had no money to do this thing. We ended up taking two boats, because I was praying to God that day because it rained and we were hoping to get 40 men, and there were 112 men waiting for me at the fish markets. That shows to me that these guys want to do something with their lives. I have that report in front of me, and I am going to table that today.

You asked about funding. We do not have funding as such. We have project money. When we did the health day I went to South East Sydney Area Health with an idea, because over Christmas we had seen a couple of our brothers who were seriously ill with pancreatic cancer, and our blokes just wouldn't go and do the tests. Then I sussed out why. The men in the room would probably know why. We discovered there are other ways to do the tests. That is why we needed to do our day away from Redfern, on the island, where we had a captive audience, and we said, "You've got to wake up to yourselves. There are other ways to do these tests—prostate, bowel cancer, diabetes, et cetera. There are other ways around this." And if it was not for South East Sydney Area Health giving us four grand—and we fed 112 men, and it took two boats—we would not have done that day, because we just do not have any money.

We secured a little bit of funding from DADAHC—it was left-over money, I'm told—four months ago. It was $30,000 for the events. If you go onto the Internet and Google my name, you will see the events we have done in the last twelve months, and we have done all that with that small amount of funding. It is really a pittance, but we have done some events and we have changed some lives with that little bit of money. So we do not have ongoing funding. I am in your hands.

CHAIR: What is the geography of Babana?

Dr JOHN KAYE: What is your franchise area?

Mr SPINKS: Franchise area? Are we franchised?

The Hon. MARIE FICARRA: Your catchment.

Mr SPINKS: When you say "catchment", that's a tricky question. I noticed Micky Mundine and Solly touched on the aspect of indigenous people from round Australia coming to Sydney and saying they come from Redfern. He talked about finding a mob. I was looking at John and Noddy. It is so true. I come from Bourke. When you come to Sydney you don't go to Mosman, and you don't go to Palm Beach, and you don't go to Packer territory, but they do come to Redfern to find their mob. They eventually come to Redfern to find their mob. It is not just to find their mob; it is their health services through the Aboriginal Medical Service and the dental services, to see specialists, and for legal reasons, but they do end up coming to Redfern. That is the way it has always been. I came here in 1970 from Bourke, and I have been in this area ever since. This is where they come.

Babana, let me tell you, is the Darug word for brother. For Aboriginal men it is a commonplace thing to say "Bruz". Bruz means brother. I'm shocking for remembering names; I'm not getting any younger, and my memory is getting worse by the day with this job, to be honest with you. But I call them bruz. It's the term we use, and Babana is the Darug local language. The majority of our men are city men. I'm talking Kings Cross, Woolloomooloo; I'm talking Rosebery, Redfern, Waterloo, Chippendale. The majority are there. When we did the health day I got a call from a guy in Yass, and I did not even know him. He saw our flier on the email—the greatest tool ever invented. But I'm still getting used to the electric light! This guy opened up an email, saw my flier, saw my name and rang me. He said, "Can I bring a bus up?" They brought a busload from Yass. Another call I got was from Port Macquarie. They saw the email and turned up. So we must be doing something right down here—with nothing, with no funds! They are still a part of us.

Guys regularly come to us from Mount Druitt. Mount Druitt had a men's group out there called the Shed. My cousin Teddy Hart runs the Shed. Mine and Teddy's grandmothers have a little bit of history. People here nodding must know too. His grandmother and my grandmother are sisters.

CHAIR: We saw them.

Mr SPINKS: They come to our meetings. We took men out there to see them and talk to them, because part of our group has been doing courses for men. We did a certificate course recently in tourism. We had 15 blokes who had done some heavy time, who had never been through school and never got a certificate in their lives, and they sat in that room for four weeks. We went out to Mount Druitt and talked about what we did with our men. We talked to the Shed and said this is what we did. That is an example of what we do.

The Hon. MICHAEL VEITCH: Mark, could you talk a bit more about the Men's Family Violence Forum that you ran.

Mr SPINKS: I am glad you raise that. There are issues that arise as a result of our meetings—and I will not go into depth on it because it is men's business. A couple

of blokes said to us, "I'm sick of getting on the drink, I'm sick of bashing my missus, it's affecting my family. I want to change." We heard these messages, and we thought, "Let's do something about domestic violence. Let's try and make an imprint." Once again, we had no money, so we approached the Department of Community Services and got a little bit of funding. We brought an Aboriginal guy down from up north who had done a lot of these programs. It was during the Sorry Week announcement, and it was over two days. We did it at Yaama Dhiyaan, at the Redfern-Waterloo Authority property. Fifty blokes turned up. I thought, "This will be interesting," because there was a big sorry sign and there was a big crowd down here, and we said, "Come down here and see this thing come back." They all came back. So something is working.

But you know the problem? We do not have the funding to follow that up. It hurts and pains me to think that we can do these programs, but how do we sustain them? We do not have our own property, and we certainly do not have the funding to continue following that up, yet we know the guys want to do that. So we have to go cap in hand again to try to find some money, because we have got to feed people. We're not asking for a million dollars. We need a site, and we need transport, and we need all these things, and we just don't have them. I am glad you asked that question, because I will table a media release on that, and that has a lot of answers to questions that you may ask me today, because we would be here for a while if I go through all that. I am mindful of the time. It is all in that.

The Hon. MICHAEL VEITCH: Are you able to tell us some of the sorts of things the men are asking for?

Mr SPINKS: That came up, and the health question came up. I won't say their names, but when we did the DB we thought, "Where can we get some dough to do something about health?" As I said to you, I went to Randwick, saw Gail Daylight, South East Sydney and Illawarra Area Health, and she said, "Marky, I'll give you the four grand. What can you do? We have done these things before, and eight or 10 people have turned up." I said, "I'll better that." We had 112. I want to table this today as well. They are in that photo.

