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Official Committee Hansard

HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON ABORIGINAL AND TORRES
STRAIT ISLANDER AFFAIRS

Reference: Capacity building in Indigenous communities

THURSDAY, 25 SEPTEMBER 2003

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HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON ABORIGINAL AND TORRES STRAIT ISLANDER AFFAIRS

Thursday, 25 September 2003

Members: Mr Wakelin (*Chair*), Mr Cobb, Mrs Draper, Mr Haase, Ms Hoare, Dr Lawrence, Mr Lloyd, Mr Melham, Mr Snowdon and Mr Tollner

Members in attendance: Ms Hoare, Mr Tollner and Mr Wakelin

Terms of reference for the inquiry:

To inquire into and report on:

Strategies to assist Aboriginals and Torres Strait Islanders better manage the delivery of services within their communities. In particular, the committee will consider building the capacities of:

- (a) community members to better support families, community organisations and representative councils so as to deliver the best outcomes for individuals, families and communities;
- (b) Indigenous organisations to better deliver and influence the delivery of services in the most effective, efficient and accountable way; and
- (c) government agencies so that policy direction and management structures will improve individual and community outcomes for Indigenous people.

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Committee met at 9.01 a.m.

AMU, Mrs Maryanne, Board Member, Central Australian Remote Health Development Services

LUCARDIE, Ms Dorothy Eileen, Chief Executive Officer, Central Australian Remote Health Development Services

RANDALL, Mr Allan, Health Services Educator, Central Australian Remote Health Development Services

CHAIR—Welcome. To give you an idea of where we have been, we have been pretty well all over Australia—in every state and territory. This is virtually our last geographic call. We came to the Territory once last year. I invite you to make an opening statement.

Ms Lucardie—Thank you for inviting us to attend. I am being accompanied by Maryanne Amu, who is on our board of directors and is also a manager in primary health care services, and Allan Randall, who is a trainer in governance and management training with us. I will hand over to Maryanne to make an opening statement.

Mrs Amu—I have briefly gone through the terms of reference for the inquiry. I would like to say something about what is happening out in the community in terms of management and capacity building. I am now talking as one of the directors for CARHDS. My areas of discussion today would be about capacity building—what is lacking out in the community as a health service manager and the lack of skills that people are facing in terms of management at the community level.

Ms Lucardie—CARHDS's role really is as the education and training provider for the primary health care services here in Central Australia. We cover the area up past Tennant Creek to Nicholson River and out to all the borders. We have taken the role of providing training not only for Aboriginal health workers but also for managers such as Maryanne, councils and health boards out in the community. We have certainly done quite a lot of work over the past 18 months, working with those community councils. We have some things we would like to say to the inquiry about capacity building in the transfer of skills and knowledge to the community.

Mr TOLLNER—How is CARHDS funded? Is it state or Commonwealth?

Ms Lucardie—It is a partnership between the Office of Aboriginal and Torres Strait Islander Health, which is Commonwealth, and the Department of Health and Community Services. It was established six years ago after five years of lobbying by Aboriginal primary health care services to provide professional education for Aboriginal health workers in the first instance, to provide the same sort of opportunity for continuing medical education that doctors and nurses have. Since that time we have become a separate organisation run by the Aboriginal community controlled organisation. Our board is made up of representatives from the Aboriginal community controlled health organisations.

Mr TOLLNER—How do you interact with organisations like the Central Australian Aboriginal Congress?

Ms Lucardie—Congress is a member of CARHDS, as is Anyinginyi Congress in Tennant Creek and all the Aboriginal community controlled organisations. Urapuntja, Kintore, Ampilatawatja, Areyonga, Santa Teresa, Finke and Imanpa are all Aboriginal controlled organisations.

Mr TOLLNER—You just provide the training; you do not provide the service itself?

Ms Lucardie—No. We are a regional support service for them. So we are basically their staff development department—I guess that is the way you would look at it.

Mr TOLLNER—We got information yesterday that there are issues with outreach services. I am wondering what involvement you would have with those. The concern was that there are not enough medically trained people going out to communities and people had to come in to medical centres and the like.

Ms Lucardie—This is for specialist services, is it?

Mr TOLLNER—Yes.

Ms Lucardie—That is certainly an issue that we have been working on with some member organisations. For instance, with the proposed ear health program for congress our trainers would provide support in the field to provide training for Aboriginal health workers to support the delivery of those specialist services. You may have, for instance, a specialist provider going out, but because our delivery is out in the community we always have people in the community training. So we actually support the building of skills amongst the Aboriginal health workers and the Aboriginal communities to support those specialist services. The ear health program is one example of that. There is another example where we are looking at working on eye health. Our approach towards capacity building is to try to get the skills and knowledge within the Aboriginal community out there, rather than doing it for people trying to build those skills.

Mr TOLLNER—What levels of technicality do you reach? You do not do a full medical course?

Ms Lucardie—For Aboriginal health workers the certificate III in the NT does have core clinical competencies, which is different from all the other states and territories. In the Northern Territory, Aboriginal health workers are required to deliver clinical skills. That of course then has brought in concerns about literacy and numeracy, which has been a very big problem for the implementation of the national VET agenda because, certainly here in Central Australia, there has not been a long history of schooling. There are very low literacy levels and, quite often, numeracy levels among senior people who take the Aboriginal health worker positions. You are looking at English as a foreign language. People who speak three or four different languages then try to gain English on top, and it is a culture which normally does not use literacy.

We have been pushing very hard here the idea that literacy is a critical health issue. Self-management is a critical health issue. Literacy is a critical health issue for people to gain employment and to take on the role of Aboriginal health worker. The term that has been used at our board level is that English is the language of negotiation. So that is a critical thing for capacity building. We have been augmenting our Aboriginal health worker training with WELL

literacy programs to support that, but we have also been proposing here in the NT that the Indigenous adult education literacy task force really looks at the outcomes and at the delivery. Our model of remote delivery works well because we are out there all the time on the ground, whereas the classroom based approach may not necessarily work in that way.

Mr TOLLNER—How do you interact with those organisations that I suppose provide mainstream training?

Ms Lucardie—Such as Centralian College at Batchelor?

Mr TOLLNER—Yes, that is right.

Ms Lucardie—We work very closely with them. We do not provide the undergraduate training—they do that—but every six weeks we convene the Central Australian Trainers Network. CARHDS has taken responsibility to do that, so we are working closely with Batchelor, Centralian, IAD and congress so that our work is supporting what they are doing. We are not a competitor. There is a big job out there, and certainly the attitude the CARHDS board takes is that we all need to work together to achieve outcomes.

Ms HOARE—On the literacy issue, is CARHDS addressing career development through the schools and through the TAFEs to say, ‘If you want to be an Aboriginal health worker, if that is what you aspire to, then these are the levels that you need to reach in your schooling or at TAFE’?

Ms Lucardie—We are working with the primary health care services who are our members to assist with the recruitment and training. At present there is a very large vacancy rate in Central Australia because Aboriginal health work is very hard. Working on the councils as managers is a very hard job. To encourage younger people to come through and train up for health work we need to work with the communities themselves, because the communities identify who is appropriate to be an Aboriginal health worker. It is not necessarily a career opportunity for almost anybody. Do you want to comment, Maryanne?

Mrs Amu—The community first identifies that there is a need for another health worker. So they talk around to see who has some education and who is available. It then becomes a community decision to say, ‘We will send this person to school in the hope that they will come back.’ Half the time they drop out halfway and they do not make it. So there is always a shortfall of competently trained health workers out in the community to carry the task.

Ms HOARE—Tell me what a health worker does in the community.

Mrs Amu—A health worker is believed to be the broker or the first person, the point of contact, who goes out to the community to provide the basic primary health care. They talk to the people and become the cultural broker, if you like. Then they decide whether they need a doctor or a nurse for the service. The reality is that that does not happen because we do not have many health workers out there. Therefore, they get involved in providing primary health care—sick care in the health centre—rather than going out to the community and doing the identifying, the promoting and the preventing, which is believed to be the job of a health worker. So roles

have really changed because of the nature of the situation that is presented to us at the community level.

Ms HOARE—Who decides on the dispensing of medication? Does a health worker do that?

Mrs Amu—A health worker has defined roles in care, in dispensing of medication. They have certain tasks to do—very basic things—and then they refer the case to the registered nurse if they think they cannot handle the case or if there is a doctor on duty at that time they freely talk to the doctor about management of the case.

Ms HOARE—The reason I ask is that in my community anybody can go to a doctor, get a prescription and go to a chemist and get it filled, where you cannot in a lot of your communities.

Mrs Amu—With today's approach to primary health care, health is a choice for people, they say. Therefore, some people are saying they want to see a doctor today. So they choose whether they want to see the health worker, the registered nurse or the doctor. The reality in the community is that because we do not have many staff on board we would rather have the health worker as the very first point of contact, give autonomy to that person to make a diagnosis and then he or she can treat the patient. If that person feels they cannot do that, that this is one step higher, then they refer to the nurses. If that were going to be a long-term thing, our resources would be well utilised. But because patients are given a choice as to who they want to see, if there is a doctor there, they would go straight to the doctor, and a nurse cannot say, 'I have to see you before you go there.' These are some of the dilemmas that we face every day at the workplace.

Ms HOARE—How many communities do you hope to have community health workers in or how many communities are in your catchment area?

Ms Lucardie—There are 36 health clinics. That includes the Department of Health and Community Services. So there are about 26 remote communities that are serviced by the department, and there is a further 10 which are Aboriginal community controlled both in Tennant Creek, Alice Springs and remote areas. So there would be eight remote clinics. There are 121 identified positions. At present about 79 are filled. So there is quite a large gap.

The other thing which is happening for Aboriginal primary health care which is a good thing is that under the Primary Health Care Access Plan—PHCAP—more of the department's clinics are going to become Aboriginal community controlled. There are five zones under development at the moment here in Central Australia. I think it is the largest roll-out in Australia. That means that the communities are looking at managing those health services. So it is a real capacity building issue as to how people gain the skills and knowledge to be able to run their own health services. We would argue that it is very important for Aboriginal community control to improve health. But, again, it is a capacity building issue because the people need to gain the skills to be able to do that. Quite often, communities in remote areas have a lot on their plate. They are dealing with a lot of things. How do they incorporate that when they have a lot of other areas which they are trying to manage themselves? There is a need to look at the capacity of the community to be able to take that self-management role.

Once that happens, the experience of the coordinator care trials in Katherine showed that, when community control started up, the number of health workers required multiplied by four. So there were more jobs for Aboriginal people, which is a great thing, but again there is the whole issue of training and capacity building. If that happens in the five zones, we may see an increase of 40 or 50 more Aboriginal health workers required.

Ms HOARE—If somebody is identified for one of these 42 positions that are vacant at the moment, what is the process for training that person? How long does it take? Are there any obstacles to overcome that could be addressed by Commonwealth, local, state or territory governments or communities?

Ms Lucardie—There are a couple of issues. The course itself is 18 months long. Delivery, unfortunately, is basically block release in towns. So people need to come to Alice Springs or sometimes to Batchelor, and for Central Australian communities even coming into town for block release every fortnight is a big commitment for people to be away from family and from country. Also, the resources of the students themselves is fairly low. There are issues of affordability for people coming to town.

In addressing that barrier, it would be much better if the training were available out in the community—a bit like the model that CARHDS plays—because it would mean that people are not travelling in; the providers are travelling out to them. The other barrier—and there is something like a 40 per cent drop-out rate almost immediately in health worker training—can be family issues, but more and more people are identifying literacy issues. So you need to build that literacy level for people to go through the course. Again, you have that whole issue of being able to deliver out there rather than in town.

Ms HOARE—So you think those two major obstacles—the block release and the literacy levels—could be overcome if training could be provided in the community?

Ms Lucardie—Yes.

Ms HOARE—What is stopping the training being provided in the community?

Ms Lucardie—Funding models are an issue within education, because what you find is that you might have one or two people out there. So how do you deliver to one or two people? For the providers, they would be facing a problem with that. We have been working with congress and with Batchelor on the traineeship model, to have traineeships out in the community that we would, as a service, support while we were and also doing on-the-job assessments—all of our trainers are accredited assessors—and to reduce the amount of time that people need to come in for block release.

Ms HOARE—That would also provide Commonwealth funding support if they were traineeships?

Ms Lucardie—If they were traineeships, it would, but again the literacy issue is fairly big. Some of this takes a long time. In our management and governance training, we have decided it is going to be a three- or four-year training program because there are quite a lot of things that will interrupt people's training—business or funerals and those sorts of things. Thinking a bit

wider for a course that would take 18 months, it might take a bit longer. We need to inject a bit of flexibility in the funding arrangements so people can cooperate and support each other. We want to really work from the issues of where people are at and then build on that.

Mrs Amu—Training a health worker from a community takes a lot of commitment from a lot of people. One of them would be the health service. The manager of the health service then has an overall commitment in making sure that the student is in school and comes back with what they have learnt. Then, in terms of management, you need a network with the college that is training that person. We want to know what they are teaching them in class for those two weeks so that when they come back we can build on that in practice and the person feels they are involved in something. Then with support, in terms of human resources, to make sure that you support that student all the way—be a buddy, teach them what you have learned in class; ‘I’m going to teach you in practice’—so that the student is not left alone thumping, to say, ‘What do I do next?’ kind of thing, but just take him or her through that journey. Then the student feels ‘I chose a good career’, and when the person goes back, there is support in terms of continuity of funding for that person.

For some communities, we do not get that funding to support students. Maybe when people did the budget for that, we were never going to train students. All of a sudden we decide that we want to train students. How are we going to support that person—just to raise them or motivate that person that there is continuing support for the training in the hope that they will come back and become effective health workers? A lot of times we face that problem in the communities when students go away and then we do not know whether they are sitting in a classroom or they are somewhere else, because we do not have capacity to support that person all the way through.

Ms HOARE—Have you utilised or worked with AIATSIS at all—the Institute of Aboriginal and Torres Strait Islander Studies? We have a fair bit of contact with them in Canberra and they seem to have mentoring support within the organisation for communities, whether they be in Central Australia, metropolitan Sydney or Perth.

Mrs Amu—Did you say OATSIH?

Ms HOARE—AIATSIS—the Institute of Aboriginal and Torres Strait Islander Studies. They run the leadership programs and mentoring programs.

Mrs Amu—I am training now three students. I have been doing my work for 14 months now. I am training three students and they may be getting the Centrelink social security or training thing that they get. Apart from that, books or other things that will make training readily available for these people, I am not aware of that organisation. But my concern is coming from the community where we can support our students to go to school.

Ms HOARE—Can we see if we can follow up with AIATSIS what kind of mentoring—

Mrs Amu—That would be good. I am not aware of that.

Mr TOLLNER—I have heard it said by a number of people—not least the AMA representatives—that one of the big problems with attracting doctors and nurses into remote areas is not just money issues; it is the whole lifestyle choice. You get a young doctor with a

young family and a wife and they go to a community. Often they have a great deal of concern themselves that their children are not getting a proper education in some of the schools at the communities and there are issues with 'We don't have a corner store' and these sorts of things that we take for granted living in urban metropolitan areas that are not readily available out there. Do you involve yourself in preparing medical practitioners? Is there something that you could suggest that the government should be looking at in order to make these places more appealing to mainstream medical practitioners?

Ms Lucardie—I think the key is the communities themselves. We run orientation for doctors and nurses and other personnel coming into Aboriginal community controlled health organisations, not necessarily the department. We have run orientation for about 90 people since last March—there is a very high turnover of staff out there, as you are aware. Part of what we do—and this was a request from our board to develop a three-stage program—is for people to understand, firstly, that they are working for an Aboriginal community controlled organisation; they are not coming in as traditional doctors in the Alfred Hospital in Victoria, for instance, where they are the authority figure. The authorities are actually the Aboriginal people. So it is getting to understand that they are working for the people themselves and also giving them some understanding of what to expect, because there is a cultural shock on both sides in terms of going into a remote community—trying to give them collegiate support from CARHDS so that they have an understanding of what to take out, what to expect, 'Join the video club while you're in town'—all of those personal support issues. That is about a week for people being with us.

We also introduce them to the agencies in Alice Springs—the people there. So when they are out there and they need to call Western Diagnostic Pathology, they know that Ziggy is on the other end of the line—that sort of stuff. The second stage is the first week that they are out there, our people go out with them and the managers and the councils introduce them to the appropriate people and try to work through HR issues in terms of contracts, those sorts of things. While we do that, the experience has been that it is really the people. People need to be committed and want to work out there. So it is almost a personality thing.

Mr TOLLNER—Have you any historical figures about the impact of what you are doing? It seems to me that it is very difficult to get doctors, for instance, to stay more than two years in a community, whereas I know that the doctor in my suburb has been there for 25 years. There seems to be a big difference. People do not go out to these places and set up for life.

Ms Lucardie—That is correct.

Mr TOLLNER—Do you have any historical information as to the effect or the impact that what you are doing is having on those circumstances?

Ms Lucardie—The orientation program—we just started that in March last year. So that is just 18 months. We are doing a full evaluation of that program and also our management and governance program next year. A researcher from the University of Canberra is coming across to do some baseline data checking in February and then into July/August we will do a full evaluation. That will mean that both of those programs had been in place for two years. So we will start to get some feedback about how that is working. We basically see certainly management and governance as a four-year project. So it will be mid-term for those things.

We have been collecting data, since we have started the orientation program, on the turnover. Some places now have consistent, committed doctors and nurses who have stayed there. So there have been some wins. There are other areas where I think we have found that the orientation program has told the people that they are not the right people for the job, because it is a different sort of job. So in some ways they have left because they have worked it through and they have had a way of talking to people about what the problems were and those sorts of things. It is much better for people, if they are exiting, to be able to talk through what those issues are. Probably by next year we will have some further data on how that orientation is actually affecting what is happening.

Mr TOLLNER—It must be very hard, with such a small pool of people, to say, ‘Well maybe you’re not particularly cut out to be a—

Ms Lucardie—The question—I will let Maryanne answer it as well—is: if you haven’t got the right person there, is it worth all the work that you need to do, particularly if they are not very good at listening to the Aboriginal people? What damage might those people be causing compared to actually exiting and those sorts of things? Have you got a comment, Maryanne?

Mrs Amu—Out in the bush we have a level of a doctor and then we have health workers—we have different categories of staff. They all carry a load in the community to make it happen and they have a fair deal of hardship. I personally feel that if we were to tailor something to maintain not necessarily a doctor but a particular category of staff, then what else am I doing? I am causing an imbalance within my staff capacity. Then very soon I start to see that I may have six health workers, but really I have a full equivalent of three, because when I am addressing certain staff I have to make it equal to the others as well. These are some of the issues that we face. The equity is not there. So it is a bit of a personal commitment, too.

Mr TOLLNER—I have also been led to believe that a lot of the medical students coming out of our universities will fly overseas to Third World countries to deal in exotic diseases and the like. In actual fact, it was the Northern Territory medical superintendent who related this story. He said there must be some organisation that can tap into these people and say, ‘Look, rather than going to some strange country overseas, we have all these wonderful diseases right here in Australia that you can practise on.’ I am wondering whether you have looked at involving yourself with some of our medical institutions to try and provide services to people who may be contemplating going overseas and encouraging them to stay here?

Mrs Amu—The work force agency for GPs and the Centre for Remote Health do have a scheme where they get students coming through. There was one student for eight weeks in the community where I work. All of the communities are now starting to participate in that. Students are coming into Central Australia. They ring around institutions and say, ‘Do you have the capacity to take a student?’ That is happening. How frequently it is happening is something that I am yet to know. But we have started getting two pharmacy students and medical students—fourth-year and fifth-year students. They are starting to come. Aboriginal controlled communities are having the benefit of having them on board.

Ms Lucardie—Whether they actually come back is the question, though. You are right; the work force agency and the Division of Primary Health Care have been working strongly and

they do inform us at CARHDS about the student doctors or student nurses who are on placement so that when we are out there we can engage with them as well.

Mr TOLLNER—Give them a quick crash course?

Ms Lucardie—That is right. But I am not sure how long that program is going and whether people then after participating say, ‘Yes, we want to come back to Central Australia to live and work.’ We are optimistic.

CHAIR—Thank you. My interest is in the impediments to capacity, but I need to get a few definitions in my mind, if I can. In your submission, which you may recall you sent to us just over 12 months ago, you talk about the CARHDS model being reviewed and evaluated and refined several times over the past five years. You say on page 198:

These reviews demonstrate clearly that Best Practice means Aboriginal Control.

Why does best practice mean Aboriginal control? I think I know, but I would like for the record to hear your view.

Ms Lucardie—Certainly, that is the premise that CARHDS has been based on. As I said earlier, we were established after a lobby of about five years from the Aboriginal leadership. But in fact the CARHDS board and also all of our delivery is about the Aboriginal people actually taking control not only of the governance but also of what is delivered. In terms of the way we deliver, basically, each one of the Aboriginal health services and the people that we are training develop their training plans, what they want to be trained on, the particular issues that are important to them, and we deliver in the manner that they require, which mostly is workplace delivery out in the community. I think we are the only education provider that delivers in that way. Aboriginal people have identified that as their best learning practice. It also stems from that issue about health. We take a holistic view of health so that health includes not just clinics but also things like employment, sense of self, access to education.

CHAIR—I hear that, but what I am interested in, to be very precise, is the comment that the reviews demonstrate clearly that best practice means Aboriginal control. That is a bit more than what I am hearing you say, which is aspirational, desirable and, I would have thought, practical. But I am interested in where those reviews and the evaluation showed you that we need to be able to measure it. I am hearing a lot about culture, Aboriginal control and aspirational best practice. But what I have to have in my mind as we write our report is: where is it demonstrated and how is it demonstrated?

Ms Lucardie—Reviews have been undertaken in 1998 and in the year 2000 of CARHDS itself. Those reviews were measuring the outcomes from our training. So those outcomes that were identified were considered by the participants and by the people undertaking the review as showing best practice in training and education. The critical factor about that was that the Aboriginal people, the participants themselves, were in control of that learning and were identifying what they needed to learn. So it was not an external agency saying, ‘You need to learn these things to meet this qualification’; it was about the Aboriginal health workers, saying, ‘These are the things I need to learn about.’ And we delivered according to that. So it is about who is driving what the learning outcomes are going to be.

CHAIR—But in terms of outcomes, were we able to demonstrate improvement?

Ms Lucardie—Yes, absolutely.

CHAIR—I am sure you are much more familiar with the definition of ‘primary health care’ than I am. But having been to Alice Springs over the years and having heard some of the debate, I wonder where you regard this definition of ‘primary health care’ as being at. My definition includes as much the preventive and the community owning it before it gets to critical care. That is my layman’s view. It may not be what the primary health care industry believes it to be. Can you define for me what you think primary health care is, particularly in an Aboriginal context?

Mrs Amu—The primary health care model is a model where the people have maximum participation. It is the people who would be driving it. Service would be accessible to the people at a cost that they can afford, readily available to the people when they want it. It is going out there to the community to prevent it before it happens. That is the model.

CHAIR—It is preventive?

Mrs Amu—Yes, that is the model. However, the reality is we have a sick community. We cannot let sick people sit in the clinic waiting to be treated and say, ‘No, I’m about providing primary health care, so I’m going to go out to the community.’ You have no choice but to treat who is there first. So three-quarters of the day for the health staff in the communities is spent treating what is already happening. Therefore, the comprehensive primary health care that is perceived to be delivered to the people by the funders or the Commonwealth, or the department, does not happen. The fact is we have a sick community that we treat first, because they are the ones who are saying, ‘I want that service.’ You cannot tell them, ‘You sit here and I’ll go and deliver preventive care first.’ We treat those who are there. That is why we are nowhere near providing a comprehensive primary health care at this stage. I am seeing it. It is not happening. I am specialised in primary health care. One of the reasons why I chose this job is that I would provide competent primary health care. I am not doing it yet; I have got a sick community.

CHAIR—Do you see that and do you come under pressure because you end up on that treatment end? Is that what you are saying?

Mrs Amu—Yes. I have to tell the people who are funding me to do the job—the people who are paying me to do that job—that I want to do it but I cannot do it, so I have two dilemmas. We have got a sick community to take care of, and we have the aspiration to go out and provide comprehensive primary health care. It may happen in the next 20 years.

CHAIR—What would you estimate the balance is? You may have already indicated it was three-quarters to one-quarter. It is very hard to say, I guess.

Mrs Amu—I may speak from a communities point of view. At the moment we may be providing 70 per cent of sick care and 30 per cent of primary health care, to some degree. We are not there yet in terms of comprehensive primary health care. That is a good word to use there—some time later on.

CHAIR—Thank you very much. In terms of town camps—I think Mr Tollner touched on it earlier—what is the general policy in terms of involvement with the 18 or 19 town camps? Are you able to make a comment on that?

Ms Lucardie—CARHDS itself does not actually take that role, because we are dealing with the primary health care services. Congress certainly is the primary health care service that would deliver and would interact with the town camps. We do not necessarily do that.

Ms HOARE—We were talking earlier about the more remote communities and the community identifying somebody who would be suitable. Do the town camp communities participate in that kind of process as well?

