

Part 4:

Community Well-being

1 Health and Well-being

This chapter outlines the Government's response to improving the health of the Redfern and Waterloo population. The strategies outlined here consider improvements in health in the context of physical and mental wellbeing. Health is a major factor in determining a person's standard of living and the ability to realise their full potential during all life stages. Issues related to road injury prevention are also touched on in this chapter.

The Government notes that other initiatives outlined in this submission, on work with families and children, and on employment and community safety strategies for example, are likely to improve the health and wellbeing, including social and spiritual wellbeing, of Redfern and Waterloo.

This broader recognition of the impacts on health and wellbeing is reflected in the Ottawa Charter for Health Promotion, developed in 1986. The Jakarta Declaration on Leading Health Promotion into the 21st Century, made at the 4th International Conference on Health Promotion (1997), reaffirmed the strategies set out in the Ottawa Charter. To quote from that Charter:

People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health.

Health is created by caring for oneself and others, by being able to take decisions and have control over ones life circumstances and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Recognising the socioeconomic disadvantage in Redfern and Waterloo (see Part 1), NSW Health reports that this is a well recognised risk factor for poor mental health, and for higher rates of risk behaviours related to poor health. These include smoking, alcohol and illicit drug use, poor diet and lower awareness of the importance of physical activity in maintaining health.

1.1 Area Health Services

Central Sydney Area Health Service (CSAHS) is responsible for the provision of the Government's health services and public health care in the Central Sydney area. This area

has an estimated 496,080 residents which represents 7.6% of the New South Wales population.

The Government is committed, through the work of the CSAHS, to the goals of healthier people, fairer access to services and health outcomes, quality health care and better value in delivering these services. In order to achieve the best results, CSAHS health care services are provided on a continuum of strategies, ranging from prevention, early intervention, medical and other treatment services and harm reduction.

The whole of Redfern and the majority of Waterloo are included within the CSAHS boundaries. There is a small portion of Waterloo under the administration of South Eastern Sydney Area Health Service.

At the 2001 census, NSW Health reports that there were an estimated 496,080 residents within the CSAHS geographic confines and currently 51,416 (10.8%) of that population resides in the Sydney Western area. This is the portion of the Sydney City Council under the administration of CSAHS which encompasses Redfern and Waterloo.

NSW Health reports that, using data from its (HOIST) Inpatient Data Collection, use of hospital services for coronary heart disease, cancer and injuries among the population of Sydney Western is lower than the New South Wales average with the exception of lung cancer rates, burns and scalds amongst women. The mortality data indicates that the levels for lung cancer and injury for both men and women are higher than the State average. In addition, injury and poisoning mortality rates for both men and women in this population are higher than the State average. Some other cancer rates are lower than the State average but NSW Health advises that this is because the population is younger. The data used has not been age adjusted.

1.2 Early years

Families First is a Government prevention and early intervention strategy that helps parents give their children a good start in life by building communities and services that support families. This strategy is outlined in further detail in Chapter 14.

CSAHS has been involved in the development of strategies to address concerns about the health of children up to the age of five years, including the period from conception.

From January to December 2003, the Redfern Early Childhood Health Centre saw 177 new babies with 1969 occasions of service and 209 home visits. The Redfern Early Childhood Centre provides advice and support for parents of babies and young children through home visiting and centre based care.

Services provided from this centre include:

- universal home visiting

- developmental assessments for children from birth – 5 years old
- parent education/support groups
- schools as community centre activities at Alexandria Park school
- mobile playbus activities at Redfern Park and Waterloo Green.

NSW Health reports that since the poorer health outcomes of Aboriginal children in CSAHS are predominantly socio-economic and psychosocial in nature and origin, a wider approach is required using the Families First model as described above. This would require that any further planning, strategy implementation, and resourcing needs to occur with the full involvement of other government and non-government agencies. This includes the Aboriginal Medical Service, relevant local non-government organisations, local councils, and Departments of Community Services, Housing and Disability, and Ageing and Home Care. NSW Health adds that the strategies would need to be developed and implemented with community consultation and involvement.

In keeping with the national health goals and targets for Australian children and youth, NSW Health notes that consideration has been given to the health issues of mortality, disability, preventable diseases, conditions which occur in adulthood, conditions which originate in childhood, and family and social functioning.

