

# Winnunga News

ISSN 2206-3080

AUGUST 2017

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## CEO Update

I was very pleased recently to welcome Ministers Meegan Fitzharris and Rachel Stephen-Smith to Winnunga AHCS for an extended meeting at which we discussed a range of issues that fell within the responsibility of both Ministers.

The issue of central importance was discussion about the steps which need to be taken to progress the design and construction of the new Winnunga health and community services building. I was very pleased with the commitments made by Minister Fitzharris to work with Winnunga AHCS to ensure that a clear process and time lines are developed for the delivery of this exciting and much needed project.

The Ministers were interested in understanding the fate of discussions which Winnunga AHCS had initiated eighteen months ago with the heads of a number of ACT Directorates about the advantages of collaborating with the Aboriginal and Torres Strait Islander communities in developing a strategic plan for the future provision of an expanded and important range of services to the community.

Minister Stephen-Smith discussed the thinking which had motivated the decision to undertake another review of child protection in the ACT. I have since been in correspondence with the Director-General of the Community Services Directorate, Mr Michael De'Ath in which he has provided additional detail of the proposed structure of the review. I look forward to engaging further with Mr De'Ath about the review and look forward to it having positive outcomes for Aboriginal and Torres Strait Islander children and families.

I am pleased to be able to report there has been significant progress in advancing the work being undertaken to ensure that Boomanulla Oval is returned to Aboriginal management and is restored as an Aboriginal community asset of which we can be proud, and which the entire community can access. I am grateful for the work which has been undertaken by Judd Consulting in developing concept plans for the future of the oval and for the extensive consultation they have undertaken on those plans. I will ensure that the community is kept informed of all aspects of planning for the future of Boomanulla.

Congratulations to all of the newly elected members of the ACT Aboriginal and Torres Strait Islander Elected Body. I am looking forward to working with the new Chair, Katrina Fanning and all of her colleagues as they seek to ensure that the interests of the Aboriginal community are foremost in the mind of the Government.



Julie Tongs OAM, CEO



# New Review into Child Protection in the ACT

The Minister for Community Services, Ms Rachel Stephen-Smith has announced a review into the over-representation of Aboriginal and Torres Strait Islander children in the care and protection system in the ACT.

The Minister has committed to the review following a concerted campaign by Winnunga AHCS CEO Ms Julie Tongs for the ACT Government to do more to address the causes of Aboriginal children coming into contact with the child protection and criminal justice systems. Julie has also urged the Government to respect acknowledged best practice in dealing with the consequences of Indigenous disadvantage by involving Aboriginal families and Aboriginal led and staffed organisations in the design and implementation of programs for addressing these issues.

Following the Minister's announcement the Community Services Directorate has contacted Winnunga AHCS to discuss its interest in involving the Aboriginal community and Aboriginal community organisations in all stages and aspects of the review including determining the terms of reference, the governance structure for the review and the review methodology.

It is indeed important that these issues are resolved in consultation with the Aboriginal community. The ACT currently has among the most problematic outcomes in Australia in relation to contact of Aboriginal families and children with care and protection services and also has the highest levels of Indigenous incarceration in Australia. This is of course untenable and the Minister is to be congratulated for acknowledging through the establishment of this review that the ACT simply must do better.

Winnunga AHCS believes that in order for the review to be credible and to improve outcomes for Aboriginal children and families, that the Government must be open to a full and transparent investigation of the policies, practices and service delivery arrangements currently in place and that have, as we all know, resulted in the ACT having the worst record in Australia in relation to contact with both the child protection and justice systems.

This will require as a minimum a commitment to both the letter and intent of the Aboriginal and Torres Strait Islander Child Placement Principles, a commitment to address all the engagement with Aboriginal led community service delivery



*Minister for Community Services, Ms Rachel Stephen-Smith*

**'...the Government must be open to a full and transparent investigation of the policies, practices and service delivery arrangements currently in place...'**

**Fact: Rachel was born in Canberra in 1971, grew up in O'Connor and lives in Reid.**

**'Responsibility for implementing the policy should be vested in a single agency located within the Chief Minister's Department.'**

## New Review into Child Protection in the ACT (cont'd)

organisations, a commitment to address all the shortcomings identified in the Nous Group evaluation of Strengthening Families, and a full case review of every Aboriginal child in the care and protection system.