Ms Lucardie—Not to my knowledge. I could not answer that question.

CHAIR—In terms of English as the second, third or fourth language, how much is that in the training and preparation?

Ms Lucardie—For us?

CHAIR—Yes.

Ms Lucardie—We are now building literacy into all of our training and looking at the Aboriginal health workers. We have a WELL program which is now introducing health literacy, basically. So it is related to the workplace. That will be a three-year program. It has commenced just this year. For managers we are looking at basically conceptual literacy—understanding strategic plans and understanding the jargon. That is quite often a problem. Even though you might have literacy, you may not have come across those sorts of words. It includes things like business writing. Managers themselves are in the position of having to be really the negotiator between the health councils and the outside world. There are reporting requirements, so we are certainly looking at literacy there. The actual base literacy needs to be addressed by education and training—not necessarily by CARHDS but within the community for those people. That is a very big job.

CHAIR—You mentioned that you are gradually introducing it. It has not been fundamental to your program in earlier times?

Ms Lucardie—No.

CHAIR—That teaches me that, in evaluation, you feel it is something that is very valuably added?

Ms Lucardie—Definitely. It was the introduction of the competency based systems for Aboriginal health workers in 2000 that very starkly showed the difficulty. Prior to that health workers just did basic skills training, so literacy was not as highly required. Once the competency based system came into place in 2000, it was very clear that that Western medical model was requiring literacy and numeracy at a level that basically was not there for most people.

CHAIR—In terms of the competency model, I notice that your strategic directions state—

... continue to provide Aboriginal health workers training and assessment against the NT customised national competency standards.

How is that issue settling down in terms of national competency standards and the ability to link across the states and territories? How is that going?

Ms Lucardie—There is a review of the competencies under way at the present time, but we do not expect a final outcome from that until next June. Basically the NT working group is saying, ‘We have implemented the competencies against our customised standards, which are much higher.’ What we are expecting will happen is that those people who have been assessed as competent at certificate III will actually be granted a qualification certificate IV because, against all the other standards in the other states and territories, they are operating at a much higher level and should be recognised for that.

There is certainly a view of looking at the role of Aboriginal health workers here in the Territory and looking at those health workers who actually are clinical practitioners and have the clinical competencies and those who are not going to be clinical practitioners because of literacy but could do that work of cultural brokerage and prevention strategies, rather than necessarily having to deliver clinical services. We are trying to sort that out as a career path.

CHAIR—This goes back to the reality of what is primary health care, does it not—the 70 per cent and 30 per cent that Maryanne is talking about and the mix of skills?

Ms Lucardie—Yes. What that would require, though, is more health workers. So it will actually require more people on the ground. That is obviously a funding issue.

CHAIR—Of course, it may even relate to how the CDEP may be functioning and that type of thing.

Ms Lucardie—We have been recommending a review of the CDEP and how that is being utilised in the community as part of the literacy lobby. There is ‘real work’ that people do in the communities which may not necessarily be recognised. At the moment it is being used mostly for things like rubbish collection and so on. It is about reviewing the real jobs in the community that could be done, such as social preventative stuff, and looking at the training that is attached to CDEP—that is not being utilised well at the moment—and saying, ‘It does not necessarily need to train you for that job. It could train you for another job.’ A radical review of CDEP should take place.

CHAIR—I would like to stay with the issue of national competency standards. I am really interested in that. I accept that the review is not complete, but the broader issue, it seems to me, is the interchange between the Territory and states. I am interested in your experience of the movement of people from other states and the other territory and the ability for people to go from the Territory into other employment. How do you see that as a progression in terms of their career path, which Maryanne talked about?

Ms Lucardie—Aboriginal health workers going from the Territory to work in other states and territories feel that they are downgraded, because they are not allowed to do the sorts of things they are doing here. They feel they are not being recognised for the skills they have. Conversely, people coming in from the other states and territories find that they are actually that far below and need to catch up. There is that sort of mixture.

If you look at all remote communities—most of Australia, really; all of Western Australia, the top end of South Australia and Queensland—you see that that model of clinical practitioner for Aboriginal health workers is probably one people would like to adopt. You would find a different solution, I think, for the remote communities compared to urban communities along the coasts.

CHAIR—Does that imply, therefore, that the national competency standards need to reflect these regional differences and then relate to where people may have career paths in other parts of Australia? That is pretty crudely put, but I think you understand what I am getting at. It does seem to me a great pity if we do not signal to people relatively early when they go into their training what the realities are so that they can see the choices in front of them.

Ms Lucardie—I think what will happen from that review—if the NT customised certificate III goes to a certificate IV—is that there will be a progression there for people coming in from other states and territories, so there is a bit of standardisation. But also the NT—I am not sure whether it happens in other states and territories—is looking at a career pathway for Aboriginal health workers. There are clinical streams, but there are also educator streams and administrative streams. They could go up and become a manager, such as Maryanne. It is about building on skills and experience and moving them forward. Luckily, here in the Territory, because we have now completed most of the assessments against the certificate III, CARHDS has been able to look at our training and look at helping people go through certificate IV and then start going into those specialist streams, so the pathway is starting to happen now.

CHAIR—In terms of the numbers—121 and 79—I may have missed the previous answers, but was there an inability to fill those positions?

Ms Lucardie—Partly it was due to lack of money to employ people. That was one of the issues. Partly it is to do with the retirement of the Aboriginal health workers. Quite a number of health workers have been there for 20 or 30 years and they are retiring. There has been a pipeline issue for a long time in terms of the training. I do not know, but I suspect it has been in existence for a long time. Whilst people are enrolling in undergraduate training as health workers, they are not necessarily coming into the industry. You only see a couple of people coming into the industry from all of that training.

That is not to say that they are not working in other areas but they are not coming into the industry. Also, the assessment process itself, looking at the certificate III, did concern a lot of people who may not have had the literacy and numeracy to get through. So that probably impacted on a number of people deciding to retire, thinking, ‘No, I will not be able to jump that hurdle.’ The other reality is the job itself. It is very hard. You are basically on 24-hour call as an Aboriginal health worker. There is a whole range of cultural and industrial issues in doing the job. So it is a big ask for people, I think.

CHAIR—The last question from me is one out of left field, but it has just occurred to me. What linkage do you have with community health education? This is an issue of prevention and one of treating sick people. For example, with first aid, I think you have determined a basic understanding in medical literacy or—

Ms Lucardie—Yes, health literacy.

CHAIR—What opportunities are there and how is that going?

Ms Lucardie—In terms of educating the whole community?

CHAIR—Yes, the whole community, but I have touched on first aid and health literacy. What really brought home the literacy issue to me is that, if I do not have the ability to understand basic numeracy, I cannot take a pulse or blood pressure. That is basic care, is it not? So there are two things there. It is just that basic health literacy. I can see this young Aboriginal woman, in one of the most isolated communities, and how she judges whether someone is sick or not. If she had the Pitjantjatjara word and the pulse rate and the blood pressure—

Ms Lucardie—Simply in terms of health literacy, we are working with the Aboriginal health workers primarily in that area in terms of improving their understanding of measurement. Some of it is going down to fractions. It is base level maths sometimes to build those skills, and that will take some time for some people. For others, there are gaps. You might have some people who have good reading skills but their writing is a concern. So you are dealing with individual people all the way.

The way that we work in terms of health prevention programs is with the health workers. For instance, we have a diabetes workshop coming up. Not all of our training is accredited training. In fact, we are based on non-accredited training. To build the skills and understanding about particular illnesses and to help them, we have a national project that we are working on at the moment. It is the New Practices project, which is using music and theatre, interactive multimedia and the Internet to develop resources, and the health workers are developing their own resources including interactive topics, like nutrition, which they will run on computers. So it is through the health workers that we do that.

Mrs Amu—I want to talk about the relationship with the CARHDS centre communities, because to identify that there is a need in health education in the community, in their on-the-ground work, it rests on the management and the health committee in the communities. Every community is different. One community may have a special need which is not the same for the other. Through the health committee they say what their needs are and ask where they can put the resources to make that happen. After management at the health services has identified that that is a need, we then communicate with CARHDS to tailor that need to our advantage. So that is where our relationship comes in with the community and CARHDS.

CHAIR—Allan, did you want to say anything?

Mr Randall—I am one of the people who work in the communities identifying needs, and my response is to what the community is identifying, and that is how we are determining capacity building—by not going in with any preconceived notions but by simply talking to people and

identifying their needs. We are not trying to reinvent the wheel, and by the same token we are giving acknowledgment to community ownership. I am pretty new to this. I have an invite to hear a bit about it, but I am still one of the grassroots people.

CHAIR—Can I ask you about language? You would speak two or three languages?

Mr Randall—I have a mixture of Kriol. All the basic stuff I know, but to communicate effectively, again, it is just to be sensitive to where people are at and finding the most effective tool to communicate. That might be using other people to translate. It has to be done in a sensitive way, and utilising what is on the ground is usually the way to do it.

CHAIR—Thank you very much.

[10.02 a.m.]

AH CHEE, Ms Donna, Deputy Director, Central Australian Aboriginal Congress

ROSEWARNE, Mr Clive, Research and Policy Officer, Central Australian Aboriginal Congress

CHAIR—I welcome representatives of the Central Australian Aboriginal Congress. Do you want to make a short opening statement?

Ms Ah Chee—Basically to summarise what was in the submission.

CHAIR—Sure. A couple of minutes, if you like.

Ms Ah Chee—Yes. We think that there probably needs to be some discussion about the interpretation of what capacity building is and what people mean by that. When you use that terminology, it could mean different things to different people. So what we have done is put what we think are the four key ingredients to capacity building, which looks at skills and knowledge—so having the actual skills and knowledge to carry out the tasks required in your community or your community organisation; being resourced effectively to be able to do that; having the authority to be able to carry out those tasks; and also to take responsibility and have the responsibility to do it.

In terms of capacity building, we see those as the four key ingredients, in line with what David Sanders has said. We totally agree with that definition. As you can see in our submission, we have gone into those four key ingredients in the context of how congress as an Aboriginal community controlled health organisation operates and how it reflects those four key ingredients of capacity building.

CHAIR—I have just a couple of things and then I will pass over to Mr Tollner. Stephanie Bell makes the point in her submission—if I can find the quote—about the issue of the individual. She has much criticism of the Ruddock view of the individual versus collective rights in Aboriginal policy and talks about the cultural community maintaining a particular cultural context. Perhaps this goes to the heart of this whole capacity issue. But what puzzles me and many of us is that we talk about Aboriginal empowerment, we talk about giving Aboriginal people control, and yet the definition of that quite often says that it is inappropriate to offer Aboriginal people control without capacity. So that is that part of it.

Then go back to the individual versus the community collective. It seems to present us with a fundamental dilemma—that real achievement and real progress can be made with Aboriginal people realising their individual capacity, but quite often locked within a collective view. I struggle with this, as I think much of Australia does. I am just interested in why, I suppose, your director would want to confront it so directly, because that is the experience that we have come here to seek. Can you just give us some enlightenment—without trying to read your director's mind—as to just what we might be trying to deal with here?

Ms Ah Chee—I think what Stephanie has highlighted in this submission is that it is, as she says, a false dichotomy—that we should not see individual responsibility as being, I guess, separate from the collective responsibility. As individuals who come together as a collective, for instance in determining the governance of congress's organisation, you have individuals coming together as a collective determining who should be the governance of our organisation, which then gives the authority for that organisation to be advocating the kind of health policy affecting Aboriginal people for the Alice Springs region, or even as far as the Northern Territory and nationally given the networks that we are involved in. We should not see it as it being an either/or. In fact, there is a connection between the two.

Mr Rosewarne—Also, if I can add to that, the issue of the context in which people work. Donna mentioned networks and the cultural context in which Aboriginal people achieve their knowledge, positions, responsibilities and so on. From my experience of having worked in this organisation and in some others, there is the idea that you pick an individual and say, 'This individual stands for this and this individual is this and we can invest all of this capacity in this person,' without them having the firm background of culture and their community with them. That is not that person's reality. You cannot pick up that person and say, 'All right. Here is this one individual. We will hold them up as they achieved it by themselves,' or 'They achieved it because our education system was there.' They also achieved it because of the family support or the strength of their culture around them, their ability to survive across two cultures.

Steph did not actually criticise Minister Ruddock; she just highlighted that his debate has brought this up—that there is a bit of a false dichotomy for Aboriginal people to say, 'You are an individual,' on the one hand, or 'You are part of the collective,' on the other, and therefore the twain does not meet. Those individuals are strong. Congress is celebrating its 30th anniversary this year, and we have done an oral history and talked to a lot of those old people who established the organisation, and they were very strong both as individuals and in their culture and with their ability to interact with this comparatively new culture. So, yes, it is individuals, but it is working inside a broader framework, which I suppose is a framework that we can identify easier than for the non-Aboriginal Anglo-Saxon community, which is much more disparate.

Ms Ah Chee—And I think we have a sense of responsibility as Aboriginal people back to our community. I know that for me personally it is not just about me as an individual; it is about what contribution I make as an individual to the Aboriginal community as a collective. So, yes, I just do not—

CHAIR—What I am hearing is that it is not a lot different from what many would describe in the wider society—that the individual is operating within their own community context and you have to understand that certain things are impacting differently on different people. But what would be useful for this discussion and what I struggle with all the time is: when we say 'culture', what do we mean? If we are to understand these differences, it seems to me that we have some responsibility to try to define what we mean when we talk about culture, cultural difference, cultural context. Sometimes it is language, sometimes it is the example that the Territory is familiar with of Maningrida and the RATE issue, or it might be in terms of Trudgen and people just fundamentally understanding what wellness means or sickness might mean. So we have these philosophical debates. But can you just help me in terms of the definition of

‘culture’? What do you think it means? Clive, you touched on this issue of the differences and the context.

Mr Rosewarne—I suppose I will answer it from my own point of view. I cannot talk about Aboriginal culture. I can talk about it from a non-Aboriginal person’s perspective of what I have seen. If I think about who am I responsible to, who I feel responsibility for in my life, it is a fairly small group of people. It is my immediate spouse, my children, my parents. Outside of that, it does not start to get too much broader. There are a few cousins and maybe it stops about there.

I certainly know, just from my observation and from working alongside Aboriginal people, that for Aboriginal people those levels of responsibility—not just people you care for—are much deeper and broader than that and much more interrelated. To me, that is one aspect, if we are talking about the individual and the collective. From a non-Aboriginal person’s point of view, the issue of responsibilities to family or community is very straightforward and is fairly linear. It seems to me to be far more complex and to operate on a range of different levels and knowledge in an Aboriginal framework. I grew up, I suppose, in an area where there was no expectation that I was going to get to university. It was easy for me as an individual to break out of that and move away from people who I grew up with and develop a different life. The expectation for an Aboriginal person would not be the same. You would not just go off on your own and live somewhere else, go to university and leave behind the cohort of teenage kids that you grew up with. Donna is probably sitting there going, ‘This is a really inadequate description of culture.’ But you have asked me as a non-Aboriginal person and I can only give you an outsider’s perspective on what I think the answer is.

CHAIR—I just think Australia struggles with it. I do not think we have defined it at all. It comes back to the definition of capacity as well. We struggle with it. We would all have a slightly different view. If we can at least develop some understanding of culture and cultural differences—

Mr Rosewarne—One thing I have noticed since working with Aboriginal organisations in Alice Springs for about eight years—and without this sounding trite—is that the more I know, the more I realise I do not know. The depth of information is, to a certain extent, closed and cannot be opened because I have not gone through law. So there is a level that I have to accept as an outsider. There is a different culture that I am working next to which has a lot of complexities and a lot of issues in it but seems to be incredibly strong. Rather than people seeing it, as they often do, I think, as a blockage to something, I actually think that if people changed their mind-set and saw it as an empowering issue, it would change their ability to work alongside Aboriginal people.

Mr TOLLNER—Australians themselves struggle with the idea of culture. I do not think Australia has a specific culture. We are a multicultural country, with people from all sorts of different backgrounds. The vast majority of Australians embrace the idea of multiculturalism. This particular government has put in place the celebration, I suppose, almost of multiculturalism—embracing and learning about other cultures, particularly with our immigration program. It has talked about wanting to take new people in to expand our views and our understanding of the world. I am a bit like Barry, I suppose; I grapple with what the difference is between, say, an Aboriginal and a new immigrant who cannot speak English and

who comes from a very strong cultural background. Like you, I could not speak for the Jewish culture. But we do try to integrate that culture into Australia. It seems to me that, as far as Aboriginal people go, we sort of put that out there and say we have got to maintain that and never the two will meet. That seems to be throughout your submission as well, this idea of a special culture, I suppose—something that is almost hands off.

Mr Rosewarne—Congress strongly endorses Indigenous people's right to self-determination. They choose what forms of organisation and how they maintain their culture in the face of an overwhelming other culture.

Mr TOLLNER—We are all from different cultural backgrounds. But we do not say, 'Greek-born Australians can self-determine.'

Mr Rosewarne—That is a very different relationship, really, though, is it not, in terms of an immigrant culture coming to another country and an Indigenous culture that was already here that became colonised without their consent? And it boils down to that.

Mr TOLLNER—But when you are sort of trying to work towards one people, one country—we are all brothers and sisters in Australia—

Mr Rosewarne—But you can have different cultures within that.

Mr TOLLNER—Of course.

Mr Rosewarne—You do not want a melting pot where it boils down to us all being homogenous.

Ms Ah Chee—Congress and AMSANT, the Aboriginal Medical Services Alliance Northern Territory, always advocate that, although you have Aboriginal community controlled organisations, it is not to be seen as though we are something separate to the rest of the system; that we are actually part of the overall health system. We are complementary of one another, not separate to. Just to get to your point, David, about it being seen as though having your own community controlled organisation as delivering a service over here and not accessing mainstream services—in terms of the definition of 'comprehensive primary health care', a core component is advocacy and the right to have services that meet the needs of Aboriginal people. That is not what we advocate. But at the same time, we acknowledge that there is room and space for Aboriginal people to run their own Aboriginal organisations that meet the needs of their local communities, but not separate from the rest of the community.

Mr TOLLNER—I think you are part of the way along to answering one of my future questions.

CHAIR—I turn to Stephanie Bell's submission, which states that how the money is channelled, whether through community controlled organisations or otherwise, is far less important than how it is targeted. It notes further that such a statement completely misses the vital point that:

Community-control of services and organisations are not only essential in order to ensure appropriate services, but are an essential ingredient in community development and empowerment; and our right to express the self-determination as Aboriginal people.

I do not think anyone could argue with people's right to self-determination. But it seems a challenge for us is to actually show that by process. It was the same for the previous witnesses. We have some responsibility to actually demonstrate that that is developing and is actually delivering the best outcomes or better outcomes. That is really the context in which I bring this to you today, to say, 'Let's try and explain to the community, and let's explain to ourselves perhaps, so that we understand a little better how that actually does it.' That is the context that perhaps I will try and spend the next few minutes on.

Ms Ah Chee—That comment is always put before us. But just because we advocate and demand self-determination through our own Aboriginal community controlled organisations, it is not at all about then removing the standards that are required regardless of whether we are black or white. So we expect those same sorts of standards in terms of quality care as we would expect as if we were in a non-Indigenous organisation. So congress is very much conscious of the issue of quality. We have a quality assurance program in our clinic which looks at a whole range of indicators. It then reflects our performance. We also have a strategic planning process which looks at evaluating our programs. So in terms of that delivery of quality services and maintaining standards, we are very much conscious of that.

Mr Rosewarne—In fact, in the submission we did make that point—we strongly made the point, actually—that if governments do not expect that of Aboriginal organisations they are applying a double standard, which is unfair to Aboriginal people.

CHAIR—Thank you. Of course, that is in the submission. It makes that point very well, I thought.

Ms HOARE—You said that the congress celebrates 30 years today. You keep referring to the congress as an advocate. The congress is also involved in the provision of health services. Can you explain to me the advocacy role of congress—how that has developed over the 30 years and maybe more recently—and how that advocacy role has impacted upon the development of Aboriginal communities in this region? What have you seen as the obstacles to development?

We talk about 30 years and we talk about self-determination, but we have also seen a lot of social problems in that time. What has been the congress role over, say, the past 10 years? How do you interact with, say, ATSIC's role as an advocate to Commonwealth government? Do you have an advocacy role with the Territory government? Do you feed into the ATSIC advocacy process? Can you explain that to me?

Ms Ah Chee—I will go back an extra 20 years from the 10 years, to when congress started. You are right: it did start initially as an advocacy body, to advocate for the rights of Indigenous people in Central Australia. That was in 1973, when we started. It was not really until 1975 that we started to run a health service. That has not taken away our continued role in advocacy, up until this very day. If we look back 10 years—congress is part of a much broader network in terms of AMSANT and then nationally with NACCHO—we see that we were able to advocate for the establishment of the Primary Health Care Access Program. We have a partnership

between ATSIC, the state and territory governments, the Commonwealth and the respective Aboriginal Community Controlled Health Organisation affiliates—signatories to framework agreements across the country. In the Northern Territory in the last couple of years we have been able to negotiate the roll-out of what we are doing right now—the roll-out of seven zones to get new health services out on the ground. Five of them are in Central Australia and two of them are in the Top End.

In addition to that we have had the coordinated care trial program, which has now been incorporated as part of the Primary Health Care Access Program. In terms of advocating, that is what we have been able to do—bring extra resources into the Northern Territory, which then allows there to be more services on the ground for Indigenous people in terms of Aboriginal health.

We also see another important area in terms of the socioeconomic situation of Aboriginal people. Education is a really important component as well. Congress sees being involved in the issue of raising the educational levels of Indigenous people in the Northern Territory as another important area that we need to advocate on.

Mr Rosewarne—Earlier I think someone asked about the definition of comprehensive primary health care. If you look at the definitions of a range of different agencies you see that part of it includes collaboration with other non-health agencies but also addressing individuals' broader issues, whether it be their housing, their education, land rights or whatever. Congress has maintained an active role in collaborative work with other organisations.

You talked about a couple of barriers. Donna has mentioned education. The other major barrier we deal with in Alice Springs is substance misuse. Congress has worked extensively through the regional planning process—the Central Australia Regional Indigenous Health Planning Committee under the Northern Territory Aboriginal Health Forum—and developed a major substance misuse plan. The process involved the police, Housing, legal bodies, government departments and a whole range of industry areas to identify quite a comprehensive list of what is required and what works. The other major area we are working on is within Alice Springs itself through a collaboration of groups called the People's Alcohol Action Group to address alcohol substance misuse and look at the issue of trading hours and availability through pricing mechanisms.

CHAIR—Could we receive a copy of that plan?

Mr Rosewarne—Yes.

CHAIR—Thank you.

Mr Rosewarne—You also asked about the organisations. Congress has probably auspiced just about every Aboriginal community controlled health service in the region and continues to do so today under the Primary Health Care Access Program. Congress is the auspicing body or the fund holder for two of the new health boards.

It is a history that dates back to 1977, when the Pitjantjatjara Health Service, which is now Nganampa Health, was developed. One of the congress doctors went down there and did the

community consultation which developed that, which also developed the Urupuntja Health Service, Kintore and those other ones. It also developed non-health services. Tangentyere Council developed out of early congress programs. ACCA and a number of other services in town developed out of congress.

Congress and CAALAS were the two Aboriginal community controlled services that developed in Alice Springs at the same time. That was initially under a huge name—something like the Central Australian Interim Legal Rights Council. Once again, that interwoven history is quite meshed in this region. Congress has played a lead role over the years in supporting other groups get off the ground and continues to do so in the health sector.

Ms HOARE—You talk about the advocacy of rights for Aboriginal people and the right to self-determination. When you use the term ‘congress’ I think of the ACTU congress, so I am thinking of an organisation which advocates for the collective as well as provides guidance and leadership for the collective. I am wondering whether the congress also talks to the communities, through whatever representation is on the congress from the communities, about responsibilities and obligations.

David touched on multiculturalism. I agree with you that Aboriginal people were the first people here and they are not a migrant group and were colonised without their consent. Also, we do not have a responsibility as white Australian-born citizens to learn about the culture of Greeks or Muslims or any others. Aboriginal culture is taught in our schools. Other cultures are not necessarily taught. I agree with that and I am supportive of that.

I am wondering about the advocacy role within congress to the communities. Do you play a role in the responsibility of boys not to abuse girls, the responsibility of children not to abuse substances, the responsibility of parents to look after their children and the responsibility of communities to get their children to go to school to be educated? Is there a role for congress in that area?

Ms Ah Chee—Our cabinet is very strong about individual responsibility as well. In fact, a number of years ago we stopped the outreach program to the town camps. When I say ‘outreach program’, it was more of what they termed the ‘Whippy van’—taking out and just handing out Panadol. It was not at all really in the context of quality care or of people having to take responsibility for their own health and come in to the clinic in order to receive quality care. They had to take some responsibility for their health. Our cabinet was very conscious about that area of individual responsibility and, in being conscious about that, made the decision to cease that kind of program.