To date, CSAHS has:

- considered research on child development including brain development, the factors which effect child development and health, and strategies which have been shown to improve child health outcomes from a prevention, health promotion and early intervention perspective
- reviewed local, state and national data about health status and access to services by Aboriginal mothers and children
- consulted with a range of health professionals and agencies to identify factors impacting on Aboriginal parents and children in the Central Sydney, and potential strategies which should improve health
- developed preliminary strategies based on the latest available evidence to improve health and access to services
- implemented home visiting by Early Childhood Service nurses for all new mothers and sustained home visiting for mothers in high risk categories
- implemented a multidisciplinary team approach to the antenatal management of antenatal care for mothers identified as high risk involving Midwives, Social Work, Drug Health, Mental Health, Aboriginal Health Education Officers, GPs and AMS Redfern as appropriate (the “Pathways Project”).

NSW Health reports that it has become increasingly apparent that any plan to improve the health of Aboriginal children will not realise its full potential if health agencies and health services work in isolation in developing and implementing strategies. For example, poorer knowledge about good health practices together with failure to act by government agencies on factors which impact on poor outcomes (eg economic disadvantage, variable child-rearing practices, and inadequate housing) make Aboriginal children at greater risk of:

- separation from families by the Department of Community Services
- poorer education outcomes
- poorer employment opportunities
- incarceration in juvenile justice centres and prisons
- premature mortality.

NSW Health notes that addressing health problems alone will not change this cycle.

CSAHS is completing a plan for Children in the Early Years. In finalising this, it plans to engage with other government and non-government departments, and agencies to adopt a comprehensive approach for this age group.

1.3 Youth strategies

NSW Health reports that there are approximately 100,000 young people aged 10 to 24 years in Central Sydney Health Area. Many of these are from disadvantaged families, constituting more than a quarter of the total population. Drug Health Services (2002) reports that there are 20 youth accommodation services in Central Sydney providing services to a significant number of transient young people from across the State.

The Australian Institute of Health and Welfare (AIHW) (2003) indications are that despite the high and increasing numbers of young people using substances, few attend treatment services. In 2001, the National Minimum Data Set collected information from 505 government funded alcohol and other drug treatment agencies around Australia. Services reported that 13.1% of their clients were aged between 10 and 19 years.

In comparison, NSW Health reports that only 1.6% of clients who presented to CSAHS during the period from July 2001 to July 2002 for drug or alcohol problems (excluding pharmacotherapy) were aged between 10 and 19 years. 13.3% of presentations were for people aged 24 years or under but it is difficult to extrapolate a direct comparison with the national data as the age category in the AIHW report is grouped 20-29 years.

One of the reasons for this data relates to young people's pattern of drug use and their reluctance to identify drug use as a problem. For the majority of young people, early intervention and prevention strategies are more appropriate in targeting the harms associated with their substance use. The majority of these programs are provided on a

limited basis by youth specific agencies and non-government organisations as drug health issues must compete with other health priorities. NSW Health reports that Drug Health Services has also developed projects such as the University of Sydney Operation Drinksafe program and Drug and Alcohol Training for Youthworkers program however limited resources has restricted the number of programs it can undertake. In addition, Drug Health is a participating agency in the Redfern/Waterloo Street Team engaging young at risk kids in the Redfern and Waterloo area. The work of the Street Team is outlined in Chapter 14.

NSW Health notes that patterns of drug use are most often reported for school based young people. However, street kids are more likely to be offered illicit drugs than most young people. Tresidder et al (1997) found that out-of-school young people reported much higher rates of weekly drug use than in-school 16 year olds including:

- tobacco smoking (males: 65% vs. 28%, females: 73% vs. 29%)
- cannabis use (males: 51% vs.19%, females: 37% vs. 9%)
- alcohol consumption (males: 62% vs. 37%, females: 44% vs. 30%)
- frequent binge drinking episodes (males: 45% vs. 24%, females: 31% vs. 25%)
- significant numbers were regularly mixing other drugs with alcohol, most commonly, marijuana.

For young people who do require treatment, access to services is limited. Young people needing treatment may be admitted to the McKinnon Residential Detoxification Unit (those aged 16 years or under must have parental or guardian permission) and the Palm Court Residential Rehabilitation program (minimum age is 18 years) however staff will endeavour to refer young people to a youth-specific facility as it is acknowledged that there are important differences between the treatment of adult and adolescent substance use problems. Services for young people aged 14–17 years are scarce and at present there is only one youth-specific detoxification service and three rehabilitation programs servicing the entire greater Sydney metropolitan area.