Winnunga AHCS believes it is also imperative that the ACT Government develop and commit to the implementation of an overarching Indigenous policy that addresses all of the consequences of the historic displacement, discrimination and racism endured by Aboriginal and Torres Strait Islander people in Australia. Responsibility for implementing the policy should be vested in a single agency located within the Chief Minister's Department.



ACT Chief Minister,  
Andrew Barr

## Share the Dignity Drive — Donations

If you arrived at our Needle Exchange program reception area recently, you would've been in for a big surprise! The reception area was stacked over a metre high, with every floor space taken up with plastic bags and boxes of donated goods that included mostly women's sanitary items.

Generously collected by the *Share the Dignity* drive, the much welcomed items were donated by hundreds of thoughtful Canberra residents who gave without a second thought to the twice yearly collection campaign, held in April and August.

The *Share the Dignity* drive is a national initiative and their mission is to ensure that no woman should have to suffer the indignity of going without sanitary items at a time when she needs it the most, regardless of her financial situation. They believe that sanitary items should be a right NOT a privilege.



Winnunga AHCS is grateful to receive these items and should any of our clients require these products, please contact the Social Health Team on 6284 6222.

If you would like to know more about *Share the Dignity* and their various campaigns or would like to make a donation please visit <https://www.sharethedignity.com.au/>

**Fact: Share the Dignity are aiming to collect 350,000 donated packs of pads and tampons. Hitting this goal means providing 44,000 women and girls with sanitary products for the next eight months!**

**Do it with us, not to us**

# New Elected Body Well Equipped to Advocate for Aboriginal and Torres Strait Islander Community

Julie Tongs, CEO of Winnunga AHCS congratulated the members of the new Aboriginal and Torres Strait Islander Elected Body (ATSIEB). She said that it was pleasing to have seen so many members of the local Aboriginal and Torres Strait Islander community seek election and she said she was looking forward to working with all of those who were elected.

Ms Tongs was particularly pleased to see Katrina Fanning elected by her colleagues as Chairperson and wished her every success. She said Katrina was held in the highest respect by the local Aboriginal community and had a wealth of experience in the ACT in the development and implementation of Indigenous policy. Her drive, commitment and experience will be invaluable.

“I personally know each of the seven members of the Elected Body and hold them in high regard. I believe that each of them has the capacity to make a very significant contribution in ensuring that the needs of the Aboriginal and Torres Strait Islander community are kept at the forefront of Government thinking and policy.

I look forward in particular to working with Mr Ross Fowler who has agreed to accept responsibility for health related issues and also with Ms Caroline Hughes who will be responsible for the broad range of issues that fall within community services, which are also of fundamental importance to Winnunga AHCS and the Aboriginal community.

Both Ross Fowler and Caroline Hughes have well established reputations as hard working and effective managers and advocates and I am truly encouraged by the fact they have volunteered to be responsible for these important and complex areas of administration”, Ms Tongs said.

## ATSIEB Members and portfolio areas of responsibility:

Katrina Fanning, Chairperson—Chief Minister’s Department

Jo Chivers, Deputy Chair—Transport

Ross Fowler—Health

Maurice Walker—Education

Jacob Keed—Environment

Caroline Hughes—Community Services

Fred Monaghan—Justice

*‘I personally know each of the seven members of the Elected Body and hold them in high regard.’*

**Fact: Katrina Fanning played 24 rugby league tests for the Australian Jillaroos including the inaugural women’s test match against NZ in 1995 and world cups in 2000 and 2003.**



## Storage Container - New Addition to the Winnunga AHCS Premises

If you've visited Winnunga AHCS recently, you may have seen the latest addition to our premises. Once a plain white storage container, now transformed into an eye catching and culturally safe office and meeting space, was funded by the Justice and Community Safety Directorate (JACS) as part of the Justice Reinvestment (JR) Trial Program.

The new space was beautifully painted by talented and respected artists Uncle Mick Huddleston, Buddy Martin and Rayne Huddleston.

The JR Trial Program is a family focussed program which aims to assist in reducing the over representation of Aboriginal and Torres Strait Islander people in the ACT justice system. It is a partnership between Winnunga AHCS and JACS.