What we have seen over the years is that the access rate of town campers is much better than that of the town Aboriginal people. If you put those two together, the access rates to our health service by Indigenous people is at a better rate than that of our non-Indigenous counterparts in rural and remote areas. Let us look at congress playing an advocacy role in terms of individual responsibility. It cannot be seen as if we are going out and delivering a health service under a tree or out in a town camp. It is the responsibility of the individual to also seek—

Mr Rosewarne—Seek treatment and take responsibility. In the context of providing support for people, there is a free bus service that will come and pick people up. There are still outreach

services for the frail aged. There is also a bush mobile service which services a 100-kilometre radius. So there are targeted outreach services for those people who we see need them. For those people who need support to get to the clinic, there is a bus service which will pick them up. It is just taking away a low-quality service and bringing people into a clinic setting where we can ensure a quality level of service.

Ms Ah Chee—Clive has touched on outreach services such as the Frail Aged and Disabled Program—the FAD program—and our Bush Mobile Program. In recent times we have reviewed our Bush Mobile Program. We have looked at the best way to deliver that program in the context of what resources we have. We are looking at it being more efficient. What we needed to do was look at the expectation that people with chronic diseases who live on outstations might have that congress is coming out and will see them then. It was more about targeting where the need was when we go out. We are very much thinking about and bearing in mind all the time in balancing our service the individual response and the expectation of the community of us as an organisation as well as them as individuals accessing our service.

Mr Rosewarne—I have a couple of other example areas of that sort of work. I suppose it is advocacy that you are talking about within the prevention context of primary health care. Prevention work and advocacy work can happen within a clinic as well. I think we can overly romanticise things in an Aboriginal context that health services have to be delivered somewhere out underneath a tree. Firstly, people need to have clinics. That has been a major issue in Central Australia. People have not had access to health care, and that has been a major area of advocacy that congress has been involved with.

We have worked strongly with this current government, which announced the Primary Health Care Access Program, to get that program on the ground. Now that is starting to be rolled out in the Territory, and that will make a huge difference in terms of preventative health care. Prevention can happen in a clinic. It is not just something which happens outside. We are talking comprehensive primary health care, not selective medical care, which is what I think a lot of people think of when they think of a mainstream clinic. Our own clinic does a lot of that intervention work, and our doctors get a lot of support and training in how to do that effectively with Aboriginal health workers working alongside them in the clinic setting.

There are two other programs which illustrate the empowerment of people. Empowerment is the other word which fits with capacity building. One is our youth program, which is funded with Aboriginal youth workers, trainee Aboriginal youth workers and a senior non-Aboriginal youth worker, who concentrate on supporting Aboriginal kids and providing them with information about their rights but also helping them deal with traumas in the community, teaching them how to overcome them and helping connect them to other services. That is a very effective agency which works very successfully with other youth services in town. They are now setting up an after-hours youth service, which is a combined effort of a number of other youth services in town with congress. That came partly out of our involvement in the alcohol trial, because that was one of the things that was seen to be needed to support the trial.

The other program is the Alukura young women's community health education program, which specifically is about going round to schools and other places where they can get groups of young women together and talking about sexual health and relationships and those issues and expectations. It is working inside that contemporary Aboriginal culture. Coming back to that

word 'culture', we also should not see it as a coffee-table book version of culture. It is a dynamic, living thing which is changing and which is different for different people across the country.

Mr TOLLNER—What is the Primary Health Care Access Program?

Mr Rosewarne—Your government announced this program a number of years ago. Out of the partnership which has now developed between—as Donna outlined—the Aboriginal community controlled health services, ATSIC, the state and territory governments and the Commonwealth, there are framework agreements in each state. Part of that process has been how to address the issue of getting health services on the ground. The Commonwealth suggested the Primary Health Care Access Program as a means of doing that.

In the Territory, it is a program which pools funding between the Commonwealth and the Territory government. It is a needs based agreement. So the aim of the exercise is to get health services for all communities where there are no health services. The pooled funding arrangement means that you have a genuine partnership between the Territory and the Commonwealth so you do not have competing or contradictory programs, and the aim is for these services to be set up under Aboriginal community control. So the services at the current stage are in the transitional stage. Aboriginal boards are being established. The funds have just been signed off by Minister Patterson for the release of the Commonwealth funds, and those health services will start to hit the ground by the end of this year. Some of the funding will continue to be from the Territory government as a transitional process but under the board's control, but the positions that were already there by the Territory government stay there in the transition process.

Under that process in the Territory, the Aboriginal Health Forum has identified four core areas of activity that those funds can be used for. They are clinical services; the support services to run a clinic like pharmacy or HR or access to evacuation; special services which a particular community might decide they need—they might want a male health program, a youth program, a nutrition program or a dental program; and advocacy, the right of those services to be involved in helping mould health policy at a national and Territory level.

Mr TOLLNER—The reason I ask is that I am looking through your recommendations and the first four seem to be fairly general recommendations on a whole range of issues. The next four tend to drill down a bit further into specific health areas. I am curious as to why your recommendation in so many areas is so focused on the Commonwealth government when in the majority of cases it is the state and territory governments that deliver health services. It is the Commonwealth that provides a level of funding to the respective state and territory governments to deliver it, but at the end of the day in this case it is the NT government that will be providing funds, running the programs and that sort of thing. These seem to be focused more on the Commonwealth.

Mr Rosewarne—With respect to Aboriginal health funding, most of that comes from the Commonwealth. All the Aboriginal medical services are predominantly funded directly from the Commonwealth. We get only a small amount of Territory government money for a couple of programs. So all the AMSs are funded directly from the Commonwealth. The Primary Health Care Access Program will primarily be funded out of the Commonwealth. It will pool the Territory funding in that. For example, under the Primary Health Care Access Program pooled

funding formula, it is a bit over \$2,000 per head per person. In the Territory, only about \$600 of that will come from the Territory government because that is its existing commitment. The rest is picked up by the Commonwealth. So it is predominantly a Commonwealth program. That is the way it is focused.

Mr TOLLNER—The Territory government is involved there, I take it, to make sure that there is no duplication?

Ms Ah Chee—No cost shifting.

Mr Rosewarne—No cost shifting and no duplication.

Ms Ah Chee—We are on to that; do not worry.

Mr TOLLNER—You are on to that.

Ms Ah Chee—They have to maintain their effort.

Mr Rosewarne—That is one of the reasons why it has taken a fair while to get off the ground.

Ms Ah Chee—It is maintenance of effort. They have to maintain their effort.

Mr Rosewarne—But their effort has been quite small in some zones. Their current on-the-ground funding in some zones was as low as—off the top of my head, it ranged quite dramatically, and it averages around about \$600 per person, and when you say that you need a bit over \$2,000 per person, the new funding is committed from the Commonwealth. What happened was in the first round of funding it was not fully funded. So we had to choose.

Ms Ah Chee—Prioritise.

Mr Rosewarne—Prioritise zones. But what we are saying now is that those first ones are out. If we then fund half of the Northern Territory effectively, actually what we are creating is a new disharmony. The other zones are left at the old funding level. They are being disadvantaged if the full funding does not happen. The Territory government is saying, 'If the Commonwealth does not come to the party with the rest of it, we may have to move our money out into those other zones; otherwise they are being unfairly disadvantaged.' So we are creating this new dichotomy, which is unnecessary. It is a fairly small amount of money in the total picture of things to fund PHCAP.

Mr TOLLNER—You mentioned here in recommendation 5 for the NT Primary Health Care Access Program that it needs around \$64 million. It has been costed at \$64 million. Is that per annum?

Ms Ah Chee—Yes.

Mr TOLLNER—Is that one-off?

Mr Rosewarne—No, that is annually.

Ms Ah Chee—That is recurrent. That would mean that, based on the health planning studies that have been done in Central Australia and in the Top End, based on what those two reports have said where we need to put health services, that is how much it would cost annually. Nationally, it is about \$400 million, and at the moment the Commonwealth is contributing \$150 million. So if we look at it nationally—as a national program—we are looking at the need for an additional \$250 million. Of that \$250 million, what we are proposing is that, for the Northern Territory, we require \$64 million. We might need to give you a briefing. We are happy to do that.

Mr TOLLNER—Yes, I am happy to.

Mr Rosewarne—And with the other members of the committee, too. We are happy to.

CHAIR—Just a little further to the town campers. It came up during yesterday and I guess it will come up again today. It is not a matter of being critical or looking for an issue, because really our brief is about capacity; it is not about service on the ground. That is something that only local issues and negotiations can resolve. What it does highlight for me is: how do we develop the capacity for the difficulties of town campers? So I am interested—in those various other programs that we touched on—in how congress works within Alice Springs and the region. But what I am trying to get into my mind is that, in terms of some of the progress that we saw—and it was explained to us about how to congregate kids in schools and break down the grog and all of those things that you are working with—in terms of the leadership role and the collaboration, how easy is that for you, with a focus on your clinic based service and in terms of outreach services? Is it resources? Is it just that you stay within your own discipline? What would be the issue around a team approach to some of the issues of the 18 or 19 town camps of Alice Springs, just as a hypothetical case? It is not hypothetical, but it is just one of a number of things. How difficult is collaboration when you are flat out delivering a service? Therefore, I am looking at capacity and the impediments to collaboration with a whole series of groups.

Ms Ah Chee—I do not think that collaboration has to be difficult. But, if we are looking at the town camps, I guess what I will do is call a spade a spade. If we look at the access rates, which I talked about earlier on, the access rates of town campers to congress are quite good. There is no dispute, on the basis of our statistics, that shows us that town campers are accessing our clinic. The issue, I think, when you talk about the outreach services, is that there needs to be a lot more discussion between congress and Tangentyere.

Our cabinet, along with our director, has on numerous occasions attempted to have a serious dialogue with Tangentyere about this—about how congress's outreach resources can be best suited to the needs of town campers. That is not to take away the need for town campers to in fact be able to take some self-responsibility for their health and accessing our clinic, which is what they are doing. They are doing it and we should not deny that. People should not be suggesting that town campers are not getting access to a health service.

When we talk about the outreach service, there is no disagreement. Congress absolutely agrees that there is room for there to be a role for congress to play in being able to better meet the needs of town campers in our outreach program. That is why we have been attempting to meet with the leadership of Tangentyere to talk this through a bit and really get on to assist them and work with Tangentyere.

CHAIR—That is fine. I am just interested, because it is not our brief. We have a brief on capacity blockages and there are much more deep-rooted issues around town camps than any kind of outreach or what kind of outreach. But I am just trying to develop an understanding, I guess, in terms of what are the impediments and what government does in its own way. I do not want to take it any further.

Mr Rosewarne—Can I make an observation? I think it is very important that an organisation be able to effectively work within its area of expertise. To be able to do that, they need to be adequately funded. The health services lobbied a number of years ago and did a lot of advocacy work about getting the transfer of responsibility for health taken away from ATSIC and put with the department, for two reasons. One: that is where the money was. In ATSIC, there was a lot of competition for scarce resources and Aboriginal people were being pitted against each other. In the department there is also a health literate bureaucracy which understands—or at least we hope understands; they do understand—the sort of issues that we are talking about. That has been achieved in health. When we talk about the Primary Health Care Access Program being able to deliver potentially \$2,000 per head per year in health services, that gives us the capacity to deliver our programs successfully and to focus on our main game, to stay within our area of expertise, our area of authority.

I think that is very problematic for the housing sector. They are not funded adequately. They are not adequately resourced for the job of their core business. Not all housing services are like this, but I think Tangentyere, to be honest, suffers because of that under funding. We would support them to get a better funding base for housing in their core business. It is a problem, though, when they start hunting around for other funding sources and step outside their area of core business. In that way, I do not think that they actually provide the full, committed, focused service there could be for people living in town camps. That then causes some degree of difficulty, I think, when they try to work with other sectors, because there is a competition for resources happening there rather than a collaboration.

CHAIR—That is fine. Just one thing—and it is back to where I started with culture. I just want to throw something in and talk to you about it. Page 8 of the submission states:

All Aboriginal people involved in are governed by that culture. These values and relationships are an everyday part of people's lives. Our practice is informed by this culture. Some aspects are formalised within our structure, such as the provision of separate men and women's programmes.

Just to put it on the table, we have—no-one denies—serious domestic violence and sexual abuse issues in our society, but I think particularly within an Aboriginal community. It is an issue that no-one wants to talk about; some do. Western Australians have done some comprehensive work.

There is no doubt in my mind, and I do not think within the committee's mind, that it is going to gradually evolve. There are various efforts by ATSIC et cetera to deal with this issue. This is where I really struggle with culture. We are developing the separate men's and women's programs for very good cultural reasons, but I would have to ask the question, as provocative as it might be: is this part of the reason that some of these domestic violence and sexual abuse issues are not dealt with and are they able to be dealt with in these programs? We get into a complex area here. I do not expect an answer, but I have to raise the issue in terms of the way we

are dealing with things at the moment in all areas: is it the most appropriate way and is it giving us the best outcomes in terms of relationships, particularly between Aboriginal people?

I just leave that on the table. If anyone wants to offer a comment, I welcome it, but I do not expect a comment. In other words, the fundamental change that is needed in some of these issues, to me, is so deep-rooted that I am not afraid to challenge anything so that we are made to look at this and make progress with it.

Ms Ah Chee—I think having separate male and female programs does not take away the fact that our cabinet is quite open in being able to discuss issues that affect both female and male—and children. We have just embarked on, and recently finished, a domestic and family violence action plan within our own organisation within congress. That has been signed off by our cabinet, because they see that as an important area that we as an organisation need to take some responsibility for. That action plan is looking at the kinds of things that our practitioners need to take into consideration when they are dealing with clients—being able to assess when clients are coming through whether they are experiencing domestic violence, and knowing the kinds of support networks that they need to know about in order to make the appropriate referrals. Clive mentioned earlier on the YCHEP program, which deals with family violence and sexual abuse as well. At a broader level within congress, although we do have a male program and a female program, it does not take away from where those issues cross and affect male and female. We certainly take it on.

CHAIR—I hoped it would not, but I just needed to have it on the table.

Ms Ah Chee—It is right up there in our organisation. We know that it has had national coverage over the last six months and it has intensified. Now it is there in the context even in relation to alcohol abuse. That is an indication of congress's involvement in the need to deal with the high levels of consumption in this town. That is another indication that we will take it on and do all we can to address that really important and sensitive issue.

CHAIR—Early intervention and a whole lot of strategies will be discussed. Back to my understanding of culture—in the context of this report I want to be able to adequately address it and get as much evidence as we can where it is addressed. Clive, did you want to add anything to that?

Mr Rosewarne—No. The only other thing is that—and to illustrate our ways of dealing with this—three years ago when we got re-funded for our male health program, which was funded out of a sexual health program, we actually got a lot of the performance indicators rewritten to include that there was legitimate work for the coordinator of that program to be able to talk to men about parenting, their role as fathers and those sorts of issues. That funding was not through a straight sexual health program. We have taken it on for a long time to say actually, 'Yes, it's in a male context of culture that men can talk to each other about these things, but they have to confront these things.' It is not a way of hiding issues; it is a way of actually confronting them within a framework which is going to be more acceptable.

CHAIR—Thank you very much. We appreciate your time here today.

[11.06 a.m.]

PAYNE, Miss Susan, Centrelink Site Manager, Tangentyere Council/Centrelink

TILMOUTH, Mr William, Executive Director, Tangentyere Council

VADIVELOO, Ms Jane Shanthini, Manager, Social Services, Tangentyere Council

CHAIR—Welcome. I invite you to make an opening statement.

Mr Tilmouth—Chair, I would like to seek permission to table a supplementary submission and to speak to it briefly.

CHAIR—Gladly accepted.

Mr Tilmouth—This takes in a lot of the stuff that we did in our presentation yesterday. It also looks at the turn of events for funding since ATSSIS and ATSSIC and the repercussions that we feel could happen there.

I would like to start by thanking the committee for having the opportunity to address you again and also to record Tangentyere's appreciation for the amount of time that you gave us yesterday. I sincerely hope that you found your visit to Tangentyere edifying and I look forward to answering any of your questions.

I spoke earlier about asking permission to table a supplementary submission to which I will speak briefly and for which you have given approval. The submission is about funding stability. In our experience, when policy changes occur at a national and state level, we have to work very hard to ensure our survival. I want to make it clear that this is not a fear of change. I welcome the separation of powers and I think that the government needs to go beyond just moving the funding power from the elected arm to the administrative arm. Funding for Aboriginal organisations like Tangentyere needs to be objective and not left to the whims or understandings of a third party.

Formula based funding, utilising the expertise of the Commonwealth Grants Commission, must be adopted in as many program areas as possible. These formulas need to build in incentives, both negative and positive, that encourage organisations to achieve desired outcomes such as the Aboriginal government structure, ethical and accountable management practices, and Aboriginal and employment training targets that address the COAG indicators. Ideally, these targets and outcomes would be negotiated directly with the organisations on a triennial basis.

At Tangentyere we pride ourselves on our achievements in these areas. Our proportional representative government structure stands out as a best practice model. Management is held accountable and there is strong Indigenous leadership for staff. Seventy-five per cent of our permanent staff are Indigenous. Our financial accountability is evidenced by a succession of unqualified audits. It is our experience that these factors are crucial for capacity building. We do

not claim to have resolved all issues that town campers confront, but we do have a viable structure that is achieving positive outcomes.

Despite these achievements and our record, we recently faced a significant threat to our operational funding from ATSI. The main source of funding for the day-to-day running of Tangentyere Council and its administration is derived from ATSI, formerly ATSI, and comes from the CHIP municipal program. Tangentyere Council uses these grants to pay salaries for managers and staff and for administrative costs such as telephones, postage, vehicle running costs, power and water, official travel expenses and other miscellaneous costs associated with running a large administrative complex, which Tangentyere is. Historically, the grant has been used for these purposes and is consistent with CHIP policy and program guidelines.

Recently, ATSI staff claimed that these funds are to be spent directly on services within the town camps. Tangentyere Council has always reported our expenditure accurately in annual project performance reports. With the recent ATSI-ATSI separation of powers, we have been advised that the grant must be expended in a way that demonstrates the provision of more direct municipal services to town camps. Advice has been received that because ATSI is a government department, grant moneys now fall under the federal minister's act, with more stringent regulations than the CAC Act. Tangentyere does not fully understand how or why this may be the case. If so, then clearly an appropriate administrative funding stream must be developed. A submission documenting these events is tasked for the committee's information. This changing of the goalposts diminishes our capacity as an organisation to be a responsible agent in the broader community. Any diminution of our capacity is detrimental not only to the town campers but also to the residents of Alice Springs and the visitors from remote Central Australian communities.

Tangentyere Council has proven itself over 25 years and works across a variety of government departments to provide effective services. We believe that it is in the government's interest to ensure that the organisation is able to operate from a more stable base funding. With that comment, I would like to thank you and your committee for the time that you gave us.

CHAIR—Thank you very much. I want to go back to ATSI and ATSI and the implications. ATSI was mentioned to me yesterday and I was prepared for that. I want to try to understand this a little better. I am going to invite Mr Tollner to open up and then go to Ms Hoare. I have a list of things that came out of yesterday's program. I will see what is left for me to ask after Mr Tollner and Ms Hoare have completed their questioning.

Mr TOLLNER—I would like to firstly thank you for your efforts yesterday. I found it very worth while. I would like to put on the record that I have had a long association with Tangentyere Council and I fully support what you are doing there and congratulate you on your great effort.

Mr Tilmouth—Thank you.

Mr TOLLNER—Firstly, as you are aware, I used to run the superannuation fund that you contribute to for your employees. Going back some years, we had a major problem at the time with death claims. At one stage we had, I think, 16 outstanding claims at Tangentyere Council. It was the view at the time that we employ an Aboriginal person to try to sort out those death

claims. I will not mention who, but I rang one of the directors at Tangentyere Council at that time asking for advice on whether they had a suitable person whom we may want to employ. The response was, 'Well, what do you want to get an Aboriginal person for?' I said, 'Well, to sort out these problems.' He said, 'You obviously don't have an understanding of Aboriginal people and the nature of the culture.' He said, 'Yes, you can get an Aboriginal person, but when dealing with death claims—a very sensitive issue—one clan will talk to you if the person is from that particular group, but the majority will not talk to you because they are not part of that particular group.' He said, 'You would be far better off paying a white person, who may not be accepted by any of them but who would actually be able to work with all of them.' As a result, we part-funded Kevin Rolfe's position specifically at that time to sort out those claims and it was very, very successful. He did a great job.

Aboriginal culture itself seems to me, at least from an outsider's point of view, to be just as multicultural as we consider Australia to be multicultural inasmuch as within Aboriginal culture there are a range of different cultures. I applaud you on the way that you involve all of those different groups in Tangentyere. I refer to the Aboriginal Congress health services and note from their submission that they have opened up two positions for native title holders on their board of directors. Is there any comment you could give on how that will be perceived? Does it deliver a fair service? Is it seen by local clans to be delivering the same service across the board to everyone? Do they see that they have the same input into that organisation as they would have into Tangentyere, for instance?

Mr Tilmouth—With regard to Lhere Artepe, the native title representative body for Alice Springs, a large proportion of those native title representatives are part of town camps. In fact, Eli Rubuntja is a native title member, along with Wenton Rubuntja and Thomas Stevens, who are founding members of Tangentyere. There are a lot of people who have passed on who also were very strong in the Lhere Artepe move to establish these native title bodies. A lot of them are members of those bodies. Therein lies an issue. What Lhere Artepe needs to do is to have their members registered geographically—where they live, where they are now—and look at the proportion that make up organisations. I think that is something Lhere Artepe has to do to clarify things for themselves.

We know that there are a lot of native title people in town camps. In fact, one of the town camps we would have liked to have shown you is White Gate, which is right in the middle of the native title claim. They are native title people, yet because we cannot get security of tenure for them we are not able to deliver infrastructure such as power, water, sewerage and housing. We are not allowed to put anything permanent on those blocks. In fact, we run a pipe over the hills from Ilpeye Ilpeye camp to White Gate just to ensure they get water. We also have put in tin sheds, because there was no shelter there for them, and pit toilets, which keep filling up and we have to keep moving. We cater very much for a very strong native title group, the Hayes family. They are very strong members of our organisation, alongside a lot of other native title members.

With regard to the first half of your question, Kevin Rolfe was exceptional. Kevin Rolfe was able to walk across many lines that a lot of people probably cannot do because of Kevin Rolfe's nature. He really took on that job with gusto and diligence and he really abided by the advice that he received from Geoff Shaw and senior members of the executive on how to deal with cultural clan groups, different skin groups and so on. Kevin did not act in isolation; Kevin always had the assurance of a wealth of knowledge that could back him up, especially on the

distribution of insurance moneys. There was a big demand on individuals to share that insurance money because of cultural obligations. Kevin took that on and in some cases it worked extremely well.

I would recommend that an Aboriginal person be the one to have that sort of job, but the day will come when we can find someone who can cross those lines—preferably someone who has experience in Aboriginal law, someone who is accepted by Aboriginal people and someone who is known to be able to cross those boundaries. Even then, having said that, there are certain boundaries I cannot cross, so I am restricted. Kevin Rolfe was one out of the box. His experience prior to that with the Salvation Army and St Vincent de Paul really led him into a very compassionate mode. He was a very understanding man.

Mr TOLLNER—Do you build houses on land rights land?

Mr Tilmouth—Our leases are special purpose leases. It is not land rights. It is a lease that was given by the government for the sole purpose of community housing. These historically were drovers' camps, labour camps, where people lived and people have a traditional and historical connection to them. The land we actually build the town camps on is not derived through the land rights or any other lease but a lease given from the government. We build houses out in communities on land trusts. We also do outstation work, building houses where they want the houses built—if we win the tender, that is. At the end of the day, my belief is that they become a fixed asset to that lease or that land trust or that community. That is the way I see it.

Mr TOLLNER—Do you interact with the CLC at all?

Mr Tilmouth—Very much so. There is a bit of competition between the two old blokes—Eli and Wenton Rubuntja. Eli says that Wenton started the land council so he started Tangentyere, so there is a bit of competition between the two old blokes. Wenton was the first Chairman of the Central Land Council and he is still a very active member within Tangentyere. So we have very strong connections. Also we have three delegates that sit on the land council.

Mr TOLLNER—What about funding? Do you receive any funding at all from the land councils?

Mr Tilmouth—I cannot clarify this correctly because I do not really know, but historically we did get some ABTA funding. We would not have got funding directly from the land council. It would have come through the Aboriginal Benefits Trust. We would have used that for buses or something like that.

Mr TOLLNER—So that is not an ongoing—

Mr Tilmouth—It is not an ongoing thing. It is an application driven process. We do not have membership of ABTA. We have just had to wait and see what we got.

Mr TOLLNER—My concern is that it seems a lot of those moneys are going into the land council to assist with administration whereas originally I think they were designed to go to Aboriginal people in general—the ABTA or the ABA, I think it is now.

Mr Tilmouth—There is a division within ABA where a certain amount of funding is set aside for the administration of the land councils. There are four land councils in the Northern Territory. Then a certain amount is set aside for the traditional owners. Then a certain amount is put out for community development projects that you can submit to. I believe that is the way the ABTA works.

