I am deeply disappointed at the almost total silence that continues to greet the recent report of a finding by the ACT Court of Appeal that the removal, five and a half years ago, by ACT Care and Protection Services of a number of Aboriginal children from their mother was unjustified and that the children should never have been removed.

My concern is not just at the lack of a response from the ACT Government and responsible Minister about how this tragic mistake occurred, and of the steps that have been taken to ensure it can never happen again, but also at the apparent lack of interest from main-stream community sector organisations and the Canberra community.

I am, therefore, repeating the call I made in the March 2019 edition of the Winnunga Newsletter for an independent inquiry into the circumstances that led to the wrongful removal of these children. It is only through a forensic examination of the circumstances of this case that the Aboriginal community and indeed the broader community can be confident this is not an isolated case and not representative of broader system wide cultural problems and failings.

What this tragic case does expose is the price which the Aboriginal community has been forced to bear as a result of the stubborn refusal of the ACT Government to apply the Aboriginal Child Placement Principles when dealing with Aboriginal children in contact with Care and Protection. I am confident if those principles had been embedded in decision making involving the removal of Aboriginal children from their families, and had as the principles required, been informed by the direct involvement of an Aboriginal community controlled organisation, then such serious mistakes would not have been made.

I wish to again urge any member of the Aboriginal community who has had direct or even indirect contact with the criminal justice system, particularly the AMC (ACT adult prison), to make a submission to the inquiry into the healthy prisons framework being conducted by the ACT Inspector of Correctional Services, Mr Neil McAllister.

In the inquiry, Mr McAllister will focus on issues such as safety of detainees, the extent to which the human rights of detainees and their visitors are respected and the extent to which they are treated with respect and dignity. He will also inquire into the adequacy of rehabilitation programs and whether detainees are able to engage in productive activity while in the AMC.

This is a very important inquiry and I encourage you to make a submission.
Independent Inquiry Needed Into Aboriginal Child Removals

Julie Tongs CEO of Winnunga AHCS has called on the ACT Government to initiate an independent inquiry into the circumstances that led to the wrongful removal of Aboriginal children from their mother by ACT Care and Protection.

The mother of the children commenced legal proceedings against the ACT Government, following the removal of her children in 2013, on the grounds that the children were not at risk of harm, their removal was not warranted and could not be justified.

Following a tortuously slow legal process lasting more than five and a half years, the ACT Court of Appeal determined that the children had been wrongly removed and opened the way for their return to their mother.

Julie Tongs said the removal of these young children, three of whom are believed to have been under ten years of age at the time they were taken from their mother, is a human tragedy. Julie said it was simply impossible to imagine the depth of the heartbreak, trauma and grief that this mother, wrongfully separated from her children for almost six years, and her young and innocent children have suffered.

Julie Tongs said it is only through a forensic examination of the circumstances of this case that the Aboriginal community and indeed the broader community, can be confident this is not an isolated case and is not representative of broader system wide cultural problems and failings within the Community Services Directorate. It was only through an open and independent inquiry that this could be done.

On the question of openness, it was disturbing to see that the ACT Government, in apparent response to the deep embarrassment that the Court of Appeal finding against it in this case has caused, has announced a suite of draconian amendments to the Freedom of Information Act to in effect prevent the release of virtually any information related to care and protection reports.

It is impossible to escape the conclusion these proposed amendments have more to do with protecting the Government from embarrassment rather than ensuring the welfare of children.

Fact: ACT Government Community Services Website states: ‘The Community Services Directorate is an organisation that delivers excellence through client-centred services to those who need them. Our vision is to empower people to meet their full potential and enable the development of inclusive and strong communities.’
The Two Jules of Canberra

Portrait artist Julie McCarron-Benson has submitted an engaging portrait of Winnunga AHCS CEO, Julie Tongs into The Archibald 2019.

Titled ‘Here to Make a Difference’ the portrait encompasses the sitter’s attitude to her lifelong struggle to develop access to health care and equity generally for people of Aboriginal ancestry. As a nod to Julie Tongs’ Wiradjuri ancestry, the artist has used the Aboriginal flag as background, painted in ochres and textured with rough dots.

The painting is in Acrylics on a stretched canvas and is 70cm X 65cm in dimensions.

‘This portrait of Julie Tongs is as I see her; a bundle of energy, worn smooth through years of lobbying, negotiating and outright fortitude,’ said the artist Julie McCarron-Benson.

‘I have seated her looking directly at the viewer. I have tried to portray her sense of fun, her willingness to engage, and with her left hand slightly stretched across the table towards the viewer, her inclination for inclusion,’ Ms McCarron-Benson continued.

