

ABORIGINAL AND TORRES STRAIT ISLANDER ELECTED BODY

(Reference: Estimates process 2019-2020)

Members:

**MS KATRINA FANNING (Chairperson)
MS JOANNE CHIVERS (Deputy Chairperson)
MS PAULA McGRADY
MRS CAROLINE HUGHES
MR MAURICE WALKER
MR JACOB KEED**

TRANSCRIPT OF EVIDENCE

CANBERRA

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APPEARANCES

Justice and Community Safety Directorate.....	180
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The Elected Body met at 9.07 am.

Appearances:

Justice and Community Safety Directorate

Doran, Ms Karen, Deputy Director-General

Hughes, Ms Rebecca, Acting Executive Branch Manager, People, Culture and Training

Tan, Ms Doreen, People and Workplace Strategy

Peach, Mr Jon, Commissioner, ACT Corrective Services

Ponniah, Mr Ashan, Assistant Commissioner, Community Corrections, ACT Corrective Services

ACT Policing

Johnson, Assistant Commissioner Ray Johnson, Chief Police Officer for the ACT

ACT Fire & Rescue

Brown, Mr Mark, Chief Officer, ACT Fire and Rescue

THE CHAIR: Good morning. Welcome to the Aboriginal and Torres Strait Islander Elected Body hearings. We are up to day 3, but we understand that this is obviously your only appearance, so I acknowledge that we are on the lands of the Ngunnawal people and pay our respects to their elders past and present. We started the hearings on Wednesday with a much more formal welcome to country from Member Hughes in language. We need to also give apologies. Member Walker is on his way, but he has been delayed unexpectedly this morning and Member Monaghan is away on sorry business this week.

Ms Doran, I am not sure how many times you have come to hearings before, but normal practice is that your portfolio person asks the questions. That would be Member Monaghan, so that means you are stuck with me today. I am not sure if you think that is good or bad, but that is just where we are at. I thank you and members of the directorate for making the time for us today, given that many of your areas of responsibility have face-to-face obligations. We understand that it is a big commitment to come—not just the preparation but to spend a couple of hours with us this morning—so I want to thank you for that.

The way our questions have been developed for this set of hearings is that we provided advice to all directorates that we have a keen focus on the action plans linked to the agreement, and a significant number of our questions come from that. We always ask across our community for questions, so we have, for your directorate in particular, several questions that have come from the community. So if questions feel like they are a little outside the action plans, that is the reason for it. I do not want you to feel like we were disingenuous with our letter.

I do not know that there are any for your directorate, but where there were recommendations from the last hearings report we check in to see how people have progressed with those as well. One thing that we have been doing at the start of each of the sessions this time is that, because we are almost at the end of our term, we have

taken the opportunity to provide reflections on where we think, particularly related to our relationships, there has been success. Given that some of your group—I am thinking of police and emergency services in particular—might be coming at different times, when they come up we might do the acknowledgements for their particular areas. But, in particular, we are very happy to have seen that the delivery of services by Winnunga at the AMC has commenced. From what we understand, from the community perspective that that service is well received.

Do you have an opening statement that you would like to make?

Ms Doran: Just a very quick one, chair. I also acknowledge that we are meeting on the lands of the Ngunnawal people. I just would like to apologise for Richard Glenn; he sends his very sincere apologies. He only knew this morning that he was unwell and in the—

THE CHAIR: Is he 14-day unwell?

Ms Doran: In the spirit of being cautious, yes, he is in that space at the moment. I would also just like to say that we are probably missing a few other of our executives at the moment, on leave, but we will be trying to answer your questions to the best of our ability today. If we do have to take things on notice, I apologise in advance for that and we will respond as quickly as we can after the hearings.

THE CHAIR: That would be greatly appreciated, given that our term finishes in July. We have a shorter time frame for those processes post the hearings. The first part of the questioning is questions we have asked of all directorates. There are about eight of those types of questions. I understand that you have a copy of most of the questions there with you. Firstly, can you tell us what activities have been undertaken in the directorate to increase the number of Aboriginal and Torres Strait Islander people in senior leadership roles?

Ms Tan: Thank you. I will try to answer the question. We have, by government appointment, a magistrate and a person in the DPP who are Aboriginal.

THE CHAIR: Sorry, we should have mentioned at the outset that we are very happy with the appointment of our first Aboriginal judicial officer.

Ms Tan: Thank you. We are excited too. Currently we have seven Aboriginal and Torres Strait Islander staff who hold senior officer positions and equivalent, out of 60 staff. All staff are encouraged to have performance plans, which will identify their professional development and work-related study opportunities. Staff have access to JACS leadership training and development opportunities. During 2018-19—

THE CHAIR: When you say they have access; how many people have taken up those opportunities?

Ms Tan: Let me see. We have seven who attended the ACT government career development program for Aboriginals and Torres Strait Islanders. We have two senior officers enrolled in whole-of-government leadership program for senior officers. We have staff who attended the ANZSOG Reimagining Public Administration First

Peoples Conference. The DPP attended the ANZSOG CEO forum. A staff member is enrolled in an honours Diploma of Leadership and Management and we have provided study assistance.

During this period we also provided opportunities to 11 Aboriginal and Torres Strait Islander staff to perform higher duties and we had eight who were offered higher duties between July and December last year. All staff have access to mentoring programs and coaching as well, if they request it. I hope I have answered your question.

THE CHAIR: Yes, thank you. What work has been undertaken to date in order to reduce the experience of racism and discrimination for Aboriginal and Torres Strait Islander people within government systems by 80 per cent by 2028 and how are you measuring that?

Ms Tan: I will try to answer this as well. On the whole-of-government approach, we have the right framework. I understand that it is currently being reviewed, so I am sure it will be revitalised in the next financial year.

THE CHAIR: The direct framework only relates to staff-related racism issues?

Ms Tan: Yes.

THE CHAIR: They are not public complaints that come through RED.

Ms Tan: No, that is the respect, equity and diversity framework for the whole of the ACT government.

THE CHAIR: But it is internal?

Ms Tan: Yes, that is right. Within JACS itself, we have our inclusion statement, our employment action plan for Aboriginals and Torres Strait Islanders and the employment action plan for people with disability. We have various diversity groups that we are working towards establishing workforce inclusion for. We have our RAP as well, our reconciliation action plan.

During the last financial year, it was mandatory for staff to attend respect, equity and diversity training and Aboriginal and Torres Strait Islander cultural awareness training. We have also launched e-learning cultural awareness, targeting multicultural diversity. The focus has been about looking at racism and discrimination.

THE CHAIR: At the same time have you been tracking between the number of staff that are doing that course? Is there an obvious decrease in the incidents of racism that are recorded?

Ms Tan: That is something that I will need to look at. The e-learning was just launched at the end of the financial year, so we were not able to track that. In terms of racism or discrimination, they were reported under the whole-of-government agency survey, so that is something I need to go back and look at.

THE CHAIR: I am not sure if this is a question for you or more broadly, but there are

so many different operations within the directorate; is there one central point that says, “This is the number of incidents of racism that have been reported within our system”? These incidents may not necessarily be staff to staff, but how are incidents of racism recorded by the directorate?

Ms Tan: I think within JACS itself, within staff, it is recorded centrally and there are other more informal platforms that are through the RED contact officers. They will communicate the information. If agreed by the staff, they will be reported to the assistant director for workforce inclusion.

THE CHAIR: What I am getting at more broadly is that there is a commitment over 10 years to reduce by 80 per cent the incidents of racism, and I am yet to have a directorate explain to me how you know what number you are reducing.

Ms Doran: I understand. I will start to answer and then I might pass to Mr McIntosh for a bit more detail. We do have central processes within JACS, so we have a lot of business units and services. The corporate section is centralised, so collection of data and statistics would be aggregated across the directorate. I think with issues like this, while I acknowledge your question, it is something that takes time to measure as well, so we baseline initially and then watch the progress over time.

THE CHAIR: It does, but we signed an agreement 12 months ago. I am happy for you to tell me what progress you have made.

Ms Doran: We acknowledge that. At that point, I might ask Mr McIntosh to elaborate, if possible.

Mr McIntosh: I would also like to acknowledge the Ngunnawal people and the Elected Body and the other Aboriginal and Torres Strait Islander people that are here today. What I could say is that your point about the figure is well taken and we can come back to you in relation to that one.

On a practical level I have found that what we have been doing, certainly within the policy and program development areas of the business, is embedding the consideration of Aboriginal and Torres Strait Islander matters at the very start of what we do, which is obviously not something that would be new to the Elected Body. It is something you have spoken about quite a lot.

New officers are coming into environments where considerations of Aboriginal and Torres Strait Islander matters are core to what we are doing. They take into account the disproportionate effect of our policies and processes on Aboriginal people, which does not directly address reducing the figure. But it starts to build the culture around taking into account and considering all the effects that do come.

THE CHAIR: I am just wondering how, without that business intelligence, you know what programs you are building for?

Mr McIntosh: Certainly, without knowing what that 80 per cent figure is, that is a key point, absolutely.

THE CHAIR: But even what the drivers are for it and in what parts of your systems they occur and how are they dealt with.

Mr McIntosh: Absolutely. I think what we will continue to do is come back to you with a more fulsome answer about how we do that or, if we do not have that in place, how we will propose to do that.

Ms Doran: Chair, I might also ask Jon Peach to just add something on activities underway in the Corrections space as well.

Mr Peach: ACT Corrective Services each month holds our executive governance committee. As an automatic response to all our complaints, we have those tabled from both internal complaints, which are managed generally in the AMC, and also our external complaints. We have a spreadsheet of what those complaints are across all disciplines, not just racism, so we are actually able to give figures in recent months of what those complaints are. Obviously, we look at those and look for trends and types of complaints. As a consequence of that, where we identify things and trends, we actually do start looking at how we can address those.

One of the initiatives that Corrections that has had in place for a number of months now is the Indigenous services committee. I think I reported on it at the last hearings. Again, when the complaints that come up from a staffing perspective are aired, they are looked at in that forum as well. From a detainee perspective, contrary to recent events, we actually have very, very few and very rare complaints direct to the agency that are of a racist nature, I am pleased to say. Again, when we do get those complaints, we deal with them directly.

THE CHAIR: Since you opened the door, I am going to ask you a couple of questions about that.

Mr Peach: Certainly.

THE CHAIR: Was the incident that has been reported this week, from 2018, considered an issue of racism?

Mr Peach: I think that is a very difficult question to answer.

THE CHAIR: Did it make it onto your spreadsheet?

Mr Peach: It was a separate complaint, because it was actually dealt with by the Human Rights Commission directly. As you will see in the newspapers, the complaint itself was actually levied straight to the Human Rights Commission, so they dealt with it.

THE CHAIR: So no staff member raised it?

Mr Peach: The staff members presented it to the general manager at the outset. It was not raised as a complaint. It was raised as: "This is an issue that should not be there." The general manager at the time reiterated that across management and the image was removed.

What did happen at that time, which is what we have now seen in the papers, was that a photograph of that what was taken so that we could try and identify who had done that drawing. Obviously, we looked at trying to identify the individual at the time. That was not possible. We actually do not know how long that drawing was present. It was in a very obscure area of the jail. If you walk into the area where it was, staff would not automatically be led to look at that area. I cannot answer how many people have seen it or when it was actually there. That is the problem and challenge that we have in identifying the culprit of the drawing.

THE CHAIR: My question was: if staff raised the issue, was it considered an issue of racism?

Mr Peach: The staff members were extremely concerned about the nature of the drawing, yes.

THE CHAIR: Was it considered an issue of racism? I am not asking if they were concerned. I am asking: did it meet the threshold for what AMC would consider a racist action?

Mr Peach: I think it was abhorrent drawing, irrespective of who the detainees were or were not. For people aware of things like the recommendations into deaths in custody and those types of reports, I think it was an abhorrent drawing. If there was a linkage, or any other type of linkage made to that, then absolutely it could be a matter of racism. I do not like to believe that my staff had actually drawn that conclusion in there, because that would give me even further concerns than I have around the drawing already.

THE CHAIR: So it is not considered a racist drawing?

Mr Peach: It was not considered racist at the time. What has happened since, obviously, is we have heard from a detainee who explained in further detail why they believe it would have been a racist drawing and the traumatic impact on that detainee in particular—which I fully understand and acknowledge.

THE CHAIR: Let us go to the investigation of it. In my travels to the AMC, which have been very few, it feels like someone needs to swipe in every three steps, every time you go through a door. How is it not possible to know who has been in and out of that part of the building?

Mr Peach: The problem is not the fact that we do not know who has been in and out there. The drawing itself was in the key room, where all staff—our staff, Health staff, Winnunga staff—draw keys. That is not actually on CCTV footage. We can have over 100 people go through that area every day. And without actually knowing the time, place, who was in there at the time, we just would not know how to do that, who was there.

THE CHAIR: But you do know the 100 people that walked past the drawing and said nothing about it?

Mr Peach: Well, we do not know whether they saw it or not; that is the problem.

THE CHAIR: Did you ask them?

Mr Peach: Well, we have not asked every single member of staff. At the time that the drawing was found, we tried to identify who would do it by asking people to come forward and give us information. And of course nobody will self-nominate in that sense.

THE CHAIR: But for serious matters at the AMC, we use the honesty system for investigation?

Mr Peach: In the absence of any other form—in the absence, excuse me, of any other way of investigating it, absolutely.

THE CHAIR: The other way is to ask 100 people who went through that room: did they see the drawing?

Mr Peach: The problem is we do not know how many people had been there. We do not know when the drawing was done. It could have been there for three, four, five, six weeks, for all we know. So it could have meant interviewing every single member of staff.

THE CHAIR: That is not a better excuse.

Mr Peach: I am not making an excuse. I could have walked through that key room without seeing it.

THE CHAIR: I am not asking for the people who did not see it. I am asking: did you ask people who went through that room if they saw the drawing? And the follow-up question would be, “Why did you not do anything about it?”

Mr Peach: Well, we did not ask anybody if they had seen it.

THE CHAIR: Why?

Mr Peach: Because we did not know how long it had been there, and the simple fact of asking every single member of staff, “Did you see that diagram?” would not result in finding out or identifying who actually drew the image, which was the point of concern.

THE CHAIR: It would give you an indication about the level of commitment your staff have to dealing with racism issues in your facility.

Mr Peach: I think the point is that the staff members that actually saw it raised the issue at the time. I can’t comment on the staff that walked past it or the staff that didn’t see it, because, as I say, it was an extremely obscure area of the room. It is not somewhere in the AMC where I would have drawn my eyes and seen, if I had walked in there. I would have had no need to look at that side of the building.

In terms of your comment about why did we not do anything, I do not think that is the case. At the time, the general manager took the impetus to remind staff of their obligations around decency, respect for all detainees, not just Aboriginal and Torres

Strait Islander detainees. Since then we have received a complaint from a different detainee, who was not the subject of the drawing. We have been dealing with that detainee for a lengthy period, which resulted in the hearing last week.

THE CHAIR: Since learning of the drawing, have any adjustments been made to your training modules?

Mr Peach: Yes. We are doing a couple of things in the training space. We have increased the cultural awareness training, particularly with our new recruits coming in.

THE CHAIR: Does that have a racism component?

Mr Peach: I would have to check that. I mean, it is increasing cultural awareness. Whether it actually has a racism component, I would need to confirm. The other thing we have also done is introduce the presence of a person with lived experience to the Mandatory recruit training to be able to talk to staff about their feelings, how they feel about incarceration, how they feel about staff interactions with detainees, with the view that we could further educate our staff as they come into the AMC.

THE CHAIR: Since 2018 how many staff have had their work terminated with the AMC for disciplinary matters?

Mr Peach: On notice, I am afraid, chair. There have been some, but I cannot remember how many.

THE CHAIR: Having had visibility of this issue from 2018, can you tell me the number of times you raised that with any Aboriginal or Torres Strait Islander people from outside of the AMC?

Mr Peach: I do not think I have with people from outside of the agency, simply for the fact that we have been undergoing a lengthy process of negotiation with the complainant. That started in the Human Rights Commission. We went through a process with the detainee, and we did not come to a resolution with him. That was then referred to the Civil and Administrative Tribunal. Therefore we were in that negotiation until last week. I was very quick and very keen to make sure that the community were aware of the issue as soon as it was resolved.

THE CHAIR: Once it hit the media.

Mr Peach: No. We hit the media first with it because I was more conscious not of the media but—

THE CHAIR: Did you ring Member Monaghan?

Mr Peach: Sorry?

THE CHAIR: Did you discuss it with Member Monaghan?

Mr Peach: I do not think so, no.

THE CHAIR: Which Aboriginal and Torres Strait Islander people from our community did you reach out to let them know that this had happened?

Mr Peach: As I have just said, because of the negotiation process going forward—

THE CHAIR: No, but since the time that you were able to speak about it, what actions have you taken to speak to anyone from our community about it?

Mr Peach: Since last Thursday I have not spoken to anybody else about it.

THE CHAIR: Now, this may be a misquote, but I was reading one of the newspaper articles about it and it attributed a comment to you—so I want to check that that comment is right first.

Mr Peach: Sure.

THE CHAIR: I understand that that is not always how things are reported. But it was to the effect that staff who cannot meet these basic expectations should rethink their career.

Mr Peach: That is absolutely correct.

THE CHAIR: Is that correct?

Mr Peach: It is correct.

THE CHAIR: Do you think you have more of a role than just hoping that people will rethink their career in actioning these types of activities?

Mr Peach: We already do that. I mean I reinforce this regularly with staff. It is not simply about expectation. Where we have any reports of this nature and behaviour we do investigate them where we can. So absolutely I do. It is not simply a case of a play on words; it is a case of actually living that. If I find that staff are using that behaviour I can assure the Elected Body that I will take action in that case.

THE CHAIR: The problem I have after reviewing things like the Moss review and talking about having pockets of areas in the AMC where activities can happen that make our people feel unsafe, whether physically or emotionally, is that this is continuing to happen. How can we be assured that these sorts of issues do not just keep happening in your blind spots?

Mr Peach: There are two different parts to that. There are the issues about what we do with detainees and how we manage detainees, which is an ongoing issue around the jail anyway. And then there is the issue of staff. Of course with detainees we constantly monitor safety and security and look at how we deal with infractions, misbehaviour, misconduct, assault et cetera.

THE CHAIR: You are talking about physical safety?

Mr Peach: I am talking about general safety, which counts physical safety as much as

we can also. But we can only deal with that when it is responded to. As you are aware, we have a fairly comprehensive Indigenous services unit team out there to support detainees. Also, with the inception of the Winnunga model of care in there, we have more options for support for Aboriginal and Torres Strait Islander detainees than we have had for a number of years—in fact, since the commencement of services.

THE CHAIR: Have those two internal resources been utilised to deal with this matter?

Mr Peach: Not with this matter, bearing in mind that we have had Thursday and Friday—

THE CHAIR: But the Indigenous services unit team are internal. You would not need to wait till Thursday to discuss it with them?