It is reported that an Adolescent Mental Health Service operating in Glebe and providing services to young people in Redfern provides assessment and provision of specialised programs for children and adolescents with mental health problems. In addition, it focuses on provision of acute care services (crisis team).

Drug Health and Mental Health Services are working collaboratively to provide increased opportunities for youth to access core treatment and age appropriate services. The Redfern/Waterloo Street Team is focusing on engaging youth within the Redfern and Waterloo Area at risk of a range of issues relating to health and wellbeing.

1.4 Women's services

Drug Health Services also operates a Perinatal and Family Drug Health Service which provides care to pregnant women who have a substance use issue in the CSAHS. NSW Health reports that this service has seen a noteworthy increase in the clientele group from the Redfern and Waterloo area in 2004 and is currently working with nine Aboriginal women in the 15-24 year old age group. This number has increased from four clients in the Redfern and Waterloo area in 2003.

The service is working in partnership with the AMS and Royal Prince Alfred Hospital to provide comprehensive drug and alcohol treatment and maternity services to this population group. Some of the achievements of this partnership include a 100% rate of entry onto the methadone program for these women and continued maintenance treatment on the program.

NSW Health notes that it has achieved a reduction in the other illicit drug use within this population and has addressed the issue of assessing their significant others within the family unit when applicable and referring them to commencement on Drug and Alcohol Programs when indicated. This service aims to improve the perinatal outcome of neonates born to women with substance use issues in pregnancy. The Redfern/Waterloo Street Team is also currently running a support group for young pregnant women/girls.

Drug Health Services is also continuing to work closely with Perinatal Services and the AMS to continue to increase access to perinatal services for young women. This process connects with the Families First initiative to enable good engagement with families in the early years and facilitates links into a range of Early Childhood Services.

1.5 Aboriginal health

1.5.1 Overview

NSW Health reports that the health status of Aboriginal people is so poor and the factors that increase the risk of poor health are so prevalent, that it is essential to provide a public health approach as well as treatment services specifically for this community. It advises that there is a need for a greater focus on prevention and early intervention, particularly in the early years to reduce the cycle of poverty and poor health, and promote healthy lifestyles, including reduced uptake of substance use. Chapter 14 on families and children outlines the family focused interventions and prevention initiatives that focus in improvements for the Aboriginal community.

In a profile for CSAHS, Wen (2003) reports that although Aboriginal and Torres Strait Islander people make up only 0.9% (approximately 45,000 people) of the total CSAHS population, a significant proportion resides in the Sydney Western area. Along with the communities who live in the area permanently, these areas also have historical and spiritual

significance as gathering places for visiting Aboriginal people from other parts of New South Wales and Australia.

Aboriginal people using mental health and drug health services have a range of complex health needs that are linked to poor health outcomes. These include maternal (antenatal) health care which impacts on the unborn child, behavioural and learning problems in infancy and in adolescent years. NSW Health cites Kirmayer, Brass and Tait (2000) who report that the rate of mental distress and substance use is often associated with the continual loss and grief within the community.

NSW Health also cites Fitzgerald and Weatherburn (2001) and the Office of the Status of Women (2001) who report that Aboriginal individuals, families and communities suffering from grief and loss relate not only to past separation from their families, that is the Stolen Generation, but also through the ongoing loss of family members and friends in the community through:

- the continuing separation of at-risk children from their parents
- arrest and imprisonment of adolescents and adults by Juvenile Justice and the Courts
- premature death of relatives due to health problems such as heart, liver and respiratory disease
- violence including domestic violence and sexual assault
- suicide of friends and family members.

A large proportion of Aboriginal people within the Sydney Western area are reported to be aged 25-44 years (33%) followed by those aged 5-14 years (20.1%) and 15-24 years (20.2%). Consistent with data on reduced life expectancy of Aboriginal people, only 3.4% of the Aboriginal population of CSAHS were aged 65 years and older, compared with 12.3% of the general CSAHS population. There was also a larger proportion of Aboriginal children aged under 14 years (29.2%) compared with non-Aboriginal children (16.1%).

The Public Health Division (2000) reports on the findings of the NSW Chief Health Officer in relation to the health status of New South Wales Aboriginal and Torres Strait Islander populations. It presents the following data which highlights the major health problems faced by Aboriginal and Torres Strait Islander people as a group in New South Wales.