*'Once a plain white storage container, now transformed into an eye catching and culturally safe office and meeting space...'*



*Left to right: Buddy Martin, Rayne Huddleston and Uncle Mick Huddleston*



# Stop Vilifying Aboriginal Men, Argues Pat Dodson

11 August 2017, NITV article by Patrick Dodson

Opinion: Shadow assistant minister for Indigenous affairs and Aboriginal and Torres Strait Islanders Senator for Western Australia, Patrick Dodson responds to article portraying the state as a 'war zone'.

"This week, graphic footage of violence in some WA communities was released to the media. While the footage was shocking, regional WA towns are not "war zones" and the people who live there should be treated with respect.

We need to recognise the trauma and anxiety that children in these communities and their parents experience on a constant basis. But how is shaming families going to help? "It is foolish to simply vilify Aboriginal communities, and in particular their men, as the sole culprits for these appalling abuses."

We need to go to the causes of the appalling rates of domestic violence, drug and alcohol abuse and sexual abuse across our communities. We need to find the real circuit breakers and put them in the hands of our communities.

It is foolish to simply vilify Aboriginal communities, and in particular their men, as the sole culprits for these appalling abuses.

We need to work together at a community level, at a local level and at a regional level, to help all members of our community find their own feet. Our people need support to recover their strength and positive capacity to control and manage their own affairs.

We need to recognise that the best way of dealing with problems is with respect, working together, and focussed on commonly agreed goals. We do not need a new generation of community members under the control of those who want to use punitive measures to coerce and control them. When has this approach ever been shown to work?

We need to ask why we are not doing it differently, treating the very causes of the dislocation and alienation of our communities -- facing up to and turning around the hopelessness and despair that beleaguers them.

I do not avoid the need for those people who commit appalling crimes to be prosecuted. Those in the Aboriginal community responsible for any of these matters need to face up to their actions and held to account. But let us also identify those in the shadows of the drug trafficking, the sly grogging, the extortion, the violence and stand over tactics, the child abuse and prostitution that target vulnerable people in communities.

"Tough love is rarely successful in treating substance abuse – particularly when it's from the Government."

Wrap around support services need to adopt culturally grounded community driven practices designed to support community leaders in addressing the challenges they face.



*Senator Pat Dodson says regional WA towns are not 'war zones' and that residents should be treated with respect. (AAP)*

**Fact: Patrick Dodson was the winner of the 2008 Sydney Peace Prize and the 2009 John Curtin Medallist.**

# Stop Vilifying Aboriginal Men, Argues Pat Dodson

## (cont'd)

We need better analysis of the problems and clarification of community intentions and motivations in tackling these matters. We need community buy-in to develop strategies to deal with the factors that make communities fail. The goal has to be to make them flourish with incentives rather than condemn and reduce them to dependence and constant surveillance.



We must better enforce the law of the land, to deal with supply and access to drugs and alcohol. Where laws need to be changed to be more effective, they should be changed. Justices should not have their hands tied by mandatory measures, but be given the capacity to use the laws more wisely and appropriately.

The grog runners and drug dealers need to be stopped in their tracks. At the same time the community needs to be supported to deal with challenges and change in an informed, constructive and respectful manner.

The Rural Doctors have made it clear when they said: "Those that do have problems will not be helped by measures that feel punitive, such as switching them to a cashless debit card, rather than payments. Tough love is rarely successful in treating substance abuse – particularly when it's from the Government."

I support the Rural Doctors and our community organisations working with families dealing with these issues. This is where we have to take this debate."

### About Patrick Dodson

Patrick Dodson, Senator for Western Australia, Shadow Assistant Minister for Indigenous Affairs and Aboriginal and Torres Strait Islanders.

Patrick Dodson is a Yawuru man from Broome in Western Australia. He has dedicated his life work to being an advocate for constructive relationships between Indigenous and non-Indigenous peoples based on mutual respect, understanding and dialogue. He is a recipient of the Sydney International Peace prize.

Patrick has extensive experience in Aboriginal Affairs, previously as Director of the Central and Kimberley Land Councils and as a Commissioner in the Royal Commission into Aboriginal Deaths in Custody. He also served as inaugural Chair of the Council for Aboriginal Reconciliation and as Co-Chair of the Expert Panel for Constitutional Recognition of Indigenous Australians.

Prior to his endorsement by the Australian Labor Party as a Western Australian Senator in March 2016, Patrick was a member of the ANU Council, Adjunct Professor at the University of Notre Dame (Broome) and Co-Chair of the National Referendum Council.