Mr Peach: No, they are aware of it. But there is only so much they can do in terms of talking about it while we are still subject to a hearing in the tribunal. The Indigenous services team were aware of it—as, to be quite frank, lots of people were.

THE CHAIR: What I am trying to get at is that Aboriginal people working within your facility are having to work alongside someone who thinks it is all right to draw this picture. I am worried about their safety.

Mr Peach: I hear you. Again, the same comment comes through: that our staff are encouraged to report any adverse behaviour of this nature. Since 2018—from a different perspective—we have set up an integrity line, which is a direct reporting line to me and our intelligence unit that allows people to report, in confidence, issues of this nature. So they do not have to go through the normal chain of command. They do not have to be fearful for their safety in terms of raising it within the jail, the conversations that happen in the jail and the fear of repercussion. They have the opportunity to report in high confidence so that we can address those matters.

In terms of our staffing, where this becomes evident we have an open-door policy for reporting. We encourage reporting. We have also established, from the Indigenous services committee, the Indigenous services staff network, which has been operating now for 12 months. Again, that is building confidence in staff to share if there are these issues. So it is not the case that we have done nothing; we are doing things all the time now on this matter.

THE CHAIR: What conversations have been had with any Aboriginal and Torres Strait Islander staff member at AMC about how that image by another staff member has impacted them?

Mr Peach: There would be none.

THE CHAIR: To go back, how did it come about that the offending picture was removed?

Mr Peach: From my recollection, a staff member saw the image in the tea room. They attended the general manager's office. I cannot remember whether the general manager went to see the picture or the staff member took a photograph and removed the picture

themselves, which would have been the right thing to do, and then reported it to the general manager. That is how it was removed. So it was removed as soon as it was identified.

THE CHAIR: Since Thursday, what communication have you had with your staff around this matter?

Mr Peach: After the media statements were released on Tuesday, I made sure that every single member of staff across my organisation had a copy of my media statement reinforcing the message that this behaviour was not acceptable, that this behaviour was, as I described it at the time, despicable and abhorrent, and that we would take action around this if the behaviour continued. I stand by my comments that I made at the time: staff behaving in this nature are on notice. If staff are going to behave in this way they have no place in my organisation.

THE CHAIR: Have any actions been taken to make sure that in the area of the AMC where this occurred, should something happen in that area again, it is a bit easier to work out what actually happened? Or is it still a blind spot?

Mr Peach: It is still a blind spot. The reality is that it is a secure area within the jail. This drawing was in the very back corner of the room. Without a direct camera on every single area in every single part of the jail, we would not be able to have that coverage. It is just not practical. It would be the same in the staff offices. That drawing could have been reproduced anywhere in the jail that has not got a camera on it, or anywhere in the jail. The reality is we cannot cover every single millimetre of the jail with camera coverage.

THE CHAIR: I am not talking about cameras. But on a daily basis you would have a staff member physically see every corner of your jail?

Mr Peach: Again, we would not have one staff member—the staff would not cover every aspect of the jail.

THE CHAIR: I do not mean one person in particular. On every given day, someone is in each part of the jail?

Mr Peach: Absolutely.

MRS HUGHES: Even cleaners?

Mr Peach: Some areas, because they are secure areas, do not necessarily have a cleaner. So we are very dependent on staff seeing those things. My expectation of staff is that they are extremely professional. They should be extremely respectful and they should be aware of these issues—as was the case in this instance: a staff member reported it. The difference for me is that we should be expecting every staff member who is on duty to report such incidents. That is the standard we should be holding people to. It is not acceptable to me to expect that one person, two people or three people go down and do a sweep of this nature to check that that is not happening, because the reality is that there is no place for it within ACT Corrective Services. Every staff member should be making sure that it is not there, and if they become aware of it then there should be

immediate reporting of these incidents.

THE CHAIR: I could not agree more that that is the explanation, but it does feel like we are falling short of that. I am also disappointed, given the number of meetings over the period of time that you have had not only with us, with our members and with a whole range of other community leaders, that even in a more general sense this issue has not been raised.

Mr Peach: At different levels there are people who are aware that there has been discussion around it.

THE CHAIR: Can you give me an example?

Mr Peach: Not without getting into details of the conversations. I do not think anybody—

THE CHAIR: It is a bit convenient.

Mr Peach: No; what I am trying to say is that I do not think anybody has said—I certainly have not said—“Hey, this happened on such and such a day in May 2018” and been that open about it. And, as I said earlier, the reason I have not done that is that it has been subject to proceedings. There is certainly an awareness of the diagram that was done there, but there has not been an open conversation. There may have been conversations that went, “There was an incident in the AMC and we’re dealing with it.” That would have been the extent of the conversations.

THE CHAIR: What advice or resources have you had developed to assist in better dealing with issues of racism in the AMC? Without having to reveal the incidents, what have you done?

Mr Peach: They come through both our Indigenous services network and our staff network. They would come through our Indigenous—

THE CHAIR: No; what have you done?

Mr Peach: Personally?

THE CHAIR: Yes. You are the leader of the place.

Mr Peach: Absolutely. Apart from establishing our ability to assess complaints and looking at those complaints personally, we have reviewed our complaints policy to make sure that people can make complaints and that they will be actioned. We have taken the steps of introducing not just a complaints process but also the integrity reporting tool so that staff can report incidents. That gives us the ability to govern the data. In terms of responding to them, this is the only complaint I have had internally that has been an open complaint, in the words used. We have taken action appropriately as far as we could, I would say. I would not say “appropriate”, because we have not been able to identify the culprit. That is the only action that has been taken.

THE CHAIR: When was the last time you did training that involved how to deal with

issues of racism?

Mr Peach: Me personally?

THE CHAIR: You personally.

Mr Peach: Probably about 18 months ago.

MRS HUGHES: From what I am hearing, the lack of investigation has not been able to pinpoint who actually did it. Therefore, I understand, there has not been a hate crime charge against an individual. However, it is my concern that that individual is still working in there, even though unknown, and they would have adverse influence across AMC with their colleagues, both Aboriginal and non-Indigenous, including the prisoners. I would like an undertaking that there would be intensive Indigenous anti-racism training across all sectors coming from the top executive down. It obviously is still there and there is something that needs to happen—things like the MATE bystander training so that colleagues, for instance, can pick it up and deal with it on the spot and not have to raise it. I am really disappointed to sit here today as an Aboriginal woman and be hearing the excuses I am hearing about this.

Mr Peach: First, I share your sentiment. I am deeply disappointed in the behaviour of the staff member that did this. I cannot take that away. I cannot condone the behaviours in any way, shape or form. The action was abhorrent.

Moving away for a second, if I may, from the race element of this, whether that drawing was a depiction of an Aboriginal or Torres Strait Islander individual or whether it was of a general detainee is in one sense irrelevant for me. I have a duty of care to all my detainees. The fact that a member of staff has taken it upon themselves to draw that image is something that deeply offends me and that on behalf of my agency I am deeply apologetic for. It is probably, in the 2½ years I have been here, the most difficult, shameful action that I have seen in the AMC. I make no attempt at all to excuse or to protect the identity of the one doing that drawing. The issue is that we were not able to identify who did do it. This happened at a time, and it could have been over a period of time, when we would not be able to identify that person.

I make no excuse, again. The prison culture is such that the simple answer is that people will not inform on other members of staff, for whatever reason. That is something I am working on as well, because it is not just in this area that we have that problem. I do not sit here trying to offer you excuses; I sit here trying to say to you that we are trying to work with people to address this generally as a cultural issue in ACT Corrective Services. I can't say any more. I echo your disappointment and absolutely agree, a hundred per cent.

MRS HUGHES: We share a positive relationship. Lots of confidential information is shared between directors-general and the Elected Body members who have that portfolio. To not even talk to Fred about what happened well before this, even before the media release came out and it hit the public and our community—and the impact on our community—is something that we are dealing with from an Elected Body perspective. It heartens me to hear you say you accept that it is a cultural issue across AMC. However, if staff do not want to talk about or disclose who they understood did

it, it tells me that that culture needs to be dealt with very strongly. That includes everybody doing anti-racism training—and not just embedded in something. It has to be intense racism training and it has to be done from the top down.

Mr Peach: Yes.

Ms Doran: I acknowledge everything you have said. We take our relationship with the Elected Body very seriously, so to hear that this may be undermining that relationship is something I will take back to the D-G and have some serious discussions around to see how we might have done it better this time around and certainly how we can do things better in the future in terms of open communication.

Mr Peach: As soon as the matter was resolved as far as it could be in the tribunal, we were extremely proactive in making sure that that was our focus. It was not about the media management, as has been suggested. It was very much around me wanting to send a message out to my staff and to the community that this behaviour occurred, that it was abhorrent and that it was not going to be tolerated within ACT Corrective Services. That was the motive for me going out and making a formal statement to the media about it. I have to be very clear with my staff at all times that this is not acceptable. For me there is no better message than being able to stand there in front of the community, in front of the media, and say, “Hey, this has occurred. It is absolutely abhorrent and it will not be tolerated. If you undertake this type of behaviour then we will find you and we will deal with it.” That was the motivation for me going to the media.

I acknowledge the fact that we did not contact the Elected Body. But I can assure you that our intention has been really to reinforce the message with staff that this is not acceptable and not the way that we should be. I am sincere in saying that, due to one person’s actions in this case, it is highly recognised that that has undermined our credibility and the professionalism of the rest of my staff, who are highly committed officers in the jail.

THE CHAIR: Thank you. The question we started this with is about how to reduce systemic racism across the government system, not just with JACS. How are staff trained to understand what is an issue of racism that is being raised? The evidence was unclear as to whether people were considering that an issue of racism. How does the directorate assist people to identify that? For many people outside the government world, the way they may raise an issue may not comply strictly with how a template or form looks. How are you building within the directorate people’s ability to even identify what might be racist issues?

Ms Doran: It is a fair question and I understand the aspect of the question that you are trying to draw out. Today we have probably given you as much of the answer as we can, but we will take it on board to look at that in more detail. I will talk more generally to our training programs with staff, but we will need to go back and really look at how the issue of identifying racism as a particular—

THE CHAIR: As a heads up, and without having canvassed this with my colleagues, one of our recommendations will be that there is a standard way of capturing that so that across government we are comparing the right things. Just be mindful that we have

not been overly happy with the answers of any directorate on that particular issue. We will keep going. We can come back to things if we need to. How does your directorate ensure that cultural protocols to recognise Ngunnawal people as traditional custodians are followed?

Ms Doran: We will take it on notice.

Ms Tan: This is identified in our reconciliation action plan. One of our objectives is to demonstrate respect by embedding cultural protocols as part of the way our organisation functions. We have implemented the protocol which is on our website for welcome to country and acknowledgement of country. We have invited local traditional custodians to provide a welcome to country at significant events, and all staff and senior leadership are to provide an acknowledgement of country at public events as well. So we have done quite a number of activities.

THE CHAIR: Ms Tan, when you look at that and come back to us, can you also check in those documents that the way Ngunnawal is spelt is consistent with the government's position on that? I think you will find that some of your documents are not.

Ms Tan: All right.

THE CHAIR: Has your directorate changed its policies and programs to allocate resourcing to best address the needs of the Aboriginal and Torres Strait Islander population? This question is particularly about what is unique about our demographic. For example, that so many of our community are under 24 is quite different to the policy drivers for many other groups in the ACT. So we are trying to understand how you keep across us not just generally in the population but also as groups within your service system.

Mr McIntosh: In terms of policies and procedures, I would have to come back on whether there is any formal policy about how we do it as a whole directorate, but how we are developing and looking at the things we do holistically is in co-design with the community. We have conversations with the Elected Body, but more with service providers. We have our caucus, which I know there will be some questions about later on. We have internal Aboriginal and Torres Strait Islander staff, but we certainly talk quite a lot to the community both informally and formally as well.

In terms of how we break that down, that is a very good point to have made. It is something we probably need to look at in the next development of how we do our business, because I do not know that we break it down as specifically as you have mentioned. It is a very good point. It is certainly something we look. We are bringing forward programs that are around family models at the moment because that is what we have been told by the community is very important to them: the family.

THE CHAIR: Certainly that is one component of good evidence-based management, to hear from the community and from stakeholders, but the business intelligence piece is important. One of the reasons for my asking this directorate this question is that one of the outstanding items from the last justice partnership agreement, which has now been rolled in under these agreements, was an piece of work on data directly related to the Magistrates Court. Has that been resolved?

Mr McIntosh: The new case management system has been implemented in the courts and is being rolled out. It has the ability to, and does, capture Aboriginal and Torres Strait Islander data now, so we can start to draw data that we were not able to draw before. That was a key part of the system that we were not able to see. Now that that system is being rolled out into the courts, we will start to see some of that data flow, which is obviously, as you say, a key blind spot for us, yes.

THE CHAIR: The next question is about the number of community events that have had a particular focus on Aboriginal and Torres Strait Islander people that your directorate may have delivered or participated in. What do they look like, who is responsible for coordinating and running them, and what types of budgets do you have for them?

Ms Doran: We might not have the right person here today to answer that question, so we will take it on notice, chair.

THE CHAIR: Okay. Given that each of your services might do something, it might be easier to coordinate that anyway.

Ms Doran: Thank you.

THE CHAIR: Of particular interest for me is not just the specific, say, NAIDOC events but which of your mainstream events have a specific outreach to Aboriginal and Torres Strait Islander community members. How are you connecting with us outside of NAIDOC Family Day?

Ms Doran: I understand.

THE CHAIR: Thank you for joining us this morning, Chief Police Officer. Because we have a whole range of questions for the breadth of the directorate, we wanted to get to you quickly so that you can get back out on the road, so to speak. We have talked about some of the things that we think have been positive in different areas of the ACT government over the last few years. We started with some more general things for the directorate. But the Elected Body wanted to talk about, in particular over our three years, the genuine commitment of both you and your predecessor to the community forums and to a number of outreach activities with Gugan and others that have focused on changing the relationship between many members of our community and ACT Policing. Whilst, as in many other areas, there is a long way to go, we think that considerable ground has been made there. We were worried when you started that what took a while to get started might not be carried through, so we want to thank you for that. Are there any opening remarks that you would like to make?

Asst Commissioner Johnson: No, chair. I appreciate the opportunity to be here and am happy to take questions. That is probably the best way forward.

THE CHAIR: I understand that over the last perhaps 18 months there has been a review of the model of how ACT Policing works. Is that correct?

Asst Commissioner Johnson: Yes.

THE CHAIR: Has there been any specific component in that to look at Aboriginal and Torres Strait Islander outcomes in that regard?

Asst Commissioner Johnson: One of the effects of the way we are looking at doing business differently will absolutely impact on Aboriginal and Torres Strait Islander relations and community. The underlying principle of the way we are trying to reorient the way we do our work is to base it on prevention and to focus on community engagement. That is primarily because the challenge we find ourselves with is an increasing level of work, which means our patrols are spending more time just attending jobs and are not getting the opportunity to spend time in the community, which has its disadvantages, obviously, particularly in the Aboriginal and Torres Strait Islander community.

The program we are on over the next four years includes an increase in our numbers, but the way we are going to change our work is to try to focus more proactively and try to get more engaged with vulnerable communities. For example, in the first year of that funding stream we got the equivalent of about five extra positions. One of those we funded as an extra Aboriginal liaison officer to increase our ability to engage. As we go forward, that work will continue. We are also changing the way we do our community safety work. We are expanding that capacity as well. The idea is to really engage with communities, be they Aboriginal and Torres Strait Islander or some of our other culturally diverse communities, to work with them to try to solve the problems more holistically rather than just deal with them as a crime problem. That is the philosophy of the way forward.

THE CHAIR: Thank you. I should have mentioned that Member Monaghan is an apology for today. He is away for sorry business, which is why you are stuck with me asking questions. Some of our questions may be on things that Member Monaghan does know, but we do not have the benefit of his expertise at the table today. With the specific liaison officer roles, over the last year or two, have those roles been expanded to cover weekend or out of nine to five hours work?

Asst Commissioner Johnson: We originally had two Aboriginal liaison officer positions. We expanded one out of that funding and we have covered another one out of our own internal budget. There is not enough capacity to have them 24/7, of course. We have an on-call arrangement so that they can be accessed at any time if our members need them. The critical point to be made, though, is that we are hoping to make as many of our police officers Aboriginal liaison officers as we can so that most, if not all, police officers are as competent and focused as the ALO team, and well supported, well trained and so forth to be able to do what they need to do. But the answer to the simple question is that the ALO program at this point is only four, so we have an on-call arrangement.

THE CHAIR: Since we started asking these questions—and I think this pre-dates your time—we have been able to clarify that those roles are to support the frontline service. There was a bit of community expectation that they were our front door as well, but they cannot be—is that correct?

Asst Commissioner Johnson: Yes. Certainly they are part of it. As I said, what we are trying to do is, where we can, engage with the community directly to look at where

there might be issues and where police might be able to help. They are the place where the direct contact with the community is. Their primary purpose is to build a bridge between the community and frontline police.

THE CHAIR: Overall for ACT Policing in, say, the last 12 months, has the number of Aboriginal and Torres Strait Islander staff been stagnant, grown or declined? How many of our mob work for you?

Asst Commissioner Johnson: It has gone up. Now just short of 2.9 per cent of the workforce is Aboriginal and Torres Strait Islander. That is an increase. I think we were at about 2.6—

THE CHAIR: Is there parity between uniform and non-uniform for those roles, or are they primarily on one side of the business or the other?

Asst Commissioner Johnson: I can tell you exactly. Bear with me.

THE CHAIR: I thought that at one point the admin roles were seen as a bit of an entry path.

Asst Commissioner Johnson: Yes.

THE CHAIR: But potentially if people wanted uniform careers—that is what I am getting at. How is that pathway working?

Asst Commissioner Johnson: There are a couple of pathways in. One is that the AFP nationally have what we call the directions program, which is specifically for the Aboriginal and Torres Strait Islander community.

THE CHAIR: You can take advantage of that?

Asst Commissioner Johnson: Absolutely we do. I think we had another two or three staff with us last year from that program. As it stands at present, at 2.9 per cent of an organisation of about 870 FTE, it is not big numbers but it is significant. Of the 26 that make up that percentage, 11 are police and 15 are professional staff.

THE CHAIR: That is not bad.

Asst Commissioner Johnson: It could be better but it is on the right path.

THE CHAIR: Are any in what you would consider senior roles?

Asst Commissioner Johnson: Yes. We have what we call band 6s and band 7s, usually at the sergeant or senior sergeant sort of level.

THE CHAIR: That is why I said “what you call senior roles”: because I do not know the order of your badges.

Asst Commissioner Johnson: We have two at that level.

THE CHAIR: Two out of 11?