‘Julie and I enjoyed the process of painting her portrait and while we don’t expect to even make the final for the Archibald’s 2019, we both share the hope that we do.’

Announcement of the finalists for the 2019 Archibald Prize are on 2nd May 2019. There are more than 800 entries nation wide.

Fact: In 1972 The Archibald Prize winner was a portrait of The Hon Gough Whitlam by artist Clifton Pugh.
Indigenous Australians suffer “implicit racial bias” when presenting for hospital treatment, a coronial inquiry into the death of Naomi Williams has heard.

The Indigenous caseworker died of a treatable infection at a small rural hospital in New South Wales in 2016.

She was six months’ pregnant when she presented to the emergency department of Tumut hospital with severe pain, but was sent home after 34 minutes with two paracetamol and without seeing a doctor.

The 27-year-old Wiradjuri woman’s condition worsened and 15 hours later she died from sepsis associated with the bacterium Neisseria meningitidis.

At an inquest in Sydney, the deputy state coroner Harriet Grahame asked an expert whether Williams’s Indigenousness played a part in her poor treatment.

Williams, a Naidoc award-winning disability caseworker, had already visited the same hospital 18 times in six months, and two doctors told the inquiry previously she should have been referred to a specialist.

“Naomi Williams went to the doctor many, many times and never got a specialist referral,” Grahame said on Thursday. “If I look at it from my own experience as a middle-class woman in the eastern suburbs in Sydney, my perception is I would have gotten a referral. I wouldn’t have gone 18 times and not gotten a referral.”

Prof Yin Paradies, an expert in race relations and public health at Deakin University, said hospitals generally suffered from implicit racial bias that meant Indigenous patients received worse levels of care.

“The best data we have in Australia is there are 30% fewer procedures for Aboriginal patients across the country compared to non-Indigenous patients,” he said. “And that is accounting for where the patients live, socioeconomic status, marital status, gender and age.”

He said Indigenous patients were discharged from hospital, against doctors’ advice, at a rate five times higher than non-Indigenous patients. “There is a strong correlation between treatment and Aboriginality,” Paradies said. “There is evidence of stereotyping Indigenous people as more likely to use drugs and alcohol and so that sort of stereotype is very likely to be present in the minds of many Australians, given its pervasiveness.”

Williams had told medical staff she occasionally used marijuana to cope with severe pain, and was repeatedly referred to drug and alcohol services, despite reports saying she had no dependence on the drug.
Indigenous Patients Suffer Racial Bias in Hospitals, Naomi Williams Inquest Told (cont’d)

And earlier on Thursday, the inquest heard from a microbiology expert, Dr David Andresen, who said the antibiotics to treat Williams would have been readily available in a hospital like Tumut.

But he said there was a 5% risk that antibiotic treatment would not have saved Williams. “There are some patients who are too sick at presentation to be saved by antibiotics,” he said.

The inquest also heard that in September 2018, the percentage of the Tumut hospital workforce that was Indigenous was 2.3%, compared to the local population being 5%.

“It also does matter what sort of jobs they are,” Paradies said. “You want doctors, nurses, people at all sorts of levels and areas.” He also said hospitals needed to address the issue of gender imbalance in Aboriginal health workers.

Outside court, Paradies told media there was evidence that showed broadly how a level of mistrust had emerged between hospitals and Indigenous patients.

“Historically, we had the stolen generations...in hospitals there have been a history of forced sterilisation and babies being taken and so on, within hospital settings.

“We have evidence that the actual identification as an Aboriginal person in hospital leads to worse treatment. Which is problematic because a lot of effort in hospitals is around better identification of Indigenous patients.

“What can happen is assumptions that Aboriginal people have drug and alcohol issues. There could be serious investigation into that. But it can be the wrong avenue to go with because there is no indication for that individual that it is a problem...sometimes it’s not about apathy it’s about investigations along the wrong path.”

Fact: Racial biases are a form of implicit bias, which refers to the attitudes or stereotypes that affect an individual’s understanding, actions, and decisions in an unconscious manner.
The Elected Body, under the capable leadership of Katrina Fanning has concluded its series of annual hearings with ACT Government Directorates. The hearings are a very worthwhile exercise and Winnunga AHCS took the opportunity to have a member of staff present throughout the hearings. Winnunga AHCS CEO, Julie Tongs, also attended the hearings. It was notable that of the Elected Body members, Fred Monaghan in particular, was persistent and determined in his attempt to get to the facts, often obscured in such hearings by the usual public service speak of witnesses.

