I wish to thank and acknowledge all the individuals and organisations who advocated, successfully as it transpires, for an inquiry into the circumstances of the removal by ACT Community Services of a number of Aboriginal children from their mother and the subsequent ruling by the ACT Court of Appeal, five years later, that the initial decision to remove the children could not be justified.

This is indeed a very sad matter which has broken my heart and that of the Aboriginal community of Canberra. Our sadness is magnified by the fact the practice of removing Aboriginal and Torres Strait Islander children from their families is for most Aboriginal peoples central to our life experience and the multiple issues that have negatively impacted our happiness and well-being.

I am pleased the ACT Legislative Assembly has supported a motion moved by the Shadow Minister Ms Elizabeth Kikkert for the circumstances of this issue, and related matters, to be reviewed by the Standing Committee on Health and Community Services. Ms Kikkert is to be applauded for her determination to see the circumstances that led to the removal of these children being reviewed.

I am aware Mr Phillip Walker SC, who represented (pro bono) the mother in this matter, advocated personally and vigorously for the inquiry and deserves much credit for the outcome. I was also pleased The Canberra Times, most particularly the Sunday edition, clearly recognised the significance of the issues raised by the case and provided comprehensive coverage.

It is perhaps a coincidence that the issue of the removal of Aboriginal children has been once again at the fore-front of the minds of the Aboriginal community as we prepare for the Sorry Day Bridge Walk on Friday 24 May. Sorry Day is, of course, the day on which we remember and commemorate the mistreatment of Aboriginal peoples of Australia.

Sorry Day is celebrated on the anniversary of the Tabling of the Bringing Them Home Report into the Stolen Generations. It was preceded by an earlier Indigenous protest day, the Day of Mourning. Sorry Day is a day of deep reflection. A day on which we remember and mourn for the thousands of members our families and communities whose lives have been torn apart by their forced removal from their people.

The latest A Step Up for Our Kids snapshot report reveals that in the twelve months from 2016-17 and 2017-18 the number of Aboriginal children in out-of-home care in the ACT increased from 202 to 235, an increase of 16.4%. This is a rate of 101 children per 1000 Aboriginal children in the ACT. The highest such rate in Australia.

It also represents approximately 10% of all Aboriginal children in the ACT. The newest stolen generation who will also be in our thoughts on Sorry Day.
Aboriginal Mothers in Prison

A number of academics from across Australia recently published the findings of research they had undertaken into the social, emotional and physical wellbeing of Aboriginal women in prison who were mothers. The research was published in the 2019 Online Australian and New Zealand Journal of Public Health.

The study involved surveys of 77 Aboriginal mothers in prison in NSW and 84 in Western Australia. The outcomes of the study, while confirming what everyone who works with Aboriginal peoples in Australia knows, are nevertheless shocking and serve as a reminder of just how far Australia has yet to go to begin to seriously address Indigenous disadvantage or to achieve reconciliation.

It is in fact fair to suggest a nation that fails to meet the needs of its Indigenous people in the way the Aboriginal women involved with this research have been failed, is not a nation that is serious about reconciliation.

The report notes that Aboriginal women account for 33% of the female prison population, but only 3% of the Australian female population. The data is far worse for Aboriginal women in the ACT.

Specific characteristics of the NSW women surveyed for the study, which one assumes would not be dissimilar to those of Aboriginal women in prison in the ACT, raise a range of serious issues for ACT authorities.

Of the Aboriginal women in prison in NSW:
* 58.7% were separated from their family as children
* 92.2% had completed year 10 at school, however only 6% were in paid employment
* 98.7% had smoked tobacco
* 54.7% reported having had a problem with alcohol
* 36% were in prison for offences committed while under the influence of alcohol
* 83% reported that their offence had been drug related
* 70% who were in prison as a result of a drug or alcohol problem had a diagnosed mental health issue
* 71% were recidivists
* 24.3% had been in juvenile detention
* 27% had been pregnant during a period of incarceration of whom 38% gave birth in prison

The authors of the research paper conclude their analysis with the observation it is increasingly acknowledged that Aboriginal social, emotional and well-being issues are the result of colonisation. This, they say, highlights the vital importance when addressing social, emotional and physical well-being, discrimination and psychological distress that it be done through culturally safe models of care to break the cycle of incarceration and improve the health and well-being of Aboriginal mothers in prison, their families and communities.
Unsurprisingly it is recommended the models of care must be informed by Aboriginal peoples themselves and in collaboration with Aboriginal community controlled organisations.