Asst Commissioner Johnson: Yes. And there are two out of the 15 as well, so there are four at that sort of level. There is still work for us to do in trying to work out how to get people through that level to the next level and beyond, because there are levels of seniority above that. Even the AFP more broadly have a couple of members into the next level of seniority but not as many as we would like, so there is some work in thinking about what that might be about. But, yes, we have certainly got a couple of people at that sergeant or senior sergeant level.

THE CHAIR: My next question relates to your family violence unit, the team that specialises in dealing with areas of family violence. Do they keep statistics on how many Aboriginal and Torres Strait Islander people they help with that service?

Asst Commissioner Johnson: That is a good question. I am looking at my colleague to my right. He is looking at his colleague to his right.

THE CHAIR: You are out of uniforms, brother.

Asst Commissioner Johnson: There is one man who is not in uniform. I see him hiding.

THE CHAIR: It is okay if you take that on notice.

Asst Commissioner Johnson: I may have to take that on notice. I would be surprised if we did not, but I would not want to mislead you in case we do not. I expect that we would have those figures. We could get into our systems and find them out. We should have some idea. Just so you have a sense, in our new way of thinking about this going forward, family violence, community safety and the Aboriginal liaison officers are working very closely together on the one leadership team.

THE CHAIR: The reason I ask—and I will not go too deeply into this, because it is a single issue—is that one of our support services has in the last couple of days reported a very significant issue of how two women who they were supporting were treated very differently around AVO matters based on an unconscious bias as to how one woman ended up in those circumstances. I do not want to grill you over something that we will talk about later. I am just trying to get a sense of how that unit works, how many of our people are accessing it and how the NGO sector understands where there might be people with more experience in dealing with Aboriginal and Torres Strait Islander matters in this area so that we can direct them to places where they will be more understanding.

Asst Commissioner Johnson: I am certainly happy to hear about any concerns. We can look into what that might be about.

THE CHAIR: It has only come up over the last day, so I am not trying to—

Asst Commissioner Johnson: The family violence unit is, in a similar vein to the ALO unit, a support to the front line. In the end, frontline police will ultimately be responsible for family violence matters. There are some fairly rigorous processes around dealing with family violence matters. The family violence unit work pretty hard to make sure

we do it as consistently and as appropriately as possible, using the right risk tools. We are always keen to try to improve that. As we go forward with the new model, we are trying to get a bit more resourcing into that team so that they can take a bit of the weight off the front line. Police often turn up and have another job to go to after they finish that job. If we can give them a bit more time to settle and do something for longer, hopefully we might be able to solve any of those sorts of issues. But I am happy to hear about it if there are concerns about how people have been treated differently.

THE CHAIR: That goes to something we have spent a fair bit of time on this morning. How does ACT Policing capture or register where people have raised issues of racism either in the service that they provide or as a complaint between them and someone else in the public?

Asst Commissioner Johnson: The Australian Federal Police Act empowers the complaints mechanism. It is a mechanism. The way we put life into it is that, if a complaint has been made to a police officer, they are obliged to record that complaint. They are categorised. What we call a category 1 complaint is customer service, more or less. Category 2 are the slightly more serious low-end misconduct matters. Category 3 is getting into serious misconduct, and category 4 is corruption.

THE CHAIR: But identifying in each of those categories what relates to racism—is that possible at the moment?

Asst Commissioner Johnson: It would be, yes. There are some other things that go around it, but if it was category 2 or category 3, if it was an allegation of racism it would fit into it. Category 2 can be done in a workplace, more so than category 3. It would have to be done by a dedicated team. It is included in the code of conduct. That is a published document. The code of conduct expects people to act impartially. It is quite clear if it is a breach of that code of conduct.

THE CHAIR: We have a comment in the agreement about reducing racism through government systems. One of the issues we are finding is a lack of consistency, for want of a better word, as to how those matters are dealt with across the government. You have a starting platform at least, within yours. My understanding is that you are aware of this, but apologies if you are not. We talked to the Education Directorate yesterday about issues through social media, particularly with younger people, where we had some incidents around Australia Day. A quite young girl was quite viciously attacked on social media. My understanding is that the response from the police officer who was engaged in that process was that it was not something they should be dealing with. I do not know, and you might not know, the details of that. But more generally, if someone wanted to complain about being attacked racially on social media, is that an issue we can take to police? I am not up to date on social media; that is why I need to check.

Asst Commissioner Johnson: Yes, of course. The question, I guess, will be what offence has been committed. I am not saying there is not one, but the police officer would be turning their mind to what the nature of the action was, what offence might have been committed and the potential for finding offenders. I do not know the particular circumstances. All those things might have been very clear; I am not sure. But there are lots of social media issues and there is a police capacity issue around dealing with all of those social media ones.

THE CHAIR: I understand.

Asst Commissioner Johnson: So where we try to do our work is in the prevention space as much as we can. There are some really good programs we have been doing in schools and so forth in terms of the “Think you know” program, which we have just had evaluated recently and which has been really quite positive in terms of kids’ understanding of their risks online, including social media. This is a roundabout way to get to the point, but without knowing the circumstances—and we would be happy to look into them—I could not say for sure. It does depend on what the offence might be and whether there is a chance of finding the offender, and sometimes in the social media context that might not be possible.

THE CHAIR: Is there potential, given your already set agenda in community outreach with our communities, to work with your liaison officers, for example, to look at the information you have around social media, just so community are aware of their own responsibilities in responding to some of those things and how to deal with things, where to send—

Asst Commissioner Johnson: Yes.

THE CHAIR: It is a very muddy area. Granted, if you get a police officer who is in between a whole range of things, this might not get people’s attention, but the impact of it on our kids—I am trying to work out where it is we can put the effort and what information we need. Perhaps those outreach events are a good way to do that.

Asst Commissioner Johnson: And it may be that as we do community forums and the like it is something we can do a bit more of: to develop the awareness and education part of it. So we will take that on as an idea. We have got some really good programs. One, as I said, we have evaluated to be quite successful and it has worked in schools, so we think maybe—

THE CHAIR: The next question, I know, has been asked of you and your predecessor in at least every hearing while I have been here. How are the Aboriginal and Torres Strait Islander levels of diversion looking compared to mainstream?

Asst Commissioner Johnson: We saw a 30 per cent increase—again, the numbers are relatively low—

THE CHAIR: They jump around a bit.

Asst Commissioner Johnson: Charges against Aboriginal and Torres Strait Islander people cleared by caution have gone up year on year each year since 2016-17, and again last year by 30 per cent: 33 to 43. Charges against Aboriginal and Torres Strait Islander people cleared by diversionary program are 11, 17 and 18. Again, the numbers are small and the increase is small, five per cent or thereabouts. That has been a pathway. As I think you are aware, a bit over 12 months ago we changed some of the guidance particularly around cautions. I am pleased to see that we seem to have had some impact on the cautions. Diversions to cautions are diversions to the restorative justice program.

THE CHAIR: So more Aboriginal and Torres Strait Islander people are now able to get the caution than before?

Asst Commissioner Johnson: Yes.

THE CHAIR: Because of those changes—

Asst Commissioner Johnson: Yes. Well—

THE CHAIR: or since those changes have been made?

Asst Commissioner Johnson: Since those changes, yes.

THE CHAIR: I get that it is a hard one to—

Asst Commissioner Johnson: Yes. But I would expect that that has allowed more people to qualify for a caution and that more police officers have exercised that power.

THE CHAIR: Across this directorate and others there has been some effort in increasing the number of options for diversion. Has that had an impact?

Asst Commissioner Johnson: Yes, I guess. Certainly—

THE CHAIR: Are there more things that your data says people are going to?

Asst Commissioner Johnson: Yes. We were just talking about that a little while ago. Certainly we have seen an increase in cautions. We have seen restorative justice increase. Alcohol and drug sentencing—

THE CHAIR: When we started this conversation, that was part of the issue. I know that a lot of good work has happened in at least getting those things started.

Asst Commissioner Johnson: Yes.

THE CHAIR: From the front line, does it feel like you do have more real options? Whether people qualified for them, I know, is unique each time.

Asst Commissioner Johnson: Indeed. There are a range of options. The options stretch from a police officer exercising a discretion not to proceed as a result of their satisfaction. You can actually choose not to proceed and use that discretion through cautions. In the alcohol and drug court, eligibility for the restorative justice process increased, as did the referrals. There are a good range of options. The circle sentencing court offers a new pathway which police are well engaged in.

Ms Doran: Chair, I know you were trying to get the perspective from the front line, but we do have some statistics on those various diversion paths if you would like to go to that.

THE CHAIR: Yes.

Mr McIntosh: There are obviously increased numbers of diversions, more than there have been, and we are encouraged by that. We are doing some work with police at the moment around where those diversions fall, potentially the effectiveness of those and where the gaps are, to provide some advice to government about the fact that there potentially should be some more or different diversions as well.

I reiterate the stats that the Chief Police Officer mentioned around cautions increasing, which is obviously encouraging. But I do not think we have the full suite of diversions sorted yet. We have obviously increased them, but the advice that we will be working on with government is that there are potentially some gaps that we could look at in terms of real diversions that do not necessarily just send someone to a course but may potentially deal with cause issues or connect people back with community—those sorts of things.

Asst Commissioner Johnson: That is an area where there is always work to be done. As you develop one or another option for diversion, you actually learn ways in which you might choose alternatives. Constant work on that for the 2025 strategy is going to be important.

THE CHAIR: Over the last 12 months how many community forums have you hosted for our community in particular? Do you have a sense of what issues may have been raised at those forums?

Asst Commissioner Johnson: We actually have one coming up next week.

THE CHAIR: That was good timing, not to do it last week.

Asst Commissioner Johnson: Yes, perfect timing. There were a number of engagements. I am testing my memory of them. As you know, we have the advisory board to the Chief Police Officer. We are trying to do some work on that, a bit of remodelling of that. We have expanded that to include our station officers in charge and we have expanded the number of people on the advisory board as well. We have done that twice now. I was on leave but Deputy Chew was acting for me and can speak on how successful he thought it was. I think that having more people, particularly the operational leaders, in the room has been quite successful. So I think we have got some good work out of that.

One of the outcomes was some concerns around interview friends and the connection with the Aboriginal Legal Service. I think we were all sort of coming at cross-purposes in what we were trying to achieve. I think we worked out what the problem was. Whether we have fully solved the problem is the next question, but I do not think we even really knew what the problem was until we had gone into the room and talked that through. I have attended and been invited to the justice—I am trying to remember the name of the forum.

THE CHAIR: Caucus?

Asst Commissioner Johnson: The justice caucus, where racism issues would come up again. The profiling issue would come up. It was from those forums that the idea of having what we call cultural connection awareness—I do not like the word training—

for our officers came from. As a result of those programs we are now 180 members into a program of cultural connection awareness work. There is more to be done and we want to try to make that a bit more regular, trying to connect people better—

THE CHAIR: So of the things you have heard, you have done something about it?

Asst Commissioner Johnson: Yes. I am hoping that if we can get that right it should do something about that sort of unconscious bias. That is an ongoing—

THE CHAIR: Where it is possible.

Asst Commissioner Johnson: Where it is possible. We have just got to keep working on it. We hope that is doing something around people's awareness of things like racism and willingness to take action if they are seeing it in the community and that sort of stuff. That is one part of the strategy. The expansion of the ALO network is also a result of what we were told through those forums—trying to build a better and deeper connection with the community. There is, again, more to be done, and we will continue to be told where we can do some more work. I expect that next week.

One of the things that next week is going to include, unless it has changed from last time we spoke, is that the sobering-up shelter people will be there as well. One question that has been asked previously is what the qualification is. Why do more people not go to sobering-up shelters? What does it mean if you end up in the watch house? Of course we would much prefer people not to be in the watch house at all. If we can get them into a sobering-up shelter we will. But I think it will be awareness raising at least as to what the qualification for the sobering-up shelters is and what alternatives may exist—what else police might be able to do rather than find people in watch houses—and how we might get them back to family. We perhaps have not done as good a job of that as we could. Maybe there is an opportunity there, which is a message we heard from a community forum earlier on.

THE CHAIR: Thank you for your time.

Asst Commissioner Johnson: Thank you.

THE CHAIR: I am conscious of time. You have all the questions. I am going to skip past a couple and just assume that you can come back to those through the on-notice process, because they are a bit simpler to answer. That is how I am going to try to do it. Are you able to tell us how many contracts or tenders have been awarded to Aboriginal and Torres Strait Islander businesses for this financial year?

Ms Doran: We will have to take that one on notice.

Mr McIntosh: With some of the funding we have received in the last two budgets, we have been able to expand the number of organisations that we have engaged. There are six organisations in particular that come to my mind that we have been able to engage on funding agreements of various types.

THE CHAIR: They are for Indigenous-specific programs?

Mr McIntosh: Yes.

THE CHAIR: Perhaps on notice as well you could give me an idea of how your procurement staff have been trained in the new Indigenous procurement policy. That would be helpful. I am going to move to the children and young people section. These are all commitments in the 18-month action plan, which has only a few months to run before this homework is due, for want of a better way of putting it. Can you tell us if there has been an increase in the number of circle of security planning programs for detainees at the AMC?

Mr Peach: Since January 2019 and February of this year there has been only one circle of security training program. That was down to the inability to secure a provider, to have the capacity to deliver that program at the time. So what we have done is that in April we have several of our program officers attending the training course themselves so that we will be able to deliver it internally as well.

THE CHAIR: Will that help to sustain it over time and to not be vulnerable to external providers?

Mr Peach: Yes. While we have the staff employed we will have access to the program, so we will be able to offer it more frequently.

THE CHAIR: Has the number of facilitated family case conferences increased? This is particularly for people in AMC.

Mr Peach: I will have to take that on notice because I do not have any notes on that, I am afraid.

THE CHAIR: Thank you. Under cultural integrity, has the directorate increased the number of frontline staff receiving cultural competency training? We are particularly interested in frontline staff because they have the most contact with the most of our community, but also in what your cultural competency training for all staff numbers is looking like.

Ms Tan: Aboriginal and Torres Strait Islander cultural awareness is mandatory for all correctional officers and it is mandatory for all new starters at the induction. We invited the CIT Yurauna centre to provide the training for corrections. All other staff, front line also, can attend the program via the ACT public service training calendar.

THE CHAIR: I get that those are the settings for it. What are the outcomes?

Ms Tan: I do not know what the outcome is.

THE CHAIR: Can you come back to us?

Ms Tan: We will get that on notice. Last year we had 102 staff attending cultural awareness training run by CIT—and we had staff attending the ACTCOSS cultural awareness training as well.

THE CHAIR: Perhaps when you come back to us, so we get a full picture, you can

have it broken down by the number of participants it is mandatory for and what your compliance rate is, and then for staff where it is not mandatory, how you are going with that as well.

Have you conducted the biannual surveys with Aboriginal and Torres Strait Islander justice caucus members to assess the improvement in cultural competence and tailored communication?

Mr McIntosh: That is not something we have done. We have dropped the ball on that commitment, so thank you for bringing that back to our attention. We will pick that back up now. What we have to do at the moment—

THE CHAIR: So you have missed two?

Mr McIntosh: We have missed those, yes. What we have to do at the moment is bring our caucus back together. We have had a change in chair. We have to get a new chair appointed and we will pick that up from there. But that is something we have missed, yes.

THE CHAIR: The lack or not of a chair has nothing to do with you conducting a survey. I just make that point.

Mr McIntosh: Absolutely. You are right.

THE CHAIR: The next question relates to a commitment we made when the steering committee that was working on the Moss review was finishing. I think Member Monaghan does this with his meetings with the director-general anyway, but can you give us an update on the implementation status of recommendations from the Moss review?

Mr Peach: As you will recall, chair, we accepted eight of the recommendations. I am pleased to say that from the Corrections perspective, with the exception of recommendation—

THE CHAIR: The one that was not accepted was the separate remand facility?

Mr Peach: That is correct. From the Corrections perspective we have actioned all of the recommendations. The big one that was outstanding at the last Elected Body hearings was the implementation of the Winnunga service delivery model. I am pleased to say we signed the memorandum of understanding on 24 December 2018.

THE CHAIR: Merry Christmas.

Mr Peach: We commenced the service in early January 2019 and, as I know you are aware, from the comments you made earlier, it has been highly successful. We are currently in the process of renegotiating the MOU, or Canberra Health Services are, to see how that can now be increased further. We have, as I understand, had 44 detainees transfer their health services over to Winnunga. In the AMC we have 20 detainees accessing health services from Winnunga directly. The other recommendations were completed at the last Elected Body. I am happy to go through them if you would like.

THE CHAIR: No, I just wanted to double-check, not to play semantics with you. It is more because this is not my usual area of focus. When you say the other recommendations have been actioned, does that mean they have been fully implemented as per the recommendations, or were there variations? I only want to know by exception.

Mr Peach: Recommendation 1 was the CCTV. That was done at the time. The memorandum of understanding with the police was signed at the time. The provision of health services I have just spoken about. We will not address recommendation 6, the separate facility, which we have not been able to action. Recommendations 7 and 8 were outside ACT Corrective Services. Recommendation 7 was the Health Services Commissioner. Recommendation 8 was the creation of the Inspector of Correctional Services, which has occurred. Recommendation 9—

THE CHAIR: There were two that were outside this directorate?

Mr Peach: Recommendation 7 was that the ACT Health Services Commissioner undertake a review.

THE CHAIR: I had not picked up that there were some for Health. Luckily enough, they are after you.

Mr Peach: It is actually the Health Services Commissioner, not Health—just for clarity.

THE CHAIR: That is not with ACT Health?

Mr Peach: No, it is not with ACT Health; it is with the Human Rights Commission. Recommendation 8 was JACS, not ACT Corrective Services. It was the establishment of the inspector function, which, as you would be aware, has been done.

THE CHAIR: Which is underway and has done a report.

Mr Peach: Absolutely. Recommendation 9 was a whole range of conclusions that Mr Moss made. They have been addressed at separate intervals throughout the period. There was a long list of those conclusions.

THE CHAIR: It is good to know that they have been implemented. How are prisoners who identify as Aboriginal and/or Torres Strait Islander supported if necessary to make a connection with their community or their ancestral cultural connections?

Mr Peach: The simple answer on this is that we have an Indigenous services team now at the jail. They are extremely proactive in working with all our Aboriginal and Torres Strait Islander detainees in this space. Equally, as I mentioned earlier, the introduction of Winnunga to the AMC has increased the ability to make those connections through our social and wellbeing model as well.

THE CHAIR: I will move on to inclusive community. What programs specifically tailored to Aboriginal and Torres Strait Islander people does the directorate support?

Mr McIntosh: A number of programs external to programs run within the corrective services environment are community focused. We run the Ngurrambai bail support program, which has been up and running now for just on two years, which is to support Aboriginals and Torres Strait Islander people to receive bail where they otherwise may not. It is a case management type program for Aboriginal and Torres Strait Islander people in that environment.

THE CHAIR: How many people have accessed that?

Mr McIntosh: As at 31 December last year, 129 clients had accessed that program.

THE CHAIR: How many of them were successful in getting bail?