The legislative basis of the Elected Body and the nature of its operations were subjected in the recent past to an independent review and some changes were made. Observations from the recently completed hearings and regular feedback from clients of Winnunga AHCS suggest the operations and effectiveness of the Elected Body could be significantly strengthened by further reform and enhancement to its operations.

Firstly it is clear the Elected Body should, as a priority, have an independent Secretariat answerable to the Elected Body through the Chair. The Secretary to the Elected Body should be chosen through an independent selection process by the Elected Body. It is a serious diminution of the Elected Body’s independence and of the principle of self-determination that the Secretariat services are provided by public servants who are accountable through their Directorate structure to the head of the Directorate and ultimately a Minister of the ACT Government. The report of the hearings of the Elected Body which Winnunga AHCS has just attended will, for example, also be written by public servants which raises a major issue in relation to the perception of a lack of independence and of a direct conflict of interest.

It also seems incongruous that the annual hearings involve only ACT Government agencies. For instance the Elected Body heard from and questioned the ACT Legal Aid Commission but not the Aboriginal Legal Service. It met with ACT Health but not Winnunga AHCS. It met with ACT Youth Services but not Gugan Gulwan. These three Aboriginal community controlled organisations are at the fore front of service delivery to the Aboriginal and Torres Strait Islander community of Canberra and that the Elected Body’s structure and remit results in there being no formal interaction between these organisations and the Elected Body, is a major shortcoming. It may be these organisations might choose not to meet with the Elected Body for a formal hearing, but it is surprising regardless that they are not invited to do so.

If the aim of the Elected Body annual hearing process is to learn about and better understand the circumstances of the Canberra Aboriginal community and the quality of the services they receive, then it seems logical the first point of interaction should be with Aboriginal led and controlled organisations who work directly and on a daily basis with the community.

Fact: Vision of ATSIEB is that all Aboriginal and Torres Strait Islander people living in the ACT are fully engaged in shaping and creating their future wellbeing. 
Elected Body Annual Hearings (cont’d)

There would almost certainly be a marked contrast between a report written by an independent secretariat of the outcomes of a hearing between the Elected Body and Aboriginal Community Controlled organisations and a report written by public servants of hearings with ACT Government agencies.

It is indisputable that there is also a perception the ACT Government finds it very convenient to maintain control over the operations of the Elected Body and to use it’s existence as a convenient foil to claims that it does not consult genuinely with the Aboriginal community. A recent and quite dramatic example of this was the much heralded release by the Government, in association with the Elected Body, of the Aboriginal Agreement and the associated action plans. To take just the actions related to health, there was not a single genuine episode of consultation with Winnunga AHCS, the mainstay in the delivery of health services to the local Aboriginal community, about that action plan.

There are further observations that might, with respect, be made, without in any way reflecting on the capacity or performance of any single member of the Elected Body or of the Elected Body itself. Two issues which are regularly raised in conversations by members of the Aboriginal community about the Elected Body are firstly, whether it is appropriate for a person employed as a public servant by the ACT Government to be eligible to stand for election to the Elected Body. There is a view that the election of a public servant to the Elected Body creates not just a perception of a conflict but is in reality a conflict.

The second issue that is raised is the concern the Elected Body lacks legitimacy because of the very low turnout by members of the community in elections for the Elected Body. It is understood, for example, that in the last election the turnout was less than 5% of those eligible to vote and quirkily about the highest identifiable voter turnout occurred at the AMC where there was, so to speak, a captive cohort of potential voters.

*ACT Aboriginal and Torres Strait Islander Elected Body Member 2017 to 2020, left to right: Joanne Chivers, Katrina Fanning, Fred Monaghan, Caroline Hughes, Jacob Keed, Paula McGrady and Maurice Walker (source: http://atsieb.com.au/about-us/)*
Close the Gap - Our Choices, Our Voices

The report prepared by the Lowitja Institute for the Close the Gap Steering Committee, Close the Gap - Our Choices, Our Voices should be compulsory reading for every member of the ACT Legislative Assembly and every ACT public servant with responsibility for the delivery of services to Aboriginal peoples.

The report highlights a sample of successful programs being delivered around Australia in the areas of:
* Targeted, needs based primary health care;
* Responsive health care system; and
* Good housing for good health.

In the foreword to the report the joint chairs of the Close the Gap Campaign, June Oscar and Rod Little repeat what almost every Aboriginal service in Australia and every report ever written about the optimal design of a successful Aboriginal program has been saying consistently and repeatedly, namely:

‘The stories profiled in this report demonstrate that when Aboriginal and Torres Strait Islander people are involved in the design of the services they need, we are far more likely to achieve success. These stories illustrate that our choice and our voice are vital if we are to make gains and start to Close the Gap.’