This report and many that have preceded it beg the question, why is it that here in the ACT where we have the highest relative rate of Indigenous incarceration in Australia, the highest rates of contact of Aboriginal children with the care and protection system and in out-of-home care in Australia that the ACT Government persists in maintaining systems that are not culturally safe and which in fact deny Aboriginal community controlled organisations a meaningful role.

Glaring examples of this are the rejection of the tenders submitted by Winnunga AHCS to be involved in, for example:
* The Step Up for Kids program in favour of non-Aboriginal main stream organisations;
* Supported Indigenous accommodation in favour of a non-Aboriginal main stream men’s organisation;
* The dedicated drug and alcohol residential rehabilitation facility, now abandoned, in favour of the ACT Government; and
* Boomanulla Oval in favour of the ACT Government.

It is also a matter of continuing concern the ACT is the only jurisdiction in Australia that has not embedded the Aboriginal Child Placement Principles in practice. On the question of the imprisonment of women, the ACT Inspector of Corrections, Mr Neil McAllister has recently reported that the accommodation and care of women in the AMC is not just unsatisfactory but is potentially re-traumatising already very traumatised women, a majority of whom are Aboriginal.

Noting that 83% of the Aboriginal women in prison in NSW, referenced above, reported that the offence for which they were imprisoned had been drug related, raises the question that Winnunga AHCS has repeatedly posed, namely: What is the basis for the decision by the ACT Government to abandon the commitment it made and funded, in 2007 to establish an Indigenous specific residential drug and alcohol rehabilitation facility in the ACT?

It is distressing to think about the difference that such a facility could have made to the lives of the hundreds of Aboriginal peoples in Canberra with a drug and alcohol addiction who would by now have benefitted if that facility had, as it was intended, been operational in the period since it was promised twelve years ago. It does not bear thinking about the lives that would have been potentially transformed, of the Aboriginal children spared lives of poverty and despair, the Aboriginal men and women who would have avoided prison, of the families that would not have fractured and dispersed and, it has to be said, the premature deaths and suicides prevented.

Fact: Definition of Rehabilitation ‘The action of restoring someone to health or normal life through training and therapy after imprisonment, addiction, or illness’ (source https://en.oxforddictionaries.com).
The Deadly Choices ‘Deadly Blues’ campaign was launched at Winnunga AHCS on 10 May 2019 with Deadly Choices ambassador Steve Renouf, rugby league legend Nathan Blacklock, Stuart Clark former Australian cricketer and now the Chief Operating Officer of New South Wales Rugby League and Ian Lacey Executive Officer at The Institute for Urban Indigenous Health (IUHI). Aunty Louise delivered the welcome to country.

The campaign, which also involves NRL clubs and other elite sports, is being run by IUHI and has been backed by the Australian Government. The initiative sees 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 Deadly Blues campaign was launched 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.

A healthy BBQ lunch and plenty of photo opportunities were enjoyed by the community and we thank everyone who braved the weather to come to the launch of this important campaign.

If you would like to book in for an Aboriginal or Torres Strait Islander 715 health check, please call Winnunga AHCS on 02) 6284 6222 for an appointment.
Winnunga AHCS has lodged a submission to the inquiry being conducted by the ACT Inspector of Correctional Services (ICS), Mr Neil McAllister into the extent to which the AMC meets the healthy prisons framework.

The Winnunga AHCS submission can be accessed on the ICS website at www.ics.act.gov.au once they become publicly available.