Mr TOLLNER—But it is quite obvious that a large portion of that money is being gobbled up by the land councils, given the fact that they already receive 40 per cent of the mining royalties for administration. They seem to be eating in a lot—more and more—to the funds that should be going down to the ground.

Mr Tilmouth—That is exactly the point I was making when I was talking about the funding and the municipal funding. We get our funding through the CHIP municipal. Without the administrative staff that I have, I would not have been able to negotiate partnerships with the local town council, which has assisted us with municipal services like maintaining, sustaining and repairing roads in the town camps.

Street lighting is our next big project that we are going to work on. We now have some money from ATSI to do a study on street lighting. We hope to then go through the NAHS project so that the council will then auspice, set up the street lighting and maintain it from that. That was the same agreement we had with the roads section. So it is that ability that we have to negotiate the MOUs with local people like the Alice Springs Town Council.

Mr TOLLNER—I would not mind following that through at another stage.

Ms HOARE—Thanks to you and your colleagues yesterday for your hospitality. I enjoyed it very much. You spoke yesterday and also in your opening statement today about the achievements of the council over the years. Can you summarise some of those achievements? What were the reasons for positive outcomes? If there were obstacles to achieving positive outcomes, how were governments and communities able to overcome some of those obstacles?

Mr Tilmouth—One of the biggest obstacles that I think we as an organisation face, and it was clearly indicated to me yesterday, is that we do not advertise ourselves enough. We do not let people know exactly what we are doing. That is why we embarked on the presentation that we did yesterday, to try to see if we can capture the essence of Tangentyere through a PowerPoint presentation. That is something that we can do.

In regard to the history of the town council, there was a time when everybody lived in car bodies and humpies in and around the fringes of Alice Springs. The first phase of Tangentyere was to secure tenure on those living areas, and that was achieved. The second stage was to put infrastructure, housing, electricity and mains power in. That has all been achieved. Our third phase is to attempt a quality of life which, as you saw yesterday, encompasses so many different aspects of people's lives—things like education, health and employment. This is the phase that Tangentyere is going through now.

With any of these sorts of things, if you uncover a need, you will find another. You fulfil one need; you find another. The need goes right down to the individual person, to their basic consumer rights. As far as they want to take it, that is what their need is. For example, if they are

kidney patients or they want to have an abortion, their needs might involve how the service is delivered to them or how they are treated within that service. This is something that for far too long has not been recognised, and Tangentyere takes the consumer voice very seriously.

The COAG criteria for funding were mentioned earlier. I think consumer representation should be included as well as things that benefit the consumer. The achievements of Tangentyere have happened, but they have not happened as quickly as I had hoped. It has taken a long time, but we have achieved it. We have a one-stop shop; we have Centrelink nicely bedded down and working well. We have people accessing services. It is something that historically we have struggled for and we are now starting to achieve. I think we have come a long way. However, there are a lot of barriers. One of the biggest barriers is people saying that Tangentyere is doing too much; therefore there becomes a bias against Tangentyere. As I say, it is organically driven by the needs of the people. The people themselves come in and say they want to fulfil this need and it is something that we try to do.

Mr TOLLNER—I think that is your biggest achievement—pulling all these different clans together. You are going to have different vested interests all the time. So you are operating out of your sphere of responsibility.

Mr Tilmouth—Because we do remote area night patrols, people say that Tangentyere should be confined to the town camps. But remote area night patrols are very much an injury prevention strategy that works upstream. I am very tired of seeing all the dollars go to the curative model and never the upstream models. It is prevention that we try to work on by having good housing and good environmental health. If you are working upstream, you are preventing illnesses. We know the statistics of Aboriginal people at the end curative model. We know that it is an appalling state of affairs. All the dollars go down this end, and nothing goes up this end to try to prevent some of these illnesses happening.

I talked yesterday about the lack of services in relation to immunisation screening and health promotion. These are all preventive strategies. When we pick up 120 kids who have never been immunised before just on a sample test, it is a staggering indictment of the health department because these kids without those injections would go on to develop those diseases. I think prevention is far better than cure, but it is a lot harder to define, it is a lot harder to pin down and it is a lot harder to get resources for.

Ms HOARE—That leads on to where I wanted to go. This morning we heard from the Central Australian Remote Health Development Services, and they were talking about the training of Aboriginal health workers and how communities identify a person who would be trained as an Aboriginal health worker to work in their community. I posed the question to them: are there people identified to be trained as Aboriginal health workers who have been identified by the town camp communities? Basically, they said no and that they did not have any operations within the town camps at all.

Mr Tilmouth—That is totally correct.

Ms HOARE—I found that a bit extraordinary because of their focus. They talk about fairly discrete Aboriginal communities. I am not aware of the political background or the politics of the issue. I am just asking this as it arises from their submission this morning.

Mr Tilmouth—It is turning into a political bunfight because there is a lack of understanding. As I said yesterday, there are three parts to primary health care. There is the treating of illnesses, there is the prevention of illnesses and there is health promotion. Those three run concurrently in primary health care. In order to get an effective primary health care strategy going, you need to run those three concurrently. You cannot run one in isolation from the other. The treating of illnesses cannot be done in isolation. I think the philosophy is that, if you live 45 minutes from a clinic, you go to the clinic. That is if you have transport. The medical services say they supply transport. All that people have to do is ring in. But they do not have phones. Telstra do not put public phones in those camps. Therefore, they have no communication to the medical services for a bus pick-up.

Years ago we tried two-way radios so that people could contact the night patrols, and that is how we get the night patrol pick-ups and drop-offs at night. I find it a sad indictment and quite shameful that there is not this cooperation working between the medical services and the town camp organisations. It is quite an embarrassment. If you were to treat someone in their own home, you would soon notice that this person over here who is not complaining of an illness is rather sick. You would soon notice that this person is breathing heavily. So it takes more than that in a clinic. When you are in a clinic you are dealing with one on one; you do not look around. I do not know whether doctors want the comfort of the airconditioning of the clinic and want to stay within the clinic because it is nice and they have access to a phone, a fax or whatever, but I believe health has to come out of those clinics and it has to go to where people live because those people will only refer to those clinics in very much a crisis-driven situation. That is the danger of not going out to people.

Ms HOARE—The reference this morning was that the health worker in the community would be the clinic in the community, so to speak; that would be people's first point of access. Why could that not be translated into the town camp rather than people having to go into the city to attend the clinic? If there were Aboriginal health workers within the town camps themselves, would they not then be the first point of access?

Mr Tilmouth—If they are going to fund 18 or 19 health workers on a good wage, that would be achievable, but the economies of scale are not there. You would not be able to. It is the very same reason why we do not have 18 different administration centres. It is the very same reason why we have one administration centre—it is easier to manage.

CHAIR—I recall yesterday there was a suggestion that maybe one travelling with the mobile patrol was one model that might have—

Mr Tilmouth—We have always advocated that we would like to have health workers attached to the night patrol as well as a paramedic or a doctor, although the insurance side would probably be too much—but with a paramedic or someone highly skilled as an ambulance officer or whatever—to deal with people in the town camps in the night patrols and assist that person and ensure their security whilst they are treating that person.

Ms Vadiveloo—Also in response to your suggestion, the town camp on which we have been doing some comprehensive community development planning identified a health worker within their community and asked that they be able to deliver basic health care services from the community facility. That proposal was put up to the Aboriginal Medical Service and the reasons

were, as William said, the economies of scale and they could not afford that sort of model of service provision. I think you are right that you would find in most town camps that you would probably have qualified Aboriginal health workers, that you probably would not need a huge training component because there are so many Aboriginal health workers who are not working but to employ them—

Ms HOARE—You spoke yesterday, William, about the 230 CDEP places. Has there ever been any consideration given to funding health workers through those placements? Can you tell us in what areas those placements work in community development at the moment?

Mr Tilmouth—As you saw yesterday, with the community facility at Larapinta Valley, most town camps have those community facilities, and I have always envisaged running programs through those facilities on education and health awareness as well as nutrition and a whole gamut of information through there. Do you want to talk?

Ms Vadiveloo—In terms of what currently exists with placements, the CDEP participants are employed within a night patrol service at the Larapinta Learning Centre where you went yesterday. Our nutrition and our maintenance/security person are both CDEP subsidised positions. We have, as we talked about yesterday, positions located at Centrelink offices. The positions located with our HOPS and old people's services are CDEP subsidised positions. The positions that provide fencing and those sorts of services are CDEP subsidised positions. So really the CDEP at the moment is subsidising positions across quite a lot of service delivery areas, from health to municipal services to old people's services, learning and education.

Mr TOLLNER—That number has reduced a lot over the last few years, has it not? You used to employ a lot more CDEP people?

Mr Tilmouth—I think 260 was the number. Now we are down to 225.

Mr TOLLNER—Why the decline?

Mr Tilmouth—I remember, as a regional council member, the chair of the day wanted to do the right thing and give a CDEP program position to a woman, and invited organisations to donate CDEP program positions to a woman. We had a large number, so we donated 30, which we never got back. It is something I would never do again. The other thing is that a lot of our people come on to CDEP but also do not stay very long on CDEP. There is a lot of cultural activity that they do and they go off and follow through with 'sorry' business or cultural activities, sometimes without informing the CDEP department. As a result, we can lose positions because of the way people leave.

Ms HOARE—Just to go on to the formula based funding that you discussed before, in the context of the ATSIC review happening, what do you see as the best way for the devolution of funding for services in Aboriginal communities? Directly from the Commonwealth to the council, or through a national body such as ATSIC, or through regional bodies like regional councils, such as the Central Land Council?

Mr Tilmouth—I do not know what the minister is going to do in regard to—

Ms HOARE—Neither do I.

Mr Tilmouth—the recommendations of that review. As I said earlier, I am quite happy with the separation of powers. If the administration was given back to ATSIC with the separation of powers, I would be satisfied with that. If the mainstreaming of Aboriginal services is on the agenda, one of the reasons Tangentyere was set up was because Aboriginal people were not accessing mainstream services. So we set up this alternative model which was to assist people in service delivery. If they go down the track of mainstreaming Indigenous services, my plea would be for direct funding. In fact, it is what I would like to see now and it is what I have talked about earlier in my submission—direct funding into the organisation directly from the Commonwealth.

CHAIR—I am just going to run through some issues to see if my colleagues picked them up. I thought they might. I have a list of things and I will just ask brief questions and try to get them on the record. They are mainly the things we talked about yesterday but there are a couple of extras. Australia Post, as I understand it, delivers all town camp mail to Tangentyere Council offices and you are endeavouring to negotiate a payment for those services. Can you just put on the record where that is at and what you would see as an ideal outcome?

Mr Tilmouth—We have applied to Australia Post to be a registered postal outlet. That is due to the large volume of mail that we receive and some very important mail in relation to our clientele. We also receive anything that is Aboriginal and the post office does not know where to send it. They will send it through to Tangentyere because it has an Aboriginal name on it. So we are inundated with a lot of unwanted mail as well as important mail. But it is something that would hold us in good stead. If we sent all the mail back to the post office and made all our people go back to the post office, they would soon come and help us.

CHAIR—Does Australia Post give you any particular reason why?

Mr Tilmouth—That is something that we need to follow up. My housing office runs the postal section—I need to get an update from Jim.

CHAIR—In terms of the housing fund that we talked about yesterday, the NAHS program and another program allow \$1,700 per year for repairs. The amount is inadequate as the demands placed on it are growing. I was unclear yesterday whether that was CPI related. Has it moved since about 1998?

Mr Tilmouth—No.

CHAIR—It is also, I understand, related to the rent.

Mr Tilmouth—It has always been \$1,700. I recall being on the IHANT board and trying to get the amount up to \$2,000 per house, but the answer came back that that would affect their construction budget. So we settled on \$1,700 per house. Because of that title thing I described to you yesterday—the influx and decrease in the number of people moving and the mobility of people through the town camps—the rent collected does not come anywhere near the repairs and maintenance. So it is something that should be looked at.

CHAIR—I recall—and you will correct me if I am wrong—that for rent not collected there is some penalty; there is some issue about if you do not collect rent from every house, there is some—

Mr Tilmouth—We do not collect the full rent from every individual.

Ms Vadivelloo—The funding that we receive is dependent on us collecting rent. So if we do not collect a viable rental income, that can affect the income source that we have.

CHAIR—That amount reduces?

Ms Vadivelloo—Yes, it reduces.

Mr Tilmouth—IHANT sets the target and we match it and that enables us to get additional funding for housing.

CHAIR—If that target rent is not met, then that—

Mr Tilmouth—That probably could reduce the repairs and maintenance money that we receive.

CHAIR—I need to keep moving. I hoped my colleagues may have picked up these questions. Telstra—if I say USO, do you know what I am talking about? Not UFO, USO.

Mr Tilmouth—Universal service obligation.

CHAIR—I would have thought that you would have been covered by the USO in the town camps. You have indicated, I understand, that you were covered for the costs of repairs and security.

Ms Vadivelloo—That is right.

CHAIR—We need to get that on the record. It seems to me that Telstra may not have—and here I am carefully choosing my words—satisfied the conditions of the universal service obligation.

Ms Vadivelloo—That would certainly be our position, that they have not met those standards. We are negotiating with them at the moment for a trial of public phones on four town camps. That is a start. But those town camps all deserve to have access to public phone support, and we will support that process.

CHAIR—We got an appreciation of distance yesterday and it was not a huge project.

Ms Vadivelloo—No, that is right.

CHAIR—It was a matter of a kilometre.

Ms Vadiveloo—That is exactly right.

Mr TOLLNER—Do you say a healthy dose of competition might reduce the problem?

CHAIR—Indeed. I suppose that is the infrastructure issue for Telstra itself. Can you let us know the outcomes of that?

Ms Vadiveloo—Yes.

CHAIR—I would be very interested to know where you get with this question about what Telstra's responsibility is.

Mr Tilmouth—The other thing is that we will be able to supply one of those CD discs that we did yesterday for you.

CHAIR—Okay. The community care program—caring for the elderly. I am a little unclear on that. Can you just remind me?

Ms Vadiveloo—That is our old people's program where we have two centres.

CHAIR—Yes, I can remember. I can see the slide now. Just put that on the record—the numbers that are cared for, the numbers that you think are the shortfall, et cetera.

Ms Vadiveloo—We have cared for six high-dependency clients who would otherwise be in nursing care accommodation. We have cared for them in their own homes in the community and we care for another 37 aged and disabled clients. We have applied to do a needs analysis and our estimation is that there are at least 50 further aged and disabled clients who are not receiving services in the town camps.

CHAIR—This is movement from other communities, is it not? My secretary just reminds me of the situation in another state where there was an attempt to centralise and move away from community. How many of these people do you think are moving from community into Alice Springs?

Ms Vadiveloo—That is a very good question and one that we want to address with our research agenda. Mobility is a huge issue and not just for Tangentyere but for the region as a whole in terms of all sorts of service delivery. Part of our agenda is to push a regional mobility study to look at the impact of that on aged care, health services, education services—Tangentyere services across the board.

Mr Tilmouth—Having said that, we do have a stable population that is pretty old, too. It is also visitors, but we have a population that is of a fair age.

CHAIR—Thank you. What I needed to find there—I think it was 50 we talked about yesterday. That would be defined as part of the stable population, not as part of the—

Ms Vadiveloo—Absolutely.

CHAIR—people moving from outside?

Ms Vadiveloo—That is right.

Mr Tilmouth—The mobility of people moving from outside is indicated probably in the renal dialysis patients that we have on the town camps. We have about 23 of them.

CHAIR—Safe Families, a new program, possibly the first of its kind, and the care agreement—children at risk—with the government and keeping children in the community; can we just have a little more on that? That is quite an innovative approach with, I would imagine, significant demand on everyone's resources as well as the pointy end of other issues.

Ms Vadiveloo—It is based on Aboriginal care practices—so the practices of Aboriginal families and communities to care for young people. We have a proportion of young people who are homeless and who are at risk. At the moment, for those who are aged under 15, there is nowhere for them to be placed. So if they are found to be homeless, they either get taken back to an at-risk situation or to families who are not supported to care for them et cetera.

So we have been negotiating with the community and with service providers over the last nine months and we developed this model where a young person would come into our service and we provide the crisis accommodation. Whilst they are in there, we would work with other youth agencies and we would have Indigenous family workers who would do a family mapping process with the extended family so that the grandmothers, the aunties, the fathers and grandfathers are involved with the decision for that young person. They might identify an appropriate family placement. We then go and talk with them, do a thorough assessment and undertake a family care agreement. That young person will be placed there and we would monitor that and support the family and the young person in terms of health, education, income—all those sorts of needs that they have—to ensure that the placement is stable and effective. It ensures that young Indigenous children are not taken out of their communities, that they are cared for appropriately within appropriate structures. But the statutory responsibility for that will be moved from the government to Tangentyere Council for that program and those young people.

CHAIR—Do the payments stay with the child?

Ms Vadiveloo—The issue of payments is an interesting one. There are quite a lot of Aboriginal people who are providing this extended care already without getting payments. There are two ways that we need to go. One is recognising formally Indigenous foster families so that they get payments. The issue of payments is very difficult within community. The grandmothers have said to us, 'Leave our family payments alone. Don't touch them. They cause too much trouble.' They are worried about being placed at risk. We have had situations where we have had grandmothers whose physical safety has been placed at risk because of the issues of payments. So we are looking at a brokerage fund for those situations where a carer might be placed at risk so that we can support them through a brokerage fund rather than having to deal with the harm that might come from affecting child placements.

CHAIR—As I interpret that answer, what is actually happening—and I am sure it has been happening right across the mainstream as well—in a number of these departments is that this money is staying with parents and not being used for the benefit of the child.

Ms Vadiveloo—That is right.

CHAIR—Those parents are seeing that as their cash, not for the purpose for which it is meant.

Ms Vadiveloo—That is right. Our system would be working with Centrelink so Centrelink is aware of who is caring for that child, but also working with the request of the family who do not want to be placed in the situation of aggression or violence—

CHAIR—I understand. Quickly, on night/day patrols, extending patrols to day, better follow-up results are achieved. I think we have covered that pretty well in terms of health worker and other issues. I have an issue which I might have mentioned briefly yesterday and that is rehab. I did discuss this revolving door syndrome, of which you would all be aware, and the great statistics you have collected. I suppose you could give me just a quick snapshot about rehab and endeavouring to get people off the treadmill.

Mr Tilmouth—This is something that we are quite aware of, especially in relation to recidivism in regards to alcoholism. The amount of people who go through the DASA process and repeat is quite high. At the moment the only available alcohol service is CAAAPU. People do go to CAAAPU, but the problem with CAAAPU is that, once they come out six weeks after treatment, they are back into the same environment that they came from. It is dealing with the alcoholism in the homes—ultimately having a place that is safe for this person to come back into. I have seen members of my family have their own strategy in relation to alcohol where they have come in from the bush, picked up the uncle who has been drinking a lot and have taken him back out. In a way, it has been forced detoxification; I have seen it work in a few cases. But rehabilitation is something that needs to be developed a lot more and more in tune with what the needs are out there.

CHAIR—I guess our jail system has to be part of this as well in terms of significant—

Ms Vadiveloo—That is right. There are two other comments. CAAAPU is looking at its treatment strategy and whether they go to a family based model of treatment. They have a model in Darwin that is quite effective that they are having a look at. Certainly the prison issue is a big one. There are not a lot of community based programs and there are not a lot of after-care programs or treatment programs within the prison system. My understanding is that Corrections is looking at that at the moment.

CHAIR—And that word that I always have trouble with, recidivism, is just so obvious to all of us. But it is something that needs a lot of work.

Mr Tilmouth—Just to give you an example, we are part of a drink-driving licence thing in the jail. About 60-odd per cent of the Aboriginal population are in there either because they have not got a licence or for a drink-driving offence. So what we have done is work very closely with IAD and the prison officials to set up a driving school in the prison that gives people their

licences before they are released. A lot of those people have never had a licence before. It would be the first time that they have had a licence and they may value it a lot more. So we are hoping that that will reduce the amount of people going to jail for those offences.

CHAIR—Ever practical outcomes. Thank you. I need to talk about Centrelink. This is where Susan might be able to help us in terms of the development of the office. I think there are eight staff, are there?

Miss Payne—Five.

CHAIR—Can we just talk briefly about the history—I am aware of the time and there are so many issues here—and, in terms of Centrelink, the specific issue of working in that one-stop shop approach, some of the advantages and some of the disadvantages and some of the blockages?

Miss Payne—We have been there since 1997. The office actually started off with just one person in there. It has increased because it has worked for us and it has cut down some of the traffic within the main office in town. It is somewhere that the people from the town communities and remote areas can go where they do not have to worry about what they are looking like, what they are carrying on like or anything. It is their place. It is their environment that we are working in. Where possible, we try to have Indigenous staff within the office. At the moment, it has moved up to five people: I am the manager and I have an Indigenous customer service officer who services all the town camps—Amoonguna, Imanpa once a month and the renal unit. She is a local lady who is invaluable with her language skills. One of the biggest barriers is language skills. Where possible, I think we have another two in the main office who have language skills that are current language skills.

It swells at times to eight, because we have a social worker who is to be visiting at least a couple of days a week so that we can catch people on site. We have an occupational psychologist, or Centrelink psychologist, and she does the assessments for the referrals either through to the Job Network member or to other services. We have a permanent personal adviser and she does other assessments in regard to participation plans, as they are called, as to whether it is towards education, training, or straight on to the Job Network member again.

In terms of how it has affected both our business in Centrelink and Tangentyere business, the events of violence have decreased. The dissatisfaction with the services received has decreased considerably. For taking payment, we are able to—most times with faith—pick up a lot more people easily, because they are more willing to talk with us because they are talking with someone of their own group or who they know of. So their uptake in payment has been considerable. I think it is one of the best MOUs that has been set up for a long time.

CHAIR—Thank you. Can I ask about access to ARO and SSAT? Is that an issue that can be availed of? Would it be used very often?

Miss Payne—Yes, it has been used. It is available. The gentleman who is actually doing Kevin Rolfe's position now, Leigh, is actually an ex-employee from us. So he knows that process and we were quick to jump on that one. So, yes, that is very much used. It normally does not get any further than the ARO because of circumstances—literacy skills, numeracy skills. All

of that is taken into account before it even gets that far. I know that Jane was a bit worried about the breaching bit yesterday. We already have a direction from our CEO that her standard for Indigenous people or for customers in general is zero tolerance for breaching. Where possible, we do not, and we find out why—and we very rarely breach. There is almost a nil rating for Alice Springs, anyway, which we have done for the last four years.

CHAIR—I think that, in the time available, that has given us a pretty good snapshot of something that is working and has really developed very well. I have a couple of final questions about the research project and then I have just a couple of quick ones and a final comment from William or Jane. I refer to the research projects—and we touched on it yesterday and I have asked every witness, so it is not that I single out any witness; I pick on everyone—relating to the domestic violence and the sexual abuse issue, the issue of confidentiality, the difficulty of sufficient proof, our system of mainstream law and all of those issues. You may or may not wish to comment on it, but can we just talk broadly about the research project, how important it is—and the collecting of data—to your operation? You might like to include my little hobbyhorse about domestic violence and sexual abuse.

Mr Tilmouth—Those issues I will leave to Jane. With all sincerity, one of the reasons why we set up the research unit was that we keep hearing anecdotally what is out there. We keep hearing that antisocial behaviour is up—that there is this, there is that, there are people living here, there are people there and there is a lot of domestic violence. One of the things that we thought we would do is find out for ourselves—start measuring it for ourselves through legitimate measuring processes like research.

That, in a nutshell, is one of the driving forces behind it. The other was that in this process we could include Aboriginal people, because it builds up an awareness within Aboriginal people when you are doing research that you start seeing things that you really had a mind-set against. You think, ‘Hang on, I did not really know that people thought that way or thought this way about alcohol,’ or whatever. You start getting a politicisation process happening, which in itself is a capacity building process. With the guidance of the Centre for Remote Health at Curtin University and the Edith Cowan University all coming on board and setting up a research hub within Tangentyere, we were able then to have the expertise on board that helps us guide the process. But the main steering committee of the whole research is my executive. The universities sit on the side as an advisory group to that executive and then we put in submissions like injury prevention—that is one that we are doing—and death and its consequences. I know a family that paid for one funeral but still have another two to pay for. People are dying that quickly. These people do not have the means or the wherewithal to even pay for the next two. It is the same family. There is a lot of that stuff. We need to find out exactly what is happening in those areas. That is one of the reasons why we embarked on our research.

Historically, when the ABS census is done, I believe there has been a big undercount of Aboriginal people due to mobility and people not being home. We have always participated in the ABS statistics to ensure that the numbers that are counted are about as correct as you can get them. That has always been our history. Now we are embarking on a research hub to do that for us. I hope that suffices.

Ms Vadiveloo—The alcohol/liquor restriction survey was a good example. It touches on your question about abuse and violence. With that survey, we have had alcohol restrictions in Alice

Springs and we were very interested to know what the views and thoughts of town camp residents were regarding those restrictions after the 12 months were up and what recommendations they might have in relation to alcohol. Issues to do with violence and sexual abuse are very important, obviously, within the community and are certainly a big challenge for us to redress. A lot of that revolves around alcohol use and abuse.