Mr McIntosh: I would have to check on the exact stats for you. But certainly it is something we are receiving good feedback on from the Magistrates Court in particular. The magistrates are starting to ask for the staff to be in court. That is a good sign in itself.

THE CHAIR: It is a better sign if a big number of the 129 are getting bail, but I agree it is a good sign.

Mr McIntosh: It would be, yes. We will check. The Yarrabi Bamirr program, which the Elected Body is aware of, focuses on the family support model for families to have a person involved in the justice system. We have received a significant amount of funding from government to continue that program.

THE CHAIR: Did that one have an external review done on it?

Mr McIntosh: It did, yes, on the Winnunga component of it. I am happy to provide a copy of that to the Elected Body as well.

THE CHAIR: But in general terms it was positive?

Mr McIntosh: Yes, it was very positive on the program and very positive on the way Winnunga had implemented that with the families it was supporting as well. But we can provide you with a copy of that. We run the front-up program, which supports people who have outstanding bail or warrant issues to attend the Magistrates Court, perhaps without having additional time in custody that they do not need to have. It is something that we are looking to—

THE CHAIR: You know what I am going to ask. How many people?

Mr McIntosh: I will have to check the front-up program numbers for you. It is something that we are looking to perhaps work a bit more closely with police and the courts on.

THE CHAIR: Could I have not just how many people have used it but also what the KPI is, what you were expecting and how well we are going against that?

Mr McIntosh: I will give you the breakdown of the information as best we can. We

have recently contracted Yeddung Mura to deliver yarning circles for justice as well. They will be delivering those over the next three years. We have also contracted Yeddung Mura to deliver extended throughcare support for Aboriginal and Torres Strait Islander clients who are accessing the throughcare program with Corrections. They are working directly with those clients. As you are aware, we also have the Galambany and Warrumbul court programs. Attached to the Galambany program is a case management support service that Tjillari is running for us as well. People who are appearing before Galambany can access assistance from Tjillari in terms of case management type support.

THE CHAIR: It is good to hear the number of community-controlled organisations you are utilising to deliver those services.

Mr McIntosh: That is something we are very conscious of. We are looking to engage a number of those. We have run some one-off programs as well. Clybucca Dreaming has run some cultural camps, for want of a better term, for us, and engaging—

THE CHAIR: When you say “for us”, is that for community?

Mr McIntosh: For community, sorry.

THE CHAIR: I am just checking whether that is a staff thing or—

Mr McIntosh: No, sorry, it is for community. Clybucca came to us with a proposal and we were able to give them a small grant to support women who are involved in the system.

THE CHAIR: So it is female specific?

Mr McIntosh: That one was female specific, yes. Our yarning circles are male and female specific, separate, as well. The Women’s Legal Centre also runs the Mulleun Mura program, which is a female access to justice support program, for us. In the midyear budget review we received funding to develop on-country economic development programs as well. I would like to engage with the Elected Body about how we might do that. That is a piece of work to come out for next year. That will be community focused and driven; that is our intention there.

THE CHAIR: That has given us a good overview of the specific programs. Are there any other mainstream, for want of a better word, services you fund that would also help our people to get accurate and timely assistance in accessing the justice system, in addition?

Mr McIntosh: We run the strong connected neighbourhoods program as well, which is primarily focused on the Ainslie Avenue public housing residents and is expanding out to Illawarra Court in Belconnen as well. One of the key things we have within that funding agreement is supporting Aboriginal and Torres Strait Islander people in those sites. Whilst that is not a specific program for Aboriginal people, we know that we need to engage people in those sites much better than we have, potentially, in the past.

THE CHAIR: One thing of particular interest to us over the last six to 12 months is the

transition and the contracting of services. Were there any periods of time when services were not able to operate because we were between contracts?

Mr McIntosh: The last set of transition arrangements we had around some of our programs that are now being run by Tjillari and Yeddung Mura were put in place so that there was continuity. That was done in about October or November last year. There was a period of transition for both organisations and also a period when both organisations had some coverage.

THE CHAIR: So is the answer that there was no break in continuity of service for any of them?

Mr McIntosh: For those programs, absolutely. It is something that we acknowledge we have not done particularly well in the past, so from that time we said, “How can we do it better?” and we took it on that way this time. It is something we envisage being able to keep doing going forward.

THE CHAIR: Across that suite of programs, do you have data that says, “Before we started doing this, Aboriginal and Torres Strait Islander people’s level of advice, support and referrals was X and now, because we run these programs, it is Y”?

Mr McIntosh: I would have to check the level of detail of the data. I am happy to have a look for you.

THE CHAIR: It would be good to see what difference all that effort makes. Obviously some of the specific programs will have data, but what is the whole picture?

Mr McIntosh: Yes, absolutely. I should also mention that one of the things we were able to achieve, and the government funded, is further positions within Victim Support ACT to increase the level of engagement of Aboriginal and Torres Strait Islander people with Victim Support as well.

THE CHAIR: That is excellent, because that often gets left behind.

Mr McIntosh: That that is one area we may have some particular data on. We will search that.

THE CHAIR: We would be very interested in that.

MS McGRADY: How many Aboriginal and Torres Strait Islander persons are employed in probation and parole, and what has been the number over our last term? Do you have any programs that are tailored for Aboriginal and Torres Strait Islander people to work in probation and parole?

Mr Ponniah: In probation and parole we have the Aboriginal client service officer position, which is currently vacant, and we have an identified probation and parole officer position, which somebody is in at the moment.

THE CHAIR: How long has that position been vacant?

Mr Ponniah: The Aboriginal client service officer has been vacant for some time. We have been actively recruiting for it, but we are really trying to find the right person. It is a really important role and we are trying to make it as operationally beneficial as possible. It is about getting the right person for that role.

THE CHAIR: How long has it been vacant?

Mr Ponniah: I will have to take that on notice.

THE CHAIR: If you could also, in answering that, provide us with the different avenues that you have tried to fill it, then we might be able to provide some additional advice. What I am getting at is whether you have tried doing the same thing expecting a different result.

Mr Ponniah: I will take that on notice and get back to you.

Mr Peach: I think we have advertised for the position at least three times now. The second time and third time we took the far and wide approach, using the *Courier Mail* et cetera. It is in the same boat as a senior policy cultural diversity officer position that I am having a problem filling. So this time we are going to try to engage an Indigenous recruitment agency to start to look proactively to fill those positions.

THE CHAIR: Whilst I am a little cheeky with that response, anything we can do to help—it is important to us to have those positions filled as well.

MRS HUGHES: Andrew, with the on-country program that you were talking about, have you liaised with the United Ngunnawal Elders Council?

Mr McIntosh: We have not started the process yet, but that is something we want to do and we want to involve the Elected Body and the community more broadly to bring together a consortium or something of the sort so that it is very much driven by the community as to what it can look like. Obviously you guys are much better placed to give us that advice, and we can work together.

MRS HUGHES: What this is in relation to is that the Ngunnawal people are the traditional custodians. That responsibility and caring for country belongs to them.

Mr McIntosh: That is a very good point. We will make sure that both the Elected Body and the Ngunnawal elders are involved heavily in the process.

THE CHAIR: We will move to the community leadership section. We have already asked the policing questions. How many justice caucus meetings have been held since the last hearings, what have been the key issues discussed, and what actions have occurred as a result?

Mr McIntosh: I will have to come back to you with the exact number, chair. In terms of the key issues that have been discussed, the Chief Police Officer talked about some of the police-related issues that have come up. The issue of diversions comes up quite regularly in those caucus meetings. The issue of access to services is also something that is key coming out of that quite regularly for us. So that is where we have been

focusing our attention in terms of our programs. I can come back to you with a fuller answer about the number of times they have met et cetera.

THE CHAIR: Not just the number of times they have met but—

Mr McIntosh: And the key issues that have been raised, yes.

THE CHAIR: It is an incredibly connected and informed group and is a critical resource for your directorate.

Mr McIntosh: It is a very valuable group. We are very pleased it was developed a few years ago. The minister himself has gone and met with that group and he is very keen to hear what that group has to say as well. We have made the commitment that they will have their advice provided to him in an unfettered way as well.

THE CHAIR: Good. This is a question around programs for the AMC. Has there been an increase in the culture-based programs, which I understand is a commitment in the agreement, at the AMC since the agreement was signed roughly this time last year? In particular, how many have Ngunnawal content? What has been the increase in participation by Aboriginal and Torres Strait Islander detainees in these programs?

Mr Peach: I can give you the programs, chair. I cannot give you the numbers or the Ngunnawal content. I am afraid we will have to take that on notice, but I am more than happy to share the programs. First and foremost, increasing our engagement with the community-controlled organisations over the last 12 months has been significant. Our Indigenous services team have engaged with Winnunga, as we spoke about earlier, Gugan Gulwan, Tjillari, Clybucca, Yeddung Mura, Cultural Move and the ALS to support delivery and facilitation of programs.

Internally to the AMC we continue to deliver the cultural and land management program; the social wellbeing program; the elders visitation and the elders healing programs; the Indigenous counselling program for the Dhunlung Yarra Service; the Indigenous arts programs, which are well represented; the Indigenous yarning circle programs specifically for both men and women; music expression programs; the Indigenous women's leadership program, Indigenous pastoral care; Tjillari's strong culture, strong families program; NAIDOC AMC family day; and the plethora of art exhibitions that we do annually. So there is a significant amount of work going on there. As I say, I would have to take on notice the actual numbers of participants in those, but it is much higher than it was.

THE CHAIR: Could you also—and I am assuming this will be something you will need to take on notice—tell us how many times those programs have had to be cancelled or cut short?

Mr Peach: I would have to take that on notice, sorry.

THE CHAIR: More broadly for the directorate, but obviously there are some components of this for the AMC as well, what has been the increase in partnerships with community-controlled organisations to deliver essential programs? We have heard of quite a few through officer McIntosh, and there is obviously the relationship for

Winnunga delivering at AMC. Are there any others? We do not need to re-canvass things we have heard of.

Ms Doran: We might take that on notice.

THE CHAIR: Thank you. How many families were supported to attend significant events, such as NAIDOC at the AMC?

Mr Peach: I would have to take that on notice in terms of numbers, chair.

THE CHAIR: Could I also get an understanding of what sort of time frame. One of the issues that has been raised with us is that, whilst people might reach out to the families, it is with such short notice that it is hard for them to attend something that they would really like to attend. Can we understand how that is done; how many families were reached out to and then how many attended?

Mr Peach: Yes. What I can say is that over the last five years the NAIDOC Family Day has increased in size substantially each and every year. The numbers we can confirm for you.

THE CHAIR: Good. Under lifelong learning there is a commitment around employability skills programs for clients of the directorate. Has that been developed and what has been the outcome in employment rates for clients?

Mr McIntosh: In the midyear review budget that I just spoke about before with the on-country program and funding, we also receive funding to develop employment skills, the business development initiative as well. That is the piece of work that will now commence.

THE CHAIR: Will it be completed in the 18-month commitment of the action plans?

Mr McIntosh: Certainly we would like it up and running well within that time frame, absolutely. Again, it will be a process around bringing together the Elected Body and other stakeholders to tell us what this should look like.

THE CHAIR: I get that. But several of your answers now have been, “We are getting to it,” and we are running out of time, and they are going to rely on many people who already have other full-time jobs to come and give you some advice.

Mr McIntosh: Yes, absolutely. We have received funding for specific positions within our organisation to progress this work as well, so there will be people who are tasked to do that.

THE CHAIR: Just to remind us, when did that funding become available?

Mr McIntosh: In the midyear budget review, which was a couple of weeks ago.

THE CHAIR: Have Aboriginal and Torres Strait Islander staff been supported with training and development opportunities? I think officer Tan gave us an overview of those earlier when we talked about senior leadership. Was there anything in addition,

because those ones were particularly aimed at senior leaders, but did that cover all of the programs?

Ms Tan: Yes, pretty much.

THE CHAIR: Thank you. I do have a few questions for emergency services if they are with us. If we could go to those now, we will get to the last three sections almost within time, I think. That is my way of gently flagging that we might run a little late.

Mr Brown: All right. Thanks. Mark Brown, Chief Officer of ACT Fire & Rescue.

THE CHAIR: Thank you for joining us, officer Brown.

Ms R Hughes: And I am Rebecca Hughes. I have lost my name tag.

THE CHAIR: Excellent. Thank you for joining us. My apologies; I had not realised you were with us all of this time as well, so thank you for that. It might be underneath—anyway, we will get that for you in a second. Can I just say at the outset that there are a couple of things that we wanted to pass on to you all—some that are not anything to do with us. I think your leader, the other day, referred to it as “Summergeddon”. I think that is an apt name for the summer that we have just had. The work that was done over that period of time, particularly out of the areas that you are responsible for, was just fantastic and we wanted to pass on our thanks for that.

We did this with the EPSDD guys yesterday as well. I am not sure of the roles you may have played in a specific incident, but the cultural needs and the voices of Ngunnawal people have been heard in the work that you do, especially with recognition for us, and we are particularly grateful for the way that that has been done. I also note, over the last 12 months, a great deal of pride that we have in the four or five Aboriginal recruits that you have taken on in the fire services and the way that you have gone about that process.

We do, of course, expect you to do that now more often, but that has been wonderful. I just wanted to thank you for that. That leads to the first question I have for you: can you give us an idea about some of the cultural practices and, in particular, anything that you have learnt from the Ngunnawal community that you have been able to put in place in your work?

Mr Brown: I guess the first thing to say would be how important it is to get a member of the community into our incident management team as early as possible. With the example you raised before, the planning for that was put in place before there was actually any bushfire in the territory and we were planning for those fires in New South Wales, in particular the Dunns Road fire and the Marys Hill fire that were likely to impact on the ACT. We were putting in place plans, should that occur, for what we would need to do from a cultural perspective

We worked closely with the parks and conservation service personnel in EPSDD, and that was a very successful thing. Then when the Orroral Valley fire did occur within Namadgi National Park, those plans were already in place and we were able to enact them quite quickly, with the assistance of Australian defence personnel and their aircraft. So that worked out really well in the end, but there was a fair bit of planning

that led up to that outcome.

THE CHAIR: Thanks. We think that is, across all the directorates, one of the most practical examples of utilising cultural expertise to do business as usual type of activities as well. I mentioned the intake of Indigenous fire staff. But, more broadly across the service, can you tell us what the Aboriginal and Torres Strait Islander employment numbers are?

Ms R Hughes: I have to apologise—I was a late invite and replacement for the commissioner, so I will have to take the exact numbers on notice.

THE CHAIR: That would be good, thanks. I understand that one component of what you are responsible for relies heavily on a volunteer workforce. So if we could understand the Aboriginal and Torres Strait Islander representation in that, and if you have a particular strategy for perhaps how to grow that, that would be of particular interest to us.

One of the other things that the bushfires, the hailstorms and all other manner of things that you guys deal with flags with me, though, is: are there in your communication strategy, particularly around incidents, any tailored Aboriginal and Torres Strait Islander components to that? For example, is there an alert that you may send to our larger community-controlled organisations that they can put through their social media? I am just conscious that once you hit a crisis I would not know where to call, but I do look at Winnunga's and Gugan's Facebook sites, for example. Is there anything specific in our communication strategies, not just in how you message it but the networks that you might use?

Ms Doran: Chair, we will take that. We do have quite extensive communication networks set up for these emergencies through the PIC, which has representation from across directorates.

THE CHAIR: Yes.

Ms Doran: I do not know exactly what their linkages have been to the organisations that you have mentioned, but we will check that.

THE CHAIR: The other question I had was around what engagement, away from the critical responses, have the services had at community-based events? How do you connect with us, for us to know more about what you do?

Mr Brown: I guess one thing I can mention is the work that led up to the development of our next version of our strategic bushfire management plan. There are a number of community forums that were held in the development of that and there was specific engagement with the Ngunnawal Elders Council in the development of that plan, which you have probably already seen.

In terms of other engagement, two of the services have specifically developed Aboriginal and Torres Strait Islander-themed vehicles. We have a Fire & Rescue pumper and we have a Rural Fire Service truck, and they are invited to most Indigenous cultural events in and around Canberra and generally attend all of those events. What

they bring with them is a crew of fire personnel who then engage with the local community and are able to develop a conversation around fire safety and helping those families and communities be safer.

THE CHAIR: Thank you. I did not have any other questions for this part of the directorate. Moving to economic participation, can you tell us the number of Aboriginal and Torres Strait Islander prison to work program participants since the last hearings and is that an increase from the prior year?

Mr Peach: I will have to take that one on notice. I understand that the prison to work program in the ACT is not actually working at the moment. It is a commonwealth program. I understand that that has ceased, so I will have to provide more notification of that.

THE CHAIR: Has the program itself ceased or is there a lack of provider?

Mr Peach: It is a lack of provider. I understand from the commonwealth perspective that we cannot get the service from them.

THE CHAIR: Okay. How does the directorate ensure the Indigenous procurement policy is being implemented? In particular, how many new businesses have been engaged, how many contracts have been entered into and what have been the value of those contracts?

Ms Doran: Chair, we will take that one on notice.

THE CHAIR: Under health and wellbeing, has a healthy life skills program been developed for Aboriginal and Torres Strait Islander people engaged with justice services?

Mr Peach: Within the jail we do support a whole range of programs, as I articulated earlier in the session. They include all the programs I mentioned earlier.

THE CHAIR: One component in the action plan is to do with AMC. We have heard across those programs. I am comfortable that we have got that answer, but I am particularly interested across the broader client group. There is a commitment in the action plan again that is due to be realised in three months time. I am just wondering what activities there are to deliver on that.

Mr McIntosh: We can come back to you with further details.

THE CHAIR: Has anything happened to deliver on that?

Mr McIntosh: I would have to check.

THE CHAIR: Okay. The next one is for the AMC. We want to understand how you have ensured that you are providing a culturally appropriate space and access into the AMC for Aboriginal and Torres Strait Islander services.

Mr Peach: Obviously Winnunga is the first port of call to establish the health clinic

within the AMC. They are now providing health services to, as I said, 20 detainees, but we have had 44 over the last year and a half. Equally, when they are released now the option for continued care continues.

THE CHAIR: Sorry, the question is about the space that you provide.

Mr Peach: We normally have a number of different rooms across the AMC to facilitate. They have their own clinic room and their own areas that they can operate from.

THE CHAIR: Did any of those spaces need modifications or have you requested modifications?

Mr Peach: The first tranche did. We modified what was a health ward in the Hume Health Centre and kitted that out for Winnunga to use. As you would be aware, between us and Canberra Health Services we received a significant amount of funding to install a portable cabin-type building at the rear of the Hume Health Centre. That has now been completed and that has spaces in there, and it is still being worked out exactly who has what space.

THE CHAIR: But Winnunga will have some access to that?

Mr Peach: Winnunga have access to that already. Equally, the Hume Health Centre is now being refurbished altogether to make it more accessible. We have moved staff out of there to provide more clinical rooms et cetera. Again, Winnunga are involved in the development of that.