What I will tell you, as a result of that—and thanks so much again to the Aboriginal Medical Service, which was our partner that day—I want you people to know this: that, out of 112 men, we found 15 who never had a Medicare card. Imagine the impact on the health system when their health deteriorates, because they never had a piece of plastic. And we found them that day. Once again, you could look at me and say, "Oh, he's throwing figures around." I had a guy with me who comes to our meetings, his name is Lachlan Wright, and I will say that to you. He works for Medicare. I asked him that day, "Bruz, if we get a couple who haven't got Medicare cards, can you bring some of those application forms?" He brought a box full. We used 15 that day. We got those guys a temporary number and got them their Medicare card. If that is out of 112 on that particular day, what are the figures like across the country, and what are the figures like across New South Wales? So I am so glad you asked that question.

CHAIR: Mark, do you want to table the other document that you did not name?

Mr SPINKS: Yes. This is a report on the Babana Health Information Day. There are photos, stats and figures in that report.

Document tabled.

The Hon. MICHAEL VEITCH: Had any of the 15 lads who did not have Medicare cards had the misfortune of being through the prison system?

Mr SPINKS: Yes.

The Hon. MICHAEL VEITCH: And they still come through without a Medicare card?

Mr SPINKS: A lot of our guys, unfortunately, have been through the prison system. I spoke about the revolving door. I know I use colloquialisms. The revolving door, to Aboriginal people, is you're out and you're back in because of misdemeanours. I wonder what is going on in there, seriously.

The Hon. MICHAEL VEITCH: You gentlemen have the opportunity here to tell us what recommendations you would like this inquiry to come up with. Would you like to put those on the record?

Mr MINNIECON: I have made a submission to the inquiry. It is submission No. 30, and I would like to draw your attention to it, because missing on the web site is page 4, which is critical because it has key recommendations. There are seven recommendations. Sol mentioned a lot of those. To me, one of the most important recommendations for Aboriginal men is to focus on the men of the Stolen Generation. That is in submission No. 30. Out of all this men's business there are another group of men, the Stolen Generation.

Only a few of them come to the Babana Aboriginal Men's Cultural Group. We are continually encouraging them to come, but they are on the outer on this particular men's group, as well as on other services that are around. They just do not access them, including funding that is now available for counselling services. None of these people access any of those services. They are a waste of money and a waste of time for these men; they just will not access them. So something needs to be done for the men of the Stolen Generation in this country. I have submitted a plan to the Minister on a way forward for the Stolen Generation in New South Wales.

The second thing I would like to say, in support of what Mark is saying here, is that we do not have property here in Redfern or even in the inner city that we could call our own, where we can do our business. There is just nothing here. And if we are not going to do it in property, you can almost guarantee we are going to do it on the streets. You need to address that very quickly.

The third thing I would like to recommend that you look at, and to make sure that it is ingrained into your minds, is the fact that the UN has just made a document called the Declaration of the Rights of Indigenous People available to the whole planet. Sol was one of those guys working on the earlier drafting of that document. There were a lot of Aboriginal people who were part of that document. It outlines a lot of the things that we have been recommending for the last 70 years that should be addressed.

The other document I would like to refer you to is that in 1938 there was the Day of Mourning here, and those three great men, William Ferguson, William Cooper and Jack Pattern, outlined 70 years ago exactly the things that we are talking about today. We are still talking about those things, and we are still having inquiries about them. I would like to remind you to go back to those documents and see how far we have come, or have not come, in terms of the ways in which government address indigenous disadvantage, because the gap is still there 70 years later.

So those are the three things. The first is property. Then please focus on the Stolen Generation issues, particularly our men. I know that Babana is working hard to do that. I have worked alongside Mark with the Aboriginal Medical Service and all the other service providers to try to get some good services and programs for Stolen Generation men. It is not easy for them to come into these places because once they see government they will turn their backs on that, because it was the government that made the decision to take them, and sadly the government has not yet made the decision to help to fix it.

CHAIR: The secretariat has noted your comments about page 4. That will be fixed. I am being told it is fixed.

Mr MINNIECON: It is not on the web site. Can you make sure it is on the web site?

CHAIR: Yes. We would like to hear from Jack Dunn.

Mr DUNN: There are two issues that I would like to bring up before you. The first is about housing. We talk about health, and we talk about education, and we talk about justice. But everything stems from the house. If we have a nice environment at the house, that is where the health comes from, especially through the adults and people of esteem in that home. On one side here we have got the Redfern Community Centre, and across the road we have ruins. I was labouring on building Redfern streets, where they were spending $22 million to beautify the streets of Redfern. Yet they cannot come here and do this in a street that is only one block away. There is so much money spent in one area and not the other.

What we have got to understand is: What about the next generation after we go? Who is going to look after them? You can spend millions of dollars on education and on health, but we cannot do it on our own houses, on our home environment. I think that is going to be the crucial point. I think it is a never-ending story that we do not concentrate on the environment where people have been brought up.

Secondly, I want to bring up about the Aboriginal deaths in custody. I reckon there are no people to deal with injustice for the people in gaol. As my brother Mark says, people come out of gaol and they go back in. So there is no such thing as Aboriginal deaths in custody that are looking after them while they are in there and to adjust them when they do come out. We have to look at those two areas. We have got to look at that, both as a community and as a government. Also, we have got to look for the future for our next generation. We can have discussions about this, but we have to have a step forward or we will never go forward at all.

The Hon. GREG DONNELLY: As we have travelled around the State and spoken to various groups and witnesses, I have sensed some real pessimism in the males in the Aboriginal community, often a feeling of helplessness. Today, what we have heard from you is something enthusiastic and positive. There appears to be an interest in the indigenous male community here to come together and, I suppose, reflect on their lives in a hope of working out ways and means of addressing together some of the issues and, in a sense, turn over a new leaf. What do you identify as the catalyst to generate that enthusiasm? I would have to say that in our travels I have not observed too many cases of that among the males of the indigenous community. Something is obviously working here.