In the submission Winnunga AHCS makes twenty four recommendations across all four pillars of the healthy prisons framework, namely in relation to safety, respect, purposeful activity and rehabilitation and preparation for release.

In the submission reference is made to the range of evidence and data from independent, external sources including the Auditor-General, the Australian Bureau of Statistics and the Productivity Commission about the extremely poor performance and outcomes achieved by the AMC, most particularly concerning Aboriginal and/or Torres Strait Islander men and women.

It is apparent to Winnunga AHCS, and indeed to anyone who takes an interest in the operations of the AMC that it has failed comprehensively to meet the expectations of the ACT Government and community, at the time it became operational, to be a human rights compliant and rehabilitation focussed facility. It is in reality almost the reverse of that and the continued reference to the AMC as ‘human rights compliant’ and ‘rehabilitation focussed’ is simply nonsense.

Winnunga AHCS recommends, therefore, that a threshold issue the Government must address is whether it remains committed to the ideals that underpinned the establishment of the AMC and if not, be honest enough to say so, and out of respect for Alexander Maconochie remove his name from the jail and stop pretending it cares about the reform and rehabilitation of people sent to prison.

Fact: This whole-of-centre review adopts the ‘healthy prison’ test that was devised by the World Health Organisation, and which has been adopted as the basis for prison standards in other jurisdictions including Her Majesty’s Inspectorate of Prisons (HMIP) in the United Kingdom.
Reconciliation Public Holiday, Time to Report on Progress

Winnunga AHCS suggested last year on the inauguration of the Reconciliation Public Holiday it would be appropriate if the Chief Minister or Minister for Indigenous Affairs used the occasion to report on the progress achieved in the preceding year in closing the gap and addressing Indigenous disadvantage in the ACT. Winnunga AHCS continues to commend that idea to the Government, such a report would hopefully contain reason to celebrate the public holiday and would surely be highly anticipated.

The report would obviously contain an update on the range of issues at the forefront of Aboriginal community concern such as health outcomes including in relation to mental health and drug and alcohol addiction, levels of poverty, child protection, youth justice, incarceration, education, homelessness and access to suitable and affordable housing. There have, of course, been a number of reports on some of these issues in recent months but it would be instructive if the Government would prepare a consolidated report for release on Reconciliation Day.

The Australian Institute for Health and Welfare (AIHW) recently released, for example, its latest report on Youth Justice. In light of the claims the ACT Government has made in recent years about the inroads being made in the ACT in relation to Aboriginal children coming into contact with the justice system, the latest data is concerning. It reveals for instance that the ACT has the highest rate of detention of Aboriginal girls between the age of 10 and 17 in Australia and the third highest rate of detention of Aboriginal boys of that age. When combined the ACT has the second highest rate of detention of Aboriginal children, boys and girls, in the nation. An Aboriginal child in Canberra is 10.5 times more likely to be locked up than a non-Aboriginal child.

To compound our shame the ACT also currently has the highest rate of supervision of Aboriginal girls under the age of 17 in Australia and the second highest rate of Aboriginal children under community based supervision as well as supervision generally in Australia. An Aboriginal girl in Canberra is 15 times more likely than a non-Aboriginal girl to be under the supervision of ACT Youth Justice.

The situation in relation to the incarceration of adult Aboriginal men and women in Canberra is, regrettably, even worse. The latest ABS report on imprisonment rates in Australia reveals the age standardised rate of imprisonment of Aboriginal peoples in the ACT has almost tripled in the last ten years. The ACT has the highest relative rate of imprisonment of Aboriginal peoples in Australia with an Aboriginal person in Canberra being 17.4 times more likely to go to prison than a non-Aboriginal person. The increase in the rate of imprisonment of Aboriginal peoples in Canberra is also increasing at the greatest rate in Australia and the recidivism rate is the highest. The ACT also has the second highest crude imprisonment rate in Australia of 19.5 which is just below that of Western Australia which has a rate of 19.8. In other words an Aboriginal person in Canberra is 19.5 times more likely to go to prison than a non-Aboriginal person. The ABS also reported Aboriginal women constituted 41% of all women imprisoned in the AMC despite comprising only 1.7% of the Canberra population.