It is unfortunate that the ACT, of all jurisdictions in Australia, seems the most deaf to this truth. It is no accident the ACT has the highest Aboriginal incarceration rate and the highest rate of removal of Aboriginal children from their families in Australia and a range of other similarly poor outcomes for Aboriginal peoples.

One further example of the ACT’s poor record of support of AboriginalCanberrans was the recent revelation that the ACT currently has the lowest rate in Australia for treating Aboriginal and Torres Strait Islander patients presenting to emergency departments as patients in Triage Category 3 - urgent, within nationally agreed wait times. In the ACT just 34% of Aboriginal patients are treated within the clinically appropriate benchmark against a national average of 66%.

The Our Choice Our Voice report contains a number of case studies on Indigenous specific housing developments from round Australia which have a particular resonance in the ACT. This is in light of the persistent determination of the ACT Government to ignore the aspiration of the Canberra Aboriginal community to develop an Indigenous specific housing policy and to seek to meet the dreams of Aboriginal peoples not to just live in affordable and appropriate housing, but to be assisted in entering the housing market.

It is fair to say the ACT Government and Housing ACT are of all governments and public housing providers in the nation the least interested or supportive of Aboriginal involvement in the delivery of housing for Aboriginal peoples.
One Nation Plan Should Be Condemned

The plan announced by Mark Latham, One Nation candidate in the NSW election, to introduce a law in NSW to force anyone claiming to be Aboriginal to undergo a DNA test to prove their Aboriginality, is abhorrent and should be condemned by all Australians said Winnunga CEO, Julie Tongs.

Julie said there is a rigorous system in place for confirming Aboriginality to ensure checks can be made on people who may claim to be Aboriginal for fraudulent purposes. There is no evidence to suggest that this system is not effective or that the draconian proposal to mandate DNA testing of Aboriginal peoples is justified or warranted.

The One Nation proposal should be seen for what it is, demonising and politically motivated dog whistling and should be condemned loudly and clearly.

Flu Vaccine Available at Winnunga AHCS

The flu vaccine is available at Winnunga AHCS and is free for all Aboriginal and Torres Strait Islander peoples over the age of 6 months, as well as for:

- All children aged 6 months to under 5 years;
- All adults aged over 65 years;
- All people aged over 6 months who have certain medical conditions which increase the risk of influenza disease complications;
- Pregnant women.

Other information:

- Children under 9 years who receive influenza vaccine for the first time require two doses four weeks apart
- One government funded trivalent influenza vaccine for people aged 65 and over is available in 2019
- Pregnant women can have influenza vaccine at any stage of pregnancy

Fact: All influenza vaccines are latex free in 2019.
The Panicky Minister and His Half-Baked Prison

City News, 27 February 2019, By Jon Stanhope

On February 15, the Minister for Corrections, Shane Rattenbury, made announcements about the pathway to the future for ACT corrective services.

I had assumed on the day of the announcement that the backdrop to the statements the minister made was the release, in close succession, of the December Australian Bureau of Statistics (ABS) Report on “Imprisonment in Australia” and January’s report on corrective services by the Productivity Commission.

The ABS confirmed that last year the ACT overtook WA as the jurisdiction with the highest Aboriginal incarceration rate in Australia. This shameful honour was compounded by further ABS findings that the ACT also had the highest rate of increase in the rate of indigenous incarceration in Australia, the highest indigenous recidivism rate in Australia and the highest number of detainees on remand in Australia.

The Productivity Commission report on the performance of corrective services across Australia added to this tale of woe and failure with a range of additional data. For example, it found that the AMC, a much-heralded, human-rights-compliant and rehabilitation-focused prison has, over the last two years, established a reputation as the most violent prison in Australia.

The Productivity Commission also determined that the AMC has the lowest time out of cells of any jurisdiction in Australia with a detainee in the AMC being confined to their cell, on average throughout the year, for 16 hours a day.

I had assumed therefore that it was this sorry record of failure that the minister had in mind when he outlined his vision for the future of corrections in the ACT.

However, it now transpires that unbeknownst to all of us, the minister also had in his possession the first detailed report by ACT Inspector of Correctional Services Neil McAllister of the treatment of detainees in the AMC. Suffice to say, the report is absolutely damning and it is almost certain it was this report, more so than the ABS or Productivity report, that panicked the minister into his half-baked and frankly incoherent pronouncements.