THE CHAIR: So they are having an opportunity to say what they need in that space?

Mr Peach: They are talking with Canberra Health Services in terms of what that building will be.

THE CHAIR: So Canberra Health Services are coordinating that?

Mr Peach: We coordinate the build on the project. Obviously, the allocation of space and the best use of space is not our specialty; it is Canberra Health Services. They will be engaging with Winnunga to determine what space is available within that.

THE CHAIR: I would argue that Winnunga is a specialist in what might be needed for a culturally appropriate space.

Mr Peach: As I say, that is the discussion that Winnunga and Canberra Health Services are having. It is not one that ACT Corrective Services are having with them.

THE CHAIR: For the other cultural programs that are delivered in the AMC, how do you make sure those spaces are appropriate?

Mr Peach: We have a range of different yarning areas within the jail. Again, that is all worked through with the Indigenous services team to identify what the spaces are. We have a range of service providers, as I mentioned earlier: Tjillari and Gugan Gulwan and obviously Winnunga.

THE CHAIR: When they come to the AMC to deliver, do they detail what space they need and that is what you provide or does the AMC say, “This is the space that you’ve got to use. Make the best of it.”

Mr Peach: I think it is probably the latter, because obviously we are limited on the amount of space we have in the centre.

THE CHAIR: How does the directorate measure the increase in access to health support services for Aboriginal and Torres Strait Islander people in the AMC? I understand that part of this is a health question, but part of it is around our people getting moved around and being unable to access the services. I am particularly interested in what the AMC does to make sure that Aboriginal and Torres Strait Islander people who need to see the health service are able to.

Mr Peach: The Winnunga service operates the same as Canberra Health Services. They work on an appointment basis and they have two options. First of all, they use the health centre, so if detainees book and need to see a doctor, they will attend the health centre and we will send someone over to collect them, with free flow of movement et cetera. The other one is that we deliver a range of services, particularly nursing staff, on the units. The nurses will provide medications through the hatches, as would Canberra Health Services . So they get the same access as Canberra Health Services do.

THE CHAIR: Are you able to tell us how many appointments had to be cancelled because detainees were not able to be brought up to the service?

Mr Peach: Not without notice, no.

THE CHAIR: Under the housing commitments are you able to tell us what diversionary programs have been developed to assist with the accommodation needs of Aboriginal and Torres Strait Islander people. We are particularly after how these programs are helping to keep people out of AMC who are only there because they do not have somewhere to be accommodated.

Mr McIntosh: I discussed before the bail support program we have, based out of the courts, but a component of that, we realise, is that accommodation is one of the key factors that keep people in custody. It is certainly something the government recognised and it funded the justice housing portfolio. Commissioner Peach and his team are taking forward that project, so he is probably best placed to give you a little bit more detail on where that is at.

Mr Peach: We took responsibility for the justice housing program in October last year. Our first priority has been to provide housing for the Drug and Alcohol Court. Our next stage is for furthering the government commitment we have around the provision of five houses for Aboriginals and Torres Strait Islanders There will be a range of options around bail and also transitional release at the end of that. The commitment we have from ACT Housing is that they will provide those houses by the end of this financial year, so we are hoping that by 1 July we will be in a position to provide that service.

THE CHAIR: Of the alcohol and drug service you are providing already, how many

Aboriginal and Torres Strait Islander people are accommodated in that?

Mr Peach: We have nobody accommodated in the accommodation at the minute. No-one has been eligible.

THE CHAIR: They will come through the system for that?

Mr Peach: Nobody has come through the system. Again, in terms of how many Aboriginal and Torres Strait Islander offenders are on the program, it is a Canberra Health Services program so—

THE CHAIR: Yes, of course.

MS CHIVERS: In relation to cultural integrity, question 11: “Has your directorate increased the number of frontline staff receiving cultural competency training?” I note that officer Tan was talking about cultural awareness training and has taken it as a question on notice. I think it is important to understand that cultural competency training is more than cultural awareness training. If you could look at that in the response, I would appreciate that.

Mr McIntosh: Chair, if I could clarify my comments in relation to the funding received in the midyear budget review, the funding was obviously announced a number of weeks ago but it will start flowing as of April.

THE CHAIR: Yes, I was more just double-checking that you did not get in in November and have not done anything.

Mr McIntosh: No, we have certainly started the processes in getting on the front foot in terms of recruitment of staff and those sorts of things. But formally the money will flow as of April. That is a couple of weeks.

Mr Peach: Chair, may I also return to one point you raised earlier about the image and the impact on our staff?

THE CHAIR: Yes.

Mr Peach: The one thing I omitted to mention at the time was that, when we had our inaugural Indigenous services staff network and team building day when we took the Indigenous staff away, I spoke at length to that incident without being specific to the nature of it and reassured the staff at that time that that behaviour in ACT Corrective Services was not reflective and called on staff to come forward if they were feeling that that experience was harming them. I omitted to mention that earlier. To be quite honest with you, I had forgotten; it was eight months ago.

THE CHAIR: That is good to know.

MS McGRADY: It is really important if the community can be reassured, possibly with this matter and hopefully not future matters, that you are aware of how to handle that situation a lot more culturally appropriately and safely for all people within AMC. It is important to reassure the community that this is something that is going to go

through the correct channels, possibly through our Elected Body or even through our nominated member for the directorate.

Mr Peach: Sure. I take on board your comments earlier. This was subject to a very highly confidential process in the ACAT. We wanted to be very much on the front foot once that decision in the ACAT was out there. It is something I have been living with for almost two years now and it has not been a pleasant scenario in any way, shape or form for anybody involved.

As I say, it is deeply disappointing for me and my organisation that this played out the way it did, but there was that element of who can we speak to without breaching the processes, especially because it applied to two detainees. It applied to the complainant and the subject of the drawing as well, which is a separate issue.

MS McGRADY: It is good to hear that the message from the top is your message and your message is quite reassuring at the moment for us, If it can be played into the future then that is great.

Mr Peach: Absolutely.

THE CHAIR: The problem you are faced with, though, is that all your staff know that incident happened and that it takes two years to be able to do something publicly. That is part of the challenge.

Mr Peach: Absolutely.

THE CHAIR: For us, our experience with racism is that the silence is often seen as acceptance. Granted, there are some other parameters around it, but it might be something, in looking at future incidences, to maybe not refer to the particular issue itself but have a strong voice against racism during that silence.

Mr Peach: I have to say that this incident is very isolated, as you know. The cultural reform we are trying to drive in ACT Corrective Services around behaviours has been a constant over the last two years. This is an indicative issue that was really disappointing within the whole range of this sort of cultural reform generally. That has been a constant thing for two years. It is not a case of we have left it for two years and it has been ignored; it has been all the way through the last two years.

MRS HUGHES: I think there was a missed opportunity before ACAT, understanding how ACAT works and how the process goes through. Once again, that is experience now and we have to learn from that.

Mr Peach: Yes.

THE CHAIR: Thank you for your time this morning and in preparing for this. Given that our term ends in July, it would be helpful if questions on notice could be responded to quickly so that we are able to do our due diligence in our roles before our time expires. That would be greatly appreciated.

Ms Doran: Chair, I thank you and members for your patience today. Those questions

we were not able to answer we will look at as a matter of priority.

Hearing suspended from 11.08 to 11.35 am.

Appearances:

ACT Health

De'Ath, Mr Michael, Director-General

Jonasson, Ms Kylie, Deputy Director-General, Health Systems Policy and Research

Culhane, Mr Michael, Executive Group Manager, Policy, Partnerships and Programs

George, Ms Jacinta, Executive Group Manager, Health Systems, Policy and Research

Fletcher, Mr John, Executive Group Manager, Corporate and Governance

Ord, Mr Jon, Executive Branch Manager, Mental Health Policy Unit

Philp, Mr Alan, Executive Group Manager, Preventative and Population Health

Arya, Dr Dinesh, Chief Medical Officer

Lopa, Ms Liz, Executive Group Manager, Strategic Infrastructure

Moore, Dr Elizabeth, Coordinator-General Mental Health

Dombkins, Mr Anthony, Chief Nursing and Midwifery Officer

THE CHAIR: We begin this session, like each session, by acknowledging the Ngunnawal people. It is their country that we meet on today and we pay our respects to elders past and present. We had a formal welcome to country from Member Hughes at the start of the hearings and we were fortunate enough for much of that to be provided to us in Ngunnawal language to remind us of how ancient the connection is to this place.

I also recognise the many Aboriginal and Torres Strait Islander staff you have working in the directorate, particularly in senior roles, and the work they do for you but also in our broader community.

We have taken steps for these hearings, given that we have only a few months to run on our term, to highlight for each of the directorates some of the things that have stood out to us particularly in the last 12 months but also some of the longer ones where we think considerable progress has been made or there have been activities that signify considerable change in arrangements or partnerships in community.

Some of the things that have stood out to us over the last period of time and one of the things that unfortunately is front of mind for too many people in our community is the level of issues with mental health and suicide prevention. We are very happy to see the network that has been stood up to draw upon the expertise across the community to deal with those issues and the leadership your directorate has taken in that.

It is very pleasing to have seen just recently the permanent employment opportunities at the Ngunnawal Bush Healing Farm. Those steps are very heartening for us, given how important that facility is. That signifies a real maturity in relationships in the way you have been working with Winnunga, particularly around their building and the way the that funding has been distributed and the partnership that is growing from that. Director-general, I will now give you an opportunity to make an opening statement.

Mr De'Ath: Thank you. Thank you for the opportunity to be here with you again today. I too will begin by acknowledging the traditional custodians of the land we are meeting

on, the Ngunnawal people. I pay my respects to their elders past and present and the many Aboriginal and Torres Strait Islander people here today.

I would also like to take a moment to remember, acknowledge and pay respects to all those people who have suffered the great indignities and irreparable damage by Australian government policies and practices. It is something that we—and I know this is emerging strongly in our culture—are very cognisant of more and more, day by day, week by week, year by year. Our efforts to litigate and compensate for those issues of the past and even the present are very important to us.

This year began with bushfires that have impacted people across all of Australia. My thoughts and well wishes go to everyone involved in that. There was smoke then, and now there is COVID-19. I think it is fair to say that everybody from ACT Health in this room today is significantly distracted or, to put it another way, focused on that issue at the moment and that is what is sitting in our minds. We are making every attempt we can in these hearings today to be focused on you and Aboriginal and Torres Strait Islander people and issues and our work in that regard. We will endeavour to do our best with that. But it is a difficult time.

Since its formation over just one year ago as a separate directorate, we continue to embrace Aboriginal and Torres Strait Islander affairs and continue to work tirelessly to embody the principles of the Aboriginal and Torres Strait Islander agreement 2019-28. We recognise the value of the difference we can all make to improving health outcomes for local Aboriginal and Torres Strait Islander people.

Under the agreement, the ACT Health Directorate have progressed specific actions that we have committed to deliver. We have provided formal reports to the Office for Aboriginal and Torres Strait Islander Affairs, including the agreement's first annual report. I have met on several occasions with the Elected Body's health representative and provided the Elected Body with an internal progress report which the ACT Health Directorate uses to track and monitor various actions to align with the agreement.

I want to recognise Jo, and her work with us, today. Katrina, can I also recognise your acknowledgement at the beginning of the work that is underway or complete or in progress. I appreciate your recognition of that.

The development of the ACT Aboriginal and Torres Strait Islander strategic priority aims to ensure a standard of safe and high quality cultural health care is delivered to the ACT Aboriginal and Torres Strait Islander community. There are two key intended outcomes of the strategic priorities. The first is to provide comprehensive information and guidance to the ACT Aboriginal and Torres Strait Islander community as consumers of health services. The second is to provide guidance to the ACT Health Directorate on how to develop effective and practical public health policy that is responsive to community need and is in alignment with the agreement.

We are keeping to the strategic priorities, keeping the agreement and working from those core documents and those core commitments. While the finalisation of the development of those strategic priorities has been delayed, we remain committed to producing a comprehensive and effective product that delivers on increasing life expectancy and quality life outcomes of Aboriginal and Torres Strait Islander people.

We will continue to support the local community. Some key examples include: the renewal of the service funding agreements with Winnunga and Gugan Gulwan which outline funding arrangements for local service provision; the progression of Winnunga's purpose-built facility currently under construction, as has already been mentioned and a further announcement this morning; supporting Gugan Gulwan with the mental health nurse service; and continued commitment to the development of the Ngunnawal Bush Healing Farm and advisory board.

THE CHAIR: Did you just refer to an announcement from this morning?

Mr De'Ath: There was an announcement this morning made by Minister Stephen-Smith. Would you like to hear it?

THE CHAIR: Yes I think I know what it is, but it would be nice to put it on the record.

Mr Culhane: This morning the federal Minister for Health, Greg Hunt, and ACT Minister for Health and Minister for Aboriginal and Torres Strait Islander Affairs Rachel Stephen-Smith, announced \$4.5 million in new funding for Winnunga Nimmityjah Aboriginal Health and Community Services. That \$4.5 million is so that Winnunga can complete the fit-out of the first floor of the new building they are doing, which will include dental services but also a social health and research team.

Mr De'Ath: We are delighted. We expect you will be too.

Mr Culhane: It will enable Winnunga to complete the building as it originally envisaged.

THE CHAIR: It also means the commonwealth has made some sort of investment in the ACT to complement what the ACT government has done.

Mr De'Ath: There was some great work done by the minister in negotiating with the commonwealth. In conclusion, that is just some of the work that is underway. We do not limit ourselves around the scope of some of those agreements and documents. In conjunction with other government and non-government stakeholders we are engaging in community events hosted by key community organisations such as Winnunga and Gugan Gulwan but have attended other events: Nation Dance; progressing work to improve Aboriginal and Torres Strait Islander LGBTIQ health; organising and chairing a special community forum on Indigenous mental health and suicide prevention in the ACT; and working closely with Winnunga and commonwealth counterparts to develop and implement practical response measures to provide immediate culturally appropriate trauma-informed assistance to Aboriginal and Torres Strait Islander people who have been impacted by the recent bushfires.

We continue to create an environment which encourages self-determination with the local Aboriginal and Torres Strait Islander community as a health service provider while also improving access to cultural appropriateness of our health services. I think those principles of self-determination and our efforts in that regard are something we are striving very hard towards, and actions around the bush healing farm were a good example.

Thank you for allowing me the privilege of having the opportunity to provide a brief opening statement. We look forward to receiving your questions and, hopefully, providing you with the responses you are looking for.

MS CHIVERS: The first few questions I will ask have been asked across all directorates. What has been undertaken by the directorate to increase the number of Aboriginal and Torres Strait Islander senior leaders by 2021?

Mr De'Ath: There is probably someone who can give a more formal response to the structures put in place, but what I would like to open with is that we can put in as many formal mechanisms and targets and so on as we like but, as you will probably sense from some of the responses I might make today, this runs to our culture as an organisation and our cultural awareness and the importance we place on addressing an issue like this along with many others.

Part of what I am noticing more and more within the directorate is that it is not just in relation to this recruitment, progression, advancement, number of people in executive roles; it has enabled people to be thinking about, in all elements of their work, how they would progress and advance outcomes for Aboriginal and Torres Strait Islander people. That is at the core of our thinking and that is why certain actions have been taken, even up to my directorate leadership committee, in terms of how that reporting comes to the directorate leadership committee. We see those figures that come through on how those targets are going in relation to, for example, recruitment but also how the reporting against the plan is going. That sits right at the forefront of our leadership committee at the top table.

That is a sort of general opening remark about how we think and how we operate, what is engrained in our psyche as we go forward. John can talk more formally about some of the mechanisms.

Mr Fletcher: As the D-G discussed in his introduction, the directorate is just on 12 months old. Our HR component of the directorate at the commencement of the split between CHS and Health Directorate was really small. A large group of our HR staff went to Canberra Health Services, so in about February last year we had three people in our HR organisation. Since then we have been building that team.

One of the things that have been on that team's work program is the development of a diversity and inclusion plan for the directorate. We have appointed a diversity and inclusion officer who has been, in the last few weeks, very active within the directorate in terms of making contact with different groups within the organisation. He has had some discussions with the partnership team and with our network group within the directorate about how we will include Aboriginal and Torres Strait Islander recruitment and workforce planning within the directorate into the diversity and inclusion planning that we are going to undertake.

At the last meeting of the directorate's working group that I am a member of we had a discussion about how we might look at some alternative mechanisms to improve our access to Aboriginal and Torres Strait Islander community in terms of becoming an employer that is attractive for people to come and work with, sending a very strong

message about what the directorate's values are, all the way down to some really kind of rubber-hits-the-road mechanisms about how we might try and access the community in terms of providing some people with support on how to apply for jobs within the directorate. It is a good outcome that the bush healing farm recruitment process is finished, but we need to think about that more broadly across various levels of the organisation.

The question is about senior leadership. At the moment we have a benchmark or a target that is set by the Chief Minister's directorate about diversity targets and we meet those targets at the moment.

THE CHAIR: Can you tell us what the target is?

Mr Fletcher: It is 12 staff, which is based on a two per cent measure of our 557 or so staff.

THE CHAIR: You are not talking about senior leaders now, though? You are just talking about general staff?

Mr Fletcher: General staff.

THE CHAIR: How many of those are in senior leadership roles?

Mr Fletcher: That is the point I am about to move on to.

THE CHAIR: We have very limited time and we have had a lot of narrative.

Mr Fletcher: We are going to do two things. We are going to start to look at whether that number is enough. We do not think it is enough, even though it is a benchmark set by a broader government objective. And we are going to start to look at it across various levels of our organisation. Rather than just measuring whether a person identifies as Aboriginal or Torres Strait Islander, we are going to try and slice and dice that a bit and attract some people at more senior levels, at the SES level that Michael has discussed but also at the APS level as well.

MS CHIVERS: How many Aboriginal and Torres Strait Islander staff do you currently have and how many of them would be at the SOG C and above level?

Mr Fletcher: I might have to take that on notice. Our HR system does not record when people identify their level. We have some information out of our recent staff climate survey that has some of those demographics in it, so we might be able to distil out of that some information.

Mr Culhane: I can help a little bit. I cannot give you the straight answer of how many, but we have a number of Aboriginal people in senior positions. We have identified SOG A, B and C positions in the Aboriginal and Torres Strait Islander partnerships team and those are currently filled. We had a SOG A being filled in the last six months. That was a newly dedicated position.

THE CHAIR: In addition to those three?

Mr Culhane: No. Of those three the SOG A position was established about six months ago, in part to provide a career path within the directorate for Aboriginal and Torres Strait Islander people. That position has been filled now, so we are very happy to have that career path there.

We also have an Aboriginal man in a senior position working on LifeSpan, which is a suicide prevention and mental health program as well. That is not a comprehensive answer, but those are some of the positions I am aware of that are at that level. We will come back on notice with some more specific.

Mr De'Ath: As a general comment, no, we are not celebrating a target of 12 being met. There is more to go.