Because of the clear and well documented connection between Indigenous disadvantage and the number of children in contact with the care and protection system, and the link between children who have been removed from their families and their later contact with the criminal justice system, it is illuminating to note progress or rather the lack of it, in reports on the ACT care and protection system. The latest AIHW report on child protection reveals the ACT has the highest rate of Aboriginal children in out-of-home care in Australia. The number of Aboriginal children per 1000 in out-of-home care in the ACT is 101.4. The next highest is Victoria at 88.8 per 1000 and NSW with 71 per 1000. An Aboriginal child in the ACT is 16.3 times more likely than a non-Aboriginal child to be in out-of-home care.

The ACT Government continues to insist the mainstream managed Step Up for our Kids program will address the over-representation of Aboriginal and Torres Strait Islander children in the care and protection system. However, the revelation in the latest A Step Up for Our Kids-Snapshot Report, of a 16.4% increase in the number of Aboriginal children in out-of-home care between 2016-17 and 2017-18, after four years of operation, does not give one cause for confidence in a scheme that has knowingly excluded the meaningful participation of the Aboriginal community in the care and protection system and which sees increasing numbers of Aboriginal children removed from their families.
New Building Update

Work has been continuing on the design of the new community health building for Winnunga AHCS. The new facility will be located next to the existing building and will include rooms for all our services including for GP consultations, social and family health, dental, physiotherapy, community groups and gatherings, and administration.

More than just a facility to meet the health needs of the community, the building will celebrate Aboriginal peoples and evoke pride in the Aboriginal community, setting a benchmark for comprehensive and holistic health care services.

The design includes a two storey building, with a new entrance off Boolimba Crescent and a large central waiting area, indoor/outdoor consultation rooms, a large community courtyard and new childrens’ play area.

Working closely together, the architects and landscape architects have aimed to create a building with excellent connections to native gardens and outdoor spaces. The development application for the design has now been lodged and Winnunga AHCS has begun the tender process to engage a builder for construction. We are aiming to start building later this year with a view to finishing towards the end of 2020.

Thanks to all Winnunga AHCS staff and clients who have given their time to provide feedback to JUDD.studio architecture on the design, including the Men’s and Women’s Groups, Cooking Group, Anxiety and Depression Group, Diabetes Group and Mums and Bubs/Parenting Group.
Stolen Generations Compensation

The announcement by the Federal Labor Party that it will, when in Government, establish a compensation scheme for members of the Stolen Generations in the Commonwealth jurisdictions of the Northern Territory and Jervis Bay, raises issues for the ACT.

The scheme promised by the Labor Party will provide an ex-gratia payment of $75,000 to Stolen Generation survivors who were removed from their families. It will also establish a Funeral Assistance Fund to provide one-off payments to people from Stolen Generations to assist with the cost of their funerals.

The Bringing Them Home report acknowledged Indigenous children were forcibly removed from their families from the early days of European occupation of Australia. It also chronicled the systematic removal practices based on policies of assimilation and/or protection that were developed from the late 19th century and continued in various guises across Australia until 1969.

A consideration of the history of Aboriginal child removal practices in Australia is relevant to the limitations placed by the Labor Party on compensation payments to Stolen Generation survivors. The commitment is limited to the Northern Territory and Jervis Bay and deliberately excludes the only other relevant territory, namely the ACT. The ACT has only been self-governing since 1989.

The exclusion of the ACT from the compensation scheme raises the question whether the policy assumes there are no Stolen Generation survivors in the ACT or alternatively if there are that they were not resident in the ACT at the time they were removed from their family and are therefore not entitled to Commonwealth compensation. It may also be possible that it is considered the ACT Government has the capacity to pay the compensation to any eligible ACT Stolen Generation survivors who are eligible.

It is to be hoped that the situation can be clarified.