The response from town camp residents on that survey was very important. What was equally important was that the researchers were all Indigenous. They were all Indigenous researchers. There were 10 of them and half of those were language speakers. They were trained in research skills and survey processing methods. They surveyed every house on the town camps. It was a random sample, rigorously designed survey from Curtin University. They undertook that research and survey work and came back and assisted in the interpretation of those results and the development of the evaluation of those results. From that we have a clear indication from town camp residents about issues to do with the types of alcohol that people drink, their requests for restrictions, their requests for education services, their requests for safe places for people to drink and their concerns to do with visitors.

The responses from town camp residents are very broad and reflect their broad understanding of the implications of alcohol use and misuse within the community and what they would like to see happen. The sad thing about it is that those views have not been taken up by the liquor commission and have not been regarded within the Alice Springs Town Council to date and various issues like that. We have a huge struggle on our hands when we have the mass of the Aboriginal population—which includes the town camps, congress, ATSIC and the land council—all pushing for increased restrictions and issues to do with alcohol use and abuse and those things not being taken up by the administration and legislation not being put in place to respond to that. For us the research is very, very important. It is important to have it on record and it is important for us to have a base to fight for legislation and policy to do with alcohol use and abuse. That then impacts on family violence, sexual abuse and all those sorts of things that we have been discussing today.

Our injury prevention program also looks at that. It looks at both internal and external injury. It is to do with violence, death, family violence and also abuse. We are very interested to have a look at the outcomes of that research, which will finish in the next few months, and have a look at how that informs our position on violence, injury and prevention within the community. The grief and loss research is also the same, because grief and loss is a repercussion of abuse and violence. Most of our research really does impact, in many ways, on those sorts of issues that you have raised. Certainly, that is of great interest to us, because the outcomes of the research will inform Tangentyere policy direction and service delivery also.

Mr TOLLNER—That is the third part I failed to mention. That is exactly the other reason we went in—to glean direction in how we deal with issues.

CHAIR—I just want to get this on the record. At the town camp we visited yesterday a common theme was people feeling safe in the community, isolating out the troublemakers, finding out about the Centrelink payment and reducing the incentive for people getting into strife—making sure they had some cash. That was part of that reason. Another issue was working with the police. Part of this was probably your eviction process, too, I presume, in terms of the housing policy. And then it was about calming it down and getting it to a controllable

situation. I would like you to respond to that. That really highlighted to me how important that was. Then, once you have a six-week period, for example, over the holidays, it came back and it would have to be settled down again. How you manage this is very important. Can you just give us a quick comment on that, please?

Mr Tilmouth—In relation to the behaviour of people within the camp, there is a lot of angst, worry and stress. Ultimately, the last resort is bringing in the police. Aboriginal people are very reluctant to do that. They would rather talk it out, even to the extent that sometimes at meetings you could end up with threats flying left, right and centre. But ultimately, at the end of the day, it does settle down. A lot of people do not recognise the camps as having the legitimate structure of a committee that sets policies on eviction, trespass and so on. Once that is established, people tend to calm down and realise that that voice that they are listening to has that legitimacy behind it in terms of their constitution and the way they behave. Sometimes that is a very hard message to get across.

We have a committee called the 4 Corners Council, which is a traditional men's committee and which is unfunded. When it comes to cultural aspects, we bring in the senior law men. But even those people, without support from other law men, are vulnerable. We also have a women's committee, which is no longer funded. When the money was taken out of ATSIC—I think \$400 million was taken off the top—all of the women's programs and all of the youth programs went. With that also went our executive training program. So we suffered a disadvantage in that sense. Being a male, I only speak for 50 per cent of the population. I would like to see capacity built back into the women's office. The women are a driving force in regard to having a safe community. If they want a safe community, they will stand up and they will make it safe, such is the force of some of the grandmothers.

Ms Vadiveloo—In response to the learning centre, it is certainly the model that we would like to see replicated on some of the other town camps. As you said, it allows for the coordination and monitoring of what is happening within a town camp. That monitoring is directed directly by the town camp residents themselves, because of the ownership within the learning centre itself. So they can monitor what is happening with visitors and behaviour. We have a very good working relationship with the police. We have a good working relationship with Centrelink and other sorts of services. As a central hub, the learning centre allows the community to come together and identify their social, economic, training and family needs, and we can respond to that through the centre in a coordinated approach. It allows government services to come in and have a coordinated avenue to deliver their services, which is often difficult for them on town camps.

I think it is very much the upstream model in the sense that we were talking about before. When that is not there, we are back to crisis intervention and reaction. When the learning centres are not operating during school holiday programs and visitors come and there is no-one to monitor it and we do not have the coordination of services for the police and welfare and things like that, it becomes chaotic for the community and it becomes very stressful. The learning centre has been an outstanding achievement for that community of people. It is a model that is well worth replicating, because it has reduced family violence and inhalant substance misuse. It has increased education for young people within the community, it has improved health services and it has created, as you said, a much safer environment for people to live in.

CHAIR—I was fascinated by the food vouchers and the way you have gone about it. Can we just have a comment on the food voucher system and the effectiveness of it.

Mr Tilmouth—The food voucher system was developed because people would get their cheque one week, be king for a night and broke the next day. People were living in a feast and famine: you ate when you had plenty; you starved when you had none. This design of food voucher system came from the executive. The system used to be that you would get a food voucher, then you squared us up in the next cheque. It was sort of a debit system. What we have done now—because of Centrepay—is changed it into a credit system. It is actually a form of savings. So people nominate how much they want to put aside for the next week. Say it is \$150 that they want to put aside for the next week. It is directly taken out of the Centrepay system and it is sitting there, credited to them, whereas the other system was a debit system. So we have changed it to a credit system.

In the off week, people come in and they say, ‘I’ve got \$150 in the bank in my food voucher. I only need \$50 for food today. That will get me through and then I will come back and get another 50.’ They can do that. We issue them—it is like a cheque, but it can be redeemed at the supermarket and people do that. It is a form of savings. It is putting aside \$150 to \$200 for provision for the next week.

CHAIR—As I understand it, it deals with this family obligation issue—that people can quite legitimately say, ‘That money is for food and therefore that’s it.’

Mr Tilmouth—Yes, and they are very satisfied to do that, because when they do get their cheque they still buy food and whatever they want to do, but they still know that they have this money in reserve there for other things. It is a very simple system, but it works.

CHAIR—Yes. Thank you, ladies and gentleman. That was much appreciated.

[12.23 p.m.]

KERRIN, Mr Kevin, Network Regional Manager, Aboriginal and Torres Strait Islander Services

LOADES, Ms Rhonda, Deputy Regional Manager, Policy, Aboriginal and Torres Strait Islander Services

ROBINYA, Mr Clarry, Chairperson, Central Remote Regional Council, Aboriginal and Torres Strait Islander Commission

CHAIR—I welcome the representatives of ATSIC and ATSI. I apologise for the delay. There were a whole lot of things we were trying to get on the record. I invite you to make a brief opening statement.

Mr Kerrin—I am the network regional manager for Alice Springs. We are a cluster office that deals with three regional councils and two regional offices—one of the regional offices being Tennant Creek and the three regional councils being Yapakurlangu, Central Remote and Alice Springs. Tennant Creek is generally run as a separate entity, but it is under the cluster of the Alice Springs regional office.

As I said, I am the regional manager. I started my job in Tennant Creek and then shifted down to Alice Springs. I think I am the second Indigenous regional manager to ever be appointed in Alice Springs. My family comes from the area, being Arrente and Luritja.

Mr Robinya—I am the chairperson of the Central Remote Regional Council. This is my third term. I have twice before been the Chairperson of the Central Remote. I am the longest serving chairperson ever.

CHAIR—They must like you.

Mr Robinya—I do not know. They probably like my character, I suppose.

Ms Loades—He has been elected to every regional council since the inception of ATSIC, and he has been elected three times now as the Chairperson of the Central Remote. They do really like him because he does achieve things for the whole region. I am the deputy regional manager of ATSI policy. I pass on apologies from Commissioner Anderson. We cannot fill her shoes.

CHAIR—Indeed. It is a difficult task. I understand the chairman is here today.

Ms Loades—Yes.

CHAIR—Does anyone want to make a brief opening statement on some of the issues? I had a question in relation to our discussion with the previous witness. You may not be able to add to it; I think it would still be a work in progress. But I wanted to talk about the separation of powers for Tangentyere in terms of the intention or the interpretation of how it can be funded. That is

one thing that has come up in the last 24 hours that I am curious about, but you may wish to leave that as a work in progress.

Ms Loades—I can sit here and safely say that I am on the policy side. I will flick that one to the regional manager.

CHAIR—It is a genuine issue about the interpretation of the separation of powers and what the act allows in the regulations. It is something which I have not been aware of, and I can see how these things can occur. I have been around long enough to understand the legislative terms. The intention is not always met. Clearly, we have a document which talks about things being resolved. The previous witness, from Tangentyere, was keen to say that he supported the separation of powers, but it is a matter of the logistics of how we might do it. If you do not have anything to add to that, I will leave it be.

Mr Kerrin—I think the separation of powers has been a good move. There are concerns from each of the regional councils regarding how to go about their planning and allocation of funds to organisations to benefit Aboriginal people. The change from the ATSI Act to the FMA Act now gives it a stricter management level for us to administer the funds because we are getting them on a monthly basis rather than having a large amount of funds available, as ATSI had before. We have a budget and we manage that a lot better than we did before. That also puts burdens on organisations because they are now on monthly rather than quarterly reporting, as they were before.

CHAIR—That gives me a perception. I had not realised monthly reporting was a requirement.

Ms HOARE—I have one simple question which I would have directed to Commissioner Anderson but I will direct it to each of you. You are aware of the terms of reference for our inquiry into community capacity building. From your perspective here in Central Australia, if you could say that there was one major barrier to building capacity in communities in your region, what would it be? How could it be overcome? Why would the overcoming of that particular barrier improve capacities of communities here?

Mr Kerrin—I think some of the things that we have put blockages in are a lot of the bureaucratic guidelines that we have developed and the capacity for community people to make decisions and do things themselves. We do not involve them enough. Government bodies or agencies go in and push it on Aboriginal people, saying, 'We want CDEP. We want to do that community development in your organisation.' Other funds are provided for various other things, and there is no consultation. It is generally a process where we go in and push it down their throats. After six months the government walks away and there is no outcome because the program falls over. The community people have not been involved in the process. So the capacity building is not there for them to develop further.

In terms of employment opportunities and training, what it all boils down to is that we should be taking a simpler approach. We should approach the people and improve education initially so that people understand how the programs work and how they come about. Also, it has a major impact on Aboriginal people because the literacy and numeracy are not there, and they are not consulted about what their needs are. I think all agencies do this. Both governments—the Commonwealth and the Northern Territory government—take the approach of putting doctors,

nurses and non-Indigenous people into the communities rather than taking the approach of consultation and saying, 'How are we going to make the program work?' We should sit down together and say, 'What do you think will help the community to work better?' There is also the perspective that Indigenous people for a long time have been left behind. If we continue the way we are going, I think they will always be kept behind if they are not involved in making decisions about the process.

Ms Loades—I would like to add to that. What has happened in remote communities involves the different governing powers. There is local government, and they really employ the town clerk. The various structures have not really allowed full community control in the remote communities. You have been listening to Tangentyere talk, where you invest time and energy into developing the capacity of people to govern and run communities and to have a significant say over what is done in their communities.

Without embarrassing our chairperson, he ran a community called Laramba, which is 280 kilometres north-west of Alice Springs. It is a real pity that the committee did not have the opportunity to do a site visit to Laramba because Laramba is quite a different community to a lot of the Central Australian communities. It is different because it has been very strongly run by Indigenous people at the community level since its inception as an excision on the pastoral lease. Chairman Robinya made sure that the council was in control of the process. I think the evidence is that, as he has had to relocate to Alice Springs to be the Chairman of the Central Remote Regional Council, he has actually left behind the capacity. So you can go to Laramba today and the community is still in pretty good shape, even though the chairman is not there a lot of the time. He has left behind that capacity.

That is based on the idea that Tangentyere was talking about and has told you about—a proper and accountable government structure and management that are accountable back to the executive and to the people in the communities. Unfortunately, the community government council system or even just the incorporation system has tended not to work that way. There has been no really significant effort put into actually training up community councils. Too often the community councils end up being just rubber stamps. This is not just blaming the non-Indigenous staff who are occupying these positions; they also end up being the jack-of-all-trades and they do not necessarily have the time to train people. Some are not interested. Some are quite happy to keep the community as a passive rubber stamp. That is a significant hindrance. The regional council has a significant role to play.

This is not just an ATSI push. As Commissioner Anderson would say, in remote communities there is not that capacity on each and every community at the moment to understand all of the sophisticated things that governments do and the way we talk. But on a broader regional basis, we have Clarry, Allison and Philip Wilyuka. Their decision making and their leadership, which you see in the builder training program, has actually produced real outcomes that have satisfied the community and the government and brought significant change to the way things are done in terms of house building. Clarry is going to talk to you about how they want to see this applied across the board. They do not want to be importing labour into Aboriginal communities, particularly where most of them are unemployed. It is ludicrous. We have to provide another lot of housing. We have a huge housing need out there, yet when we employ people we have to have even more houses.

Mr Robinya—I just want to add a couple of things to what Rhonda has said about capacity building on the community. Just a little background—I used to be a chair of the Anmatjere Council, which is run by the Territory and local governments. There was no capacity building through there. I was a chair for nearly two years. I never actually saw that the Territory government was interested in capacity building. It was just throwing in funding, with no outcomes. During my two years as an ATSIIC chair, I learnt a lot and I took that back to my people at Laramba. That was capacity building that I got from ATSIIC. I took that back and passed it on to my people. That is where their capacity building came from. I got that from ATSIIC, not from the Territory or local governments. We have to bear that in mind. ATSIIC is the only one building capacity in the remote areas. We do not get it from other government departments. That is my experience. I learned a lot from ATSIIC and I took it back to the council and I left it with the council when I moved out.

Mr TOLLNER—I am curious about whether ATSIIC has a position on increasing economic development in remote areas, particularly land rights land. It seems to me that the notion of land rights itself inhibits economic development in remote areas inasmuch as land rights land cannot be used as collateral. For instance, in mainstream Australia if you want a hospital or something else built, if the government does not have the funds it might say, ‘Look, we will make that plot of land available in order to get a private medical provider to come in, build a building and provide a service for which they can charge fees.’ If they build houses, somewhere down the track they can say, ‘We need finances for another project. We can sell those houses off.’ But a lot of that cannot occur on land rights areas in the Territory simply because you cannot sell the block of land. Has ATSIIC looked at models that could be used and advised land councils of ways to encourage economic development in those areas? It seems to me that there are a lot of services missing in the remote Northern Territory that could be provided by private enterprise if there were an ability to utilise that land.

Ms Loades—Absolutely. There are a number of things. Firstly, in terms of the ATSIIS structure, land rights are part of a national program. We are a regional office. So we do not actually have a say over that policy. It is run out of the national office and run by the board of commissioners.

Mr TOLLNER—Even though it only applies to the Northern Territory?

Mr Kerrin—The legislation has made it harder for Aboriginal people now with respect to land rights issues. But I think there is now flexibility with the land councils, who are the native title bodies that represent the Aboriginal people, to negotiate a lot of these economic development issues. There are also opportunities, I think, for Aboriginal people to be involved in a lot more of that. Where they have taken on areas that have been defined as national parks and so on, Aboriginal people are not involved in that process and there could be a lot more opportunities through employing them as park rangers or, under the conservation commission, to look after the land. They never seem to be involved in that process.

Mr TOLLNER—Kevin, do you see that there is an issue there with individual enterprise? For instance, if I have a block of land that I want to put a house on, I can go to the bank and say, ‘Look, I have this block of land that is worth so much money. I want to use that as security to get a loan from you guys, get a mortgage and build a house.’ Provided you have the equity in the land, the bank will lend on that. That is not the case on land rights land. What about the

Aboriginal person at Yuendumu who says, 'Look, I want to build a house. I have a bit of income. I want to use this land'? It seems that we have the big projects, such as the railway line and the gas pipeline across the Top End, where if you come in with an army of lawyers you can negotiate these things through with land councils, but for the individual it seems to be almost an insurmountable problem to negotiate a 100-year lease on a house block.

Ms Loades—At the small-scale level, at Wallace Rockhole we have a vegie garden with about 20,000 cabbages and so many thousand snow peas. I hear they did not water them the other day, which was a bit detrimental to the snow peas. Small-scale egg production is starting out on the Iwupataku Land Trust. Those issues at a community level tend not to be problematic between traditional owners and people undertaking these kinds of small-scale enterprises. A lot of the problem in establishing enterprises is that we have a significant number of people who do not even participate in the cash economy and do not have financial literacy, particularly on the east side communities—I am going to have a smack at Centrelink now—as their cheques go directly to stores. People go in and they get their food in exchange for book-up. They do not even ever get cash. That significantly hinders those kinds of opportunities. People do not have the financial literacy.

I refer the committee to the work done by CAEPR on this. They came and studied what was happening. Also the ACCC and the banking ombudsman came around and looked at these issues. Store charter was a development that came out of that. The chairperson made an advocacy of it to try to bring it to people's attention. Even on communities where Centrelink has made agency arrangements, a considerable number of people are missing out on their welfare payments. You might have an entire family living on the pension of one old person. The research done by Nganampa Health shows that in AP, which I think has been fixed up with the rural transaction centre processes being developed down there, people had three no-food days.

Mr TOLLNER—It is my opinion that there are a lot of people who are not even being counted on the census.

Ms Loades—That is right.

Mr Kerrin—If I may respond to the issue about land ownership, Aboriginal people do not have the same thoughts as Western culture and Europeans: 'We need to own this block of land and if we are living on it we are going to build our own house.' It is a cultural issue. The kinship between Aboriginal people means that we all live together and that is the way we are. It is not about owning a block of land in each little community that is being developed.

Mr TOLLNER—That must create tensions in itself. For instance, most recently in Darwin the Defence Housing Authority said that it is going to build 600 houses in Lee Point Road. They have basically been given a block of land—not 'given' but they paid a very minute amount for a huge block of land from the Commonwealth. They then go and get a developer and they finance it by selling half of the houses to the public and selling other houses that they have elsewhere. That could not really happen on Aboriginal land, could it?

Mr Kerrin—No, I would not think so.

Mr TOLLNER—You could not say, ‘We need houses out here. Let’s get ourselves a developer and put a plan in place where we can sell half of the houses to some private owner.’

Mr Kerrin—I think there is a difference there. There is an issue there in that, as I said before, the culture is completely different. What Aboriginal people are trying to do is improve their standard of living. We still have people living in these communities in humpies and old cars, but we are slowly building up the community to a standard that is suitable for everybody to live in. There is a problem in the capacity building for that. We now have to teach our people how to live in those houses, the same way as anyone else, and recognise a lot of the health issues and education issues so that we can set up early intervention so that we do not need doctors and nurses because we have kids that are clean and healthy.

CHAIR—I am interested in the response. In a place like Alice Springs, which has 5,000 or 6,000 Aboriginal people—1,500 or 2,000 in the camps and the balance in a variety of accommodation and housing within the community—it seems to me that a larger percentage of Aboriginal people are getting into private ownership. I would offer the view that there is a natural progression for Aboriginal people to increasingly own their own homes, if you look ahead. I accept your point about it being spread right across, but it is the case in the Australian community at large as well. I am interested in the debate, because it seems to me that we should not preclude Aboriginal people from having private home ownership if that is their choice and that we should not put impediments in their way, wherever that might be. I would just be interested in your view.

Mr Kerrin—I agree with what you are saying. Aboriginal people do not look at it in that light.

CHAIR—All Aboriginal people?

Mr Kerrin—I think you have to go back to the days when people were taken away from their families. That is where it sort of started. The people who were taken away got an education. That includes me. I went to school in South Australia, came back, worked in various employment and thought I would do something better for Aboriginal people. The difficulty with some of the situations for me to go and talk to my people as I know them is that I do not have language, I do not have culture and I do not have laws, because my family were taken away and we were not taught that. So it is a whole new process for me to go back and get our community people to understand a lot of the issues that are going to impact on them. That is slowly going to change.

The people in Alice Springs are recognised as quarter-caste and half-caste. There are not a lot of full-blood Arrernte people left. In the remote areas the culture, the law and the language are still really strong. The kinship is there. They do not see the problems with ownership and wanting houses for themselves. It is a shared process in the remote areas. They do not recognise the need—

CHAIR—I can agree with you, but I am just concerned that, if we lock things up and we do not accept that the culture of whatever race is changing all the time, we lock Aboriginal people out, in a sense, by not enabling them to become private home owners or get involved with business or create greater opportunities for the community at large as well as themselves. I just wanted to put that on the record. Your position is totally legitimate and I respect it, but I just

wanted to challenge it slightly to say that as the decades go past it would be my aspiration that more and more Aboriginal people would have private home ownership, because I think it is a worthy aim. It is not for me to direct them to have it, but it is for them to have the opportunity to have it.

Mr Kerrin—I agree with what you are saying, but also you have to recognise that our people have not been taught. There are only a few people who have been.

Ms Loades—Just for the record, we do actually have a rather large home loans portfolio that operates out of our network office. An increasing number of Indigenous people are choosing to enter into the private home market within Alice Springs. You do see that progression occur.

Mr TOLLNER—Contrary to your view that there is some sort of cultural precinct of traditional people out there—I can certainly share that—the culture of those people was once nomadic. Why is it that now we are calling for more houses? If their desire is to maintain their traditional lifestyles, why are we not saying, ‘What do you need a house for? Traditionally you have moved around the country.’ To me, there is a conundrum there.

Ms Loades—I would like to answer that.

CHAIR—You can give a response, but this is not a new debate. I think it is important to get the issue on the record. I think Kevin and Rhonda have spoken. I would be interested in Clarry’s view, too. I would just like to put it down there to see that everybody is catered for in Australia. There are various components of the jigsaw, if you like.

Mr TOLLNER—I am saying the contrary argument is that, with those traditional systems, I imagine there would be people who would want to be nomadic and live that traditional—

Ms Loades—We have a 40 per cent population movement between communities. They are not just coming into Alice Springs, which they do because this is a regional service centre, but there is a 40 per cent movement. A lot of that movement is dictated by culture and ceremony business and whatever. I am not an expert, but as to the ability to move around and why people want houses, basically there are great big no-go areas for Aboriginal people in between. People just did not say, ‘All right. Let’s walk into a place called Alice Springs.’ People actually moved in defined areas along with the seasons.

I really do not want to get into the ethnographic history of that, but obviously that is not possible. It is no longer possible because there are great areas they can no longer go to. There are roads that have been built through there. They cannot live the life. They have not been able to since very quickly after settlement, when most of the native food sources were denuded because of the impact on the environment. The Kintore people think we have stolen all of their animals and got them locked in zoos, because somebody from there went and saw the zoos. They genuinely think that we stole them, because they are not there anymore. They are reduced to hunting feral pussy cats. It is just not possible.

Mr Kerrin—It also has an impact. Our community of people out there are still on Centrelink payments. There is no employment. I dare say that all Aboriginal people would like to own their own block of land and own a house, but we are still a long way behind. I say at times that we are

being kept back here rather than being brought up with everybody else. A lot of the Indigenous people who were taken away have all got jobs. We have had the increase in home loans in Alice Springs. We have gone from three home loans to 20 home loans a year in the last three years.

Ms HOARE—I am going to just put questions on notice to Commissioner Anderson when we catch up with her in Canberra, firstly in relation to the role of women in leadership positions within Aboriginal organisations. We often hear about the role of women—mothers, grandmothers, sisters, aunties—in communities and the strong role they play in those communities. However, they are also the people who are disadvantaged by domestic violence and child abuse and who cop the brunt of that. So I would like to pursue the question of why there are not as many women in leadership positions within Aboriginal organisations. I will be following the Indigenous women's conference next year to see how women becoming more involved in leadership positions comes out of that, rather than just discussing it. I am also interested in the wellbeing of women and children in Aboriginal communities. Could you just let Alison know that I would have liked to pursue that? I can pursue it with her at another time.

Ms Loades—In Central Australia, Aboriginal women are in the majority on the Alice Springs Regional Council. We have, obviously, Commissioner Anderson. There are four other women on the Central Remote Regional Council. One of them is on the executive, as well as the commissioner. I have always found it interesting that in one of the most traditional regional councils in Australia indeed women do hold leadership positions.

Ms HOARE—If we could see why that is not happening in other areas as well.

CHAIR—That is a great question to conclude on. I will just offer an opportunity for any final comments to Kevin particularly but also to Clarry and Rhonda—it is an option; it is not compulsory—and simply thank you very much for being with us today. Is there anything you would like to add?