The Report identified Aboriginal people are more likely to die at a younger age. For newborn Aboriginal males, life expectancy is 56 years, and for newborn females life expectancy is 64 years. The Aboriginal population aged 25 years or less, accounts for approximately 16% of deaths compared with 3% of deaths among non-Aboriginal people. Approximately 12% of Aboriginal babies are born prematurely and a similar percentage experience low birth weights. Aboriginal people have higher rates of smoking than the

general population and while they are less likely to be drinkers, those who do drink are more likely to use alcohol in a hazardous fashion.

Overall urban Aboriginal populations were found to be healthier than rural populations. Most common causes of injury related hospital separations in New South Wales in 1999-00 were interpersonal violence (19.9%), falls (19.6%), self inflicted injury (8.8%) and transport accidents (6.5%).

Alcohol, tobacco and to a lesser extent other substance use, are reported to be significant contributors to the high burden of mortality and morbidity experienced by Aboriginal people. Substance use disorders also contribute to domestic disruption including violence, and to personal, family and community suffering. These in turn are risk factors for future problems for children of the community. Drug and alcohol strategies in Redfern and Waterloo are outlined below in Section 11.7.

Trewin and Madden (2003) are cited by NSW Health as reporting that tobacco and alcohol or other substance misuse play a causal or contributory role in a large number of the major health concerns of Aboriginal people. The potential for interactions between different risk factors in Aboriginal individuals is large. Alcohol, obesity and Hepatitis C are independent contributors to liver disease and two or more of these risk factors often coincide. Similarly alcohol, obesity and smoking each contribute independently to risk of diabetes and heart disease and alcohol and cigarettes are independent risk factors to cancers. In non-remote areas, Aboriginal adults are more likely than non-Aboriginal adults to be exposed to more than one of these risk factors.

The Commonwealth Department of Human Services and Health (2001) found that patterns of substance use indicate that across Australia, one in two Aboriginal and Torres Strait Islander people consumed alcohol in a way that put them at risk of alcohol related harm in the short-term. More than half (59%) of the drinkers surveyed in the National Drug Strategy, urban Aboriginal and Torres Strait Islander Survey had tried to reduce their drinking in the past 12 months. Regular smoking is over twice as common among Aboriginal people than among the remainder of the population. Illicit drug use and misuse of prescribed medications is increasing in prevalence among Aboriginal people. In household surveys, over half (57%) of Aboriginal people report having tried an illicit drug, compared with 37% of the non-Aboriginal population. In particular, higher rates of cannabis use were reported by Aboriginal people (50% lifetime use compared with 33% for non-Aboriginal), but other illicit drugs had also been used more commonly (25% in a lifetime by Aboriginal people compared with 18% of non-Aboriginal people). As with lifetime use, current cannabis use was also reported by twice as many Aboriginal respondents as non-Aboriginal (27% versus 13%) and other illicit drugs were used by 14% of Aboriginal people (compared with 8% non-Aboriginal). Aboriginal people are greatly over-represented among injecting drug users.

Intervention for substance use disorders whether they involve alcohol, tobacco, prescribed medications or illicit drugs, ideally involves the use of prevention, early intervention, treatment and harm minimisation strategies. There is now a considerable body of evidence for the effectiveness of a variety of measures in each of these categories, but less evidence exists for their effectiveness specifically within an urban Aboriginal community.

1.5.2 Health strategies

In recognition of the severe social and economic disadvantages that continue to be experienced by Aboriginal people and the poor health outcomes of this population group, much of the work of CSAHS in Redfern and Waterloo targets Aboriginal and Torres Strait Islander people.

CSAHS has identified a priority area of improving the health of Aboriginal people within CSAHS through closer collaboration with residents and Aboriginal treatment services ensuring better access and provision of culturally appropriate services.

NSW Health reports that the responsibility for provision of primary health services to the Aboriginal community is shared between CSAHS and the Aboriginal Medical Service Coop Ltd (AMS) Redfern. A Partnership Agreement was signed between the AMS and CSAHS on 9 April 2003.

A number of Aboriginal specific health services are operated by the CSAHS. These services are accessed by the local Aboriginal community which includes residents of Redfern and Waterloo and Aboriginal people visiting from other parts of New South Wales. These services include Mental Health, Early Childhood, Aboriginal Liaison Officers (both male and female) Liaison Midwifery, Sexual Health, Health Promotion and Education.

NSW Health reports that Aboriginals are well represented in the CSAHS Drug Health treatment services. Although Aboriginal people make up approximately 0.9% of the CSAHS population, they make up 10% of Drug Health occasions of service. Thirty percent of clients being dosed for opioid pharmacotherapy maintenance treatment at RPAH identify as Aboriginal. NSW Health cites Teasdale (unpublished) who reports that in order to meet client needs, aspects of the service had been adapted in recent years to improve services to Aboriginal clients, for example, providing priority access for appointments to patients referred from the AMS. These patients are seen within 24 hours and co-case managed throughout treatment.