MS CHIVERS: This question is in relation to the fact that a commitment was made as part of the Aboriginal and Torres Strait Islander agreement. What work has been undertaken to date in order to reduce the experiences of racism and discrimination for Aboriginal and Torres Strait Islander people within government systems by 80 per cent by 2028 and how is this to be measured?

Mr De'Ath: I will go to John on the measurement, but I will refer back to my opening comment about the general culture. One of the things you may be aware of is that a significant body of work has been undertaken and is underway in relation to the culture of our health system. There are things happening that are quite significant. A framework with the ANU is being developed, looking at various training modules and programs. I will not go into a whole lot of detail here. We are looking at our systems of measurement and so on. We have not had good systems of measurement and recording in the past.

There are also some significant developments around the introduction of a staff advocate. Accepting the fact that at that point in time in our history there may not have been the level of confidence in our HR areas and systems as required, we have created an entirely independent position that works across CHS and the ACT Health Directorate. That has been extensively utilised by people within both organisations. I cannot go to the specifics in relation to Aboriginal and Torres Strait Islander people accessing that, but that would be good to have a look at. In terms of general recording systems, which is what we need to be able to monitor and track that target, I will hand to John.

THE CHAIR: Before we do that, you just talked about some significant work around the culture of the health system. In relation to this question, is there anything specific in the terms of reference for that piece of work that relates to racism or discrimination specifically?

Mr De'Ath: I will take that on notice.

Mr Fletcher: Michael is referring to the cultural work underway within the directorate as part of the cultural review implementation process. We have been through a process to re-establish and reinforce the values profile of the organisation. One of the issues that has been discussed as part of our value of respect is about how we treat one another and the type of language that we use when we interact with one another.

There is certainly a very solid list of agreed dos and don'ts within those behavioural profiles and some of them are about discrimination and welcoming diversity within the directorate's environment. In terms of how particular discrimination issues might be distilled out of the cultural review process, I do not think we are at that point yet. Michael referred to some work underway by the ANU, by the cultural review implementation team. It will go to some of the aspects of the cultural review that relate to discrimination, but I am not quite sure whether they have been developed yet and how they will be measured.

Certainly we have one set of data at the moment, which is the staff climate survey we have just finished. That has a number of questions in it about statements about whether people feel as though they have been discriminated against. Off the top of my head I do not recall the exact result, but I think the indication was that people feel comfortable within the organisation that we have a values process in place and a mechanism for people to bring poor behaviour to people's attention.

Mr De'Ath: The question I have on this one that we need to go away and have a look at is: 80 per cent of what? What was our figure that we knew to start off with? That is a problem in our data systems. I would like to take that one away and do a bit more work around that.

THE CHAIR: It is something, though, that we have had an agreement on for more than 12 months. Officer Fletcher, your remarks are around internal staff experiences of racism and discrimination. We are also particularly interested in what happens to our community's experience of racism and discrimination and how you deal with that.

Mr De'Ath: I am trying to think of the figures and the data we have that we would go to in responding to that. Part of our role would be to look across the health system in terms of that. For example, we know there are survey figures that come out, particularly for Canberra Health Services. I will be cautious in speaking on their behalf, but those figures are relevant to us and they are always high—up in the late 80s, early 90s—about people's experiences in the system. I do not know is whether that survey information goes specifically to this question on racism and discrimination. I think there is a bit more work for us to do in terms of responding to that question. I will take that away and have a look at that.

MS CHIVERS: How does the directorate ensure that cultural protocol to recognise Ngunawal people as traditional custodians is supported?

Mr De'Ath: I would like to be fairly confident in my response to this. In my experience within the organisation—certainly the expectations are set from my level and, I know, within my executive—that protocol is strictly adhered to. I cannot say conclusively it is always adhered to, but on the basis of my experience and what I know I have set as an expectation, it is, to the best of my knowledge. If we ever breach that protocol I would hope that that would be brought to my attention. It has not been brought to my attention at any point, but that is not to say we have been entirely consistent. I cannot guarantee that.

MS CHIVERS: So you would be confident in saying that all people in the directorate are aware of what those protocols are and how they should be demonstrating them?

Mr Culhane: All of our meeting rooms have the acknowledgement of the traditional custodians in a laminated form. For all the meetings that I attend I acknowledge the traditional custodians, and that is my observation of my fellow executive members. I can also add an extra thing. We have a whole lot of initiatives across the directorate aimed at improving people's cultural awareness and awareness of the traditional owners. One of the initiatives we are currently working on is to provide an opportunity for the executive to be trained in delivering that acknowledgement in Ngunnawal language.

MS CHIVERS: How does the directorate change policies and programs to allocate funding to address the needs of the growing Aboriginal and Torres Strait Islander population? Given that around 50 per cent of the ACT population is aged 24 and younger, we are obviously a very different demographic to other areas within the community.

Mr De'Ath: I will ask Michael to speak in detail, but I go back to my opening comment on this being at the core of people's thinking as they go about their work. That is a significant shift. I could not have said that to you 18 months, two years ago. But I am more confident that that is central to people's thinking as they go about any elements of their policy work.

Mr Culhane: I will answer that question as best I can. There are a number of ways we use to attune policies and programs to the needs of the Aboriginal and Torres Strait Islander population in the ACT. Our Aboriginal and Torres Strait Islander partnerships have a practice that one of their roles is to review submissions to government and policies, question time briefs, questions on notice and all those sorts of things. The objective of that is to seek to ensure that policies and positions being put forward by the directorate are cognisant of and attuned to the needs of Aboriginal and Torres Strait Islander people. At a broad level that is one of the ways we do it.

We also do it through a range of initiatives in the directorate targeted at improving understanding and appreciation of Aboriginal and Torres Strait Islander culture and the differences in health status of Aboriginal and Torres Strait Islander people.

One of the things I have been talking with the Aboriginal and Torres Strait Islander staff network about is establishing a series of facts that illustrate some of the health differences between Aboriginal and Torres Strait Islander Canberrans and the rest of Canberrans. Part of that is an education campaign to say to staff who are responsible for making all these policies, "It's not the same. It is different and you need to be cognisant of these differences in designing your policies and procedures." We also go through a whole range of exercises in terms of identifying the health needs of the Aboriginal and Torres Strait Islander peoples, working with some of the health providers around town and other parties.

Ms George: My portfolio covers service planning, contract management and the operations of the Ngunnawal Bush Healing Farm. In terms of planning, we are currently in the process of developing a territory-wide health service plan, which is an overarching strategic plan about addressing health needs in the future. We have a particular focus on access to health services and improving health outcomes for people who need additional support to access services and whose outcomes are not at the level

of the rest of the population. Aboriginal people will be and are a particular focus of that planning work.

We have particularly identified the need to engage and consult with Aboriginal people and organisations during the development of that plan to home in on the demographics and other outcomes and statistics and have a look at areas that will need particular focus in that plan. The direction for the future is to have more specific plans flow out of that, so the specialties where we will need to have additional planning work.

Mr Philp: I acknowledge the privilege statement that has been made. In terms of the work we do, both in prevention and population health, we are very committed to making this work in program development. Where we have program grants, we ensure that Aboriginal and Torres Strait Islander organisations apply for those grants, and we encourage them and support their work in doing the application for those grants. We also have the work that we are doing in the drug and alcohol area. We are very conscious that that is an issue of burden on your community much greater than it is on the general population. We are giving focus to that work, doing drug and alcohol work. You will see the example that we are working Winnunga around the model of care for the residential rehabilitation work.

We also have our other prevention work. We have the early years work. We recognise the burden the community carry in relation to supporting children and families in the early years. We are doing some work particularly in the first three years. We see that as a really important support for families to enable them to develop with the child as it goes on. We understand what we need to put in place for that particular program. We also have other work where we are working with people in education around the Australian early development census work that says where we are giving focus to some of those prevention areas. We have programs that go into schools, making sure they are actually covering off the communities of focus.

Mr De'Ath: Could I just go back to this first thousand days piece of work. This is firmly connected to a piece of work in the Community Services Directorate about early support by design, which you may be aware of. That first thousand days piece of work is very significant and there is a structure around developing it. Jacinta might want to say a little bit more about that, then I will come back to the general question that you asked, which is: how do you shift funding and how do those policies actually come into effect?

Ms George: As the director-general said, we are very much involved with CSD in working on that first thousand days strategy, which is from conception to about two years. Then we are planning to draw the outcomes that relate to us and the strategic directions that relate to health into a child and adolescent health plan for the ACT and to make sure we embed the change management and the changes in the way the system works in that planning.

Mr De'Ath: You mentioned the young nature of the population. That is something we are acutely aware of, hence why I wanted to particularly reference this piece of work because it is about being in early and having sustained forms of services and supports for the right duration, the right sectors of the population. That is very important.

I appreciate the response is a little bit bureaucratic in relation to the question about how do you shift funding and so on. We bring those things together. We have that consultation and engagement with the Aboriginal and Torres Strait Islander community and others and bring that together in our advice to ministers. We put that forward. It goes through the budget process. We are looking at the nature of our investment to the points of greatest need and we will continue to do that.

THE CHAIR: There is no doubt you have excellent Aboriginal and Torres Strait Islander staff who can give you advice. You have a range of data. What I am particularly interested in, though, is impact across the grants and the contract areas and not just specific purpose, so not just Aboriginal and Torres Strait Islander grants. How do you use that intelligence over, say, the last five years to change the KPIs and funding that go out to the service providers you are responsible for?

Mr De’Ath: That is an excellent question, and Jacinta will probably respond a little bit too. I see we had our new CEO of ACTCOSS here. We were having a conversation the other day about the nature of our funding arrangements and the types of data and information and intelligence and outcomes measuring that we get out of those. There is more to go there. We are undertaking a piece of work at the moment in that sector on how we can look at, in collaboration with them, adjusting the funding and service agreements to get better intelligence. But I will let Jacinta talk a little bit about it.

THE CHAIR: Because of time—not to be rude—I want to know what has actually happened. I accept that there is work as things move on, but I am particularly worried about contracts that over many years just rolled over with no changes in expectations of delivery for Aboriginal and Torres Strait Islander people. I want to know how the information that we have all just heard about has made any changes in those arrangements over the last, say, five years.

Ms George: You are exactly right; we have not changed the service agreements yet. We are looking at the future and the future procurement process as we go to procurement. Most of the service agreements we have expire at the end of June 2022. We have started a body of work to look at how we advance after that. One of the areas that has come up is about having very specific indicators for outcomes and outputs specifically targeting Aboriginal people.

THE CHAIR: Going forward. But over the last five years, none? No changes?

Ms George: Not to my knowledge.

THE CHAIR: And in grants?

Mr Philp: We have over \$2 million in an annual grant process and we have nearly \$1 million in the four priority areas for Aboriginal and Torres Strait Islanders. I think we have done the last year. For example, we have got the one with Winnunga that is actually focused on reducing alcohol-related harm in Aboriginal and Torres Strait Islander people.

THE CHAIR: Is that your whole spend, the \$2 million?

Mr Philp: It is annual grant funding, yes.

THE CHAIR: So all your grants is \$2 million?

Mr Philp: Yes, that is right.

THE CHAIR: That is all you administer?

Mr Philp: In the prevention area, yes.

THE CHAIR: So that has picked up on some of that intelligence and you have made changes?

Mr Philp: Yes, to give focus to specific areas where we know the burden is actually much greater, particularly in areas like drugs and alcohol.

THE CHAIR: If, on notice, you could give us the details of changes and what KPIs have changed that relate to that, that would be very helpful.

Mr De'Ath: The other really important piece of work that informs our work and our thinking is the Chief Health Officer's annual report, which has a number of indicators in it. That informs all of the work. It is not the only piece of indicator work but—

THE CHAIR: The point is that you are gathering lots of this information and intelligence, but if nothing changes, so what?

Mr De'Ath: That is a fair comment and that is something we are absolutely responding to in terms of the work we are doing around those agreements now. It is just not providing us with sufficient information about what difference the funding is making. We need to know more about that. That is a very legitimate question on your part. It is one of ours as well.

MS CHIVERS: How many community events have been delivered by your directorate? Who participated? Who was responsible for the delivery and management of the events? What is your annual budget for these events?

Mr De'Ath: With the greatest of respect, we could spend a lot of time on this as I trawl across different executives providing their view around that. I am happy to take that on notice and provide the information back to the Elected Body in the interests of time.

MS CHIVERS: Yes, that is fine.

THE CHAIR: We are particularly interested in a breakdown between what are traditional NAIDOC Reconciliation Week events and how you might use some of the more mainstream days, like R U OK Day, to have an Aboriginal and Torres Strait Islander perspective.

Mr De'Ath: Certainly.

MS CHIVERS: How is the directorate using its networks and resources to promote

cultural knowledge?

Mr De’Ath: I think it is a similar category to the previous question, where I could trawl across a lot of people. We could all talk about this in some detail. But I am happy to take that on notice and provide you with some more detailed information.

MS CHIVERS: Thank you. How many contracts and tenders have been awarded to ACT Aboriginal and/or Torres Strait Islander businesses?

Mr De’Ath: Michael can make some comment in relation to this; others may too.

Mr Culhane: Strictly in terms of contract and tenders, five have been let during 2019-20. Those are for Winnunga, Gugan, Coolamon, the Healing Foundation and Burbangana. There are a range of other procurements, but they are contracts or tenders.

THE CHAIR: We are particularly interested in the period since the Indigenous procurement policy kicked in on 1 July.

Mr Culhane: We will need to take that on notice.

MRS HUGHES: And if they are ACT businesses.

MS CHIVERS: Were directorate Aboriginal and Torres Strait Islander staff involved in the development of your directorate’s action plan under the agreement?

Mr Culhane: The very short answer is yes. The action plan was developed at a time when the directorate was in the process of splitting into CHS and the directorate as it is currently known. There was only one Aboriginal and Torres Strait Islander officer in the partnerships team at the time that was developing the action plan. That officer was very heavily involved in that action plan.

Since then the Aboriginal and Torres Strait Islander partnership team has staffed up, predominantly with Aboriginal and Torres Strait Islander staff. Those staff are responsible for working across the directorate with people on the initiatives to monitor the progress of those initiatives and to report back to the directorate leadership committee on the progress of those initiatives. They are the driving force, you could say, in terms of involvement. In terms of the next action plan, which I think is the period 2021 onwards, they will be heavily involved in the development of that, together with responsible officers across the directorate.

THE CHAIR: To clarify—I think that is something unique to this directorate that other directorates could learn from—you are actually using that team with a strategic role and not just, “Can you have a look at the spreadsheet? Are you okay with it?” They have a more significant responsibility in what is happening with the action plan? Have I understood that correctly?

Mr Culhane: Yes; it is not the case that they are some kind of a clearance team or something like that. They report to me and they, together with me, drive action on the action plan across the responsible areas.

THE CHAIR: I am trying to promote that because we want to say that to other directorates.

Mr Culhane: We find it a very effective model in ensuring there is a focus, noting the point Michael has made that it is everybody in the directorate's responsibility to do this. The team cannot do it themselves.

Mr De'Ath: And it comes up to the directorate leadership committee. That is a significant development and that is an important part of our practice.

THE CHAIR: There is a very genuine role for them in the process?

Mr De'Ath: It is a very genuine role. It has also led to us getting more and more away from glib statements and comments to getting into some hard facts about what is actually changing and happening. We hope that is what you are seeing in our reporting coming through—something that is more substantial than we have provided in the past. We are not there yet. We will probably never be happy with it to the degree we would like, but it is a lot better and it has a lot more substance than it has had in the past.

MS CHIVERS: And to reiterate what the chair said, we want to be able to promote that to other directorates. I certainly appreciate the fact that it is not a tokenistic role and that it is genuine.

MS CHIVERS: The next question is around recommendation 21 of the 2019 hearings report. That recommendation was that the directorate take steps to work with ACT colleges, the CIT and Aboriginal and Torres Strait Islander community organisations to demonstrate how it will increase the uptake of scholarships under the nursing scholarships program. Can you indicate what steps you took, whether they increased the uptake of scholarships and, if not, what will you do differently?

Mr De'Ath: I am really pleased to welcome to the table Tony Dombkins. Tony, one of our remaining important executive professional-led appointments, is the Chief Nursing and Midwifery Officer.

Mr Dombkins: In relation to other scholarships, three aspects will be embraced in this financial year. One is a review of the scholarship process and the allocation of those funds. We are very fortunate and blessed to be provided funding for scholarships from a nursing and midwifery perspective. The second is that we have had discussions about how we can increase the number of Aboriginal and Torres Strait Islander community members accessing of the scholarships to enhance their nursing and midwifery qualification. The third aspect of discussion is how we can strengthen that.

To function within the health arena you have to have a nursing and midwifery qualification. What we have commenced discussions with the schools and TAFE and the university on is an education and articulation pathway pertaining to nursing. We need to target the schools and commence a TVET program, a health service assistant qualification with TAFE to provide our Aboriginal students the opportunity to do their HSC as well as an additional subject, that being a health service assistant. That would then allow them to articulate into TAFE to do their diploma of nursing and then entrance as a second-year student at the University of Canberra.

Our target is the schools and working with the schools to ensure and enhance that along the way so that we can support them and support the student financially to obtain their assistant in nursing, then articulate to their diploma of nursing and then achieve the ultimate qualification of a registered nurse. That discussion has occurred and I am very willing to come back next time and further discuss the number of students we have taken.

We are also speaking to TAFE about paying for assistant in nursing and the diploma program to support the Aboriginal community. But we are starting with Education to ensure that there is a career pathway.

MS CHIVERS: I am really pleased to hear that is what is happening, but since the March hearings last year what were the actual numbers and was there an increase in Aboriginal and Torres Strait Islander people that took up those scholarships?

Ms Jonasson: We will have to take that on notice, Member Chivers.

THE CHAIR: Could I clarify that the officer's response is that you have had a conversation with Education? In 12 months that is the activity that has happened, or is it more substantial than that?

Mr Dombkins: It is more substantial.

THE CHAIR: I need to hear that something is in motion rather than, "We've caught up."

Mr Dombkins: I make a commitment to you that there has definitely been a process mapping exercise undertaken to see what we can do from a TVET perspective, which is training and vocational, through to articulation to a university. From my time as the Chief Nursing and Midwifery Officer those discussions have occurred and we are in the process of formalising that. I would be very willing to send you a paper on same. I provide and instil confidence that it is progressing; it is just having the key stakeholders around the table to develop an SLA or a memorandum of understanding.

Ms Jonasson: Chair, I should articulate that our chief nurse has been in the job for only a couple of months. We have had a bit of uncertainty, and the position was vacant for a period last year. I think he has done pretty well in the couple of months that he has been here, but we absolutely know we can do better.

THE CHAIR: I appreciate that. With a year between drinks I forget who was sitting in that spot and I was thinking, "We talked to you about this a year ago and that's what you've done?"