The central thrust of the proposed new approach to managing corrections was, the minister said, the importance of not increasing the size of the AMC. In his press release and in media interviews he stated repeatedly that: “$14.5 million of funds (will be) redirected away from prison expansion into community programs.”

“This is the first time an Australian jurisdiction has committed to reinvesting what would otherwise be millions of dollars towards expanding prisons; instead these funds will be directed to rehabilitative programs.
The Panicky Minister and His Half-Baked Prison (cont’d)

“In taking this decision not to simply expand the jail, the ACT government has clearly affirmed that... we want to urgently stem the flow of people into the prison.

“With prison rates on the increase, we cannot-in good conscience-maintain the status quo.”

However, with his next breath, the minister announced that the government had committed $997,000 for the planning and design of an expansion to the AMC of an additional 80 cells. This new prison is described in the Minister’s press release as a “minimum security facility” and will be known as the Alexander Maconochie Reintegration Centre (AMRC).

Unfortunately, the minister has not given any indication of the expected capital or recurrent cost of this 80-cell expansion. What is certain is that it will cost an awful lot more than the $14.5 million that the minister tells us he has “redirected away from prison expansion”.

When built, the people imprisoned in the AMRC will undoubtedly find a more pertinent name for it, perhaps something along the lines of the Canberra Clayton’s Prison or the prison you have when you don’t have a prison or the prison you have when you have made a complete stuff up of the one you have and you need a quick diversion.

Seriously, the question is why the minister thinks that the AMRC will be successful in delivering rehabilitation programs that will address the causes of criminal behaviour, reduce recidivism, address alcohol, drug and tobacco use and addiction and make detainees employment-ready when leaving the prison when his record and that of the AMC on these issues in the decade since the AMC opened is simply dismal.

The minister’s priority should be to demand of his officers that they concentrate on ensuring that the AMC be governed and managed in a way consistent with the clear vision and legislation that underpinned its establishment.

NSWRL Launches Deadly Blues Campaign for Indigenous Health


The NSWRL is proud to announce an exciting partnership with Deadly Choices which encourages Aboriginal and Torres Strait Islanders to receive regular medical check-ups and improve their health.

The Deadly Blues health campaign was launched at the NSWRL Centre of Excellence on Friday 5 April and was attended by Brydens Lawyers NSW Blues coach Brad Fittler, the Federal Minister for Indigenous Health, the Hon. Ken Wyatt, NSWRL Chief Executive David Trodden, Institute for Urban Indigenous Health (IUIH) Chief Executive Adrian Carson, Deadly Choices ambassador Steve Renouf and Rugby League legend Nathan Blacklock.

The campaign, which also involves NRL clubs and other elite sports, is being run by the IUIH and has been backed by the Australian Government with a commitment of $1.2 million in

Fact: In 2017-2018 Winnunga AHCS conducted 1,612 Aboriginal and Torres Strait Islander Health Checks.
NSWRL Launches Deadly Blues Campaign for Indigenous Health (cont’d)

funding over the next three years.

The initiative will see Indigenous people receive a free NSWRL-inspired shirt when they attend any of the Aboriginal Community Controlled Health Services for a full health assessment and to receive preventative health messages.

The Deadly Blues program aims to target chronic disease, nutrition, physical activity and smoking which can have a negative impact on Indigenous communities. The campaign, which also involves NRL clubs and other elite sports, is being run by the IUIH and has been backed by the Australian Government with a commitment of $1.2 million in funding over the next three years. The initiative will see Indigenous people receive a free NSWRL inspired shirt when they attend any of the Aboriginal Community Controlled Health Services for a full health assessment and to receive preventative health messages.

The Deadly Blues program aims to target chronic disease, nutrition, physical activity and smoking which can have a negative impact on Indigenous communities. “This partnership is a powerful combination for good, offering our young people a clear pathway to healthy choices, as well as a sense of belonging and achievement,” Minister Wyatt said. “It’s about walking, working and playing together for the future of young Aboriginal and Torres Strait Islander people, a commitment shared by Deadly Choices and New South Wales Rugby League.”

The Deadly Blues campaign will begin this month in the lead-up to the Holden State of Origin series in June and July 2019 with players helping to deliver the message for Indigenous communities throughout Australia to take control of their health. The campaign builds on the success of the Institute’s Deadly Choices health promotion activities and the Deadly Roos program which reached almost 50,000 people during the Rugby League World Cup in 2017.