Mr SPINKS: I am glad you raised that point. I am also very glad that Mick Veitch raised the point about how many of those guys have come out of gaol and gone back in. You are listening to what we are saying here today. Thank God for that. We have done so many events in partnership with the Aboriginal Medical Service, the Tribal Warriors Association—and Shane Phillips runs the Tribunal Warriors Association, which has two boats on Sydney Harbour. I have always thought that if we can get these guys out of Redfern on a boat, we could use Rodd Island for events such as the health day. We did Youth Day, where we took kids from two under-privileged, very tough schools here—and Green Square is one of them in this area—to Shark Island.

I want to tell you people that that day we found kids who had never been on the harbour—and they live in Waterloo! The carrot, to me, is getting them on a boat, with a little bit of entertainment through a guy called Michael Donovan, who plays songs and involves the guys in that. It all plays a part, seriously. We use Arthur Beetson at a lot of events. Artie was on an ambassadors program. I do not know what is happening with that now. I am not going to comment. Let's just say it is in abeyance, and we hope it is revived. Artie is some identified by Aboriginal males because of rugby league. We advertised the fact that he was going to be there. We have tried everything. We could have gone out and continued to have 8 or 10 blokes. That is why I think the stuff that we do is working, and that is why we need funding to put lunch on.

When we did the health day we did not do a barbie and all that stuff. We liaised with Johnny at the Aboriginal Medical Service. We did salads and fish and fruit, and we did it all with that little bit of money—to show these guys there are other alternatives to their diet. A lot of them had never tasted fish like that in their lives—because it is expensive, I think 26 bucks a kilo. But if you equate that to getting 15 blokes who had no Medicare cards going to see a doctor, and also have a look at that little card that we put together to indicate when they see the doctor, and we handed all those cards out that day, what is the cost against the continuing attendance at hospitals and operations and hospital beds? The government is always complaining that we do not have the beds. We have shown that we do not need the beds. But we need a little bit of funding to do that. Mick, you're right: a lot of them did come from inside. But that is the carrot. I hope that answers your question.

The Hon. MICHAEL VEITCH: Yes.

Mr SPINKS: I believe the others are not doing what we are doing. That whole package gets these blokes to come. And if they are coming from Yass and Port Macquarie, we must be doing something right.

The Hon. GREG DONNELLY: Pastor, is there a spiritual dimension to this group? Obviously, spirituality is inherent in the indigenous culture. But is that part of the drawing together of the men to try to look at the past in order to look forward?

Mr MINNIECON: I think it is a pretty big term. For us, I think it is much more about being brothers. It is more about the culture—culture in the sense that we respect each other for where we have come from in terms of our nation groups. I'm Kabi Kabi, and Bunjalung, we've got all different groups here. We show an incredible respect for each other, and we observe our cultural protocols. I don't think you would put that into a spirituality kind of context, but it does reflect the incredible respect that we all have for each other in our culture.

Mr SPINKS: Can I say something towards that? I was raised a Catholic, and every Friday, because my grandmother was black, I was one of the Aboriginal kids who cleaned the toilets on a Friday. I never say any white kids cleaning the toilets. We marched from the Catholic school on the billabong up there at Bourke to the swimming pool, which is at the other end of town, in more than 40-degree heat. The black kids walked and the white kids rode in cars. When we got to the pool, they were blowing the whistle to get out of the water. They're the bad memories I have. We are not religious. That is what I am trying to say. Any man that is, we don't deny that. If you believe in whatever, that is your business. But we do not discuss any of that. My religion is karma; what I give and what I do to you will come back to me. That is my religion, and I think that is the religion of the majority of our brothers at the meetings. We don't talk religion.

The Hon. GREG DONNELLY: I asked the question in the context of the pastor being involved.

Mr SPINKS: No. I know what you are saying.

Mr MINNIECON: No. I have had a lot of fights with the church.

CHAIR: Are there any other comments you would like to make?

Mr SPINKS: We desperately need housing. Honestly, if it was not for the Aboriginal Medical Service, and I have got to say this again, we would not have got the stats and figures through that day's event. We need these service providers and partners to come with us, and to have the same vision as we do, to see if we can make a difference. We can't do it on our own. There is a guy who works for the Aboriginal Medical Service, Hector Terare, who is the deputy chair of our group, and he came along that day to assist us and to give us information on health and help us with health. The Aboriginal Medical Service is our provider of choice. That's the way it is. They put their hand up for us. They stood up for us. We will always support them.

Mr MINNIECON: I would support what Mark is saying by adding that in the past a lot of money has been spent, and rightly so, on Aboriginal women and their needs. But it has always neglected the Aboriginal men, who have been doing all the fighting and all that kind of stuff. No-one has focused on us. No-one has given us any support at all. We have always been the perpetrators of all the stuff: we come out of gaol and we bash our women up again, and we go back in there. What we are trying to

say to you is that if you spend money on Aboriginal men you will reduce community violence, because we're the ones who are doing it.

Mr SPINKS: When we do our events and have our meetings, there is no alcohol and there are no drugs. That is the number one rule with us. Recently we went down the South Coast, round Batemans Bay—no drink, no grog, and no drugs. That's the rule with us. When we did that day of anti-drugs on the Block, some of our group got together that day and did a pamphlet drop on the Block—because it's not the Aboriginal way to sell drugs and take drugs. Some of the heavy stuff that is going on now is disgraceful. That is why I really support Micky Mundine's idea of the redevelopment of the Block.

He has got a very good point about getting rid of that needle bus. That is disgraceful. If you good people walk out here today—and I am presuming it is still there—and look to your right, have a look where it is sitting. It's besides the kids' playground. So what do these little Aboriginal kids on the Block see every day—junkies getting needles! That is disgraceful. There has got to be another way to deal with that. We have been against this needle bus since we started. Our group is unanimous in that. We do not want the thing on the Block. It's not sitting in Mosman, and it's not sitting at Pearl Beach or Palm Beach, wherever Packer lives. But it is certainly sitting near a kids' playground in Redfern and the Block. It is not good.