Although alcohol problems are far more prevalent than illicit drug use disorders in both Aboriginal and non-Aboriginal populations, Teasdale also states that CSAHS services are far more commonly accessed for treatment of opioid dependence. This may be because more culturally appropriate services for alcohol dependence are available through

Aboriginal controlled health services, but may also be because heavy alcohol consumption is less often perceived as a health problem.

CSAHS is currently developing an Aboriginal Health Plan to guide strategic directions for services over the next three years. Identified priority areas include Drug Health, Mental Health, the Early Years and Cardiovascular Health. In the last year work has been undertaken in each of these four target areas to identify health needs and issues within the Aboriginal community and develop strategies to achieve health improvement. Where appropriate this process has incorporated a broader view of health, including those factors which have been found to contribute to poorer health outcomes such as unemployment, poor education and low socio-economic status. As part of this process, extensive consultation has occurred with senior clinicians from across CSAHS, local general practitioners, other government and non-government agencies (including Aboriginal specific services and teams), Aboriginal patients, and the broader Aboriginal community.

Strategies to address Aboriginal family violence are outlined in Chapter 14.

1.6 Co-morbidity

Clients with a substance dependence problem and co-morbid mental health problem present unique challenges to health care providers with respect to the most appropriate identification, prevention and management strategies. The addition of psychiatric disorders in those people who already have significant health and quality of life problems adds considerable complexity to the adequate management offered by service providers.

The Australian Bureau of Statistics (1998) National Survey of Mental Health and Well Being demonstrated that of the 10,641 adults surveyed in the general population, 18% have a mental health disorder and 1.2% have an affective and/or anxiety disorder and concurrent substance use disorder.

NSW Health reports that a number of Australian studies (Ross et al (2002) and Callaly et al (2001)) within drug and alcohol services (mainly methadone and inpatient detoxification units) assert that prevalence rates for all mental disorders are extremely elevated when compared to the general population. Most common are the anxiety, affective (depression) and personality disorders. Conservative estimates suggest that at least half of the people receiving drug and alcohol treatment have an anxiety, affective or personality disorder (or a combination of these).

Hall (1996) is also cited by NSW Health as reporting that the presence of any mental health disorder in the context of substance misuse significantly complicates effective drug and alcohol treatment. Jablensky et al (2000) adds that regardless of gender, psychoactive substance use or dependence represents significant co-morbidity for people with psychotic disorders. Among people with a psychotic disorder, 30% meet the criteria for alcohol abuse or dependence, 25% for cannabis and 13% for other substances. The most

commonly used substances among this population in order are tobacco, alcohol, cannabis, amphetamines, LSD, heroin and tranquilisers.

NSW Health reports that co-morbidity data is not currently recorded in CSAHS. It states, however, that considering the socio-demographics and high itinerant mental health population, particularly in Redfern and Waterloo, it is reasonable to assume that CSAHS has a higher prevalence rate of co-morbidity when compared with national data.

Clients with co-morbidity have been identified by CSAHS as a high priority client group. Drug Health Services is improving its links with Mental Health Services, assessing the co-morbidity training needs of staff and developing clinically relevant resource materials to improve service provision for this client group. Additional psychiatrically trained medical staff have been employed within Drug Health Services to facilitate these initiatives and improve client health outcomes.

1.7 Drug and alcohol issues

1.7.1 Aboriginal community views

The Department of Aboriginal Affairs (DAA) advises that Aboriginal communities are supported to develop strategies to best deal with the particular issues, needs and aspirations of their community. In community meetings held since the death of a young Aboriginal man and the riot in Redfern in February 2004, the Aboriginal community identified that the establishment of an Aboriginal drug and alcohol rehabilitation service was essential and a priority. Rachel Forster Hospital was suggested as a possible local site. DAA has reported that concern was expressed at the community meeting about the spreading of the drug problem to regional areas if it goes on unchecked.

1.7.2 Anti-Drug Strategy

The Premier announced the Redfern/Waterloo Anti-Drug Strategy (RWADS) on 21 November 2002, in response to community concerns about illicit drug use, and community safety and crime prevention issues. The Strategy responded to crime related community safety and maintained an appropriate level of response to the serious public health considerations in the area. The RWADS is outlined in detail in Chapter 20. The intense debate and challenges for the Government in relation to relocating the Mobile Needle and Syringe Service which is currently located on The Block are also outlined in that chapter.