“If the NSWRL can use the power of our brand as a tool to help promote a positive outcome for the Indigenous community in any way then that can only be a great thing,” Trodden said. “The NSWRL has had many wonderful Indigenous players over the years and we recognise they are an important part of our game and always will be.”

IUIH will also engage high profile male and female Aboriginal and Torres Strait Islander footballers to deliver messages about the importance of good health by involving them in strategic community initiatives and activities, including attendance at various community events and coaching clinics for young First Australians.

The Institute will deliver the campaign in partnership with local community controlled health services in NSW, commencing in 2019 with existing Deadly Choices sites at Maari Ma Health Service in Far West NSW, Katungal Health Service on the South Coast, through the Wellington Aboriginal Corporation Health Service in Central West and Western Sydney, Bulgarr Ngaru in the Clarence Valley and Winnunga Nimmityjah in the ACT.
Winnunga AHCS Women’s Group

It’s a Thursday afternoon down at the Winnunga Art room in Narrabundah and a group of women have gathered, as they do each week. The women are of varying ages, backgrounds and come from different parts of Canberra.

The participants of the weekly Winnunga Women’s Group have finished their lunch and there’s a great energy in the room. One part of the room is filled with chatter. Another section is full of laughter and there’s some light banter being exchanged along with some serious concentration and creativity happening.

This week, the women are making bags, all from scratch. Gathered around the tables, some are applying the finishing touches on their new bags and others are at the early stages of designing and cutting up the material which they will sew together. One of the women, Kristie Peters, couldn’t hide her excitement about making her bag. ‘I can’t believe that, not only, have I just made my very first bag, but I also sewed it myself. I’m excited. It looks great. It’s a great feeling to have done this’.

Making the bags is one of a variety of activities the Women’s Group participants take part in. ‘We’ve painted canvases, painted chocolates for Easter, made bath bombs, jewellery and bag’s’ explained Aunty Lorraine Webb.

There are different reasons why each of the women participate in the Women’s Group each week and what it means to them. Here are some of their responses.

Aunty Lorraine Webb: We love it here because we can be ourselves. I’ve been coming for over 20 years. It’s very flexible and a good, comfortable environment. I enjoy the laughs, the teasing, friendly banter we have between each other. We are here to support each other. We’ve also taken the young mothers under our wings. It’s a non-judgemental environment, we’re accepting of each other. There’s just no pressure. It’s a real sisterhood we have here.

Tanya McKenzie: I like it here because we come together and enjoy each other’s company. It’s so good to be able to yarn with each other.

Neptina Yardley: It doesn’t matter how exhausted or tired I am, coming here gives me a sense of purpose, something to look forward to. Coming here is the reason I get out of bed, get out of the house especially on a Thursday.

Jessica Morrisey: For me, I enjoy learning new skills and building on existing skills. I’ve been learning to sew and have picked up cooking tips.

Fact: 47 Winnunga AHCS Women’s Group Sessions were held in the 2017-2018 financial year.
Katie Peachey: I really like the art work we do during Women’s Group. I also enjoy the interaction with the other ladies. I like the yarns we have. They make me laugh.

Aunty Cindy Fuller: The Women’s Group is a hub of activity. We come from all parts of Canberra and get to have yarns, catch ups with each other. We really do get all of our information here. It’s like a Koori Grapevine and what I mean by that is it’s a place to receive updates and news, happenings around the community, you find out about a lot of things in our community whether it be about housing, health, education etc. As a Group, our goal is to make enough things so we can have a stall during NAIDOC Week and sell the things we make here at Women’s Group.

Winnunga AHCS Social Health Team staff members, who work with the Women’s Group, also added:

‘I’ve enjoyed seeing the shyer, quieter ladies come out of their shell, seeing them become more confident and developing their skills further’.

‘Everyone is accepting of each other, get along very well and embrace each other, despite the varying age groups and backgrounds. It’s really nice to see’.

‘After Women’s group, we often drop the ladies home. The bus ride home is very entertaining. Let’s just leave it at that’.

‘Yeah it’s very entertaining, especially for us younger generations’.

The Womens’ Group is held on Thursdays, 10am to 2pm at the Winnunga AHCS Art Room. If you would like more information please call on 6284 6222 or drop into Winnunga AHCS and ask to speak to one of our Social Health Team Workers.
Health Check Reveals Hearing Loss

Koori Mail, Wednesday 27 March 2019

WHEN Ariana turned four, her mum Perri Chapman received a letter reminding her to get Ariana’s health checked before she started school. So, they visited their local Winnunga Nimmityjah Aboriginal Health and Community Services centre in Canberra for the free health check.