Mr De'Ath: There have been a number of people, and that is why I introduced Tony as the person now settled in the role.

MS CHIVERS: The next questions relate specifically to the agreement. They also include questions we received from community, given that it is our usual practice to give individuals or organisations in the community the opportunity to submit questions.

The first few questions fall under the children and young people component of the agreement. Given the continued growth of Aboriginal and Torres Strait Islander young people in our local population, what specific policies, programs or service delivery mechanisms has the directorate developed and implemented and what were the outcomes? We are specifically interested in knowing the outcomes.

Mr De'Ath: There is probably quite a bit to take on notice to give you a really comprehensive response. Alan can make a few comments and we will take the rest away and give them a bit more context. It is a fairly big question.

MS CHIVERS: It is.

Mr Philp: As I spoke about earlier, we have the early years focus that we are doing some work on overall, But as you may be aware, we have also developed a preventative health plan. Part of the issue in the preventative health plan is to give the early years and the children and adolescents focus. We are looking at grants and health policies that improve the wellbeing of Canberrans which specifically focus on the population of specific health needs for Aboriginal and Torres Strait Islander people because we see that the burden of disease is two or three times greater.

We also have other elements and other priorities within the plan, but the early years are certainly one of those. We are about to appoint a prevention health coordinator, so we are focused on that. We are also working with Education around the early years and the Australian early development census and what work is happening there. We believe that if we put in better support structures in those first few years of life, we make quite a lot of difference to schooling.

I have a very strong view that when children turn up to school they should be healthy and well and ready for learning, as opposed to turning up to school and unwell as a result of poor outcomes that have been dealt to them, whether it be poverty or housing or such issues. The prevention plan has a specific focus on those early years and young people.

Mr Culhane: I can add a couple of things. We continue our investment in Gugan in terms of servicing young people. In 2019-20 we provided funding for Aboriginal and Torres Strait Islander community assessment early intervention and care. Not in the last financial year, but we have continued to invest in Gugan and increase our investment in Gugan. I know they have a couple of initiatives. Regarding their mental health nurse, they have not managed to fill that position yet, but that was one of the key initiatives we invested in in recent years.

THE CHAIR: Can I clarify your comment just then. Gugan still has contracts with you; they just have not increased? Or were you saying you are not funding Gugan at the moment?

Mr Culhane: They have not increased in the last financial year. It was increased a couple of financial years ago to reflect—

THE CHAIR: The way it came across was that you are not funding Gugan and I wanted to clarify.

Mr Culhane: No, we are continuing to fund Gugan and I imagine we will continue to fund Gugan. There was an increase in funding for Gugan a couple of years ago for a mental health nurse. Also, the money we provide to Winnunga is not specifically targeted at youth but it obviously encompasses youth. There is also the additional money the commonwealth is providing through the ACT government for the new build, which will provide dental services and other services.

Mr De’Ath: In response to this question it would be good to hear from our Coordinator-General for Mental Health, Dr Elizabeth Moore.

Dr Moore: Some of the work the office has done is a review of children and young people, and the Minister for Mental Health will release that next Tuesday. Gugan Gulwan was part of our reference group that developed the survey questionnaires that went out and was part of the three community fora that we did as part of this process.

There are several recommendations to come out, some of which have been talked about in open forums, so I am not breaking the minister’s confidence here. There was a strong lens on a youth navigation portal that was also culturally sensitive. Children of Aboriginal and Torres Strait Islander background will also be captured through the youth aware of mental health process that is currently underway. This is a resilience program going into year 9 throughout the ACT. We have been very careful to make sure it is culturally appropriate. It started two weeks ago and is due to go to the middle to end of 2021.

Other programs that will have a positive improvement on children and young people of Aboriginal and Torres Strait Islander background are looking at the middle ground: those kids that are not able to get into the specialised mental health services but are too complex for primary health. We are just about to start that work.

MS CHIVERS: How will the directorate specifically increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian early development census to 45 per cent by 2028? That was actually in your action plan.

Mr Philp: As I indicated earlier, our early years focus is actually to improve those first years of life for families with young children so that when they turn up to school they are ready to learn and they are healthy and well. We also have the focus in the prevention plan around giving that to young people and the work around trying to reduce the burden of illness that falls on families when they have sick children in the family and are dealing with those issues.

We realise it is quite a challenge to get those areas of the AEDC improved in the community with the schools area. We are working very closely with Education to ensure that we have that work happening. We do the kindergarten health check. That is undertaken when children start school, so we get a sense of some of the difficulties the children may be having, particularly around their health and wellbeing, and that leads to a referral onto a service that actually starts to address those issues. Along the way there are a number of areas of focus that we try to improve, but our challenge is to improve those numbers. I must say that it is across the community, but Aboriginal and

Torres Strait Islanders carry a heavier burden in that area.

MS CHIVERS: What strategies does the directorate have in place to support the health recommendations arising from the Our Booris, Our Way review?

Mr De'Ath: As the instigator of that piece of work I can assure you we will be absolutely committed to the recommendations. As to what we are doing at the moment, we will take it on notice.

MS CHIVERS: We will really be interested in the response.

Mr De'Ath: Absolutely. Members will know how importantly I treat that piece of work. Whatever the health recommendations are, we will be deeply committed to them.

MS CHIVERS: Specifically we are interested in a response to recommendation 9(a) and recommendation 14.

Mr De'Ath: They are the specific health ones?

MS CHIVERS: Yes.

THE CHAIR: That will be taken on notice.

MS CHIVERS: What is the time frame for the development and implementation of the child safety, child friendly and child aware coordinating framework for ACT Health and what are the strategies for Aboriginal and Torres Strait Islander children?

Mr De'Ath: That is a fairly comprehensive question. We will take that on notice.

THE CHAIR: There is a commitment in the action plan around checks for kindergarten kids. Is it kindergarten or preschool?

Mr Philp: Kindergarten health checks. We call it kindergarten.

THE CHAIR: That is all right. Given the increased number of placements including preschool I had a question about that, but I am a bit early.

Mr Philp: We are starting to look at that. That is one of the areas where we have focus on how we assess what is happening with those children when they turn up to preschool areas. There is work happening with Education to understand that.

MS CHIVERS: What have been the difficulties faced in developing ACT Health's cultural respect framework, cultural proficiency charter and the Aboriginal and Torres Strait Islander workforce action plan? When do you expect these to be finalised? I have put them all together because you refer to the three of them together in the action plan.

Mr Culhane: I expect John Fletcher will respond on the workforce elements. In terms of the other elements, I do not know that I would describe them as difficulties. With the e-learning module, which is a key part of the learning and development strategy, there have been some delays as we have restructured that module. I understand in the past it

was a single block, so you had to chug through it all and that is obviously a challenge for some people.

THE CHAIR: Might be a disincentive?

Mr Culhane: It could be a disincentive. It has sort of been modularised, so you can work through it progressively. That required a restructure of the product. Also with the separation of the Health Directorate and CHS we have had to change the focus a bit. Part of the modularisation was to reflect that as well. That is well progressed now. If I recall correctly, we have had contributions from UNEC on that and it is now in the build phase. I expect that to be delivered soon.

One of the other elements of that piece of work was the training for the executive staff to be able to deliver the acknowledgement in traditional Ngunnawal language, as I mentioned before. We are working at the moment with a local organisation—the name escapes me—to provide that. We are in discussions with CHS, who I know are of a similar view about making those sessions shared across the organisation so that people who cannot make it to one can close it out with the other to maximise the penetration across that group.

Ms Jonasson: I have had the privilege of doing that training and I do my acknowledgement in Ngunnawal. I still have to read it and I think my pronunciation is getting better. I do that with every staff stand-up and at every meeting I go to. I am really passionate about rolling that out across the directorate.

Mr Culhane: The staff network was one of the other elements of that. That is established and the first meeting was held on 26 February. We have a senior executive sponsor, Dr Helen Matthews, the chief allied health officer for that network. It is excellent to have Helen in that role. We have also established an Aboriginal and Torres Strait Islander data working group to help guide and improve the use of data about the health of Aboriginal and Torres Strait Islander people in the ACT and how that data is used in our programs. The work is progressing well. We are not there yet; we have more to do.

Mr De'Ath: Michael came into this role just over 12 months ago.

Mr Culhane: Nine months.

Mr De'Ath: Time flies. During that time Michael has put a really important focus on trying to get the right information and authentic engagement. I think you are hearing some of that today.

MS CHIVERS: Due to time limits I will not ask all the questions we have, but we ask that you provide to us a response on notice to those questions. What progress has the directorate made in working towards a health system that provides clinically appropriate care that is accessible, culturally safe and competent and free of racism for all Aboriginal and Torres Strait Islander people?

Mr De'Ath: You will be aware that we have now stabilised our professional lead team with our chief physician, chief medical officer, chief allied health officer, chief nurse

and midwifery officer and chief psychiatrist. Those positions are all firmly in place. There are responses across each of those professional leads around this, so the best way to respond to this question is to take it on notice and provide you a comprehensive response. If you are comfortable with that approach, that is what I propose.

MS CHIVERS: Thank you for that. That was a question from community and they would certainly appreciate a very considered response.

Mr De'Ath: It is important. I believe we can do that.

MS CHIVERS: Does every health advisory body established by the directorate have Aboriginal and Torres Strait Islander representation?

Mr De'Ath: I will take that on notice. I would like to confidently say yes, but we will take that on notice.

MS CHIVERS: Can you provide an example of effective Aboriginal and Torres Strait Islander community engagement that has occurred within the last 18 months, including the outcomes of that community engagement?

Mr Philp: We can talk about the work around the prevention plan. I understand that there were discussions with elements of the Aboriginal and Torres Strait Islander community around the importance of prevention and the work that we could do, hence the focus on the early years and the issue of chronic disease. The other consultation is around the work we are doing on the Aboriginal and Torres Strait Islander residential rehabilitation service. We are making sure Winnunga are talking to the broader community about the importance of that work and how that will be involved in terms of development of what the service will look like going forward.

Mr Culhane: Depending on whether it fits your definition of community, we have also had discussions with Winnunga around Aboriginal and Torres Strait Islander people moving to the ACT during and following the bushfires and the impact that is having on their health service. Following that, we have briefed the minister and we have had productive discussions with the commonwealth about the possibility of some extra funding to address that. Those discussions have not reached their conclusion yet, but we are optimistic that that will come home, if you like.

MS CHIVERS: Do members have any questions in relation to the last few questions I have asked

Dr Moore: Ms Chivers, if I could add that we are hoping to have a community forum on mental health and suicide prevention on 26 March, COVID-19 willing.

Mr De'Ath: In other words, we probably will not.

MS CHIVERS: What specifically is the directorate doing to build and/or expand on strategic partnerships with Aboriginal and Torres Strait Islander community organisations and businesses to explore new approaches and initiatives for delivering services to Aboriginal and Torres Strait Islander people?

Mr De’Ath: We have talked about a range of consultations and engagements we have had.

MS CHIVERS: Is there anything additional to what you have already said that you might like to mention?

Mr De’Ath: I will provide the opportunity for other executives to comment, should they wish. I would like to think we have provided a range of examples.

MS CHIVERS: I asked that because that was a community question.

Mr De’Ath: I appreciate that. For example, I think of the extensive piece of work around the bush healing farm, which has been a controversial issue in the territory. I look at our engagement and the innovative approaches we have tried and how we put the control in another place to go about that at times. The onus was on us to try and make some good progress on that and get the lead in a way that people are comfortable with. That has so many dimensions to it and is progressing well. That is an example of what you are raising here from getting an Aboriginal consultant through to a range of other players and parties.

MS CHIVERS: How has the directorate engaged and connected with the diverse range of Aboriginal and Torres Strait Islander elders in the community?

Mr De’Ath: Your advice on how to do that any better would be greatly appreciated at any point in time. Many of the conversations I have had with you, Jo, and Katrina have been about the challenges and the opportunities inherent in that. Is there a formal mechanism and structure in place about how to go about that? It would be pretty bold to say yes. We would probably want to do a little bit more thinking structurally about that.

THE CHAIR: This part of the agreement, the lifelong learning, is about how to develop all of us as people as well as professionals. It is not so much about formal arrangements and policy advice; it is more about, “We’ve had elders come in and speak at events,” or “We’re genuinely understanding their story, particularly those of the local elders, to help shape thinking and understanding of what is important in this place.”

Ms George: I can offer one reflection of mine over the last few months when running the recruitment process for permanent positions at the bush healing farm. We had two members of the Ngunnawal Bush Healing Farm advisory board, Fred Monaghan and Russell Brown, on that. My personal learning from the time we took to hear stories about the history and experiences of those people they engage with made it a markedly different process from the one I commenced. I learned a lot through that process, and that is something that we can build on in the future.

Mr Culhane: I have had the same experience as Jacinta. I did not participate in that recruitment, but through participating in the Ngunnawal Bush Healing Farm advisory board there was a lot of relationship-building going on in that board. As part of that, stories were shared. We have met five or six times, but at each meeting I still get additional learnings and understandings from that experience from the Aboriginal and Torres Strait Islander people who participate in that advisory board. It has been a rich

learning experience for me.

Mr De’Ath: These have been two very important pieces of work with the Aboriginal and Torres Strait Islander community. Historically there has been a tendency to go, “Look, it’s too hard. It’s too complex. It’s too hard on the Aboriginal and Torres Strait Islander people involved and community and so on, so we’ll just do it.” And that does not work.

I have been kept very well informed through the recruitment process and the work around the bush healing farm and I engaged in a lot of ongoing discussions at the elder level, the Elected Body level and in other spaces. It really is interesting to look at how it is just a commitment to how we work together in places that are Aboriginal led. Every time you strike a stumbling block you have just got to work through it and find a way through it rather than shy away from it.

That is what we have tried to do. I know we have stepped aside as health executive officials at times and nudded out, “What are we going to do now?” But we have had a commitment to getting through it and getting through it with the community. That has reaped great benefits and will continue to do so down the track.

MS CHIVERS: Fantastic. How is the directorate achieving or going to achieve targets established in the Aboriginal and Torres Strait Islander procurement policy?

Mr De’Ath: I am happy to take it on notice, suffice to say that we are very aware of the policy. As to the detail of what has happened in that space we will come back to you on that.

MS CHIVERS: CATSINaM received \$10,000 to fund attendance by six Aboriginal and Torres Strait Islander nurses, midwives, nursing or midwifery students to attend the national CATSINaM conference in September 2019. Did six Aboriginal and Torres Strait Islander people attend the conference and were they nurses, midwives, students? What were the outcomes of the conference?

Mr Dombkins: Six Aboriginal and Torres Strait Islander nurses attended the conference. Two were registered nurses and four were students. The evaluation was extremely positive in the fact that they were able to network and have a connectedness and share some of their learnings and challenges. We are very willing to support that initiative again this year, with the conference being in Cairns.

MS CHIVERS: Fantastic. Under the Peter Sharp scholarships program how many places are for Aboriginal and Torres Strait Islander students and have they all been allocated?

Mr Dombkins: I would have to take that on notice for the fact that I want to clarify the number that has been provided. There is a definite commitment to access to that. The information I have been provided reflects that two Aboriginal and Torres Strait Islander students and nurses have been awarded postgraduate scholarships, but I would like to clarify whether it was under that scheme or another. I apologise that I do not have the information. But two Aboriginal and Torres Strait Islander staff have been awarded graduate scholarships to support their studies.

MS CHIVERS Is the national strategic framework for Aboriginal and Torres Strait Islander people's mental health and social and emotional wellbeing 2017-23 on track? What changes have been reported on the ground and how much funding has been allocated for this initiative to date?

Mr Ord: Thank you very much for having me. There is a significant body of development of work around mental health in the Aboriginal and Torres Strait Islander policy in terms of recent developments which are consistent with the national framework. As Michael Culhane has already alluded to, in the 2019-20 budget we invested in a mental health nurse in relation to Gugan, which is currently being negotiated with the would-be clinical team.

The ACT government, two budgets ago, from memory, also announced a flagship investment in the LifeSpan program, which is a program from the Black Dog Institute around nine key aspects of suicide prevention. A significant component of that, which falls under the LifeSpan program and which are real tangible steps, is the funding of the way back service. That model was developed by Beyond Blue, based in Melbourne. The ACT was one of the earliest adopters of the way back model.

The ACT funded that in 2016 as a pilot and last year it signed a bilateral agreement with the commonwealth government to fund that over the longer term to the tune of \$300,000 each, so \$600,000 in total. That program provides support services for people who have made a suicide attempt and are referred by clinical services.

In the last quarter it has had some fight to identify as Aboriginal or Torres Strait Islander. In terms of developing that work, we would like to take it further and we are very conscious of the work that has been going on in South Australia around an Aboriginal and Torres Strait Islander-specific suicide prevention after-care service.

MS CHIVERS: What about the funding that has been allocated so far?

Mr Ord: As far as I am aware there is not a specific pot of funding assigned to the national strategy. However, significant funding which comes in from a multiple of initiatives and multiple sources, including commonwealth funding, essentially addresses the strategic aims of that framework.

THE CHAIR: Are we on track for a framework that spans 2017 to 2023? What are the measures of success? What are we tracking for?

Mr Ord: I think we are tracking for parity of access to service. That is one of the big learnings from the way back model. There is a body of opinion that it does not necessarily have a parity of access. I think we are also tracking for sufficient understanding in the clinical workforce about Aboriginal and Torres Strait Islander issues, particularly around mental health and the impact of trauma. There is a significant body of work there to be done which has already been built upon by the really good team at CHS. There are particular issues around mental health which are worth bearing in mind.

THE CHAIR: Is there anything in that framework that at the moment is off track or

you know you are not going to meet?

Mr Ord: I do not think there is anything in the framework which is essentially off track. Absolutely there are things we would like to make progress on and there are things I would argue we are very well-positioned to progress by the end of 2023. I do not think there is anything off track.

MS CHIVERS: How many Aboriginal and Torres Strait Islander leadership opportunities have been provided in the mental health sector?

Dr Moore: We have a specific Aboriginal and Torres Strait Islander project officer in LifeSpan, which is the Black Dog Institute program that has had significant investment from ACT government. Mr Neville Perkins is a senior Arunta man who has brought together a senior Aboriginal and Torres Strait Islander working group under LifeSpan. Our office is very small, but he is a major player within that.

MS CHIVERS: So basically there has been one opportunity?

Dr Moore: In the office for mental health and wellbeing.

Mr Ord: I might also add about the cross-fertilisation. The mental health policy in the directorate includes the mental health policy unit as well as the Aboriginal and Torres Strait Islander partnerships team. So there is significant cross-fertilisation around those issues. Those teams work very closely together under me.

THE CHAIR: And the partnerships team, that is the team we heard about before that has the SOGA, B and C who are Aboriginal and Torres Strait Islander people?

Mr Ord: Exactly, chair.

Mr De'Ath: Your question is in relation to the mental health sector, which is very broad. We would have to go away and do our best to gather further information on that. But if I look at the other part of the question about opportunities created, that might help narrow it down. There is part of this we should take on notice.