Mr MINNIECON: We had the Anzac Day here as part of the men's group's business because they are our Diggers and we want to recognise, honour and respect them. That is men's business. Those kinds of projects help us to take our rightful roles and responsibilities as men and show the way for our kids and our future.

There are other projects that we have been involved in. For example, at Customs House, as we speak, there is a sculpture there to recognise the Aboriginal Anzacs' contribution to the war. We know that in the city here there is nothing that reflects the Aboriginal footprint in the city. Look at Hyde Park. At one end, you have got the Greek Dreaming Story, with a big fountain; at the other end is the War Memorial. There is nothing between those or anywhere in the city that reflects who we are. This will be the first monument to Aboriginal people, and it was created by one of our great Sydney art men and one of the great artists of New South Wales in Anthony Simmons. So we would like to see the community get behind that, as well as the government, and put this in place, because it will bring a lot of pride to our people. That is what we are on about—our pride as Aboriginal and Torres Strait Islander people.

Mr SPINKS: Can I say another thing in response to your question, Greg, about why are we successful? I recently got an email from Junee prison—and I am happy to send that email to you, my brother—asking us in Redfern if we can help them set up a men's group in Junee prison. I don't even know the people. But word gets around; Aboriginal people are the best for spreading the word by word of mouth. They know, my brother, that what we are doing here is positive stuff, and they are reaching out for us. And we don't even have a paid co-ordinator. Thank God that Centrelink gives me that bit of time that I can do the business that I do with this group. We have no place, no money and no paid co-ordinators. You have been to the Shed and you know the setup they have got. But have a look at what we have got. I am happy to send you, if you want, that email from Junee prison. I will never sit here and tell you untruths, especially when I just took the affirmation.

CHAIR: John, would you like to make any comments?

Mr WILLIAMS: Hector Terare cannot be here; he is visiting a doctor this afternoon, and I have stepped in. I am only in an honorary capacity. This is what the Aboriginal men think, not what I think is important. I have a few comments to make that are the Aboriginal men's opinion, as expressed to me.

You asked why this initiative by the men is so successful. There is so much criticism of Aboriginal society—about it being "dysfunctional". Aboriginal men have been squeezed out of the formula in the past of solving their own problems. They have been made to be unemployed, dependent and subservient. Well, what we see in Redfern are men standing up and wanting to be counted and saying, "We will assume this responsibility ourselves." There is no extraneous management coming from the white community; it is coming from the indigenous community.

The interesting thing that the pastor said about religion a moment ago needs to be qualified. I mean, the question was asked about the Aboriginal men on Rodd Island, when 112 men answered the question: What was the most important thing that day? Ninety per cent of the men said their culture, 70 per cent talked about brotherhood, and then the dancing was explained in a cultural sense by indigenous people speaking languages. Then there was health.

The third thing I want to say is that there is no visible presence of Aboriginal men in Redfern. Twenty years ago the Aboriginal Medical Service put in a submission for a centre for Aboriginal men. There was no response. Ten years ago it did the same thing. There have been suggestions about Babana, working with its health partner the Aboriginal Medical Service, trying to redress this issue in a tangible way. If all this Committee does is come up with pious platitudes about the aspirations of Aboriginal men, then there is not much point in it being here. We are here to try to find solutions. Do Aboriginal men have the solutions? There are various suggestions and recommendations. I suggest this parliamentary body do something. Thank you very much.

CHAIR: Thank you very much for your time. It is greatly appreciated. Our interim report is due in June, and our final report is due in December. With your indulgence, we may call on you again for your assistance. You have given us some important information that we can go on with. Thank you for that.

Mr SPINKS: Can I commend you people. You have been here all day. I say once again, to me, you are astounding. And you have another group to sit in front of you. Thank you for listening to us today, and thank you for inviting us.

(The witnesses withdrew)

MICHAEL GRAVENER, Executive Officer, The Settlement Neighbourhood Centre, sworn and examined:

CHAIR: Michael, thank you for coming to speak with us. Would you like to tell the Committee the capacity in which you appear before the Committee?

Mr GRAVENER: As the Executive Officer of the Settlement Neighbourhood Centre, which is literally a stone throw from here. I have been there for eight years, and I have just resigned for health reasons and the Settlement has just appointed somebody. But I have had nine years of experience in the local area, so I think I have got something to say.

CHAIR: We have given you a list of questions on notice. We will go through those initially, and then we will ask you a number of additional questions.

Mr GRAVENER: Can I make a statement first?

CHAIR: Yes. You have the floor.

Mr GRAVENER: I want to acknowledge that we are on the land of the Gadigal people of the Eora nation. We non-Aboriginal Australians need insight into the reasons why it is that Aboriginal and Torres Strait Islander peoples live, on average, 17 years less than the average Australian. We know, of course, that this is a national disgrace. It is not until we deeply understand or want to understand the reason why people of another race die without the experience of another 17 years, that we understand the great loss it is to us to be able to fulfil and maximise the life experiences of the Australian human being. Alexis Wright, the 2007 Miles Franklin prize winner, wrote about the Aboriginal fisherman of the Gulf of Carpentaria, in her book *Carpentaria*. She said:

> Their unconscious thoughts have been arrested in a limbo of unresolved issues which must be preventing their entire spirits from entering the afterworld. Their hands and thoughts have been left behind. They are locked up in their own injustice.