Fact: Aboriginal children have continued to be forcibly removed from their families beyond 1969, right up to the current day.
The National Aboriginal Community Controlled Health Organisation invites politicians from all sides to put Aboriginal health and the Aboriginal health community controlled sector at the heart of this coming federal election.

NACCHO is the peak body representing 145 Aboriginal Community Controlled Health Organisations (ACCHOs) across the country on Aboriginal health and wellbeing. Studies have shown that ACCHOs deliver cost-effective, equitable and effective primary health care services to Aboriginal and Torres Strait Islander peoples, and our members provide about three million episodes of care per year. This includes home and site visits; provision of medical, public health and health promotion services; allied health, nursing services; assistance with making appointments and transport; help accessing child care or dealing with the justice system; drug and alcohol services; and providing help with accessing income support.

An appropriately resourced Aboriginal Community Controlled Health sector represents an evidence-based, cost-effective and efficient solution for Closing the Gap in health outcomes. NACCHO has developed a set of policy proposals that if adopted, fully funded and implemented, will provide a pathway forward where improvements in Aboriginal health outcomes can be confidently predicted.

We urge all political parties to include these recommendations in their election platforms and make a real commitment to the health of Aboriginal and Torres Strait Islander peoples.
1. **Increase base funding of Aboriginal Community Controlled Health Organisations**
   - Increase the baseline funding for Aboriginal Community Controlled Health Organisations to support the sustainable delivery of high quality, comprehensive primary health care services to Aboriginal and Torres Strait Islander people and communities.
   - Work together with NACCHO and its State Affiliates to agree to a new formula for the distribution of comprehensive primary health care funding that is relative to need.

2. **Increase funding for capital works and infrastructure upgrades**
   - Increase funding allocated through the Indigenous Australians’ Health Programme for:
     - capital works and infrastructure upgrades, and
     - telehealth services.
   - Around $500 million is likely to be needed to address unmet needs.

3. **End rheumatic heart disease in Aboriginal and Torres Strait Islander communities**
   - Support END RHD’s proposal for $170 million over four years to integrate prevention and control levels within 15 rural and remote communities across the country.
   - END RHD is a national contingent of peak bodies committed to reducing the burden of RHD for Aboriginal and Torres Strait Islander peoples in Australia and NACCHO is a co-chair. Rheumatic heart disease is a preventable cause of heart failure, death and disability that is the single biggest cause of disparity in cardiovascular disease burden between Aboriginal and Torres Strait Islander peoples and other Australians.

4. **Address Aboriginal and Torres Strait Islander youth suicide rates**
   - Provide $50 million over four years to ACCHOs to address the national crisis in Aboriginal and Torres Strait Islander youth suicide in vulnerable communities:
     - New Aboriginal support staff to provide immediate assistance to children and young people at risk of self-harm and improved case management
     - Regionally based multi-disciplinary teams, comprising paediatricians, child psychologists, social workers, mental health nurses and Aboriginal health practitioners who are culturally safe and respectful, to ensure ready access to professional assistance; and
     - Accredited training to ACCHOs to upskill in areas of mental health, childhood development, youth services, environment health, health and wellbeing screening and service delivery.

5. **Improve Aboriginal and Torres Strait Islander housing and community infrastructure**
   - Expand the funding and timeframe of the current National Partnership on Remote Housing to match at least that of the former National Partnership Agreement on Remote Indigenous Housing.
   - Establish and fund a program that supports low cost social housing and healthy living environments in urban, regional and remote Aboriginal and Torres Strait Islander communities.
6. Allocate Indigenous specific health funding to Aboriginal Community Controlled Health Organisations
   • Transfer the funding for Indigenous specific programs from Primary Health Networks to ACCHOs.
   • Primary Health Networks assign ACCHOs as preferred providers for other Australian Government funded services for Aboriginal and Torres Strait Islander peoples unless it can be shown that alternative arrangements can produce better outcomes in quality of care and access to services.