1.7.2.1 Harm minimisation approach

NSW Health reports that the principle of harm minimisation has formed the basis of Australia's drug strategies since its inception in 1985. Harm minimisation does not condone drug use, rather it refers to policies and programs designed to prevent and reduce harms associated with both licit and illicit drugs. It reports from the National Drug Strategic Framework (1998) that the philosophy encompasses:

- supply reduction strategies to disrupt the production and supply of illicit drugs and the control and regulation of illicit substances
- demand reduction strategies to prevent the uptake of harmful drug use, including abstinence oriented strategies to reduce drug use
- harm reduction strategies to reduce the drug related harm to individuals and communities.

Harm minimisation was initially an approach adopted by public health specialists to reduce the threats posed by HIV/AIDS to illicit drug users and the broader community. Strategies such as needle syringe programs were developed with this aim in mind. NSW Health advises that harm minimisation strategies form part of the overall spectrum of CSAHS' drug health service delivery which includes counselling, detoxification, rehabilitation, pharmacotherapy treatments and health promotion.

Needle and Syringe Programs (NSPs) have been an important part of Australia's HIV/AIDS and Hepatitis C strategies. They provide a range of services that include provision of injecting equipment and disposal facilities, overdose response management, education and information on reducing drug-related harms, referral to drug treatment, medical care and legal and other social services. The aim is to prevent the shared use of injecting equipment, which can lead to the transmission of blood borne viral infections.

Staff also address the potential for transmission of infection via sexual contact by providing condoms and safer sex education. NSPs provide a unique window of opportunity to engage drug users who may not access mainstream health services. NSPs are often the first contact that these clients have with any health service. By engaging injecting drug users through NSP services, those who continue to use drugs are likely to incur less harm to themselves and the broader society.

An independent study in 2002, by Health Outcomes International Pty Ltd and the National Centre for HIV Epidemiology and Clinical Research (NCHECR), into the economic effectiveness of needle and syringe programs in Australia found that:

- Australia's needle and syringe programs have prevented 25,000 new HIV infections and 21,000 hepatitis C infections in 10 years
- this has saved an estimated \$2.4 billion in public health funding. By 2010 approximately 4,500 deaths are projected to have been prevented
- an analysis was undertaken of 103 cities that introduced and did not introduce NSPs. The analysis found that cities that introduced NSPs had a mean annual 18.6% decrease in HIV seroprevalence compared with a mean annual 8.1% increase in HIV seroprevalence in cities that never introduced NSPs

- median Hepatitis C prevalence was 75% in studies from cities without NSPs and 60% in cities with NSPs. The results correspond to around 1.5% or 2% decline in HCV prevalence per annum.

The need for a public health approach to drug and alcohol use in Redfern and Waterloo is particularly pertinent when considering the findings of the Australian NSP Survey National Data Report for Redfern by MacDonal and Zhou (2002):

- the rate of HIV prevalence in 2002 is higher in Redfern (3.2%) compared to national (1.3%) and state (2.0%) levels
- the rate of HCV prevalence in 2002 for Redfern (69%) is similar to that of New South Wales (71%), though significantly higher than the national level (44%)
- the number of times respondents have reused a syringe twice has increased in Redfern
- the percentage of respondents who re-used another's syringe has shown an increase since 2001
- re-using syringes greater than five times has also significantly increased from 2001.

1.7.3 Drugs and community action

The Drugs and Community Action Strategy arose from the NSW Drug Summit which took place from 17-21 May 1999 at Parliament House in Sydney. It brought together drug experts, families, representatives of interest groups, community leaders and politicians to examine existing approaches to the drug problem and provide a launching pad for the way forward.

About \$6.4 million has been committed to this four year strategy. In partnership with the community, the strategy is being implemented by the Community Drug Strategies, Premier's Department. Its focus is to facilitate local joint initiatives on drug issues across the State through Community Drug Action Teams (CDATs) which, to date, have been established in more than 70 locations.

The Teams do not replace existing networks between local services. Their role is to work with these networks to assist communities to act on drug related concerns. Teams usually include community members, government and non-government agency and local council representatives.

The Redfern/Waterloo CDAT was established in 2001. The CDAT aimed to build on the work initiated by the Redfern Drug Action Team which was convened in 1998, but had since become inactive.