Our former Prime Minister, John Howard, after 12 years as Prime Minister of this country, failed badly to make any difference to the Aboriginal people of this land. In his stark about-face, and maybe in a sharp twist of his conscience, in his shocking speech about wanting to address symbolisms and Aboriginal injustice, John Howard exclaimed that we are not a group of people with a varied mob, that we are a people of one great tribe. He immediately categorised the multicultural nature of Australians almost as an assimilation necessity. But, appallingly, he failed to grasp that the first Australians are not to be assimilated. They are the people with the unique presence, the people with the unique connection to this land. Remember, we are talking about the oldest living culture known to humans. Yet we as a nation are prepared to remain in denial about our past, our gift of Aboriginal people

We, non-Aboriginal Australia, are in a chronic state of denial; we need to face up to our realities. Aboriginal culture is not alien to our society; it is we who are the aliens. We are the dominant culture and we have assumed our superiority in the presence of their alienation. In fact, we have alienated ourselves in our ignorance and in our assumption that assimilation is about assimilating to be like us, whatever that is. We

have failed to recognise in all this that what we continue to do to the Aboriginal people of this land has actually been to the demise of non-Aboriginal people who thought otherwise. Thank God we may be getting it in saying sorry. It was a good first step.

CHAIR: If I could ask the first question. What services does the Settlement provide to the indigenous community? How is the centre funded? How many people does it employ? How is it governed?

Mr GRAVENER: We are a small neighbourhood centre in Edward Street, which is just a block away from the Block. It has been in Edward Street for 82 years. So we are the longest neighbourhood centre in the country. We work on the philosophy of a movement called the Settlement. There are certain settlements all round the world—in the United States, London and other places. We work on the principle that we are all the same, we all have differences, we all come from different economic and social backgrounds and educational backgrounds, but we are all people who can learn from each other. So it is very much a reciprocal learning process. That is the underlying philosophy of the organisation.

We are managed by a management committee of 13 local people. They are people who are interested in the movement. We try to attract as many Aboriginal people as we can. Our main aim is to serve the most disadvantaged group of people at any particular time in our history. So in 1970, after the referendum in 1967 and the movement of Aboriginal people to Redfern to meet up with other Aboriginal people in Redfern, the issues in the area became quite profound. So the Settlement, in its wisdom, took on the Aboriginal cause, and we have been done that ever since.

We are not an Aboriginal organisation, even though a lot of people think so. Most of our staff are Aboriginal. We have eight staff—three are full time, four are part time, and we have casual workers and volunteers and people from community service orders. We used to have people coming in from CDEP programs. As a movement, we have a membership. We are incorporated by an Act of Parliament of 1959, and our membership is of people interested in the movement. We have approximately 100 members, and they elect the management committee of 13.

As I have said, we are not an Aboriginal organisation, but 99.9 per cent of the people that we see are Aboriginal. We welcome everybody. We are very culturally aware of the issues. That is really determined by the staff who are Aboriginal. We have a program called the Murralappi, which is NSW Health funded in the sum of about $90,000 a year, which gives us enough scope to employ one person full time. That is a purely Aboriginal program for Aboriginal people. That enables us to give young people a sense of self-identity and self-esteem by getting them culturally involved in programs to raise their cultural identity. We do that by sending them on camps. Just recently they came back from Melbourne. Fortunately for them, they went and saw the Anzac Essendon v Collingwood game. The fellow who runs that is a Wanganese, so he had connections to the Wanganese, a very famous football family, and they were able to learn all healthy outcomes about physical sport as well as the cultural issues surrounding living in this country and in the white environment and of many different peoples.

Programs that we have been doing are mainly with young people from the Block. The aim is to keep them out of homelessness or a state of despair. Last year we did two programs with young Aboriginal people in relation to horses. We took them on

a two-week camp, on a very expensive endeavour where they were with a horse and learnt relationships through the caring of horses—washing them down and learning associated responsibilities. That was a really wonderful program for them to be involved in, and to see the kids grow. We have one young fellow who used to swear every second word. It was quite miraculous that he came back not swearing at all. He was in love with this horse—Billy, he called him. All that encompasses the elders of the area, so there are protocols that they get involved with. They learn respect for their local people.

We had an incident in Alice Springs about a year and a half ago where our young fellows were throwing stones at birds, and an elder quickly got hold of them and grabbed their arms and said, "That's so inappropriate. You should realise that that is a totem for our particular area." So they learnt that cultural stuff that they had missed out on. They learnt that there are other cultures around this country and that their aboriginality is so important and that their identity as Aboriginal people is very significant to them as human beings in this country.

Another program we have is a youth program funded by the Department of Community Services. That also gives us one person full time, to allow young people to have a safe space. They drop in after school. We do court work experience, and we visit them in gaols to get a grasp of what is going through their minds in the processes of the gaols. Our main aims is to keep them out of gaol, but we also seek to educate young people through other people who have served prison time. So it is a safe place. On holidays we have a full vacation care program for the young people, so we take them to culturally appropriate activities, or we just take them to the beach to have a good time, and that sort of thing.

We give them healthy food, and the guys at the Settlement feed them with really good and healthy food. That is funded partly through our after school care program for young children from primary school age, and that is funded through FaHCSIA [Department of Families, Housing, Community Services and Indigenous Affairs]. It is not your average after school care program. We still get block funding. The reason behind that is that a lot of our young people do not have parents who bring them to the Settlement; they will literally drop in kids as young as seven. So this is a safe space and safe place for them to come to because of all the issues that could occur around this particular area.

My role is neighbourhood work, and that is a position funded by Department of Community Services. The aim is to advocate and stand up for the disadvantaged and also to promote awareness of cultural issues. Obviously, from a white fellow's perspective, that is all I can do. But with Aboriginal staff, particularly from the local area, we are able to engage our staff in those understandings. So we often go to universities and technical colleges and schools.

Another part of our work is to assist the Walking Together program, which is for Aboriginal men who are on probation and parole. We can claim that we started Babana, which you have just heard about. That is a wonderful organisation, and it has taken its own route of Aboriginal self-determination. That has been a really good thing. So we are there for the gaps; but we are forever understaffed and under-resourced and so on. So that is basically what we are about.