Mr Kerrin—On behalf of ATSIIS we would like to thank you for giving us the opportunity to come along and talk to you with regard to capacity building. There are a lot of issues that we are dealing with at the moment with regard to regionalisation and rationalisation and corporate CDEPs to make our communities work a lot better than they have been. I would just like to say thankyou for giving us the opportunity.

Ms Loades—The chair is feeling a bit shy. He may speak after I finish. I have been working in Indigenous affairs in Central Australia for over 10 years at a variety of organisations—Tangentyere Council, where I started off and which obviously gave me a very good grounding, Central Land Council, IAD and ATSIIC/ATSIIS. The solution to the problems is going to be when all government departments and governments stand back and let local Aboriginal people have a leadership role on a regional basis. We probably would have got a lot further with housing if in fact there had not been a history going right back where government departments—well-meaning and probably well-intentioned people—were importing Kingstrands from South Africa because they thought that was a type of native house. So much experimentation has been conducted on Indigenous communities that has been very detrimental to the types of development and capacity building that this committee is inquiring into. I still see those impulses everywhere and people wanting to do that. I hope that this committee is going to recommend that we all really need to take a back seat and give that leadership role—

CHAIR—We need to resist those tendencies. Thank you very much.

Mr Robinya—I just want to talk a little bit about this. We have given you these central remote—

CHAIR—I meant to actually ask you about that. That is a great success story.

Mr Robinya—This is capacity building I am talking about. You need to read this carefully and read it till the page is finished. We have got housing programs set out. This is about capacity building. We have got six communities—all language groups—that were set up by the Central Remote. We own the program ourselves. We did not want to trust anybody—give it to the community where it is not going to survive in two years. So we thought that regional council needed to monitor this program and be part of it until it comes to their certificate III. I see this as a really good capacity building for the remote people through the regional council. If we had given it to the community, it would have fallen down quickly. It would not have survived 12 months. I just want you to go back and read this carefully and take it to the Commonwealth government and say, ‘This is a regional council doing the capacity building to the Arrernte people through ATGIS and ATGIS.’

CHAIR—There are some pretty impressive figures in there. I think you talk about quality. You talk about the involvement of the local people as well. I think that is the road to the future. There is no question in my mind. In fact, can I share with you that it has been one of my great frustrations for nearly 11 years in Aboriginal issues that we have not been able to get those models into place in a way which we would have all agreed, I would have thought, we should have. It is, as Rhonda said, ludicrous. I congratulate you. We certainly welcome the submission.

Mr Robinya—I think it has to be used right across some other regions as well, especially in the Northern Territory. They are looking at the same model. They want to do the same as we did. We are looking to the future. If we are going to have a chance at negotiating with the NT government, we want to take on roads and set up in a similar way as we did with housing—with transport, working on the roads, and also power and water. We would like to take on all those things that governments are not doing in communities. Service has been just chucked into the community. There is no outcome to the government. I think that if the NT government works with the regional council, we might get a good outcome for everybody—training people for the future.

CHAIR—You are proof that it is happening.

Mr Robinya—We are proof of this. When they did the evaluation, they came up with real good positive things—nothing negative.

CHAIR—There are some great photos in there, too, of some of the teams.

Mr Robinya—Thank you.

Mr Kerrin—I would like to comment on Clarry’s model that has been presented. DEWR are now building on that model that they have used as a building project to include in a lot of other developments like sport and rec officers and other careers. So they are utilising what Clarry has

presented. The only issue with that is that we have to find the community people and the CDEP places available to put those people into those careers.

CHAIR—Maybe we should have talked a little about what the impediments were to the CDEP. Is there anything in particular in that in terms of putting those pieces of the puzzle together?

Mr Kerrin—I think part of the reason is that the CDEP is the only employment outcome that Aboriginal people have in remote areas. We know that at the end of it there will be an employment outcome in regards to the building project because they are going to be able to build their own houses and do the repairs and maintenance within their communities.

CHAIR—I heard you mention a stronger connection between CDEP and housing—really get it locked in.

Mr Kerrin—We need the CDEP to be there to utilise the STEP program because we know that other funds are not available for these people to take on these training programs and models.

CHAIR—I think you have a suggestion for us as to how we might do that. How do we do that? Is there anything impeding that that particularly comes to mind?

Ms Loades—We need some resources.

CHAIR—It is always resources, but I thought there might have been some management issues in terms of encouraging people into it.

Mr Kerrin—No, I do not think so.

CHAIR—You do not think there is any restriction on the CDEP to be able to come in?

Mr Kerrin—Well, eventually it will, because there are only so many participants that the government allocates for us to deliver. If those places are not available, it makes it hard for us to continue with other training programs.

CHAIR—So it is a matter of either transferring across or new places?

Mr Kerrin—Yes.

CHAIR—So if an incentive were put in for new places to attract and encourage those people skilled in the business of building, that would be something to look at. Thank you again. We had a little extra which Clarry introduced.

Proceedings suspended from 1.07 p.m. to 1.25 p.m.

ACFIELD, Mr Paul John, Member, Steering Committee, Desert Knowledge Australia

FURBER, Mr Harold James, Member, Steering Committee, Desert Knowledge Australia, and Chair, Desert Peoples Centre

JOHNSON, Dr Kenneth Alan, Executive Officer, Desert Knowledge Australia

STAFFORD SMITH, Dr David Mark, Member, Steering Committee, Desert Knowledge Australia, and Chief Executive Officer, Desert Knowledge Cooperative Research Centre

BASKERVILLE, Mr John, Executive Director, Southern, Department of the Chief Minister

CHAIR—I welcome representatives from Desert Knowledge Australia to our public hearing of the Standing Committee on Aboriginal and Torres Strait Islander Affairs inquiring into capacity building in Indigenous communities. I presume that one or all of you will want to make a 30-second or two-minute statement to lead in and then we can have a general discussion about your proposal and the issue of desert knowledge.

Dr Johnson—Do you want a short presentation?

CHAIR—Yes. We have received a submission from you. We will leave it open to you, basically. The main thing I try to stress is that the less time spent jawing on that side the more time there will be for jawing on both sides.

Dr Johnson—I am the executive officer of Desert Knowledge Australia. I am attached to the Department of Chief Minister, but you may be aware that Desert Knowledge is a broader group of community participants.

Mr Furber—My participation here is as the chairman of the Desert Peoples Centre, which is a part of this whole arrangement.

Mr Acfield—I am a member of the Desert Knowledge steering committee, representing the Tangentyere Council.

Dr Stafford Smith—I am involved on the Desert Knowledge Australia steering committee and am also CEO of the new Desert Knowledge Cooperative Research Centre.

CHAIR—We have, in our brief, information from the Desert Knowledge web site. That is what we are drawing our knowledge and questions from, just to give you an idea of where we are up to. We know that you were formed in 2000 and are a consortium of desert Australian industry bodies, Aboriginal organisations and government and non-government parties. In relation to the proposed Desert Peoples Centre, I think you made a fairly significant announcement here just a few days ago. In fact, I seem to remember reading it in the local press.

Dr Johnson—You will hear about that a little bit, I suppose. I suppose I should just point out that Desert Knowledge Australia is a broad group. It started locally in Alice Springs, has grown regionally and is now growing fairly rapidly at a national level. The cooperative research centre that was launched on Tuesday is, I suppose, a representation of that. It is also beginning to take root and have some connections internationally. It is an initiative that seems to be gathering attention and has engaged some pretty broad community levels.

I suppose most of the material would be there before you. Suffice it to say that Desert Knowledge certainly regards harmony as a key aspect of where we are headed. The futures of people of inland Australia are necessarily shared futures. Otherwise there probably will not be very good futures at all. Desert Knowledge is looking at capacity building levels as being not just as individual Aboriginal community developments but broader. For proper capacity building to take place it needs to be at a broad community level, because there have to be partnerships and engagement across the breadth and length of the broader community itself.

I probably should also say that knowledge management is a fairly major thing and a growing thing in a Western sense. We tend to look at Indigenous knowledge as being the knowledge of landscape and plants and animals and those sorts of things. There is a major thing that can be brought to a Western perspective of knowledge management because of the long history of oral traditions—of knowledge sharing and networking amongst Aboriginal people. That is really how knowledge management and innovation and knowledge—the collision of ideas and things—should happen. I do not think the Western community really has it right yet. There is certainly plenty of overlap in that additional area as well. I guess the take-home message from me is that desert knowledge, or knowledge itself, is an area in which a lot of cooperation can happen. Western and Indigenous communities are coming together on a fairly neutral playing field. It is a shared area. A lot of capacity building can come from that.

Finally, I would like to say that John Baskerville, who is also a member of the Desert Knowledge Australia steering committee, has just arrived from a video conference being held just next door which was spreading desert knowledge.

CHAIR—John, would you like to give us a bit of an introduction?

Mr Baskerville—I am executive director, regions, for the Department of the Chief Minister with the Northern Territory government. My role in Desert Knowledge has been through coordination. I am the senior coordinator down here for government. Desert Knowledge has been one of our major projects—a project that was commenced in 1999 called Alice in 10. It was a planning project. Desert Knowledge Australia has come out of that. We have been working on that since 1999.

CHAIR—Just so that I understand the financial structure—I am just quoting from the local press, which I am sure is greatly reliable—there is \$91 million and \$20.68 million from CRC—

Dr Johnson—Could I correct those figures?

CHAIR—I am disillusioned already! Then I think I saw somewhere \$75 million in kind or whatever. Over to you, Mark.

Dr Stafford Smith—Maybe I could just say a couple of words. The launch you mentioned is indeed of the Desert Knowledge CRC specifically. At some stage Ken might like to address the sort of funding of Desert Knowledge Australia more generally. The CRC is a \$90 million-odd enterprise over seven years, but that is including cash contributions. There is just over \$20 million from the Commonwealth over that seven-year period and around \$10 million from various partners, including the NT government but also the Western Australian and South Australian governments and, very importantly, ATSIC, which is putting in a substantial amount, and a number of smaller partners. The difference is in in-kind contributed staff time from 28 partners.

The Desert Knowledge CRC is very much an effort to back the general Desert Knowledge vision that Ken has just outlined with research aspects—things that actually relate to more strategic development of new knowledge in that area. As I mentioned, we have 28 partners across the continent. I think it is very important that the whole concept of desert knowledge is very much a continent-wide one. Seventy per cent of the continent is loosely called desert. It is intended to cover right across that and it is creating some strong networks down those lines. As Ken mentioned, there is a video conference going on in the room next door at the moment between all of the desert cities. The overall vision of Desert Knowledge is very much for these thriving desert knowledge economies in desert regions that we know have limited economic opportunities at the moment. So we are really trying to look for innovative new ways that might be based on knowledge to drive that forward.

There are two points I wish to express to you in relation to this particular inquiry. Firstly, in thinking about the future of inland Australia, both its Indigenous and non-Indigenous people in these desert regions, in terms of generating better regional economies it is pretty much impossible to separate the issues to create some enterprise opportunities for people to ensure there are markets for some of their products—whether they are knowledge based or service based or widgets or art and all sorts of other things from those enterprises from the third leg of the stool, which is capacity building and having people there who can capture those opportunities. A very fundamental requirement for our future is that we take a coordinated approach to that. In a sense, there is no point in having people who have capacity if they have no opportunities. There is no point in having opportunities if there are no people to take them up, and there is no point in having both of those if you do not have some way of using those to the betterment of those people. That would be my first point. Recognising that capacity building has to happen in coordination with the types of new enterprises that have been explored is a really important aspect. I think the DPC, which you will hear from in a moment, would be taking a significant move in trying to take us down that pathway. It is an important partner of the CRC.

The last point I wanted to make is about our cooperative research centre. Research is really only just beginning, but it has a very significant emphasis on governance and particularly on the view that too many desert communities—both the scale of Alice Springs and the scale of small, Indigenous, remoter communities—receive services very much on a supply driven rather than a demand driven basis. Creating the right sorts of institutions and governance structures that enable people to have a significant say in what services they need is an incredibly important part of that. I think that is clear in the committee's terms of reference, which is great. I think it ties through, then, to ensuring that capacity building is not simply a matter of capacity building individual people but thinking about the sorts of institutions that can support that into the future. Our research is aiming to help to illuminate those issues, both in the area of education, in

particular, and also in the broader governance and institutional areas. This is probably something from you to me rather than the other way around, but I hope that we might be informed to some extent by the priorities that come out of your deliberations.

CHAIR—Thank you. A suggestion is that you might like to add to the in-kind and community description about the partnerships. Did I get that right? You may have already covered that. We need to relate it back to the Aboriginal issue at some point, but it is useful background. You may have gone as far as you want to go, but I have not quite got it as far as in-kind and the states and all the players that are out there—and ATSIC, no doubt. Can we focus on that and even its history? How long have you been at it, for a start?

Dr Johnson—You will get different components of this along the way. Consider Desert Knowledge Australia, which is a statutory corporation now. It is a facilitating body. It facilitated the early establishment of the Desert Knowledge Cooperative Research Centre, and it is assisting the Desert Peoples Centre, which you will hear about next from Harold, in some aspects of its development, particularly in making representation to government and in getting some land for the construction of the Desert Peoples Centre that is on one of those maps in front of you.

You need to consider Desert Knowledge Australia as being separate from the cooperative research centre and separate again from the Desert Peoples Centre and separate again from Tangentyere Council, which Paul is representing, but there is a partnership of those groups within Desert Knowledge itself.

Mr TOLLNER—Where did the idea spring from?

Dr Johnson—It probably started towards the late nineties, I suppose. It came from two relatively independent sides. There was a grassroots community initiative that involved government, non-government and various community groups, and there was an initiative from within government—the Alice in 10 program, which you may have heard of, which was trying to develop a very similar program. They both came together in the middle of 2000 to form Desert Knowledge Australia. One was a Desert Knowledge consortium and the other one was the centre of excellence.

Mr Furber—We get these questions and this confusion all the time because of the complexity of it all—even from local people who live here. It is a very complex project or projects. The one that Mark talked about was the CRC only, which brings in all these partnerships, including Aboriginal people and Aboriginal organisations. I will now talk about the DPC. It might be less complex, but the DPC is a partner in the CRC.

Ms HOARE—The DPC is the Desert Peoples Centre?

Mr Furber—Yes. It is a component in this. The Desert Peoples Centre is a consortium of two organisations—it was three. Those two institutions are this one, the Centre for Appropriate Technology, where we sit, and Batchelor Institute of Indigenous Tertiary Education, which has its headquarters in Batchelor in the Top End.

The idea was that these three institutions should get together and form a better working relationship and develop better facilities to provide a better service for the people. When the

location of a site was being discussed, we looked at sites south of The Gap in a corner of what is now known as the desert knowledge precinct. In further discussions, we talked about making better use of that precinct on the map than going to the centre and working out. So, whilst the DPC came from a different source, it came together in these discussions with the location and drew in strength and partnership with the other locations within that site and the development of the CRC.

CHAIR—I think I am getting it. I think what I need to do today is simply ask you how this committee might assist you. Mark has touched on some things. Paul will have a comment, too. We spent some time with Paul yesterday. But we need to link it with our terms of reference and we need to talk about that. We have a few prepared questions here which I think we have pretty well covered. To come to the crux of it for me, how is it going to add value to the lives of Aboriginal people and to the community at large?

Mr Acfield—I was going to talk about a couple of small examples that we are involved in. We spent a little bit of time on them yesterday. One of the initiatives that have come about through our CDEP project at Tangentyere is establishing bush tucker plots in town camps. We are working with a group called Reedy Creek Nursery and have had quite a bit of work with them in supplying the Coles group of stores, particularly in South Australia. Undertaking that kind of activity is an opportunity for Aboriginal people with traditional knowledge about local plants and so on and who have knowledge about the lands to take advantage of partnership arrangements in order to turn those kinds of activities into commercial and economic development activities. I think an organisation like Desert Knowledge, for instance, has the capacity to bring us into contact with other players such as state government departments which can provide us with technical expertise and other organisations that can be involved in the sales and distribution of those kinds of products.

From an Indigenous economic development perspective, building partnerships using traditional knowledge and, if you like, Western knowledge is a very important part of having successful economic development activities for Indigenous people. Another example, which is one that we are working on at the moment, is a regional banking initiative. As you may have seen when you were at Tangentyere, we operate a bank there and we have been doing a lot of work in getting people used to using catchwords and electronic banking and so on. We have recently been looking at how that service could be expanded on a regional basis, using Tangentyere as a hub but using remote communities, particularly utilising what was the rural transaction centre process, to set up a network of centres in Central Australia to improve banking services.

I am sure anyone who has had anything to do with the bush knows that money management in the bush is a major issue. Again, that is not an issue we are going to be able to pursue by ourselves; it is going to require the appropriate technology, the appropriate marketing expertise and so on, and that can only be brought together by partnership arrangements. I think that Desert Knowledge Australia gives us the focus to develop those partnerships. Organisations such as the CRC are going to give us the capacity down the track to look at technological solutions to those kinds of issues.

CHAIR—I am quite familiar with this concept. It has been around for about 10 or 15 years in various forms. Specifically on banking, can I ask: are there any banks involved?

Mr Acfield—We operate our bank with Tangentyere in conjunction with the Westpac bank. It has had involvement in that project and, in fact, has been pretty good in terms of the resources it has put towards it. Down the track, if we are looking at a regional banking system, that is something we would look at. We would be doing that in conjunction with one of the major banks, or maybe looking at the Bendigo Bank or the traditional credit union.

CHAIR—You may or may not be aware, but in the US there is some legislative requirement on the banking system to provide services to Indigenous people. It occurs to some of us, anyway, that in our recommendation we might be suggesting to government—we know how the banks love regulation—how the banks might actually fulfil some of their responsibilities in terms of the model that the US offers. I just throw that in.

My last question relates to the last line on the front page of your document, where it mentions ‘service delivery over large distances to highly dispersed small communities’. You touched on RTCs. Is there anything there about service delivery over large distances? It seems to me that in theory you would be at the cutting edge of the best technology in terms of where we should go and how we should do this, and you are probably a decade ahead in the practical implementation of a lot of the knowledge that is already there. They tell us that the research and all the knowledge are already there but it is the implementation and the commercial and economic development of it that is the issue. Do you have anything for us about that, in terms of the communications and service delivery models—that is, not just communication, although that is part of it?

Mr Furber—I am not sure that this answers the question necessarily, but I guess we cannot get away from the issue of partnerships in capacity building. That needs to be both ways, not just Indigenous specific, and service delivery is part of that. We are trying to work out why, generally, Aboriginal communities do not get the services that other communities get, and how we can rectify that. We see that as part of the question. Another part is the implementation that is needed through this cooperative process. I am not sure if that answers your question.

CHAIR—You might be able to give me a pointer in terms of whether the RTC is a feasible model. I do not expect you to criticise it, but you might be able to add value to it. I am just curious about this. You are at the cutting edge. Does anyone have any new, novel ideas about how we should be, as you describe it, improving services over large distances to highly dispersed small Indigenous communities? That is the key to much of our inquiry, even though we have been to ‘the block’ in Redfern, which is a different issue again.

Dr Stafford Smith—The CRC will have some research to continue to address that sort of area. I guess the two points I would really like to throw in for your consideration relate partly to the critical mass issue that Paul raised, which is that, whatever system you have got out here, the fact is that across desert Australia as a whole we have got half a million people or so, roughly 20 per cent of whom are Aboriginal. They are a large chunk of the population, but they are very dispersed and also dispersed between different states. We tend to find almost inevitably that a lot of our service delivery is looking out to the coast in each of those states and we do not have very good coordination across boundaries/borders.

One really important thing that could be facilitated increasingly, and which obviously Desert Knowledge is trying to encourage, is to improve those connections across boundaries in order

that we can create a greater critical mass, make markets, whether it is for banks or whatever, make them larger, more feasible and more economically viable, but in a way that addresses the problems that are faced in desert areas rather than necessarily bringing in coastal solutions, which sometimes are fine but sometimes do not work. I would like to make the point very strongly that there are institutional constraints to operating across state boundaries, and I probably do not need to say more than that.

CHAIR—I think that is a key issue. Alice Springs could well be the hub for a lot of that activity.

Dr Stafford Smith—I guess our vision is very much a network rather than a hub of a network. It really is essential that a whole series of places, whether it is the larger service centres like Kalgoorlie and Mount Isa or the smaller but still significant service centres like Warburton and other Aboriginal communities, fill in those gaps in between.

CHAIR—We should not be too coy about it; Alice Springs is the centre, is it not?

Dr Stafford Smith—It is one significant place, but it is one of a number.

Could I add one more thing to that? It also relates to this technology aspect. I think there is a sense of urgency around this, for reasons which people do not always appreciate. I think we are in a new era. If you look back 10 years, a lot of our remoter communities, whether pastoral or Aboriginal, were fairly unconnected to our service centres, let alone to the rest of the world. In the last 10 years we have seen this huge increase in communications. That is a double-edged sword. On the one hand, there are some incredible opportunities to link out to the world, and you see places like Yuendumu selling art directly into New York. On the other hand, it also is a period in which there is easy potential for these communities to be overwhelmed by the forces of globalisation and the economic conglomeration into major centres. You see that in terms of banking services being removed and so on.

In the next five to 10 years, if we do not develop confidence and the capacity to project an inland desert Australian image with its own existence—I am not suggesting a new state or anything—coherence and ability to speak to the rest of the world on its own terms, those areas will be overwhelmed by these globalisation forces. I think a sense of urgency needs to be injected, particularly to do with human living conditions and all sorts of other things. There is a sense of urgency in terms of an opportunity to set something in train, because, if that is not captured within the next decade or so, it may be gone forever.

CHAIR—I might have argued the other way: that because of the global impact there might be all sorts of positive attractors here that would help create a future. But I will leave that to another debate.

Ms HOARE—In your previous statement you referred to education. Just then you referred to basic living conditions in communities. My question is: rather than the big picture stuff, how can you see Desert Knowledge, whether it be the CRC or the Desert Peoples Centre, actually affecting the day-to-day lives of people who live in the communities, whether it be in terms of access to water or sanitation, kids going to school, domestic violence or child abuse issues? Do you have a micro picture of where you see it?

Dr Stafford Smith—Certainly we are very proactively trying to think about those types of issues and about generating research projects that actually engage people in communities so that the benefits are immediately translated there. I think the broader question you are asking I really should flick across to Harold as part of the Desert Peoples Centre, along with the idea of the virtual network extending education out to those communities.

Mr Furber—As I said before, the DPC is coming together with the Centre for Appropriate Technology and Batchelor Institute, which has a base in Darwin. Batchelor has over a long period of time set about establishing knowledge centres in most of the communities. It has done it more so in the Top End rather than here. Last year it opened a study centre at Nyirrpri, which is about 300 kilometres to the west. A few weeks ago it opened a centre at Alparra, which is Utopia, to the east on the Sandover. Whilst the DPC will seem to be located out at the site mentioned, it will actually have centres based across regional Australia and in the communities that want one and will link in with the current established study centres. It is about providing a service in the communities. It is a broad-ranging service that operates out of CAT and that operates currently with BIITE—bringing those together to develop a better, more comprehensive service that operates on a demand rather than a supply basis.

Ms HOARE—How do you see that getting young students into school and learning how to read and write?

Mr Furber—The DPC is post secondary. I presume there would be a flow-on effect. If the adults and young adults are given the opportunity to study in their home communities or wherever, the benefits of education will then flow on to their children. The DPC is not about providing education for children.

Mr Acfield—I was going to make a point about what you may be getting at. Issues that confront remote Aboriginal people in my view are not going to be addressed by just looking at how many kids go to school or what the health status of Aboriginal people might be. I think they are dealt with by recognising that the issues of health, status, education, unemployment, violence and so on are interrelated issues and they are not going to be solved by just looking at one alone and not the others. I think it involves organisations cooperating in a broader way to look at broader developmental issues in those communities as a way forward for them. Linkages between Indigenous organisations and organisations such as Desert Knowledge and the Desert Peoples Centre offer the capacity to take a broader view about how those issues are being addressed. I think that is why, from our point of view, we would be very supportive of working in that kind of way. But it does involve Indigenous organisations and mainstream organisations working in partnership.

Dr Johnson—I would like to add to that and emphasise that Desert Knowledge Australia will have some direct implication for communities but a lot of indirect implication because it will be working towards those sorts of partnerships and assisting, for example, the Desert Peoples Centre or the cooperative research centre to get in place. There will be some other things. For example, recently in the camel industry we brought some partners together—one from Laverton and one from the local area—to try to build some of that camel capacity. Obviously in your electorate as well there will be considerable interest in that.

Also, there has been some cross-border work between the Pitjantjatjara lands and the Northern Territory government and Warburton in relation to policing services being done out of Docker River. They are the sorts of things we would be looking to promote. That is where Desert Knowledge, in this broader national context, can begin to pull the connections together and have an indirect impact on individual communities.

CHAIR—You are actually Territory public servants essentially? Mr Baskerville and Mr Johnson, you are Commonwealth CRC but you are not regarded as Commonwealth public servants directly, are you?

Dr Stafford Smith—No.

CHAIR—Separate, independent, industry, private. Okay.

Mr TOLLNER—Why did the Institute for Aboriginal Development pull out?