7. Expand the range and number of MBS payments for Aboriginal and Torres Strait Islander workforce
   • Provide access to an increased range and number of Medicare items for Aboriginal health workers, Aboriginal health practitioners and allied health workers.

8. Improve the Indigenous Pharmacy Programs
   • Expand the authority to write Close the Gap scripts for all prescribers.
   • Simplify the Close the Gap registration process and expand who may register clients.
   • Link medicines subsidy to individual clients and not practices through a national identifier.
   • Improve how remote clients can receive fully subsidized medicines in non remote areas.
   • Integrate the QUMAX and s100 Support programs into one unified program.

9. Fund Aboriginal and Torres Strait Islander Community Controlled Health Organisations to deliver dental services
   • Establish a fund to support ACCHOs deliver culturally safe dental services to Aboriginal and Torres Strait Islander peoples.
   • Allocate Indigenous dental health funding to cover costs associated with staffing and infrastructure requirements.

10. Aboriginal health workforce
   • Increase support for Aboriginal and Torres Strait Islander health workforce and increase support for workforce for the ACCHO sector which includes the non-Indigenous health professionals on which ACCHOs rely.
   • Develop an Aboriginal Employment Strategy for the ACCHO sector.

For more information about our election goals and how to get involved, visit: www.naccho.org.au/VoteACCHO
ACT Records Fastest Growth in Prisoner Numbers After Near Doubling

*Canberra Times, 28 April 2019, By: Blake Foden*

The ACT has the fastest growing prison population in Australia, new data has revealed just two months after Corrections Minister Shane Rattenbury ruled out any future expansion of the Alexander Maconochie Centre's main campus. The territory also has the highest rates of recidivist and unsentenced prisoners, according to new Australian Bureau of Statistics figures that detail prison populations across the country between 2008 and 2018.

The number of people locked up in Canberra's only prison ballooned from 247 to 492 during the 10-year period in an increase of 99.19 per cent. The Northern Territory had the next greatest increase at 84.86 per cent. The new data provides a comprehensive snapshot of the people banged up on June 30 in each of the past 10 years, revealing a key factor in Canberra's burgeoning prison population is that most of the people inside are returning after being released. Of the 492 people incarcerated in Canberra at the end of 2017-18, 369 - 75 per cent - were in at least their second stint behind bars.

While the majority of prisoners in every Australian jurisdiction have been locked up before, the ACT's proportion of recidivist inmates was the country's highest and comfortably ahead of the national average of 57 per cent (to view graph go to https://www.canberratimes.com.au/story/6088716/near-doubling-gives-act-fastest-growing-prison-population/). Rather than expand the Alexander Maconochie Centre's main campus to accommodate growing numbers of prisoners in the capital, Mr Rattenbury believes the answer is to keep fewer people behind bars.

In February, the corrections minister redirected $14.5 million away from prison expansion and into community programs as part of an initiative dubbed "Building Communities Not Prisons". Mr Rattenbury said this would be much more cost-effective than a large-scale expansion of the prison, which would have cost more than $200 million.

As part of the new initiative, up to 80 men classified as low-risk prisoners will be housed beyond the high-security double fence at the prison to ease pressure on the facility and better prepare them for reintroduction to life on the outside, effectively increasing the prison's capacity to 591.

Along with the $997,000 allocated to the prison's "reintegration centre", the ACT government will invest $6.8 million to establish a service that provides stable accommodation for people on bail or parole who would otherwise have to be kept in custody (to view graph go to https://www.canberratimes.com.au/story/6088716/near-doubling-gives-act-fastest-growing-prison-population/). This would go some way towards addressing another issue identified in the newly released figures, which show the ACT has the highest proportion of unsentenced prisoners in the country. At the end of the last financial year, 37.8 per cent of the people behind bars in Canberra had not been sentenced.

The government has also committed $3.6 million to the ACT's first justice reinvestment trial, Yarrabi Bammir, $1.6 million for the Strong Connected Neighbourhoods program, and $1.5 million for Victim Support ACT.