The membership of the CDAT included representatives from NSW Police, the Departments of Housing, Juvenile Justice and Community Services, as well as Central Sydney Area Health Service, the former South Sydney City Council, Aboriginal Medical

Service, Aboriginal Housing Company and local residents groups and non-government organisations. The CDAT received intensive support from the Senior Project Manager (Coastal Sydney), Community Drug Strategies in the Premier's Department to develop and implement a Community Drug Action Plan. The focus of the plan was illicit drug abuse and related impacts on the health, safety and amenity of the community. These were also identified as priority issues of concern under the Redfern/Waterloo Partnership Project.

Funds of \$10,000 were allocated in 2001 to support projects identified in the CDAT's Drug Action Plan such as a Youth Information Card.

In spite of the intensive support from the Premier's Department, the CDAT had limited achievements from 2001 to 2003. The CDAT struggled to reach agreement on key issues and projects identified under the plan were not fully implemented.

At the same time, the Redfern/Waterloo Partnership Project was planning to establish a Drug and Alcohol Taskforce to oversee the implementation of its Anti-Drug Strategy and the development of a new Substance Abuse Strategy (see Chapter 20) which would also tackle alcohol related harms in the area. The CDAT agreed to suspend its operations until the Taskforce was fully operational. Two members of the CDAT became members of the Taskforce.

1.7.4 Drug crime diversion

Drug-crime diversion gives offenders who use drugs the chance of undertaking treatment and/or education aimed at helping them to stop using drugs, and committing further crimes.

By targeting less serious drug offences, drug-crime diversion programs also aim to prevent a potential new generation of drug users committing drug-related crime.

Early intervention is the focus for minor offenders with limited involvement in crime, while offenders with serious drug problems enter into heavily supervised programs.

In terms of the health outcomes of drug crime diversion programs, linking drug education and treatment programs with the justice system provides strong incentives for those whose criminal activity relates to a drug problem to stay in treatment.

The Government, working with the Commonwealth Government, has established a number of drug-crime diversion strategies that are operational in Redfern and Waterloo. These are outlined in Chapter 22.

1.7.5 Disability and mental health

The Department of Ageing, Disability and Home Care (DADHC) works closely with government and non-government agencies to provide support services to clients with

complex needs and challenging behaviours. At times the needs of these clients are related to a combination of disability, mental health and drug and alcohol issues. DADHC has worked to support a small number of clients from the Redfern and Waterloo area with these problems. The following case example is provided to highlight some of the challenges in supporting clients with these problems. Details have been changed to maintain confidentiality.

Case Study: Karen

The case study has been removed to protect the privacy of the individual involved.

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1.7.6 Homeless and intoxicated persons

The Government is committed to providing a comprehensive range of services to better meet the needs of homeless people with addictions to alcohol and other drugs. Intoxicated Persons Protocols (IPP) between Government agencies set out formal liaison and referral procedures by which homeless people with drug and/or alcohol addictions will be offered a range of services.

These procedures ensure that the range of services needed by homeless people, or people at risk of homelessness, who have alcohol or drug addictions are better integrated. They also clarify the roles and responsibilities of the key Government agencies - Department of Community Services (DoCS), NSW Police and NSW Health.

An IPP for the area within the CSAHS boundaries was agreed to by DoCS, CSAHS and NSW Police. The IPP was signed off by the Metro South East Region of DoCS and the CSAHS. The Endeavour Police Region signed off on behalf of the Redfern Local Area Command.

The portion of Waterloo not covered by CSAHS currently would fall under the IPP for South East Sydney Area Health Service.

1.8 Injury prevention

1.8.1 Road safety for children

The Community and Road Education Scheme (CARES) is a scheme that has been developed to provide children, aged between 8 and 12, the opportunity to acquire bicycle skills and road safety knowledge in a safe environment.

It is a joint program involving NSW Police, the Roads and Traffic Authority and the former South Sydney City Council. Two full time permanent police officers will work at the site once the positions are filled. These will be dedicated CARES positions and will be attached to Redfern LAC.

1.8.2 Aboriginal road safety program

The Roads and Traffic Authority's (RTA) Aboriginal Program Section has been active in the Redfern and Waterloo Aboriginal communities conducting information sessions on Driver Licensing and Road Safety. The Authority has met with and organised sessions with Aboriginal organisations and individual community members.