MS CHIVERS: That would be excellent, and that was a community question.

Mr De'Ath: Leadership opportunities specifically being created or being provided in the mental health sector.

THE CHAIR: Some of those would be jobs but some of those would be the advisory panels and any of those types of things.

Mr De'Ath: Yes, there are a lot of them in the mental health space.

MS CHIVERS: What is the directorate's role in therapeutic assessments for all Aboriginal and Torres Strait Islander children and young people in the care of the director-general, Community Services Directorate? Have all therapeutic assessments for children and young people currently in care been done? If not, what is the time frame for this to be done?

Mr De’Ath: We are not able to comment on that. My understanding from being in both worlds is that it is a pretty streamlined system. We will take it on notice.

MS CHIVERS: How many recommendations from the Aboriginal and Torres Strait Islander-specific national health partnership agreements have been implemented and what have been the outcomes? What was the reason for not adopting all the recommendations?

Mr Culhane: I think we need to take that on notice as well. I do not have the answers for that at hand.

MS CHIVERS: How is the Ngunnawal Bush Healing Farm specifically operating as a culturally based healing program?

Mr De’Ath: Improving by the day, but Jacinta will talk to that.

Ms George: At the moment we are still running day programs rather than residential. The aim is to move to residential therapeutic healing community programs. The programs generally run for 10 weeks for four days of the week and have a number of program blocks within each day around cultural and wellbeing improvement. I suspect I have not quite answered your question.

THE CHAIR: It is good to know that the timetable allocates time for culture-based programs, but perhaps just a little bit of information on how those components have been developed. Who has helped you to know that that is a culturally appropriate activity?

Mr De’Ath: If I could just add to that in the context of the development of the healing framework and so on, it is a fairly big piece of work that is still moving.

THE CHAIR: Granted, we understand that the model will mature over time.

Mr De’Ath: Correct.

Ms George: At the moment the basis for the program, and it is developing, is the model of care that was developed some years ago. A review is underway of the model of care, so they are guiding principles. We are at the moment just closing off a procurement tender process for therapeutic programs at the farm. We have talked to and had a member of the advisory board as a technical adviser to that procurement panel. We need to work on bringing the proposed programs to the advisory board before any program is organised to get that feedback from the advisory board. That has not happened yet, but it will from now on.

MS CHIVERS: How many people have engaged in Ngunnawal Bush Healing Farm programs and what have the outcomes been?

Ms George: We have had 57 participants through the six programs we have had so far.

THE CHAIR: Over what period of time is that?

Ms George: That is from 2017, at the opening, to 20 December this year. The first program was in November 2017 and the sixth program finished in December 2019. The evaluation process needs to be much more robust. We have qualitative evaluation feedback from participants. We know that participants to date have found employment and have attributed that to the support they received at the various programs. But it is a priority action for us to get that evaluation process much more robust and consistent.

Mr Culhane: It is probably important to note that with 10-week programs you can only really run four in a year and the size of the group you can have at the farm for a therapeutic program is limited as well. You can take a view on the numbers, but the practical reality is that you cannot just push large numbers of people through programs five days a week. Programs need to be staged. We need time in between to review the programs and prepare for the next program, so you end up with the numbers that you get. Over that time I think the programs have been ramping up, but there is a practical capacity at the farm in terms of the numbers of people you want there together in a therapeutic program.

THE CHAIR: That makes sense. Maybe a better way to represent that is: could you tell us what that looks like as a utilisation? With four programs a year at 10 weeks, does 57 people represent more than half of what is close to full capacity?

MS CHIVERS: And age groups.

Ms George: I can work through the capacity, and the large limiter on that is the case management capability. People just do not come and do courses; they are assigned a support officer who works with them. I can get back to you on a forward program for a year.

THE CHAIR: That helps us with—and obviously your staff will be doing this as well—the expectations of what the healing farm can pump out each year versus the right number for the types of programs you are trying to run. So 57 can sound like a lot or nothing depending on that context. That would be very helpful.

Mr De'Ath: It is a good question. We will have a look at that. In the context of moving forward, I think you understand the period we have been through with it up till now. We now have staff and processes happening around that to review the healing framework and the more endorsed nature of the programs through having the board. There is a lot of interplay here and it would be good to look at that. Then we can look at those expectations going forward now that we are getting those other things in place.

MS CHIVERS: I point out that, whilst as Elected Body members we might understand that context, at almost every hearing we get that question from community. It perhaps goes back to the kind of information you put out to the community in general as to why we are getting that question on a regular basis, perhaps a lack of information to the broader community about the healing farm.

Mr De'Ath: I think it needs some sort of succinct comment that helps people like you, who are getting asked those questions, and others to respond to it without three pages of notes.

THE CHAIR: And for us to have realistic expectations.

Mr De'Ath: Yes.

MS CHIVERS: How much has it cost to maintain the Ngunnawal Bush Healing Farm as well as provide the services to the facility?

Ms George: I will answer that in the context of the annual budget. The budget for 2019-20 is \$1.7 million. Some \$1.09 million of that is for operations, staffing, running programs et cetera and \$567,000 is for land management and property management matters. There is a small additional amount of money from which security services are paid.

THE CHAIR: So none of that represents that security cost? That is an additional line item?

Ms George: Some of the security cost is included. It is a service that has recently transferred to the directorate from Canberra Health Services and I am just working my way through where the exact line falls.

THE CHAIR: I understand.

MS CHIVERS: What are the outcomes of the review undertaken by Russell Taylor? Has it been completed and what recommendations were made?

Mr Culhane: The work commissioned of Russell Taylor had two elements to it. One was focused on governance and one was focused on a review of the programs. As part of the review process Russell provided advice to the directorate and the directorate accepted that advice that the programmatic review be deferred until after the healing framework work was done. That is very sensible. So that element of the review has not progressed while we wait for the healing framework, which is expected to be completed in June this year. There is another workshop later this month on that.

In terms of the governance part of the review, that report has been completed. It was focused on refining the strategic governance arrangements for the advisory board. It had a number of elements. I cannot recall them all off the top of my head, but one of the key elements was that the advisory board reconvene as a matter of urgency, and that has occurred.

It also talked about a model of increasing the membership of the board, so we have done some work with the advisory board around that. At the moment we have an expression of interest process out there in the community that is being promoted to seek additional members for the board along those lines.

Other recommendations, as I recall, included progressing with the permanent appointment of officers at the Ngunnawal Bush Healing Farm. That was the recruitment process that Jacinta talked about a short while ago. That is finished.

That is not a full description of all of the recommendations, but those are some of the

key recommendations. Most of the recommendations have been progressed in some form or another, usually in consultation with the advisory board, but I can provide a more detailed response to that on notice.

MS CHIVERS: You have answered the second part of my next question by stating that the healing framework is looking to be completed by June this year. What effect has the delay of the healing framework had on the operations of the bush healing farm?

Mr Culhane: The operations of the bush healing farm have continued unchanged, and that is the effect, if you like. Once the healing framework is complete we will then need to look at what changes need to be made to the programs at the farm to align them with the healing framework. I cannot tell you at this point what those changes will be and, therefore, at one level I cannot tell you what the effect is because we do not know what the healing framework is going to say.

The farm programs have continued as they are, so it has not impacted on operations. It has delayed whatever fine-tuning the healing framework will make to the programs. It might be more than fine-tuning, but it has delayed that.

Mr De'Ath: To put it another way, we are not where we want to be within that, but we are progressing.

THE CHAIR: But operations have continued.

Mr De'Ath: Yes, as best we can and with as much input into those programs as we can at this stage, albeit in the absence of a very important piece of work.

THE CHAIR: With the recruitment processes—they were to permanent positions, which is great—were they all filled?

Ms George: We have five staff at the farm and four of those positions were advertised as permanent—one SOG C and three ASO6 positions. Yes, we filled them and staff commenced progressively over the last two weeks. They are on board, unfortunately not at the farm because the access road just got flooded away but they will be from Monday. They are starting to work and get a handover from the contract staff.

THE CHAIR: There are no vacant positions?

Ms George: There are no vacant positions.

MS CHIVERS: Through the implementation of the national safety and quality health service standards, how was the ACT health system designed, measured and evaluated in partnership with Aboriginal and Torres Strait Islander Canberrans?

Mr Arya: I have the lead responsibility to monitor implementation of the national safety and quality health service standards. Probably the most rigorous way to consider whether standards are being implemented is the accreditation process that we have in place. The requirement for all health service providers is to go through the process of accreditation. Calvary Hospital, for example, is going through the accreditation process this month and Canberra Health Services will have accreditation next year.

Due to the accreditation process, when the accrediting agency come to do this survey they look at planning, design, implementation and evaluation processes. An important aspect of the whole evaluation is to see whether culturally appropriate care is being provided and whether all culturally appropriate groups are being involved in the planning, design, implementation and evaluation process. That is probably the most rigorous process that you can have.

Once the accrediting agencies have completed the process, if there is any risk or if there is any process that has not occurred the way it was intended then the accrediting agency is required to inform us of those deficiencies so that those processes can be remedied.

THE CHAIR: That explains the process, but the question is about how were Aboriginal and Torres Strait Islander Canberrans involved in any of that?

Mr Arya: As I said before, when the accrediting agency come to do the survey they look at that aspect, too, of whether Aboriginal and Torres Strait Islander people are involved.

THE CHAIR: Yes, I get that, but can you tell us how they have been involved, not what the process is?

Mr Arya: I do not have all those details, but if the finding from the accrediting agency is that they have not been involved then they would notify us.

Mr De’Ath: We will have to have a broader look at that because it is not just based in terms of the ACT Health Directorate, but we can gather the required information and respond succinctly to that part of the question.

MS CHIVERS: What area in the directorate is responsible for coordinating healthcare services for Aboriginal and Torres Strait Islander detainees at the Alexander Maconochie Centre? How many detainees have received a service, and how many detainees have received timely and appropriate health care?

Mr Culhane: The area responsible for that arrangement is the Aboriginal and Torres Strait Islander partnerships team. Jon will speak to it in a second. I would not describe them as coordinating things, certainly not on a day-to-day basis. I think that is done directly between JACS and Winnunga.

Mr Ord: On a day-to-day basis, in terms of the precise numbers, if it is okay I will take that on notice because it is a month or so since I had those numbers and I would not want to give you the wrong information.

Essentially the operation of the model of care at the AMC is ultimately a three-way partnership between CHS, JACS as the operators of the AMC, and Winnunga as the model of care provider. That model of care has been in operation now for a couple of years. That is very well supported and very well subscribed to in the AMC population, particularly the aspects of the holistic models of care it provides, as well as the element of throughcare it provides for detainees when they leave the AMC. They obviously have an opportunity to maintain a relationship with the existing service provider. That is

highly valued by the service.

THE CHAIR: The evidence from the AMC this morning was that Winnunga have 44 clients that utilise the service at AMC and on any given day the Aboriginal and Torres Strait Islander numbers out there are between about 112 and 120. We are particularly interested in what is the cultural appropriateness of the other health service in the AMC for the other 70 who are not on Winnunga's books? We are not asking about Winnunga's service now, because every detainee should have that choice. We want to understand who manages the rest of the service that is delivered at AMC and whether it is culturally appropriate.

Mr Ord: CHS is responsible for that.

MS CHIVERS: Does that feed in to the question of what services are available other than the tailored Winnunga health and wellbeing offerings?

Mr Culhane: Jon can provide a bit of information about the detention exit community outreach program. That is the only other program I am aware of that the Health Directorate are involved in.

MS CHIVERS: We would certainly be interested in that.

Mr Ord: Sure. We can provide you with much more detail in writing in relation to DECO. It is referred to as DECO—the detention exit community outreach service. In the ACT it is provided by an organisation called Wellways. They provide an element of throughcare service for people who are about to leave the AMC, in terms of adjusting back into community life with up to three months of support. I believe at the moment it has room for 20 participants.

MR WALKER: In relation to the expression of interest for the advisory board for the Ngunnawal Bush Healing Farm, for those people in the community that may be considering applying, is the directorate insisting on appointing qualified people to govern the direction of the bush healing farm, particularly when it comes to healing methods and therapeutic programs and eventually, when it is completed, the healing framework implementation?

Mr Culhane: The board is an advisory board rather than a governance board per se, so that changes the nature of the membership we are seeking. We are interested in people with skills that can contribute to the advisory board's operation. There is no set criteria of qualification, which was the word you used, that we are insisting on. We will consider all applications and we will be consulting with the existing members of the board in considering those applications. Is that a helpful answer for you?

MR WALKER: Not the one I wanted to hear, but if that is what you have got, then that is it.

Mr De'Ath: If it helps at all, it is the importance of a blended skills-based board and culturally representative board. I think it is important that whatever comes in is looked at and considered in terms of what would be the best mix of skills that will support this going forward, as opposed to going, "We want only these things and if you don't have

these things, don't bother applying." We think that is way too restrictive and actually would be pretty offensive out there in the community. So it really opens it up.

MRS HUGHES: In the actions for health and wellbeing with regard to the hepatitis B and C, HIV and sexually transmissible infections statement of priorities for 2016-20, under the related actions it says "To be advised", but then in the progress comments it says that this is being implemented but that engagement with community is difficult. I would like to have an understanding of what engagement has taken place.

Mr Culhane: We probably need to take this question on notice. This sits in the Chief Health Officer's responsibilities and she is not in attendance today; she is focusing on corona virus-type issues.

Mr De'Ath: Can we take that on notice, because that does fall in the Chief Health Officer's area and in her absence I think it would be a mistake to attempt to respond.

MRS HUGHES: Yes, thank you.

THE CHAIR: Can the response outline that level of engagement and also what is the difficulty referred to? What is the issue?

Mr De'Ath: That is a good question.

THE CHAIR: I am trying to understand the separation arrangements between the two directorates. What has this directorate's role been with the SPIRE project? I am particularly interested in the early scoping of it and what may have been included from Aboriginal and Torres Strait Islander perspectives and needs and aspirations in that project.

Mr De'Ath: We had a lot of early involvement, obviously, before it was transferred over to Major Projects Canberra.

THE CHAIR: I was not sure where it ended up.

Ms Lopa: The build and the delivery of the SPIRE building is the responsibility of Major Projects Canberra. That project was designated by the Chief Minister on 1 July 2019. Previous to that it had been the ACT Health Directorate working with CHS to do the proof of concept and the business case for the building, and then once the building case was through government we handed it to Major Projects for delivery.

We continue to work with Major Projects Canberra and Canberra Health Services from a governance point of view. Michael sits on the project board; I sit on the project control groups. We continue to work with them now. They are just moving into the design phase of the building. There is continuing engagement with Aboriginal and Torres Strait Islander people on the design of the building.

THE CHAIR: One of the reasons I am asking the question is that we are obviously going to have a huge interest in that and we are going to make some requests of that. I want to understand a little bit more about the business case and what has been signed up to for delivery. Are there any requirements within those expectations that relate to

Aboriginal and Torres Strait Islander people?

Ms Lopa: The business case really outlined the scope of the services that would be delivered in the building—that is, the acute care services, the emergency department, the ICU, the operating theatres, cardiology and some surgical inpatient beds. The business case looked at the scope of the services that are being offered but not at the design of those services or the design of the building, if that makes sense.

THE CHAIR: Yes. So it is up for negotiation?

Ms Lopa: I do not want to speak on behalf of Major Projects Canberra, but, yes, the design of the building is still very much open. The siting of the building has been set by government, where it is on the hospital campus. The scope of the services to be delivered in the building has been set, but what the services look like and how they interact and the design of the spaces within the building are still in their infancy.

MS CHIVERS: What specific Aboriginal and Torres Strait Islander health promotion activities have been supported?

THE CHAIR: For reference, your action plan talks specifically about health promotion activities within AMC.

Mr Philp: That is right. A number of grants out of our grant programs focus on prevention. The initial one is the Winnunga grant that is about reducing alcohol-related harm for Aboriginal and Torres Strait Islander peoples. Given their work already within AMC, we see that as part of a good prevention program. It is really about preventing the uptake of excessive alcohol consumption, providing community-wide education about the risks of drinking and reducing the harm associated with risky drinking. The overall aim is to prevent the harm caused by behaviours associated with excessive alcohol consumption.

We also have funded the Australian Red Cross, which is doing some work around save-a-mate. Part of that program is delivered in partnership with the Ted Noffs Foundation and Yurauna, the Canberra Institute of Technology Aboriginal and Torres Strait Islander unit. They are doing some work in partnership with Red Cross around young people and also people who have experienced juvenile justice. That is around trying to deal with suicide as a general issue.

We are funding a little bit of money into the Tuggeranong child and family centre. That is working with the Koori playgroup in there and is focused on promoting a healthy environment and the risk of diabetes.

Finally we are funding the Worldview Foundation. That is specifically out of AMC and focuses on smoke, booze and drug free post release. That is money we have given to the foundation to work with Aboriginal and Torres Strait Islander detainees in the Maconochie centre to provide intensive support pre and post release to address issues associated with alcohol and tobacco and other drug use. They are focused on the prevention element and then we have, as you have indicated, the prevention plan that we are still doing.

We have just finished or closed a round on tobacco smoking because we see that as one of the areas where we can make significant gains for Aboriginal and Torres Strait Islander communities, and we are assessing those grants. The next grants we will be looking at are for chronic disease. We believe at a community level there will be a number of people looking at the prevention element of that program.

MS CHIVERS: What involvement has the directorate had in the provision of primary health services at the early morning centre to allow ongoing medical support for people experiencing or at risk of homelessness? If the directorate is involved, how do you make this service appropriate for Aboriginal and Torres Strait Islander people?

Mr Culhane: We contribute to the early morning centre's activities in the city. In terms of cultural appropriateness, I will need to take that one on notice. I have numbers of Aboriginal and Torres Strait Islander people who attend the service, if you are interested in those, but that does not answer your question.

MS CHIVERS: If you could provide those as well, we would be interested.

Mr Culhane: Sure. We can do that at the same time.

Mr De'Ath: We will largely take that on notice.

THE CHAIR: That brings us formally to the close of our hearings. Given the circumstances in the health sector at the moment, we thank you for the level of representation here today and the time taken in the preparation that goes into attending.

Given that this term of the elected body expires come the start of July and that there are quite a few questions on notice, if we could have those responses back fairly quickly to help us formalise our reporting processes while we still have authority to do so that would be very helpful. Again, thank you for your participation today and for the progress that is being made in the health sector.

Mr De'Ath: I thank members of the Elected Body and particularly acknowledge your leadership, Member Fanning, over this term. We have certainly valued that relationship from the health perspective. I also thank Member Chivers for her ongoing and great interaction with us. We value our meetings a lot and we get a lot of intel and we get a lot of direction and a lot of advice and support. We really appreciate it. Thank you for all your efforts in the way you have worked with us through this term.

THE CHAIR: Thank you.

Hearing adjourned at 1.36 pm.