(source: [http://www.alp.org.au/patrick\\_dodson](http://www.alp.org.au/patrick_dodson))

# Winnunga AHCS 2017 Client Satisfaction Survey

Winnunga conducted the annual client satisfaction survey in June 2017. The purpose of the survey was to seek client feedback over a snapshot period. The survey was disseminated to people at medical reception areas and was made available in hard copy. 84 responses were received with 69% reporting they had used Winnunga services for more than three years, 24% between 1 and 3 years, 1.2% between 1 and 6 months and 6% for less than 1 month.

The services most reported being utilised were doctors/nurses, which stood at 94%. This was followed by counselling and mental health support at 69%, the dental clinic at 54%, hearing and eye health at 36%, groups (including women's group, men's group, no more boondah, diabetes, mums and bubs, healthy cooking, wellbeing/anxiety group, touch football and basketball) at 30%, physiotherapy at 30%, support with Centrelink matters, probation/parole, legal issues, care and protection and or housing/accommodation at 27%, Community days/events at 26%, dieticians at 23%, drug and alcohol support at 23%, transport at 20%, diabetes and liver clinic at 15%, tobacco, midwifery program at 6% and NSP at 4%. Under 'Other Support' comments received were: *Social Health Team (x1)* and *Psychiatry (x1)*.

The low response rates for NSP, could be due to the service being primarily accessed through other points of Winnunga (ie administration entrance).

Three questions were allocated specifically for smoking cessation support, which were answered by 96% of survey participants. 30% reported they had received support from Winnunga with smoking cessation. Of the 30%, 75% stated the most useful support was Nicotine Replacement Therapy, followed by the No More Boondah Group at 58%, phone contact by workers at 33%, information/education at 33%, counselling at 17%, and visits to workplaces at 13%. One respondent noted under 'other': *fellowship of others trying to change their lifestyle (ie peer support)*.

98% of survey participants answered the question 'overall how satisfied are you with Winnunga's services?' with 89% of respondents stating they were either very satisfied or satisfied with Winnunga's services. 11% reported their satisfaction as being neutral. No one reported being unsatisfied or very unsatisfied.

When responding to 'Would you recommend Winnunga Services to others?' 97% reported 'yes', and 3% reported 'no'.

When asked 'what do you like best about the services provided by Winnunga?' responses included:

- |   |                                       |
|---|---------------------------------------|
| * Know your doctor personally, health checks, bulk billing  | * Clinics, including Diabetes clinic  |
| * Easy access, no need for appointment  | * The friendly service and transport  |
| * Staff are very welcoming and always respond to enquiries  | * All of it (after hours works well)  |
| * NSP gives us access to clean packs  | * Community involvement               |
| * The range of services available within the comfort of Winnunga  | * Groups                              |
| * Social Health Team helps the community  | * Number and type of practitioners    |
| * Level of personal care in times of trauma/severe illness  | * All services are under the one roof |
| * Winnunga has been a great service for me, helping me with physical and mental health problems. I wouldn't be doing anywhere near as good without the help I've had from Winnunga. |                                       |

**Fact: Winnunga was established in 1988 by local Aboriginal people inspired by the national mobilisation of people around the opening of the new Parliament House in May.**



# Winnunga AHCS 2017 Client Satisfaction Survey

## (cont'd)

When asked 'How do you think Winnunga could improve on the services we deliver?' responses included:

- \* *Bigger building*
- \* *Less wait time to get into dental*
- \* *Kids room*
- \* *If it isn't broken don't fix it*
- \* *More Aboriginal Drs*
- \* *Book appointments*
- \* *More space*
- \* *More mental health services*
- \* *More community outreach*

Other general comments provided included the following:

- \* *Keep up the good work for the community, thank you*
- \* *Great service for our people*
- \* *Prioritise Indigenous health*
- \* *Thanks for being here!*
- \* *Keep up with the excellent job you all do!*

Winnunga AHCS would like to thank everyone who participated in the June 2017 survey. This is an important tool for receiving client feedback and the Management Team has carefully considered all feedback provided. As a result Winnunga AHCS has commenced to investigate ways we can start implementing some of the ideas clients raised through the feedback received.