The Hon. MARIE FICARRA: Michael, we have heard about the needle bus and the problems in the area. We have heard from the Aboriginal Housing Company and the Babana Cultural Centre that they are very concerned about the needle bus. From the point of view of a neighbourhood worker, what do you think about it?

Mr GRAVENER: This is a double-edged sword. Obviously people who are using heroin and other drugs need needles to inject the drug. In the nine years that I have been here I know of 86 people that have died of drug abuse or murder or stabbings. But it has mostly been drug abuse and overdosing. I really wish that we could bring up the heroin debate and look at safe injecting rooms. Obviously, needles are for health care. People are dying, and we are here to try to lower the gap in the age at death of Aboriginal people. The reality is that I know 86 people who have died, so that there must be hundreds of people out there who have died. What do you do, apart from doing things like we did this afternoon, and raid the Block constantly and get rid of a drug problem for about five minutes? I would guarantee you that if you walked out there now there would be people sharing drugs and needles and so on. Maybe it is an issue of the place and where it is, because it is obviously a—

The Hon. MARIE FICARRA: Park.

Mr GRAVENER: Yes, a park. So it is not a good look. Maybe it needs to be in an enclosed space where people can go. I know there were efforts to do that, but obviously it is a very touchy subject. It is very difficult for a neighbourhood to embrace a problem. Perhaps we should have something like a safe injecting room, or we should look at the issues from legalising heroin. I know it is a huge issue, but the reality is that if you were to legalise heroin, tomorrow you would get rid of a lot of the crime in this area. Little old ladies would not get their hands snapped, or have their handbags taken. You would have saved the 86 lives that I know of, or thereabouts. It is a big issue. How you go about it, I do not know.

The Hon. MARIE FICARRA: The concern voiced by Mick Mundine was that needles were given out in bags, and that up to 150 needles could be given out at a time to an individual dealer, who would on-sell them for a profit.

Mr GRAVENER: Absolutely.

The Hon. MARIE FICARRA: So is that your experience?

Mr GRAVENER: That is totally inappropriate. Yes, absolutely. That is a question of how the bus is being operated.

The Hon. GREG DONNELLY: Did I hear you to say that that is actually going on?

Mr GRAVENER: Yes.

The Hon. GREG DONNELLY: Unequivocally, you know that is going on?

Mr GRAVENER: Yes.

The Hon. MARIE FICARRA: My question is drug and rehabilitation services. We have heard that there really are not any in the area.

Mr GRAVENER: Nothing that is appropriate, and nothing that is culturally understood. The Aboriginal Medical Service does a great job with the physical wellbeing of people. But, as to the issues of mental health and why people are using drugs, and where do those people go to get their methadone or whatever, it is a huge issue. I mean, there are people in the local area who have not even seen the Sydney Harbour Bridge. There are reasons why they live here. One is because they feel safe here—even though it is chaotic and messy. At the same time, they need their drugs, and they need rehabilitation, and they need something to be able to go to. For you and I, it is maybe only five kilometres down the road to a mental health service or whatever, but it is a big issue for Aboriginal people.

The Hon. MARIE FICARRA: So there should be something culturally sensitive, and located in the Block?

Mr GRAVENER: Well, not necessarily in the Block.

The Hon. MARIE FICARRA: But very close to it?

Mr GRAVENER: Very close, yes.

The Hon. MARIE FICARRA: What do you think of the redevelopment project that the Aboriginal Housing Company is working on for the Block?

Mr GRAVENER: I would endorse it. Really, and obviously, people need houses. A lot of the people who come here are transient. But this community is iconic, and it is symbolically very powerful, and if you can provide housing, or if the organisations and all tiers of government come together and help the Aboriginal Housing Company make their dream a reality, then you would go a long way to immediately help bring about good outcomes for the Aboriginal people of this area. You would also enhance the prospects that drug dealing and things like that will disappear. I am sure that people living in good housing conditions can respond better. They live much healthier lives.

I did not mention it earlier, but the Settlement has a housing program. We own 13 houses provided for low-cost housing. We have the same issues of drug abuse and other drug issues, but it is about acknowledging that there is a really important community of Aboriginal people here that is iconic. It is a powerful symbol in this country. I recently was in Fitzroy Crossing where people were saying to me things like, "Oh, you know Mum Shirl, you know Ted Kennedy, the priest who was involved here, and you know the Mundines."

So people are watching what is happening. If you can get it right, with the self-determining factor of the Aboriginal Housing Company, in consultation with the government, and there are adequate resources, with all those interesting complexities, you would make a wise investment in making this a reality. The Aboriginal people have been trying to get proper housing for 30 years or 40 years. Hundreds of people have died. At the same time, what has come out of the Block are things like the Aboriginal Medical Services, dance theatres—some of the most amazing things for the Aboriginal

people round this country. So let us get on with positiveness and try to encourage that development.

The Hon. MARIE FICARRA: In terms of the staff that you have at the Settlement Neighbourhood Centre, you mentioned that most of them are indigenous.

Mr GRAVENER: Most of them, yes. There are only two of us at the moment who are non-indigenous. There is only one program that is Aboriginal-specific, but it is obviously important for us to have Aboriginal staff working with Aboriginal children and young people. One of the issues, however, is that it is very difficult for the staff. At the moment, my staff are superb. I think they are terrific human beings. But, unlike most, I can run off to my little shack by the beach on Brighton Le Sands and take my memories and take my weary bones to a place where I can put my feet up and savour the environment, to make me feel better the next day. These guys are dealing 24/7 with really chronic health issues, dealing with the chronic health issues of families and dealing with trauma in these people's lives.