“We are very grateful for the check, because it picked up a problem that we were able to fix with the help of an audiologist and GP,” Perri said. “We found out Ariana was moderately deaf in one ear, and slightly deaf in the other. She was diagnosed with glue ear and had two rounds of grommets.”

TIS Taking on Buroinjin Sports Day

Getting out and about and engaging with the local community is one of the many approaches the Winnunga AHCS Tackling Indigenous Smoking (TIS) Team does to spread the anti-smoking message and pass on valuable information.

Dedicated TIS workers Bobbi and Chanel attended the Buroinjin Sports Day at the Touch Football Ovals in Deakin and used the opportunity to connect and start meaningful conversations with many high school aged students who attended the day from various ACT schools. Some of the discussions included identifying the harms caused by smoking.

The TIS Team were particularly pleased to hear from a number of students who vowed they would never smoke. The students explained they were surrounded by many adult family members and had seen first-hand the effects of smoking on their loved ones. As a result, this had influenced them not to smoke.

The TIS Team conducted carbon monoxide reading with a smokealyser and explained how carbon monoxide is in cigarette smoke and how this affects the body. They also had interactive resources on hand. One particular resource that showed how cells are affected by carbon monoxide proved to be a good talking point with the students.

Bobbi and Chanel said they thoroughly enjoyed the Buroinjin Sports Day and the opportunity to engage with the many students who attended.

Fact: Buroinjin was played by the Kabi Kabi people of Southern Queensland. The ball was made of kangaroo skin which was called a buroinjin.
From Healthy Weight Program to Personal Training

When you want something badly, you do all that it takes, even if means taking yourself completely outside of your comfort zone. That’s exactly what Canberra local and mother of five, Lisa Madden has done. Through hard work, dedication and a quiet determination, Lisa commenced studies for a Certificate III in Fitness (Gym Instructor) at the Canberra Institute of Technology (CIT) in February this year.

Lisa’s journey has been an inspirational one. She has been a participant of the Winnunga AHCS Healthy Weight Program since March 2017 and her results are impressive. She has lost a lot of weight and is fitter than she has ever been. Lisa, whose mob are Eora, Gamilaroi and Yerallyi, consistently attended regular Healthy Weight Program sessions, gym sessions and changed her approach to food and what she eats.

Christine Saddler who coordinates the Winnunga AHCS Healthy Weight Program said she was extremely proud of Lisa’s achievement. ‘Lisa has worked really hard. She has put in 100% effort each time. She has made big changes to the way she eats and to her overall health and fitness, and now with Lisa studying her Certificate III in Fitness, it just makes me even more proud of her.’

The Winnunga AHCS Newsletter caught up with Lisa for a yarn and asked this deadly lady about her recent achievements and how her studies are going.

Can you tell us about your journey so far? When I first started the Healthy Weight Program in March 2017, I weighed 93.2kg and my BMI was 35.5. I now weigh 63kg. I’ve lost 30.2kg and kept it off, and my BMI is down to 24.2. You’ve got to want to lose weight, you’ve got to want to do it. I can’t expect others to do it for me. I am proud of what I’ve achieved. I’ve also started incorporating weights into my workouts, both at home and in the gym. I’m now building some muscles. When I exercise at home, my kids exercise with me. You get feedback from others, they comment how good you’re looking. It makes you feel better, it makes you want to keep going. You feel better on the inside and outside.

What changes have you noticed within yourself since becoming a fitter and healthier you? I now have more energy to deal with the kids, more energy with the cleaning, running around doing my errands, running the kids around to their sporting activities. My body changed a lot after having kids. But since I’ve taken control of my health, I’ve noticed changes in my appearance and also in my clothes. Now I can wear smaller clothes. I want to live longer. Now it’s about taking care of yourself. It’s about how I feel on the inside and outside.

What changes have you made to your eating habits? I’ve made changes to what we eat as a family. Our shopping list now has lighter food choices. We’re conscious of carbs, sugar and buy lighter versions of things like yoghurt, butter etc. I also chop up fruits for snacks. I’ve made changes to the amount of food I eat and do portion control. I now know that I can have my treats every now and then. And I’ve learnt not to be too hard on myself if I fall off the wagon and over indulge. You can always get back up. You can put more effort into your exercise.