### **Purpose Built Facility**

The demand for current services is forecast to grow significantly in the coming years. In 2019-20, the number of occasions of service is forecast to increase by almost 25,000 contacts from around 46,000 contacts in 2014-15 to around 70,000. Winnunga AHCS agrees the current building is unsuitable for the range of services provided. Winnunga AHCS is pleased to note the ACT Government announced as part of the 2017-2018 Budget, funding will be provided for a purpose built facility over a four year period. We have undertaken some preliminary work in strategic planning for the current and future needs of the organisation and look forward to continuing this work through a feasibility study to assess options for the redevelopment of Winnunga AHCS premises to a modern fit for purpose community health centre facility, similar to latest standards of mainstream facilities.

### **Community Involvement**

Winnunga AHCS agrees it is vital to provide opportunities for community engagement and participation in the ACT through Aboriginal Community Controlled Organisations. As such Winnunga AHCS will continue to deliver groups (ie women's group, men's group, cooking group, wellbeing group, mums and bubs group), clinics such as the diabetes, child health, eye care and liver clinic, wellbeing services to detainees at both the AMC and Bimberi, the Boxing Club/fitness gym, touch football and community days including the annual Sorry Day Bridge Walk, NAIDOC event and the Children's Christmas Party.

Winnunga AHCS will continue to build on opportunities for community engagement. One of which will provide an increased understanding on who our clients are. For example we know clients come to Winnunga AHCS from 246 postcodes around Australia. There are approximately 66 postcodes in the ACT. However, we want to know more about the issues impacting on the approximately 4,500 regular clients who access the service including

**Fact: In 2004 Winnunga moved to its current premises in Narrabundah, and has grown into a major health and community service resource for the Aboriginal and Torres Strait Islander communities of the ACT and surrounding region.**

# Winnunga AHCS 2017 Client Satisfaction Survey

## (cont'd)

whether people are on benefits, employed, in contact with the Care and Protection system, have legal matters and their housing situations. This information will build on the robust data collection Winnunga AHCS has undertaken since 2006 and ensure we continue to focus on the areas most needed to respond to and support client need.

### **Boomanulla Oval**

Winnunga AHCS has continued to engage with the ACT Government tender process for the management of Boomanulla Oval. We were the only organisation invited to proceed to stage two and are engaged in detailed negotiations with the tender team about the basis on which future management arrangements might proceed. Judd Studio (consultants) have been appointed by Winnunga AHCS to assist with this process whom have been undertaking community consultations and working together with the Boomanulla Oval Steering Committee. We will keep the community informed as the negotiations progress.

### **Alcohol and Other Drugs (AoD) and Mental Health (MH) Services**

Winnunga AHCS acknowledges AoD and MH problems are significant presenting issues. Winnunga AHCS has over 1,700 clients with diagnosed psychological condition (approximately 27% of overall clients), and around 500 clients with AoD issues (approximately 10% of overall clients). We agree more needs to be done around these areas for Aboriginal people, families and communities in the ACT and surrounding region.

Winnunga AHCS has developed an accredited Level 2 MH training program specifically for clinicians working with Aboriginal and Torres Strait Islander people. The package was developed together with Australian Society of Psychological Medicine (ASPEN), and as a result Winnunga AHCS is included in decision making across Australia around Aboriginal and Torres Strait Islander mental health. The aim of the training is early intervention, to avoid people reaching a crisis point as much as possible. The training package has been rolled out to all Winnunga AHCS GPs, and will also be delivered to the Social Health Team staff. The main aim of the program is to provide enhanced MH support to Winnunga AHCS clients, and to complement the work being carried out by our Aboriginal psychologist, psychiatrist and ACT Health seconded MH nurse.

### **Recall System**

Winnunga AHCS uses a 'Recall' system to provide preventative care for patients. This assists in ensuring important health checks are not forgotten and are performed on time. Patients are reminded when it is time to visit Winnunga AHCS for a check-up, or as a follow-up to health risks that have previously been found. The reminder system includes checks to aid in the prevention or early detection of certain conditions such as diabetes, high blood pressure, high cholesterol and forms of cancer – particularly cervical and prostate cancer and immunisation follow-up.

Winnunga AHCS use information from patient health records to tell us the check-ups which are due and when a patient should visit us to discuss the tests that are needed. By sending these reminders, clients will know exactly when a check-up is due. When you have had a test you can phone Winnunga AHCS a few days after the test to find out the results. Please discuss any concerns or questions you may have about the 'Recall' system with your doctor. If you do not wish to be enrolled in the 'Recall' system, please tell the receptionist or your doctor.