One of the big issues in the Block, and for most Aboriginal people I believe, is the lack of resources available to deal with their trauma. They are hyper-vigilant, anxious and depressed. They have substantial health issues coming from those problems. You need to get proactive and support people like Babana. Get the healing centres and get the men's sheds out there, and get places where people can learn how to deal with their trauma. I would like to mention that we have a young child—and we still do not know who it is—smearing faeces over the walls of our toilet. To me, that indicates that he has issues. What do we do about that? Do we go to his family? His family might be using heroin or other such substances. Or the young person might be witnessing something traumatic that is going on.

We have had four people die in the little lane behind our street. The kids have actually found someone, or the worker has nurtured that person who dies. This is 20 minutes walk from the Parliament. And we wonder why little kids are shaking when they are confronted by policemen! There are great policemen here. There is no doubt about it. There are great policemen, and there are Aboriginal people very successfully running Aboriginal families. But the chronic trauma in their lives is real and it is a very serious debilitating factor in their lives. We have workers who themselves are not coping well with the issues that they have to face each day.

The Hon. MARIE FICARRA: Michael, has your successor been appointed?

Mr GRAVENER: Yes.

The Hon. MARIE FICARRA: Is there a limit to how long you can do a job like yours, without a break, and still remain sane?

Mr GRAVENER: It is a really tough job and, without trying to pat myself on the back, you have to be a pretty special type of person because you are dealing with a community that is really struggling. Yet, on the other hand, the beauty about the community is that it is also profoundly wonderful. We recently had a big struggle at the Settlement as far as maintaining our presence there, because the local neighbours got onto our committees and tried to destroy us, and literally at that particular time actually sold our building. Consequently, the government, you guys, gave bipartisan support to

us in our move to stay there. We have survived. We recently got a development application passed, and so we are going to rebuild. We are now trying to find $5 million to do that, so that we can become more professional and more culturally appropriate to the people.

At the same time as all those things and issues are occurring in this world, Aboriginal people have issues on the streets. Of course, we have great supporters in the streets, but some have firm racist views about Aboriginal people. You hear comments like, "Lock the front doors and let the Aboriginal people come in the back way," and all that sort of stuff. That is South Africa a few decades ago, and fortunately now gone. But we still have an attitudinal problem. As I walk away from here, if I do not have Aboriginal people near me, I am never harassed; I am just a regular white fellow who gets on in the world and accesses all the resources that I possibly have. But whenever I am with a black fellow I am always stopped by police, or I am being taunted with a whole lot of racist issues, and that is systemic in this environment. The Aboriginal community has trauma issues that are being compounded by racist systems. It is a huge issue that the guys have to deal with, but they are situations that we have to deal with in order to make this society freer.

CHAIR: As we have gone round the State we have found a hell of a lot of positive and good things happening. I would be interested to hear what the Settlement is doing in terms of resilience of Aboriginal culture and promoting and accentuating the positive great stories that are out there and publicising the great history and great activities of the Aboriginal community.

Mr GRAVENER: That is a really important question. There are present in this room a group of people from Redfern Residents for Reconciliation, which I am part of. They have a web site about Redfern oral history. Have a look at it, at www.redfernoralhistory.com.au. It is about embracing and learning about individuals and personalities. It also shows what young people have done—for instance, the Settlement. Young people from this environment have created wonderful videos and films. We have one on there at the moment from RRR called "Another Day", where the young people came together and made a film clip, wrote and sang songs. I do not know to this day who did it, but someone put them in the St Kilda Film Festival a couple of years ago, and we actually won. So we beat big bands and all those sorts of entrants. That just shows what these kids can do.

CHAIR: I would like to ask your advice, but there must be a lot of optimism out there. The current environment is one of all the right words being said, irrespective of the fact they have been said many times before. I would have assumed there is a lot of optimism out there. Am I kidding myself?

Mr GRAVENER: I would like to say you were not, but we are dealing with deep systemic problems. I go back to trauma and racism. The trauma in these people's lives is incredible. We have programs for returned veterans. I have actually counselled returned veterans in the past. We found that the veterans and their families developed symptoms of trauma in their lives, and as a consequence young kids would develop symptoms of anxiety and whatever. Since the day of our arrival in Australia we have been the dominant culture; we have taken over Aboriginal culture. We totally disrespected it originally. To unwind that damage I think is incredibly difficult.

We talk about things like methodologies and healing. Well, Veterans Affairs has given us methodologies that we can use to help people who have suffered trauma. But it has to be done cleverly and in a culturally sensitive and community-embraced way, for instance, in developing appropriate housing. That is the first step in giving Aboriginal men their place and the space to be able to share stories. A lot of fellows in Babana, for instance, cannot share their stories because the war is such that if you do share your stories, the worker, and particularly someone like me, will say, "I'm sorry, you've said this and that." If I have to do a mandatory report, and I have to do this and that, I do that. But the thing is that we are dealing with many other issues apart from alcohol abuse. Where is all that coming from? These traumas are endemic in the lives of Aboriginal people.

We must address the wider picture. When the Redfern-Waterloo Authority came here they spent millions and millions of dollars in human services in particular. They came and did the right thing. They did something like I did. Ten years ago, as a white fellow, I decided I was going to help the Aboriginal people. But someone who was wise said to me, "Wait till you are invited in." I literally went and learnt. I went to Tranby Aboriginal College and learnt some Aboriginal ways, and did all the hard yards, all the cultural awareness training, until people started to invite me in.

The Redfern-Waterloo Authority, though it was well meaning, implemented and put all of its resources into things that we had been begging for for years—but they did not listen to the people on the ground at the time. They did not listen to services that knew what was going on. Instead, the Redfern-Waterloo Authority blamed those services. They blamed services like the Settlement, a movement that had been in Sydney for 115 years. They did not come and listen to the people and find out what their needs were.

CHAIR: Whilst there is much work to be done incrementally, are you suggesting that there is no light at the end of the tunnel and that there are kids out here now who are worse off than kids were 30 years ago?