Is this the healthiest you’ve ever been? Before having my kids, when I was younger, I use to be a size 8 but I wasn’t thinking of my health, getting fit, going to the gym or taking care of myself. Now, I’m older, but healthier and fitter than I ever was, it’s a big turnaround. I want to live longer so I need to have a healthy body to do this.
From Healthy Weight Program to Personal Training (cont’d)

What has been the biggest motivation for you to improve your health? I want to live longer for myself and my family. The life expectancy of Indigenous people is a sad one. We should be living longer. After having 5 kids, I wasn’t focussed on the body at all. Sure, I did think about it but I didn’t do anything about it but when I found out about the Healthy Weight Program and the gym and really got into it all, that’s what motivated me to improve my health and fitness. I’ve been encouraging friends, family, in-laws and acquaintances to be healthier and to exercise more. It really is worth it, it’s worth putting in the hard yards. We’ve got the one body. We need to look after it.

Why did you decide to study for your Certificate III in Fitness? Doing the Winnunga Healthy Weight Program encouraged and motivated me to want to learn more about the mind, body and spirit, and to be able to take what I’ve learnt, share it with my family and encourage others into the future. I’m intrigued by fitness, I’m curious about it all. I’m also very proud to say that my eldest daughter Breanna is studying fulltime for her Certificate in Fitness as well.

What’s it like being back in the classroom, after all these years? So far it has been a great experience but it has had its challenges. Just getting my head around the different language that’s used when studying the theory side of things can be challenging. But if you’re passionate about it, you just do it, you do everything you can to get it done. You’ve also got family commitments and things pop up that you’ve got to attend to so you try to get that balance. It helps that I’ve always had great support from the Yurauna Centre, Rod at Alive Health and Fitness and the Winnunga Healthy Weight Program.

How’s the course going so far? It’s going really good. We started it in February and we’ll finish in June. The course involves doing a combination of theory and practical works. I’m learning lots. I’m learning stuff, I didn’t even think I’d be learning. It’s really encouraging. As part of the course structure, we have allocated shifts in the gym at the CIT Bruce campus. We learn how to take bookings, answer the phone, we check the gym equipment and that the overall gym space is safe and everything is in good working order. I’m also proud to say I’m not the only mature aged student, there’s other students older than me on campus. It inspires me to see this actually. When we see each other we smile, have a laugh, give that encouragement to each other. All of us students, young and old, we’re all helping each other to share experiences and knowledge.

What keeps you going, what motivates you to succeed? To give back to the community. As Aboriginal people, the health statistics are stacked up against us, this is another motivator for me. I haven’t seen too many other Indigenous trainers, instructors on campus either so this keeps me motivated.

I understand you have some really interesting workout ideas, can you tell us about it? I want to be able to incorporate our movements into the workouts I plan. What I mean by this is, when I was a dancer years ago, I found there were lots of movements we did in Indigenous dance that you can incorporate into a workout. For example, there’s the shake a leg, a digging stick dance, the native animals play a part, they’re our family, we can relate to them, they’re our totems, so I want to incorporate the animals, the way the emu moves, or the way the kangaroo bounces, jumps, and the snake and the brolga, it’s a unique approach, it’s very rare, I’ve looked it up the web and I haven’t seen any Indigenous trainers or instructors doing any of that. If this is going to be a new start, I’d love to have this in a new program, I’d like to spread it into Canberra and across NSW, and a far, now, that would be deadly, I’d love to bring it into the system.

Finally, what words of encouragement would you pass on to others? I’d love to encourage everyone to just give it a go. If there’s something you want to do, just do it. After having 5 kids, I didn’t think I could do it. But if you’re determined and passionate about it, you can succeed. You’ve got to put the hard yards in and it’s not always easy but it can be done, I’m a fine example of this.
National Sorry Day Bridge Walk 2019

WHEN: Friday 24 May 2019
WHERE: Gather at Regatta Point 10.45am
walk starts 11am at base of Commonwealth Avenue Bridge

Welcome to Country
Entertainment & smoking ceremony
Healthy options for lunch—Coffee tea water

For further information contact:
Perri on 6284 6222 or Email: perri.chapman@winnunga.org.au

School Banner Competition

Design a banner to bring on the day interpreting what ‘Sorry Day’ means to you and your school...

A prize will be awarded after the bridge walk for the most creative banner!
Staff Profile

Name: Kacey Boyd
Position: Senior Manager
Who’s your mob? Wiradjuri
Where’s your country? Riverina area

What do you do on the weekends?
Relax

What is your favourite food?
Roast with Veggie Bake

What do you like most about working at Winnunga?
Getting to work with my mob everyday

My favourite pet?
GT my cat and Storm, Frosty my Mexican Walking Fish

What is your pet hate?
Mondays

Who is your favourite singer/band?
Nickelback

What is your favourite song?
Hero