# 2016 Census Results

The 2016 Census was held last year. It was the first time we were able to complete it electronically online and with it came, those well-known technical issues. So, how did we compare to the last time the census was held in 2011. Here's a look at some of the results for our mob.

### Do we still make up 2% of the population?

It would appear that we are still in the 2% population range but there has been an increase and we are edging closer to 3%. We now make up 2.8% of the Australian population. This means 649,171 people identified as being of Aboriginal and/or Torres Strait Islander origin. The number of Aboriginal and Torres Strait Islander peoples has increased by 18% since the 2011 Census, where we made up 2.5% of the population.



**'649,171 people identified as being of Aboriginal and/or Torres Strait Islander origin. The number of Aboriginal and Torres Strait Islander peoples has increased by 18% since the 2011 Census, where we made up 2.5% of the population.'**

### Do we know how many of us identified as Aboriginal or Torres Strait Islander or both?

Out of the 649,171 people who identified as being of Aboriginal and/or Torres Strait Islander origin in 2016, 91% were of Aboriginal origin, 5% were of Torres Strait Islander origin and 4.1% identified as being of both Aboriginal and Torres Strait Islander origin.

### Where does most of our mob live?

In 2016, over 60% of the Aboriginal and Torres Strait Islander population lived in New South Wales and Queensland. In the Northern Territory, Aboriginal and Torres Strait Islanders made up one-quarter or 25.5% of the NT population. Tasmania came in as the next highest state with 4.6%.

**Fact: The Census of Population and Housing (Census) is Australia's largest statistical collection undertaken by the Australian Bureau of Statistics**

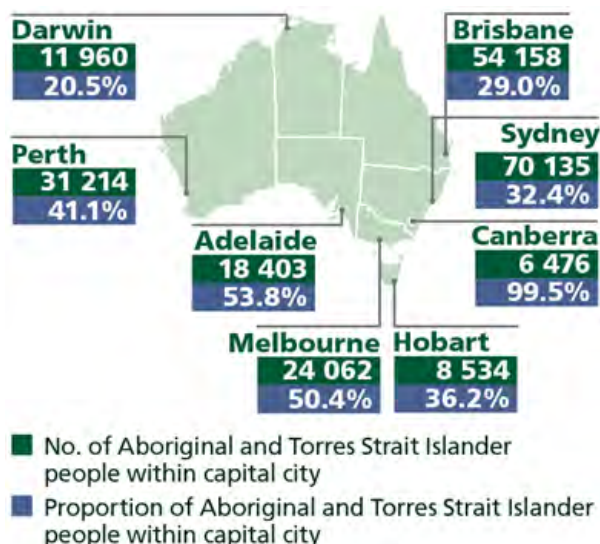
## 2016 Census Results (cont'd)

**'The latest census data shows that over one-third (35%) of Aboriginal and Torres Strait Islander people lived in capital cities in 2016, up from 33% in 2011.'**

| Aboriginal and Torres Strait Islander people |         |       |                                      |
|--|---------|-------|--------------------------------------|
|  | No.     | %     | (as a proportion of state/territory) |
|  |         |       | %                                    |
| NSW  | 216 176 | 33.3  | 2.9                                  |
| Vic.   | 47 788  | 7.4   | 0.8                                  |
| Qld  | 186 482 | 28.7  | 4.0                                  |
| SA   | 34 184  | 5.3   | 2.0                                  |
| WA   | 75 978  | 11.7  | 3.1                                  |
| Tas.   | 23 572  | 3.6   | 4.6                                  |
| NT   | 58 248  | 9.0   | 25.5                                 |
| ACT  | 6 508   | 1.0   | 1.6                                  |
| Australia                                    | 649 171 | 100.0 | 2.8                                  |

### Is it true that most of our mob live in capital cities?

The latest census data shows that over one-third (35%) of Aboriginal and Torres Strait Islander people lived in capital cities in 2016, up from 33% in 2011. Around half of our mob in South Australia and Victoria lived in the capital city areas. Interestingly, four out of every five (79%), of the Aboriginal and Torres Strait Islander population in the Northern Territory lived outside the capital city area.