Mr Furber—That is a difficult one, I guess, and something you might want to ask them. I understand that they probably felt that they were being overwhelmed. It is about identity and so forth. A lot of the issues that were raised here today were difficult to come to grips with. I suspect that that is partly why, but why exactly they pulled out I am not sure. There are issues of history—the previous government in the Northern Territory and the perceived hostility between the two.

Mr TOLLNER—Would you see that their pulling out leaves a bit of a hole in it?

Mr Furber—No, I do not. The programs that will be operating out of the DPC will be filled. They were ongoing. They may fill them at a later date; nevertheless, it will move along anyway. The DPC will move along. There was a series of events in one week last year that I think probably highlight it. We formed the association on 13 December, which was a Friday. We got a letter on the Monday saying that IAD had basically decided to withdraw but that into the future they would consider coming back. The door was always open, as they understood it. On the Tuesday we had the announcement of the government's support for the CRC and we formed the association for the DPC on the Friday. So we had a pretty big week here. I think some people who were on that board of IAD who decided to pull out were starting to realise what they had done. It is a pity. It is sad. It is all our relatives. I would prefer to have them there.

Mr TOLLNER—Someone made the point that there seem to be a lot of government bodies involved, whether they be Aboriginal government bodies or state or Commonwealth bodies, pulling it all together. What is the main focus of the organisation? Is it to deliver innovative ideas to government or is it to deliver ideas to industry to commercialise? Where is the focus?

Dr Johnson—If you have a look through that pamphlet you will see that it gives a bit of an indication of the sorts of areas that have some focus at this stage, such as solar technology and sustainable communities technical solutions. They are the broad areas in which there is work going on to look at some of the opportunities that lie there. In terms of the commercial aspects you are talking about now for Desert Knowledge Australia—

Mr TOLLNER—The idea is: who might be interested? One-third of the world's land surface is desert. A billion people—one-sixth of the world's population—are living in these sorts of arid areas. There is an opportunity, I think, to use the knowledge that we have accumulated here overseas. Is that the focus or is it the focus to do things better in Australia? Or is it everything?

Dr Johnson—We would be looking to start where things are simplest. That is where things are happening right now, I suppose. The cooperative research centre is, I guess, an element of that. There is a strong national focus but it will increasingly have international content to it. But there is not one step and then the next. There are some things happening at the moment in which Desert Knowledge has not played a role—for example, the Flying Doctor Service providing a program into Saudi Arabia. That is the sort of thing that Desert Knowledge would endeavour to facilitate/assist, maybe by recognising the opportunities that are there and by saying to partners, wherever they might be, 'Here is something that you might look at.' Most of the operations of businesses in desert Australia are small and are generally unable to undertake those sorts of operations on their own. The Flying Doctor Service starts from here and from Adelaide to do that particular operation.

Mr TOLLNER—My question was more about your goals as an organisation.

Mr Furber—I think the goal is more goals. The goal of the DPC is one, the CRC is separate again, and the goal of Desert Knowledge Australia is an overarching, facilitating objective. The goal of the DPC is to provide a better education and training service for Indigenous people across desert Australia. It can do its job better by the CRC operating alongside it—or wherever it might operate. It operates right across using research capacities, including the Indigenous research capacity, the build-up of it. The board of the CRC, for example, is 50 per cent Aboriginal and 50 per cent non-Aboriginal. So we have this partnership. The question ought to be: what are the goals?

Mr TOLLNER—Yes, what are the goals. I know about the DPC now.

Dr Stafford Smith—Although of course the issue is complicated—the world is complicated—I think we see quite clearly three ways in which this idea of desert knowledge, which itself is broad, can benefit people. Firstly, by improving it and applying it right now, we can improve things for people right now. There is a variety of ways of doing that, but it is a fairly clear goal of applying knowledge and assisting people in their day-to-day lives here. That alone I do not think will create any new economies in inland Australia because it is not bringing in new resources, and essentially it still leaves inland Australia very dependent on resources from the coast.

The second goal, I think, is quite clear. Every now and again some of that desert knowledge—the odd thing here and there, a particular service, a particular widget or whatever—is marketable to people overseas. We are gradually building international networks to try to identify what clients out there might be interested in—whether it is in sustainable energy, an example of which you can see on the wall behind, or understanding the governance arrangements that might help to deliver services to remote areas.

The third goal is a vision for the future—a vision for a brand, essentially, of an inland Australia that is gradually knowing how to live with itself better, which itself can create a third

source of income for us, and that is drawing people to come here whether as tourists or as partners in education or just to live and to reduce the drain of people out of here. It is those three things. It is the opportunity to apply knowledge right now; it is marketing some of that knowledge overseas, and it is creating the image of knowing how to live in desert Australia well which attracts people to come and work here.

CHAIR—I need to start wrapping things up. I suppose the obvious question is: do you have any competitors out there?

Dr Stafford Smith—Competitors?

CHAIR—In other words, the example that David Tollner has just talked about—one-third of the world's land surface and one-sixth of the world's population. To me, at the moment you are looking considerably more complicated than the horse designed by a committee known as a camel. It is very complex, but I think after this half-hour I am a little more enlightened because I can see the potential. Therefore, the question is: what is the international circumstance that you come to and what is the marketplace from the US and Europe? The radio telescope was one issue that you would be aware of, with Australia competing with others for that. That is just one opportunity. In the international marketplace, the rest of the world is all the time looking for things. I was just wondering, with the uniqueness of Australia and the competitiveness of Australia, are there other places in the world where we have the market advantage?

Dr Johnson—I think there are similar areas across the globe. Israel does things differently from what is done here, and we are using some of their technologies. Where we are coming from on knowledge is that it is something that grows with sharing. That might be a hard concept in a business environment to sell, but I think it is something we have to work through. There are certainly international linkages that are being made and have already been made—some in a formal sense with a memorandum of understanding with the University of Texas's IC² Institute. There is also one from the Desert Research Institute in Nevada, but there is a draft memorandum which has been prepared and they have come to us wishing to progress that. So there are certainly some international links that are coming.

CHAIR—That is fine. It was just a general, broad question.

Mr Furber—An advantage is that Australia is a safe, stable environment. It is a desert and Western, whereas a lot of the deserts that we would refer to are in developing nations. Australia provides a stable Western—

CHAIR—Absolutely. That was the issue for the Japanese, in fact. You reminded me of the Japanese. They came to Australia, which, compared to other countries, was stable and they were prepared to invest and work here—something they could not do in their own country.

Dr Stafford Smith—Harold has really made the key point. I would just add that the CRC is also building its networks. It is one of the foundation members of an international desertification research network that other people around the world are clearly excited by because of its integrative approach to these issues. I do not want to pat ourselves on the back too much, but we do have some competitive advantages which we need to keep working on. In the knowledge area, you always have to be ahead of things.

CHAIR—My only criticism of you is that of the word ‘desert’. I come from what they call ‘marginal country’. I say it is not marginal; it is just low rainfall. I therefore dispute the description ‘desert’. With those thoughts, thank you, gentlemen.

Dr Johnson—I do not think ‘Marginal Knowledge Australia’ would work!

CHAIR—Thank you very much.

[2.18 p.m.]

HUNT, Mrs Alison, Committee Member, Western Aranda Rel-aka Aboriginal Corporation

INKAMALA, Ms Mildred, Committee Member, Western Aranda Rel-aka Aboriginal Corporation

MALBUNKA, Mrs Mavis, Committee Member, Western Aranda Rel-aka Aboriginal Corporation

SPENCER, Mr Lloyd, Committee Member, Western Aranda Rel-aka Aboriginal Corporation

SPENCER, Ms Lynette, Committee Member, Western Aranda Rel-aka Aboriginal Corporation

SWIFT, Ms Marion, Committee Member, Western Aranda Rel-aka Aboriginal Corporation

WILLIAMS, Mr Gus, Committee Member, Western Aranda Rel-aka Aboriginal Corporation

CHAIR—I welcome representatives from the Western Aranda Rel-aka Corporation and the Ntaria community to this public hearing of the Standing Committee on Aboriginal and Torres Strait Islander Affairs inquiry into capacity building in Indigenous communities. You might like to say where you come from or a position that you hold. It is entirely up to you.

Mr Williams—I am from the Ntaria council. I hold the position of council president there.

Mrs Hunt—I am the project facilitator for Rel-aka.

Mrs Inkamala—I am a council and Rel-aka community member.

Mrs Malbunka—I am from Ipolera, but I work with Rel-aka as a committee member and also as a council member.

Mr Lloyd Spencer—I am from Ipolera. Gus and Mavis are my in-laws.

Ms Lynette Spencer—I am from Ipolera, but I work at the health clinic at Hermannsburg.

CHAIR—It is lovely to have you with us. Thank you for coming. Does anyone want to make an opening statement? You have got some really interesting issues—traditional models of authority to treat and prevent substance abuse and domestic violence in the Western Aranda region.

Mr Williams—I would like Alison to start off because she is our facilitator. I think maybe our leader could start off discussions with your group.

Mrs Hunt—Thank you for giving us the opportunity to present our Rel-aka information, our project. I would like to give you some information to keep, so in your leisure you can take time to read it. That just gives you a background of what Rel-aka is about.

Rel-aka started off in 2001. We got federal funding from Senator Vanstone's department, from the Office of the Status of Women. At that time we had only a little bit of money to bring elders and people together to talk about family violence. During that time we had consultation with groups, individuals, council members, Health, police and a wide range of groups. That alone took a lot of time and effort. The outcome was that we had to put in for more money to continue our family violence meetings, capacity building and networking with organisations within our own area, in town and with government departments. So we got more money from the senator's office to continue that. That funding runs out next year, in June 2004.

We are a bit concerned that all of the work this committee and the elders have done will just fall by the wayside, and we do not want that to happen because it is important. We have come a long way in such a short time. We now have about 20 committee members—men and women. The committee is made up of representatives from each family group. The map I have here—you will see it in your folder—gives you an idea of what area we work in. It is a fairly big area. Within that there are five land trusts and two lands under claim, as you can see in green. It is a wider representation of the community on Rel-aka. Some of the land trust members are also traditional owners, senior elders and council members. They all sit on the committee. Also, we cover town. Western Aranda people live in town.

Mr Williams—Can I point something out? The land trust boundaries came out of when the Lutheran Church had the lease. In 1982 when the land was handed over, I think senior people before us made up the boundaries for us, the people that would come later. The five land trusts you will see on your map come out of the Finke River Mission of the Lutheran Church—over 1,500 square miles of property. When they handed the land back, the land was broken up into five land trust members. There is Uruna, Roulpmaulpma, Ntaria—Hermannsburg is on that—Rodna to the north of Hermannsburg and Ltalaltuma to the west of Hermannsburg. I thought I would just explain where the land trusts came from. It is from the land of the Finke River Mission that the Lutheran Church had from 1877 to 1982.

Mrs Hunt—That gives you an idea of where the land area is. I will go into the presentation of what Rel-aka is about—the vision and the goals that Rel-aka is trying to teach all our people and the communities. I think you will find that in your folders. As you can see, we call this a LinkUp program. This is how we work it. We have two councils. The main council is Tangentyere Council, Tjuwanpa—and that is us in there, project workers/facilitators, and also our support staff. The other is Western Aranda and the programs we are trying to work with are substance abuse. All these programs we are trying to link in so the communities can work. And Western Aranda has input in that. So we are already working with Western Aranda health and with the police with our night patrols. That is how Western Aranda would like to work, linking up the programs.

We have a vision statement here. The committee and elders talked about how we want to see people working together, respecting cultures, working with elders and with council, community and family support. So the committee is already working on reducing petrol sniffing, reducing family violence and getting the family unit together—husband and wife talking together rather than fighting in court about a child, or family violence. So we have a lot of examples of how the committee has been working on the ground with families, solving things and disputes, and counselling. So the committee works in all these areas and meets.

The family of a person in dispute calls a committee member to help facilitate the dispute. That has been going on with the committee very successfully, I am proud to say. Also, we talk about the past, the present and the future. We talk about how the old people used to look after the land before, how they were strong with law and culture. We are trying to bring that to the present now, to our children now, to work towards our future so they can be strong like the elders, looking after their land and culture and be responsible and respectful. That is what the committee works for.

We got a house given by council, and we will be workshopping all this, with professional people to come and talk about law and order. Somebody else will come and talk about health and somebody else about family violence. So the committee has strategies of how we are going to do it and implement it by the people for the people. So we do not work on government strategies on domestic violence. I have seen all that. It is not going with us. It does not suit our needs. It is all big words and nothing. So we came up with our own vision. We came up with our own strategy, our own rules, and how to implement it by the people for the people. That has been very successful, with just a little bit of money that we have got. Hopefully we will get some ongoing funding to continue all of this work.

We will be working with youth soon. With the house that we are going to have, sister will come in and talk about how the old people used to look after their land. My niece and health workers will be involved in this and will talk about early intervention and prevention, so that people know how to wash their hands and why they get sick—all of the prevention stuff: ‘Don’t fight; otherwise you will end up killing yourself. Don’t drink too much because it is no good. It is not your culture. It is something that is brought to our land which is killing our people very fast.’ That is the sort of things that we talk about to our youth, and we will be starting that program very soon.

This is our pretty picture about youth and how we want to see youth working with the committees. You will see it in your folders, what we put in there. This is how we want to see the youth working. This pretty picture—this has got no money, because we do not have a youth program or youth funding. We only got a little bit of money for funding for family violence.

I will briefly show you what we call capacity building in our land. This is our interpretation of capacity building. This traditional painting tells a lot of stories. In this picture it has got all of the good stories and the sad stories and all of the families and youth and old people that were lost through family violence and alcohol. So, as you can see, this is the committee here. Then we got our two councils there on the side. Sister’s home is there, and another place, Alparra. We got our money through Alparra Aboriginal Corporation, because we did not have an incorporated body. Now we have.

As you can see, the two grey pictures—this one is the Northern Territory government and the federal government. That is you guys. So why did we put that in there? We put that in there for a reason. All of the programs, the LinkUps there—we put that in because we want to have partnerships with you, with the government. We are not interested about who is in power, who is in government. We want everybody to work with us. We want to achieve common goals for our people and good outcomes—a future for our youth. So that is why we include everybody in this—networking, interacting, working together, embracing, sharing. And that is what this painting tells, and all of the different colours that represent our land and our people.

Mr TOLLNER—Very good.

Mrs Hunt—This next one is what we call a capacity building traditional painting. You can see how the painting is done—it has come from the grassroots level, and how it grew—and how it tells the story of the people and the land. This is all the homelands, like all of the land trust areas where sister just came from. And Sister Mildred has got her homeland, too, out in the community. This is where we want to take our youth. We are looking for funding to take our youth, take them to their homeland, so they can go back and be responsible for their people and their land, rather than get caught up in the middle with substance abuse.

Basically, this is where we started from. This is where we build—networking and capacity building, organisation. We have done all that and now we are here. But we have not got this far yet. This is where the elders and TIs are in the homeland, because our funding only brings us into this circle here. So it has not gone out this way yet. So basically we have done capacity building in our own traditional way with our people. All we are asking is to work with government. We want government to own this with us and work together, because we and the elders have done all the work but we need ongoing funding to keep this alive.

CHAIR—Excellent.

Mrs Hunt—I will hand over to sister Mavis, because she wants to talk about the programs she wants to run in her homeland for youths.

CHAIR—Maybe someone could mention how crook it was and the improvement that you are seeing—how it was going pretty bad and then it came good.

Mr Williams—Can I just put it this way: I think when most of us were children—and some of us grew up in the fifties and sixties—our discipline was much better than that of the young children today. By us all putting our heads together and using our initiative, we said, ‘Why do we not try to go back and get support from the people we elected in, for them to facilitate or present a program/workshop to make it easier for people to understand what we are talking about?’ We also call it our own desert knowledge—traditional knowledge that we had before.

I remember we had a visit early in July from the Family Court and it went over really well. A question was asked of us: what do you really want? We said that we want our traditional authority to be returned to us; that we want control and to use discipline as it was taught to us. We used the words: ‘The white man has taken our control away from us.’ Now we are begging the white people to return it back to us. We want control over our own children, using our own

knowledge of discipline. Of course, it comes into funding from the white man. Do not get me wrong: I am not a racist person. I am just using that terminology.

CHAIR—No, thank you.

Mr Williams—What we are talking about here is our own knowledge that we grew up with. We need to bring that back with the help of the government. These people are talking about this. Why do we not stop and help them? They have used their initiatives to get this far; to present our display of what we need. We need the support of the people that we elected into government. Our facilitator/presenter showed two governments: the Territory government and the federal government. We really need people to look at that very openly and work things out. I thought I would come in there—

CHAIR—No, I think I asked the question. You have set it out very well, Mr Williams. Thank you.

Mrs Malbunka—You can read through how as committee members we worked through the Rel-aka committee to make a LinkUp to work, but the program is already working out there, Ipolera. We have funding from the Institute for Aboriginal Development to run that program for our children and for the kids that want to come and learn about Aboriginal culture. We had a one-off group of students from interstate and they also wanted to learn what Aboriginal people are doing. There are photos you can have a look at.

The program is already running, but the funding that we got from the Institute for Aboriginal Development did stop for a while. I had support from Alison to get that funding back again. The program was very important for me to run for my young children and also to help to get the interstate kids to understand a bit about Aboriginal culture and learn about Aboriginal bush medicine or bush tucker. Through this LinkUp, that program will be running for my people. Hermannsburg will be the base centre to run the program. I have already set up a program at Ipolera. I am just waiting for the committee to start up, but maybe we are still waiting to hear about the funding before we get rolling again.

Ms HOARE—Alison, you showed us a picture and said that the committee has got so far but you just need to be able to go that bit further. How long has it taken to get that far? What kind of funding have you had to get there? What kind of examples show us that you have got there? Can you tell us that you have more kids going to school or fewer kids sniffing petrol?

Mrs Hunt—Well, that is what sister is saying. We have a little bit of money coming through now—illicit drugs. That is what it is all about. It is encouraging kids for education, employment and training. The house is going to be there for cultural talks and encouragement as well, reinforcing to our kids that they must be educated if they want to be doctors and lawyers and to have that opportunity. We received funding only for family violence; that is all. We got no other funding to work on other programs like night patrol. We are looking at Western Aranda night patrol to work within this boundary. So we do not have any facilities or any funding for that area. It is just one-off funding from the senator's office and that is basically it.

Ms HOARE—I am sorry, I was caught up when you first started here. How many people are there in the Western Aranda community?

Mr Williams—It varies because people travel a lot. Speaking of our own area, we have probably 1,500 people. That is counting the population or township of Hermannsburg itself. That would be outlying outstations and homelands. It is not a rough stab in the dark, but it is pretty accurate.

Ms HOARE—And how far from Alice Springs are we?

Mr Williams—One hundred and twenty-five kilometres. That is to the centre of Hermannsburg, the township, but our homelands are 15 to 20 kilometres out of the community or the township of Hermannsburg.

Ms HOARE—Other than CDEP, does the community receive any ATSIC or ATSSIS funding? You have funding from the senator's office for domestic violence.

Mrs Hunt—No, we do not have any ATSSIS funding.

Mr Williams—ATSIC funding came through only for the CDEP program, but it is not enough sometimes. It is from people's initiative that this program came in, and putting it to Senator Vanstone. I think she looked at it more or less to get it off the ground. She thought it was a worthwhile project to get off the ground. With her support the project started and facilitated the committee to continue talking to various bodies that may be sympathetic to the program that the Western Aranda program is running. It came from using their own initiative and using their own knowledge, traditional knowledge, to get back to where we were. But there is a lot of work, I tell you.

Mrs Hunt—Committee members are all unpaid.

Mr Williams—It is voluntary, really.

Mrs Hunt—It is 24 hours, basically, that we work. We also work in town as well when there are sports in town.

Ms HOARE—Who runs the CDEP?

Mr Williams—It is under the umbrella of the Ntaria Council. We have a CDEP coordinator.

Ms HOARE—And your committee works with the council?

Mr Williams—Yes. Since the Rel-aka was set up, the people agree to work, all of them, together, no matter from whatever areas of the council.

Ms HOARE—That is very good. We go to some communities and the different groups do not seem to be working together as well as you are. That is good to hear.

Mrs Hunt—We have council representative sitting on Rel-aka. We have Health sitting on Rel-aka and also people from Tjuwanpa Resource Centre. So the whole community work together.

Mr TOLLNER—I do not want to ask any questions; I just want to say congratulations. I think you have done a wonderful job with this project. I have had John Elferink in Darwin telling me for probably three or four months about what you are doing in Hermannsburg. I am very glad to have had the opportunity to meet you and congratulate you. I think you have done very well.

Mr Williams—As Mr Elferink is from our area, MacDonnells, we have a lot of contact. He supports our meetings when there is a meeting on and he is there spending time with us.

Mr TOLLNER—He takes a great deal of interest in Aboriginal issues. I have seen him in Canberra talking to Philip Ruddock about different things. He talks a lot in Darwin as well.

Mr Williams—He speaks wherever he goes. He does not speak from just inside his office. He does visit people and speak to them directly.

Mr TOLLNER—He is good value. He is a bit mad, but—

Mrs Hunt—We also get a lot of support from our Commissioner Anderson, who has been really lobbying the Aboriginal Affairs minister and the Prime Minister. We thank ATSIIC as well. They are the people who made it possible for us to meet with you today here. We have got a lot of supporters out there.

Mr TOLLNER—I read the article from the *Australian* where the PM said that you were doing a good job. That must be very encouraging?

Mrs Hunt—It is not easy. It is very hard. It is very challenging. You have to be strong. You have to be neutral, because all our families are involved in the dispute. The sisters and I work very close together, all of us. And we are out there getting everybody together talking rather than fighting. That recently happened. So we got a lot of examples—also, we document everything we do and how we achieve with our people—family violence, many examples.

CHAIR—I can only add my congratulations.

Mr Spencer—We have also got young committee members—20 or 19 years upwards—getting involved. It started up with old ladies in the first year, and then we decided to make it a balance. So the year after, sitting down under the trees talking, we encouraged a lot of young fellas to be involved. The main thing is that they come up with some issues. They need more programs in place, like activities. In the past I worked with the program, was involved with that. Using some of the experience from there, people have been just reaching out. Now it is going up from the bottom shelf. We are using young guys, young people, in the committee. They are looking at the future. Gus, Alison, me—all of us—play the role model, because we want to see this happening. We want to link in with governments—for them to help us, support us with more funding for programs. I am an ex-qualified sport and rec officer; I know it can happen. It happened at Yuendumu. We are just growing slowly. Thank you very much for your support. It is important to talk with the youth. Youth are important. We are remote and sometimes miss out on funding. But we do our presentations.

CHAIR—We really appreciate that. It bears repeating and showing an appreciation of that initiative that you took. You want to deal with those issues by yourselves and support your

community. We can only applaud it. We welcome it and we would love to see it happen more often all over.

On the domestic violence issue, do you see some issues there? Is there anything you want to add about that? The newspaper report talked about that and the Prime Minister's support, saying that it is not the way to go. Do you have any comment about that? Can I invite a comment about that?

Mrs Hunt—We see that violence is created through other issues or in many ways. When governments talk about family violence, they talk about two people, to my way of understanding. But when you look at the Aboriginal way of understanding, violence can start with young people not respecting elders and swearing and that, or two mothers in dispute. Some of this stuff is sensitive and I do not want to speak in public. But it is for our knowledge, and that is why we work, achieve and we prevent that. Because we know why that violence started, for what reason. The police are just there to do their work. But, going back, we know exactly why it started. That is why we have a committee that deals with it, because only we know how to prevent that and what the issue is. We cannot speak about that in public. So there are many, many ways why family violence is started—many, many ways.

CHAIR—But left to have your own authority, you can deal with it and you get a better result?

Mrs Hunt—Yeah. That is what brother was talking about earlier on. We need empowerment. Aboriginal people must be empowered and must be supported to do their own things. Although we took white fellas' money, government money, to work with this family violence, we came up with our own strategies and traditional methods of working on prevention and early intervention. So we took that own initiative ourselves. We put that money aside and said, 'Thank you very much for giving us money, but we'll come up with our own strategies.' These two are working together—their funding and our methods and strategies, which is all a traditional way of dealing and working with it. That is what we work at.

We have perpetrators on our committee. We have victims on our committee. Everybody says, 'Why do you have people like that?' We wanted them on the committee so they can see the wrongs that they are doing and that hurting their people is not tolerated anymore. We speak openly about it. We have people sitting there that lost many, many people. And that is when I can refer to the sad stories, why we get together and talk about our own people. And we embarrass our own people: 'You were like this. You were a woman basher. Now you are a committee member.' It is good. So we kind of put them down and we praise them. We show them where they used to be. Nobody is perfect. We have all got our own mistakes, our own children. So we use that. We do not just go and say, 'You are bad. You did this and that.' No, we say, 'You were bad but now you're coming a long way to be good.' Your next generation can see what you were and now you are. Our young fellas working on night patrol were the biggest troublemakers. I say that openly. They are proud that I say that about them. On the other hand, they work hard to maintain law and order and a safe community for our people. We have many examples of the committee working with the help of our elders. I cannot do my job without my elders and family support.