"With prison rates on the increase, we cannot - in good conscience - maintain the status quo," Mr Rattenbury said in announcing the initiative. "Justice reinvestment signals a better way to help keep more people out of the prison system, and to help keep our community safe."
Just over a year ago the Australian Nurse-Family Partnership Program (ANFPP) Team was formed at Winnunga AHCS. Once the paperwork was sorted and an information brochure produced, the Team moved into community engagement. This included staff and clients of Winnunga AHCS as well as the various organisations in and around the ACT who would be in a position to refer first time mothers to the Program, and services that would be of benefit to our clients and their families.

In May 2018 the Team started conducting home visits. After 6 months, eight mothers were engaged with the Program. This was a significant time for the clients involved as they worked towards developing parenting skills, many for the first time. The ANFPP Team started to establish good bonds and meaningful partnerships with clients, assisting to identify and reach goals and aspirations, and build on individual strengths.

During this implementation phase, the ANFPP Team were also arranging their office space and attending further study required under the Program, whilst continuing to deliver a quality product to families. By Christmas 2018, ten mothers were actively participating in the Program.

Come January 2019, the Team started to ramp up their profile in the community through TV and radio advertisement, and now in May 2019, 16 mothers (bubs/dads and families) are participating in the program, with many more getting ready to start.

The Winnunga AHCS ANFPP Team are very proud of where and how far they have come. Some of our successes from the past 12 months include:

* Assisting to keep families together through active participation, even when things get tough
* Increasing child attachment and forging relationships with parents/caregivers
* Improving father involvement within the family unit
* Assisted in navigation of the health and human services system required by families.

Want to know about the ANFPP?

The Winnunga AHCS ANFPP is a Program that supports first time mothers (or first time parenting) who are pregnant with an Aboriginal and/or Torres Strait Islander child, to improve their health and the health of their baby during this time of change.

The Program is voluntary and designed to provide regular support to mothers including home visits from week 16 of their pregnancy right up until their child’s second birthday.

If you would like further information or would like to refer to the Program, please email: anfpp@winnunga.org.au or call us at Winnunga AHCS on 6284 6222 and ask for the Australian Nurse-Family Partnership Program.

Fact: The ANFPP facilitate nurse visits for women during their pregnancy and throughout the first two years of their children’s lives.
Winnunga AHCS Easter Egg Hunt Photos
Change to Winnunga AHCS

Clinic Hours

Friday 24 May 2019

Winnunga AHCS will be closed between 9am and 1pm on Friday 24 May 2019 for the Sorry Day Bridge Walk. We will be open again for the afternoon, 1pm to 5pm.
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!
Don’t let tobacco take your breath away

Friday 31 May – World No Tobacco Day

Healthy lunch provided from 12 noon
Test your carbon monoxide levels with our smokerlyzer
Come and chat with the tobacco worker from Cancer Council ACT

Promotional gear giveaways
FM 104.7 Hit Squad visit at 11.50am
Kids activities - jumping castle, face painting and balloon modelling
Discuss quit smoking treatment options through our No More Boondah quit smoking program

at Winnunga, 63 Boolimba Cres Narrabundah, from 10.30am to 1.30pm
For further information call 0436 678 746

Do it with us, not to us
Gugan Gulwan invites you to our
NAIDOC YOUTH AWARDS
& DISCO 2019

When: 11th July 2019

Venue: Corinna Ballroom -
Southern Cross Club Woden

Time: Awards - 6pm - 7:30pm
Disco - 7:30 - 9:30pm

Special Guest MC -
Sean Choolburra

Name: Jermaine Kennedy
Position: Home Maintenance Worker
Who’s your mob? Kamilaroi
Where’s your country? Walgett NSW
Who is your favourite singer/band? J Cole

What is your favourite song? All eyes on me
What do you do on the weekends? Play rugby and touch football
What is your favourite food? Kebabs
What do you like most about working at Winnunga? All the friendly people
My favourite pet? Dog
What is your pet hate? I don’t like rude people