### How are things going with our median age, any changes there?

We know that when it comes to comparing our age groups to the non-Indigenous population, we're a lot younger population. So has there been much change to our median age? The 2016 census found that Aboriginal and Torres Strait Islander people

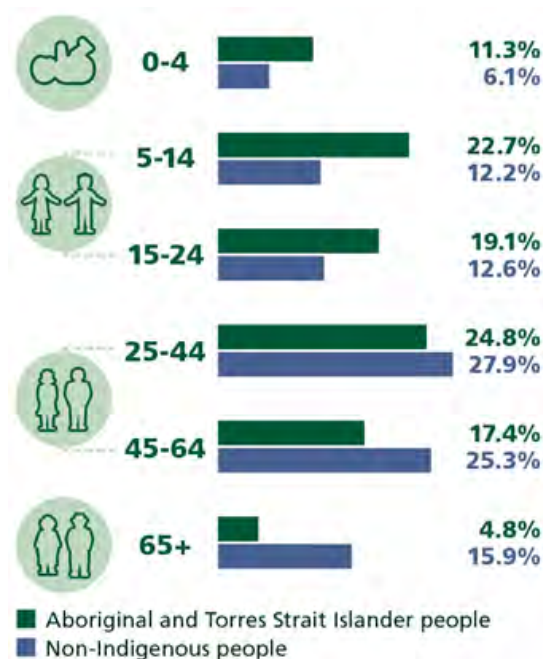
**Fact: For more than 100 years, the Census has provided a snapshot of Australia, showing how our nation has changed over time.**

## 2016 Census Results (cont'd)

continue to have a much younger age profile and structure than the non-Indigenous population. However, since the 1996 Census, our median age has been steadily on the rise. Twenty years ago (in 1996) the median age was 20, in 2011, it increased to 21 years. In the 2016 census, our median age is now 23 years. The median age for the non-Indigenous population was recorded as 38 in 2016.

In 2016, more than half (53%) Aboriginal and Torres Strait Islander people were aged under 25 years. In comparison, almost one in three (31%) non-Indigenous people were under 25 years. The difference between the two populations was also marked in the 65 years and over age group. The proportion of Aboriginal and Torres Strait Islander people aged 65 years and over was considerably smaller than for non-Indigenous people (4.8% compared to 16%).

*'Twenty years ago (in 1996) the median age was 20, in 2011, it increased to 21 years. In the 2016 census, our median age is now 23 years.'*



### Aboriginal and Torres Strait Islanders, they don't speak language do they?

It's quite fitting that this year's national NAIDOC theme was 'Our Languages Matter' celebrating and marking the importance, resilience and richness of Aboriginal and Torres Strait Islander languages. The 2016 census uncovered that there are 63,800 Aboriginal and Torres Strait Islander people who speak an Indigenous language at home and there was a total of 150 Australian Indigenous languages spoken. This means that one in 10 (10%) Aboriginal and Torres Strait Islander people reported speaking an Australian Indigenous language at home.

### How rich is our mob, are we earning lots of money?

According to the 2016 census, we are earning more money than before but we still have a fair way to go, with very little change, compared to the non-Indigenous population. The data indicated that Aboriginal and Torres Strait Islander people were half as likely as

**Fact: In 2016, the Census aimed to count close to 10 million dwellings and approximately 24 million people, the largest number counted to date.**



# 2016 Census Results (cont'd)

non-Indigenous people to report an equivalised weekly household income of \$1,000 or more in 2016, 20% compared with 41%. Both these percentages have increased, 13% and 33% respectively although the difference between the two groups has remained the same.

### How are we doing when it comes to education outcomes?

The 2016 census found that Aboriginal and Torres Strait Islander people who were aged 20 to 24 years and had completed Year 12 or its equivalent, increased by more than a third between 2011 and 2016, from 37% to 47%. Over the same period, the non-Indigenous population increased slightly from 75% in 2011 to 79%.

The census data also uncovered that Aboriginal and Torres Strait Islander people aged 25 to 64 years were more likely than non-Indigenous people of the same age to have left school at Year 9 or below - that's 19% compared with 6.7%. This was an improvement from the 2011 census for both groups, with 24% and 8.6% respectively.