CHAIR—In terms of culture, what do you think is important? You and Mr Williams have described some of those things where the white fella can help—where government can help.

What are some of the most important things of culture? That word 'culture' is the white fella word, but what is really important?

Mr Williams—I think No. 1 is taking our own control the way our grandfathers and great uncles controlled our life, which was taken away from us. People have said, 'The Aboriginals have got equal rights now,' which is a quick jump over to the other boundary. We lost all that. We need to look back and say, 'We have lost how we were controlled or how we were disciplined. We need to get back by using our initiative.' Each time we have a meeting, we really need to get back. Give us our control back, not the non-Aboriginals to control us.

We need to find out what you are really talking about. It is not just a rush job. It would probably take a couple of days to go through paragraph by paragraph. It is probably like the Aboriginal land rights act. We do not really know. Even now I do not know unless somebody, a good lawyer or whatever, goes paragraph by paragraph to make us understand what it really means. Also, the non-Aboriginals need to learn from us by asking us, 'What do you really mean? Tell us what you really mean.'

CHAIR—It takes time to do that.

Mr Williams—Of course.

CHAIR—As you say, paragraph by paragraph.

Mr Williams—I talk as an older person. We had our constitution and our Aboriginal sacred objects, which are still there. That has been taken away from us. An older person like me is still linked by that and it will never be taken away from me. I live my life by my own constitution and I feel strongly on that. I can control my community and my council by that.

CHAIR—We really appreciate the trouble you have gone to and thank you very much. All the best to you.

Mr Williams—I must say on behalf of the panel that we appreciate you giving us an opportunity to come here so we can display and do a bit of a workshop on what our aim is. I really appreciate that and thank you all. Thanks very much for your invitation.

Mrs Hunt—Also there are requests for this model out in other communities now—requesting this model to work in other communities, to set up Rel-aka. It would be in their language, which is Aranda, Yapa or whatever. Each different language group will be setting up their own.

Mr Williams—What I forgot to mention is that this is only for Hermannsburg, not outside Hermannsburg—within the land trust, within this map here. It is not really outside this boundary.

CHAIR—Thank you.

[3.14 p.m.]

BRAY, Mr James, Chairman, Centre for Appropriate Technology Inc.

HAYES, Mr Noel, Board Member, Centre for Appropriate Technology Inc.

WALKER, Dr Bruce William, Director, Centre for Appropriate Technology Inc.

CHAIR—I welcome the representatives of the Centre for Appropriate Technology to this public hearing of the Standing Committee on Aboriginal and Torres Strait Islander Affairs inquiry into capacity building in Indigenous communities. I invite you to make a brief opening statement.

Mr Bray—I would like to welcome the standing committee to CAT. Noel is an Arrernte person. So I welcome you to Arrernte land. I thank you for the opportunity to provide you with some information on CAT.

CAT has operated for the past 23 years. It is a national Indigenous science and technology organisation. We have offices in Derby, WA; Cairns, Queensland; Darwin; and a head office here in Alice Springs. The vision of CAT and the vision that the board members have come up with is that of happy and safe communities of Indigenous people. We cut out a lot of the other fuzzy wuzzy, warm gut feelings that people hand around.

Our purpose is to secure sustainable livelihoods through appropriate technology. Our work is largely directed to remote Indigenous communities. You have a copy of our strategic plan to enable you to further understand the organisation. Noel Hayes is a longstanding member of our board. It is a pity that we could not have brought along some more members. At this point I would like to ask our director, Dr Bruce Walker, to present an update of our latest thinking as it relates to your task.

Dr Walker—Mr Chairman, how do you wish to handle this? Do you have questions?

CHAIR—Could you give us an overview for a couple of minutes. As I said, the less jawing from that side, the more jawing from both sides basically.

Dr Walker—I presumed that, so what I did not intend to do was go through the submission. I think you already have that and have had an opportunity to read it. What I thought would be useful, particularly at this hour of the day, was to try to put that into a broader context.

We have moved on some 12 months, and we have achieved some significant things in the last 12 months. This may make some sense of that. At this hour of the day, rather than bore you with some of that detail which we can show you when we go round the place, I would like to challenge you with some thoughts that have come across from our board in the context of capacity building and communities in general and some of the understanding that you are trying to come to terms with, I understand from your terms of reference.

I refer you to the picture of the car on its side. One of the questions that we ask of most people who come to CAT, presuming you are a well-trained mechanic trained in Australia's best technical college by our best teachers, is: what is it that you can teach or pass on to this person? I guess you can infer from that what capacities you think this person needs. To cut the time frame, the reality is that most people will say, 'I do not know of anything that I can pass on in that context, because all that I have learned, all my knowledge and my skills, do not seem to work in that context.' That is pretty much the starting point of CAT. We are often not trying to build capacity or pass on skills to address a deficit or a disadvantage. We are trying to build a capacity for people to pursue their own sustainable livelihoods within the broader system that they are working in.

The other thing that guides the framework for that document which we provided to you is that it is difficult to get a sense of capacity building unless you better understand the current settlement pattern, particularly in remote Australia. In that paper we talked about the dispersion of 1,291 communities across a number of states—70-odd per cent of those communities with fewer than 50 people. Those figures were from the 1999 CHINS, and they can be readily updated if you do not already have them, but there is a comparable set of figures that is available now. People are living in small, dispersed communities across vast distances. These communities are positioned as a result of cultural attachment to land or places of significance or as rationing points for access to services—both traditionally and even today.

In settlements theory, land or natural resources all form the bedrock for settlements. Settlements remain viable. They grow while they have a natural resource and a market to sustain the livelihoods that people follow there. Culture develops around those settlements, but it is not generally the basis or the rationale for the settlement being put in position. Recent Indigenous settlement in this country has attempted to carry ancient and living culture into a new settlement form, and we believe that is at the crux of some of the issues that you have to address. We try to come at it from that direction.

You would be hard pressed to find other people around the globe who have established settlements in this way. We are now expecting these settlements to behave as if they are surrounded by resources and markets. People are today living in settlements that did not exist 50 years ago. People moved over country in family and tribal groups. They did not organise themselves in households around which we deliver services and nor did they call their camps communities or legal entities. In short, what I am saying is that, unless there is a clear sense of the purpose as to why in the 21st century people are living in small communities—849 with fewer than 50 people, dispersed across a vast continent—we are really limited in what we can do in both a policy and a program framework.

There is currently no logical or coherently argued development approach or livelihood model that drives the delivery of services in settlement development. I acknowledge that social trauma and violence and grog are important headline issues, but I think our view at CAT is that they tend to mask a real issue and it is really tackled in this context of these settlement patterns.

I refer you back to what I imagine the people in the Desert Knowledge network had to say. One of the tasks of the CRC is to try to make more sense of that new settlement pattern across Australia. If you look, for example, at the basis of health services in these communities, there is a growing body of new evidence that suggests that life expectancy in different countries is

dramatically improved where income differences are smaller and societies are more socially cohesive. Essentially, it is the nature of social and economic life rather than medical services that determines the health of populations.

The point I am getting to is that the market model or the economic model we are tending to drive towards Aboriginal communities may not be a sufficient model to capture the changes that we are after. If you look at the new economic drivers, you will see that we have gradually pursued a monetary economy that has slipped into these communities. It has become the dominant force in people's lives. It has been a dominant force for only the last 50 to 100 years in small peasant communities all around the world.

Increasingly we are living in what we have called a cash and key society. These are the two symbols that really state where social relations are. Cash equips us to take part in the transactions in a market, and keys protect our gains from everybody else. They become the organising principles for these new settlements. They are highly interdependent. We are all dependent on one another for livelihoods, but that is being turned from being a social process to more of a market process.

I am not arguing for or against that process. I am trying to explain why it is that these communities may be having difficulty coping with the social trauma and all the other things that you see and that would have been presented to you in terms of the formal presentations. It is these symbols of cash and keys that have become the markers of status, whereas I think 50 years ago it would have been eldership and the law and culture that bound communities and regulated communities. It is within this framework that we are attempting to develop CAT's work. The board tries to wrestle with these issues as much as it can. I think that is a rare quality amongst Aboriginal people.

There are three ways forward—perhaps radical, perhaps not. There are three things that would change this. First, we suspect that we need to ensure Indigenous culture and heritage are recognised or have some sort of monetary value, that they become part of the economic mix rather than a welfare handout. While ever you are constrained to welfare or rationing or whatever you call the traditional settlement pattern, you are limiting what you can achieve with capacity building, with governance and all those other initiatives that the government is working with. We believe that limits you.

Mr TOLLNER—Can you expand on your recommendation?

Dr Walker—Those people who have sought to protect or make sense of wildlife management have got to the point where they have suggested that it is when wildlife has an economic value that people actually protect it more and manage it as a cultural resource. What we are suggesting is that, to date, the development model for these communities has been to be able to distribute rations. If you want to move from that supply train, which is more of a response to welfare, to something that enables people to self-determine, have capacity and build that capacity, we are suggesting in the paper that we actually move or attempt to move to a demand responsive situation. That has some pretty serious implications for things such as standards, for rights based agendas and a range of other things.

I do not want to be misinterpreted and have people say, 'That is too radical and out there on the Left or the Right,' because I am not sure that it sits on either side. If the basis of doing things for Aboriginal communities is around racial discrimination or special measures that flow from that act, then that is not a good reason or a good basis for a development or for capacity building, because you are always just trying to catch up. The catch-up model will not catch up. By definition, catching up is always catching up. If you are on welfare, you are not able to make the decisions. One of the benefits for this board—I am sure the chairman can explain later some of the things we have done—is that CAT has over the years put together a profile of investments that have been raised from fee-for-service activities.

CHAIR—We will need to wind up and come to questions very quickly.

Dr Walker—Let me go to the second point then. I have just started on that. That is, unless we understand the development path, to make sense of capacity building and governance and all the other things that are around as issues, we will not know which is an appropriate path or not. I ask you to later on perhaps look through this livelihoods approach. It is different. It is more positive than a welfare approach or a fixing people's health approach. It is talking about aspirations: 'What is the livelihood that you want to pursue, and what is an appropriate form and level of community arrangement, governance, capacity and all the rest of it that allows you to pursue that livelihood?'

Finally, I think we need to explore how we can move away from this, if you like, supply driven delivery of services to communities to one people can draw on, where we facilitate access to services but we do not have to necessarily provide services to everybody all the same all across the country. People draw down according to their capacity and according to their aspiration and according to their wishes at any particular time in any particular place. I am not suggesting that we have simple solutions. Every politician who comes to this place says, 'What is your answer?' I do not know whether we have answers, but we have at least got a framework for thinking about this and conceptualising it differently.

We have an example that we could talk about of how we have pursued this sustainable livelihoods approach through the Bush Light project, which is up on the panels behind you. It is a national renewable energy services project, struck as part of the greenhouse gas provisions from the federal government, funded by the AGO through ATSSIS to deliver energy services in 200 communities throughout Australia, driven by an improvement in livelihood options. People are not getting power because they need power. Power services will be there because people want to be hot or cold, maybe run a business or hook on to the telephone. It is a subtle difference.

CHAIR—What I thought I was going to listen to was appropriate technology in the sense of small communities and the two examples that are back here—one of the washing machine and one of the long drop toilet. What I thought I heard was a general description about Australia and about the read-me theoretical models about capacity building and capacity development. I just want to try to make a connection between appropriate technology—that sign up there—and perhaps what in a practical way, on the ground, we are delivering. I heard some market theory in there about water and putting a value on it. I happen to agree that you never catch up on a catch-up theory. What I was missing somewhere was the linkage with the Centre for Appropriate Technology. Can I get a stronger connection from you?

Dr Walker—I will go back to the example I was giving, because I think if I expand on it it will demonstrate it. In the 1980s, when we produced washing machines and pit toilets as products, as pieces of technology, they were thought to be good. We responded to community need. We were locked into a supply model. We have learnt. What you are hearing is the result of our learning over the last 23 years. The Bush Light project that we are involved in now, if conducted 12 years ago, would have been a project to deliver photovoltaic systems into communities in boxes with batteries. We would have gone in and we would have trained people to manage that system and walked away and left it. The Bush Light project as it is conceived now—because we know you cannot do that—is such that a third of the project is around building capacity of people to not only manage that but also extend the livelihood options as a result of having access to an energy service.

What I was trying to do was give you the background to some of the detail. This really documents our experience and our learnings and some of the projects and gives some examples. The purpose of this presentation today was to try to bring you up to speed. You may also be wondering why the Centre for Appropriate Technology is tied up in a Desert Peoples Centre or a Desert Knowledge Cooperative Research Centre.

CHAIR—I can see that. I think that is quite an appropriate connection.

Mr TOLLNER—I was going to say: why are you not involved? So you are involved in the CRC and the Desert Peoples Centre?

Mr Bray—I will have a go at answering that. It is basically going back to the lack of education from the mainstream system given to Indigenous people, Aboriginal people, even up to today. The reality is that a lot of white Australians do not understand that lots of Aboriginal people went from birth—from the cradle to the grave—without having a decent education, not even going to school, and a lot of them not even having a meaningful job or being employed.

Those are realities that a lot of people do not know about—which we know about—and that have existed through the Territory for a long time. We have relations—Noel and I; all of us—who have done that. We went to school and then we had to come home and teach mum and dad how to read and write, which these people did not have to do. You had your support system there, which allowed your growth and everything else and allowed you to plan for the future. These things did not exist and still, in some cases, do not exist. The welfare system exists out there. It is very hard to break. There is nothing in a lot of the places.

When one culture comes in and overlaps the other and really dominates it and tries to wipe out and change it, it is very difficult to look back and think, ‘Where did we start?’ It is all those sorts of things. With the DPC we thought, ‘Okay. We need to get off our black butts and do something about it.’ So we have done it. We keep on saying in lots of ways that we are the ones who are going to solve our problems—those sorts of things. In a lot of the organisations—even in CAT—it is a major exercise as to what to do next: ‘How do we do this?’ This is what it is all about. It is doing that.

On the DPC, the Desert Peoples Centre, there are three chairpersons: me, Gatjil Djerrkura and Ken Laughton, who is now not with IAD. We started off three organisations—IAD, Batchelor College and CAT. This is some 10 years ago. It has taken that long. The bright horizon, we still

think, is the DPC, and from that now we have got Desert Knowledge Australia CRC, which we find is fantastic because it is bringing knowledge in, which is sorely needed for our people. That is going to allow our young people to grow. They had a Centralian College over here. I will say this because I was on the committee over there for three years—you were never welcome. They would say, 'We were there. You could have come.' It was always an excuse. I have had 60-odd years of this baloney, so I do know what I am talking about to a certain extent.

I went back to school at 41. But most of my education is by knocking about and working. I went to work at 13 years of age. Not too many of your people do that. We have gone on. The DPC is what it is all about—to get out of the welfare system. We want to participate in our destiny. It is our country, in lots of ways. We no longer want to be put on the backburner, so to speak, which we have been.

CHAIR—We would all celebrate that, I think. We will need to keep our questions and answers pretty concise to get through the next five or 10 minutes when we need to conclude. I would like to ask about Bush Light and the \$24 million. That seems pretty positive. I am interested too in the concept of the national Indigenous science and technology organisation.

Mr Bray—I am actually the chairperson of Bush Light, the Indigenous person, because I was the only one around at the time.

CHAIR—You did not step back?

Mr Bray—I could not step back. I was like the dark spot on this white sheet, so to speak. So there you go. With Bush Light, my example is that this technology has been put out in a lot of the communities and they have since failed. They were not robust and so forth. A lot of the people would drive in. As we well know, the people from these remote communities do not have a sustainable and a good income. Nobody bothered to teach them so, if anything goes wrong, there is no sustainability, no maintenance. People could have kept it going and their livelihood would not have been interfered with and so forth. Dad would have to throw the kids and mum in the car and drive in, fill up with diesel, with their limited income, and travel all the way in here.

In the community, too, they are given purchase orders. I know about that; that is what they give me when they stay over here. They have got to pay that back. To get the technology people out there, who are busy, they have to stay a week in town here and pay for accommodation, food and that, and then fuel up and drive back on CDEP money. You would know all about that; they are on a starvation diet, so to speak. If we were all on that, how would we manage? Bush Light put that out. What we are working on is training. The people have said, 'We want basic training.' So that is going to be done over in Perth. We have spoken about that.

CHAIR—How is that \$24 million spent—over what period of years and targeted where?

Dr Walker—It goes over four years. There are two matching parts, one from the Commonwealth through the diesel fuel rebate of \$8 million through the AGO. There is a matching \$8 million from ATSI. The AGO has put in the additional \$8 million as a community support program. That is the component that we manage specifically and the training that the chairman has talked about.

CHAIR—That is fine. That is all I need. I am aware of time—I do not want to be rude—and I need to keep moving.

Ms HOARE—You were talking about welfare dependency, livelihood, opportunity and income. From your experience over the past 23 years, how does that transition happen?

Dr Walker—To livelihoods?

Ms HOARE—Yes.

Dr Walker—I think it only happens at a community level. It happens as a result of a relationship that you are able to build. It is very difficult to deliver those outcomes through a policy and program framework. I think you still need a number of agencies or independent organisations who can get in and build those relationships and test ideas with communities. CAT can work with the community. If a community went down a path where a certain standard or a regulation was not quite met but it was affordable and it was within their capacity to repair and maintain, we have probably got a much better chance of arguing their case with the regulators or the people that are funding than with a government agency who would never be able to offer anything that was less than a fixed standard or met the regulations. So there is a role for us to intervene in building that through relationships, building that understanding with people.

One of the implications of the livelihoods model is that, if you allow standards and regulation and rights based agendas, if you like, to wholly drive the provision of the service, often people end up with more than they can cope with at a particular point in time. We are not saying that they should not have that or that we would not recommend that in time. But, if you are seriously into building capacity and building on what people already have and recognising that, there are times when it is just not possible to sustain the level of service delivery out of these very small communities.

We teach a program here called At Work, built a little bit on the logic of that car. In a community of 50 people you just cannot sustain the level of specialisation that every TAFE program run in this country provides for. There really has to be a different approach. Until we can change the mental framework so that we are not creating mini cities or mini urban areas in these tiny communities, I think we are constantly going to be delivering an inappropriate technology system, services—the works.

CHAIR—That is a very valid comment.

Mr TOLLNER—I reckon this is probably about the best submission I have heard since I have been involved in this committee. It has made my whole trip down here worth while. It is something different to have somebody turning up and saying something other than ‘funding, funding, funding’, which seems to be the mantra of so many organisations. It just drives you mad. I will be interested to read, Bruce, any other papers you have on this sort of stuff.

Dr Walker—Could I capture one piece of good news. I noticed your terms of reference—and I am not sure that our chairman was able to get this across. What Jim was saying was that eight years ago, the board, of which Noel and Jim were members at the time, took a couple of strategic decisions. They said, ‘We can’t do this on our own. We must have partnerships. We must go out

there and build relationships with the mainstream. We cannot do this by hiding away as an Aboriginal organisation.' You will note that the word 'Aboriginal' or 'Indigenous' is not in the name of our organisation. They deliberately went out and joined—paid \$5,000 and joined—the cooperative research centre from scratch and said, 'We think energy will be important for our people.' They were encouraged by a national reference group, when ATSIC gave them national funding, to go in search of a mining company—other people that tread the same part of the country.

The third area was to talk to the other Aboriginal organisations—the Desert Peoples Centre that Jim referred to. Through the talks with the mining company we were introduced to Rio Tinto and Paul Wand. Paul Wand took us to the ballet one night in Melbourne and introduced us to Robin Batterham, the Chief Scientist of Australia. When we told him about Desert Knowledge, because that was the other partnership we built with the Northern Territory government, he said, 'Is that going to be a CRC?' This was five years ago.

As a result of those initiatives of this board, of an Aboriginal group of people who sat down and addressed the sorts of issues that we related at a higher order before, you have now got a long-end partnership with a number of other people who have been around for desert everything. You have got a Desert Peoples Centre, a \$30 million construction, being completed. You have got a Bush Light program that is \$24 million over four years, and you have got a CRC program, which was largely predicated on some of the logic that we have talked about here, worth \$90 million-odd over the next seven years. This has all been done by this lot.

CHAIR—Congratulations. How is the Cairns office going?

Dr Walker—Each of our offices offers a different focus. Much of this original submission was prepared by the Cairns office and it has had a heavy emphasis on community development. We are invited in there. We are not a dominant player in terms of the local organisations. We try and act in a support capacity. We are probably not as well across the justice program and the things that they have got happening in North Queensland. We have just moved our office up there so that we are more appropriately focused to tap into closer relationships with the Queensland government and ATSIC or ATSI, whereas before we were really working at grassroots with organisations. To some extent, that has been overtaken by the arrangements with the Queensland government. Over in the Derby office we do a lot of project management work. We have put in airstrips and roads for communities. We have mapped roads for communities. We have done water supply work. And there is a little bit of livelihoods work emerging over there. Both of these offices have grown incredibly. Again, it is the board that has stumped up its own money and said, 'We'll go over there, start up and see what is around.'

Mr Bray—Our next board meeting is over there.

CHAIR—How many hand-operated washing machines have been sold?

Dr Walker—In the last 10 years, none. We have come through, and I think this captures it. Through the eighties, internationally, the product was the focus. People tried to do better hand pumps. That was appropriate at the time. We were able to put in toilets and showers and hand-powered washing machines when people only had tin sheds or nowhere to live. But they have had their day. What we learnt out of that was that you not only need product; you need a process

that engages people. A good product and a good process is no good if you have got a hostile policy environment.

We used to employ, through the 1980s, 12 Aboriginal people producing all of those artefacts. There was a push in Canberra for greater accountability from Aboriginal organisations. One of the requirements there was that for funds to be granted to an Aboriginal organisation you had to have a consultant. Consultants started to design things called houses rather than toilets and showers separately. We went from employing 12 Aboriginal people to employing two Aboriginal people, and a little production enterprise that was turning over three-quarters of a million dollars a year went back to losing money. So that is the link between policy and practice. Sometimes a well-intentioned policy can have some nasty implications.

In fairness, we could say that in the current environment and the restructuring or proposed restructuring of ATSIC and the devolution of things to regions, we would have some concerns there as well. If you are right and if this is the only organisation that has addressed the issue this way, then to say it is going to be replicated across all of these regions is clearly not necessarily a practical way to go about things.

CHAIR—It is just that I have not seen many of these washing machines.

Dr Walker—It depends on how long you have been in parliament. They are back in the eighties.

CHAIR—Where I am going they have not got any power.

Mr Bray—I was told, ‘If you want one, all you have got to do is drop a line and we could surely knock one up.’ My niece’s daughter is the woman who builds those. I was informed by the workshop manager that they have got an order. He was asking me, ‘Where does your niece’s daughter live? Where does Janelle live?’ I told him. We have got to drag her back so that she can build some more of these washing machines.

Dr Walker—You will note when we take you around, if the workshop is still open, that our most popular product at the moment is a crowbar.

CHAIR—Crowbars? I like a good crowbar. Do you make them round or hexagonal?

Dr Walker—Round, with a shovel nose.

Mr Bray—They are good for digging tyape, which you would call witchetty.

CHAIR—I can believe that. I like a good crowbar. There is demand here already for these crowbars.

Mr Hayes—Just out of curiosity, when you saw the name the Centre for Appropriate Technology, what was your first reaction? What sort of organisation did you think it was?

CHAIR—I had a totally different—

Mr Hayes—It is a pretty big word for an Aboriginal organisation. Then again, a lot of people do not know it is an Aboriginal organisation.

CHAIR—I would not have known, until I read the brief.

Mr Hayes—That is how you know. People still are asking today whether we are an Aboriginal organisation and have an Aboriginal board. Every time I go anywhere—Darwin or somewhere like that; and I am probably going down south in the next week or so—I get the same question. When you first see that name when you pick up the paper, do you think of it as an Aboriginal organisation or just a normal white fella organisation?

CHAIR—I love the title. It has got a practical application.

Mr Hayes—The name itself is something different.

CHAIR—Even so, what you actually do is not quite what I thought the name was, as well.

Mr Hayes—Yes, that is right.

Dr Walker—Our latest letterhead, in fact, does not put the words ‘Centre for Appropriate Technology’ up near the logo. People now recognise the logo. We are known as ‘the CAT mob’. We have slid across to sustaining livelihoods through appropriate technology. Schumacher’s original book on appropriate technology was all about economics, as if people mattered. That is why the economics drive and the fallback on settlements theory as opposed to health theory are there. They are all bandaid jobs, but if you cannot get the model right all three—

CHAIR—Sorry, James, you wanted to say something.

Mr Bray—I was just going to say the word ‘CAT’ is pretty appropriate, because in this game you need more bloody lives than one. We are pretty unique. We are different.

CHAIR—I need to thank you for your generosity today and for the use of your boardroom, your facilities, fax machines and staff, and for putting up with us generally making a pest of ourselves. It was much appreciated.

Resolved (on motion by **Ms Hoare**):

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

Committee adjourned at 3.56 p.m.