Mr GRAVENER: You have got to be optimistic, but cautiously optimistic, otherwise you would not survive in this work. You will see on the doorstep out here people who have probably been in gaol and have probably injected heroin. I am an official visitor to two gaols. I visit Windsor, which has a young offenders program. It just blows my mind when I walk in and someone will say, "Good day, Mick. How are you going?" I will say, "What are you doing here?" For the people of this area it is almost like a generational issue: This is what we do, this is part of our cultural growing up. We know that is not true. We and groups like Babana know that is not true. But we have to look at the big picture and what we have to deal with. The way forward with prison systems at the moment is a great ideal, but how do you implement it, particularly with Aboriginal people? There are so many young Aboriginal people in Windsor gaol that you have got to remind yourself that the Aboriginal are just 10 per cent of the population in this country. So what the hell is going on? I was in Broome recently where 90 per cent of people in the Broome prison are Aboriginal.

So how do we go about it? It is really Aboriginal people determining their own lives. How will we, as the dominant culture, allow them to do that? You hear a lot of people talk about ATSIC and the failure of ATSIC. ATSIC, whether it was good or bad, as far as I could see, was never a body that was self-determining. The one reason I can

say that is that with one swipe of a pen it no longer existed; it was just shut down. So, really, the Aboriginal people did not own it as such. There are a lot of Aboriginal people, particularly leaders, who believe and say that things are very much like assimilation. You have to listen carefully to people out there, because there is a division, and I think that that division is subconsciously or whatever being provoked by us and our system.

About a year ago there was a young fellow out on the road here who had just left the Settlement. He was 10 years old. This 10-year-old kid was shaking in a corner, surrounded by policemen. He had a mobile phone. People make jokes about this, but he had a mobile phone so the suggestion was that it was stolen—because he is a 10-year-old Aboriginal. If you look around, there are a lot of 10-year-olds with mobile phone. That sounds like a simple incident, but that kid was taken by the police by car to the Redfern police station. He was the brother of T. J. Hickey, who died. So imagine the trauma caused to that kid by going through that. So you look at him and say to yourself, "How are we going to stop this cycle and how are we going to improve his life?" How do you do that when the issues faced by that child are compounded by police activities and so on? Organisations like the Settlement do as much as they possibly can.

CHAIR: I assume you put out a very positive story about cultural resilience and how important Aboriginal history is.

Mr GRAVENER: Yes.

CHAIR: I assume you are doing all those sorts of things.

Mr GRAVENER: Yes. We are the ones who need to take on board what Aboriginal Australia means to this country and how it defines the soul of this country.

CHAIR: Do you have any further comments, or is there anything else you would like to say before we close proceedings for the day?

Mr GRAVENER: When you are dealing with Aboriginal people it is obvious that you really need to do a lot of listening. I can see you have done that. How you reflect that in policy and program delivery is a huge question. So, good luck. It is important that they get their housing. It is important that Aboriginal trauma is dealt with appropriately. It is important that the level of mental health services is increased to allow the healing to take place. It is important to look at the drug issue, because people are dying, and they are not even newsworthy any more. It is important to allow places like the Settlement to be heard, as you are doing today. Somehow you have to get the message to government and all the tiers of bureaucracy that it is really good to listen to what we have to say, because we think we have a lot to offer. We have lived in this world for quite a while.

With the prisons, I really hope that we can resource and encourage the Aboriginal Justice Advisory Groups and have a look at issues such as young people being incarcerated. At the moment, we are warehousing these kids. Despite young offender programs, we still have kids in prison cells 18 hours a day. That is not going to help anyone, particularly Aboriginal young people. Look at methodologies in trauma, look at the key activities that we do, and look at cognitive behaviour, therapy and in a way that is necessary culturally for people to be healed.

We need all the recommendations of the reports, such as Deaths in Custody, Breaking the Silence and Bringing Them Home to be implemented. We need constitutional change. I could go on and on, but I will not because I realise it has been a long day for you. I do not have the answers.

CHAIR: That is what we are looking for.

Mr GRAVENER: I will read what I have written. I believe self-determination is the key to service delivery. We, the non-indigenous people of the dominant culture, need to implement and educate ourselves on cultural awareness and the effects of racism on Aboriginal people. I was in Fitzroy Crossing recently in Western Australia and experienced several Aboriginal people pleading to me to participate in their development and future. They were asking me to be involved—a white fellow, with education and with skills.

I think we and the government have a role to play through the mentoring of each other in ways of being and developing, but we need to see it from an invitational perspective, and we need to honour the fact that we, the invited, need to respect and adhere to the protocols of the day set for us. Wherever it is and whatever we are invited to participate, we need to become a bridge between Aboriginal and non-Aboriginal systems. We need to become aware of the systemic hurdles that we continually place in the way of Aboriginal people. We need to allow them to take their own paths and give them a choice in how they wish to participate in life. We need to adapt our lives and economies around them in order to allow self-determination to become truly effective and to get our mindsets away from merely assimilating a culture into our ways. Aboriginal people should untimely have the choice of both worlds and participate in the either/and/or of these worlds.

We, as non-Aboriginal people, will need to participate in mainstream society with informed awareness, implications and consequences of our dominant cultural implications on the health and wellbeing of Aboriginal people. I know that is calling for a massive challenge for the State, but we also know it is a national issue. If you get a chance to read it, there is a book called *Edge of the Sacred*, by David Tacey, who is a white professor. I urge you to read it. It is my bible. It deals with all these issues.

CHAIR: Michael, if there is something further you would like to say, I would ask you to submit that to us. I think time has caught up with us. Thank you very much for coming along today.

Mr GRAVENER: Thanks for hearing me.

The Hon. MARIE FICARRA: And good luck for the future.

Mr GRAVENER: Thank you. Thank you for listening to us.

(The witness withdrew)

(The hearing adjourned at 5.30 p.m.)