(source: [www.abs.gov.au](http://www.abs.gov.au) 2016 census data summary)

**'One year ago there were 28 women in the prison, 25 per cent of whom were Aboriginal. There are now 40 women imprisoned at the AMC, 35 per cent of whom are Aboriginal.'**

## Shame! Solution to female prison population staring us in the face

The Canberra Times has reported that Minister for Corrections Shane Rattenbury has instigated a national inquiry into the increase in the number of women in prison. He should have first concentrated on the situation in the ACT, for which he is personally responsible. The situation in Canberra is alarming. Since June 30, 2016, there has been a 30 per cent increase in the number of women imprisoned at the Alexander Maconochie Centre. One year ago there were 28 women in the prison, 25 per cent of whom were Aboriginal. There are now 40 women imprisoned at the AMC, 35 per cent of whom are Aboriginal. Aboriginal people constitute 1.6 per cent of the Canberra population. The increase in the overall number of women imprisoned in Canberra is, in the main, a result of a doubling, in the space of just one year, in the number of Aboriginal women sent to prison.

These outcomes are consistent with the third world and should, for the capital of Australia, be a matter of national shame. The surge in the imprisonment of women in Canberra will only be reversed with a coherent strategy to address the causes of Indigenous disadvantage and poverty and a commitment to work with the local Aboriginal and Torres Strait Islander community in doing so. You don't need a national inquiry to tell you that.

(Canberra Times Letter to the Editor, 6 Aug 2017, Julie Tongs Winnunga AHCS CEO)

# Gugan Gulwan

## NAIDOC Youth Awards 2017

The Gugan Gulwan NAIDOC Youth Awards was created to be a platform for our youth in the ACT region, as it was identified that many of the NAIDOC events/activities were not specifically dedicated to celebrating our young people and their achievements. The Awards have been running for three years and every year has been built upon their success to make them a juxtaposition for our youth and NAIDOC celebrations.

In 2017 the Gugan Gulwan NAIDOC Youth Awards received more than 50 nominations for our young people in Education, Sports, Art, Leadership and Outstanding Achievement with over 400 community members in attendance. Highlights of the night - simply too many!!! But definitely our young people, the Award winners, nominees, youth performances and positive community spirit.

The Category Awards winners were:

Education: Kaylarnie Reed

Sports: Erica Jade Church

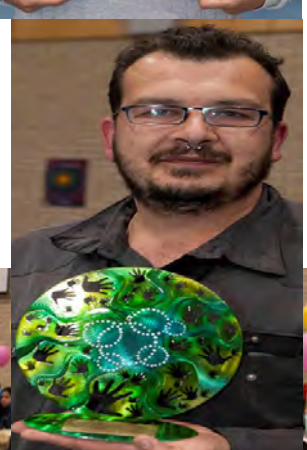
Leadership: Nathan Woodward

Art: Cheyenne Jordan Scott

Outstanding Achievement: Bowden Sykes

**Gugan Gulwan  
is located at  
Gratton Court  
Waniassa, ACT**

**Phone number:  
(02) 6296 8900**





## PROGRAMS n GROUPS



### Diabetes Clinic

Diabetes Educator; Podiatrist; Dietitian  
second Wednesday of every month 10am to 2pm



### Healthy Weight Program

Gym, weigh-ins, one on one consults



### Health Checks

Comprehensive health checks available all ages



**No More Boondah Quit Smoking** (drop in session) Every Thursday 11am-12pm  
& phone follow up



### Men's Group

Every Monday 11am to 3pm



### Cooking Group

Every Tuesday 11.30am to 1.30pm



### Mums/Dads and Bubs Group

Every Wednesday 10am to 12pm



### Women's Group

Every Thursday 11am to 3pm



**Feeling better depression anxiety group for men** Every Friday 12pm to 2.30pm

*See reception staff for further details and contacts or  
call Winnunga AHCS on 6284 6222*

## Staff Profile

**Name:** Beth Sturgess

**Position:** Executive Assistant to the CEO

**Who's your mob?** Wiradjuri

**Where's your country?** A little bush town called Whitton, NSW (in the Riverina).

**Who is your favourite singer/band?**

Yothu Yindi, Nhulunbuy N.T.

**What is your favourite song?** Treaty. (This song was around the time when Bob Hawke was Prime Minister).

**What do you do on the weekends?** Spend time with family.

**What is your favourite food?** Seafood



**What do you like most about working at Winnunga?** Working side by side with the community to make a difference.

**My favourite pet?** Cockatiel (bird). His name is MC Hood bird.

**What is your pet hate?** Judgemental people.



**We are now open 9am to 8pm,  
Monday to Friday  
Appointments not necessary!**