Ongoing activities include monthly licensing sessions at the Redfern Aboriginal Corporation to assist drivers to gain learner permits and drivers licences. These licensing sessions started in November 2003. The RTA advises that six sessions have been arranged to date, attended by about 50 people overall. Attendance has fallen from an initial 20 people to less than 10 people attending follow up sessions. The RTA objective is to achieve a reduction in un-licensed driving, however it advises that it is too early to monitor any change or the effectiveness of the program.

The RTA is also initiating a Learner Driver program at the newly opened Redfern Community Centre and the Eora Centre to provide access for Aboriginal people in the inner city. Culturally appropriate Aboriginal road safety information has been developed and disseminated in the area including information sessions at organised community events.

The Redfern Community Centre was opened in March 2004 and presently being fitted out. The Learner Driver Program is expected to commence about September 2004.

1.9 Sport and recreation

Sport and recreation create a broad range of benefits for all members of the community and play a vital role in binding communities together. Benefits range from developing self-esteem in young people and maintaining health and fitness of seniors, to reducing and preventing crime. By creating and providing new facilities and activities for young people you provide an alternative to drugs, keep them healthy, occupied and off the streets.

Since June 2001, the Department of Tourism, Sport and Recreation's (DTSR) involvement in the Redfern and Waterloo area has involved initiatives undertaken under the Youth in Sport Program, Aboriginal Sports Development Program and Indigenous Sports Program banners.

These initiatives have been undertaken in partnership with South Sydney PCYC, Alexandria Park Community School, the Department of Housing, and professional sporting clubs such as the Sydney Kings and South Sydney Rugby League Football Club.

The primary focus of these activities has been on a number of objectives which include skill development, opportunities for sports participation, and leadership training. Others have focused on the provision of school holiday activities and excursions for children and young people at risk.

In the past 12 months, the DTSR reports that it has been proactive in fostering working relationships and partnership opportunities with other government and non-government agencies in the area, by:

- re-establishing itself with South Sydney PCYC. It is currently negotiating new initiatives and the possible office placement of two Development Officers with the PCYC at Redfern
- increasing involvement with Alexandria Park Community School and other primary schools in the Redfern and Waterloo area.

A Sports Development Coordinator, funded through the Redfern/Waterloo Partnership Project, commenced at the Alexandria Park Community School in August 2002 to link at-risk young people with after school recreational activities as well as develop new programs for young people in the community.

The linking of sport and recreational activities with education is intended to break down negative perceptions of academic environments amongst children and young people. As well as giving a profile to the then new Alexandria Park Community School, which opened at the beginning of Term 1 of 2003, these sorts of programs play a role in increasing the retention rates at schools.

New programs established through the School Sports Development Program include little athletics, cricket, tennis, rowing and twilight basketball.

At present, DTSR reports that it is engaged with the Aboriginal and Torres Strait Islander Commission NSW, the Department of Aboriginal Affairs, other Aboriginal bodies, government and community agencies, and the community in developing a NSW Aboriginal Sports Development Framework which will be underpinned by a Redfern and Waterloo Local Action Plan.

2 Education

The Census data in Part 1 indicates that Redfern has a relatively high proportion of persons aged 15 years and over who have completed Year 12 or equivalent – 5183 persons (62% of persons 15 years and over). This is well above Sydney (49%). This is not surprising given the high level of university students residing in Redfern, and the high level of qualifications of the adult community. Waterloo, however is lower than the other two areas with 1490 of its residents having completed Year 12 or equivalent. That is only 41% of its population.

Not only are Waterloo residents not completing that level of schooling but they are also leaving school before and immediately after Year 10 in higher numbers than Redfern.

The proportion completing Year 12 for Indigenous families is significantly lower – 46 (18.7%) for Waterloo and 36 (16.4%) for Redfern. In Redfern, 84 (38.4%) left before Year 10 and 71 (32.5%) left between Year 10 and Year 12. In Waterloo, 77 (31.3%) left before Year 10 and 85 (34.6%) left between Year 10 and Year 12.

The education system provides a safe and supportive environment for children and young people to grow and develop socially and intellectually. Education is crucial in providing students with a smooth transition from school to further study or work.

2.1 Schools servicing Redfern and Waterloo

The Redfern, Waterloo and surrounding areas come under the Department of Education and Training (DET) Port Jackson School Education Area.

DET reports that in 2003, the amalgamation of Redfern, Waterloo, Alexandria public schools and Cleveland Street High School formed the Alexandria Park Community School. The amalgamation was announced by the former Minister as part of the Government's plan for inner Sydney schools.

The proposal for the development of a dual campus Kindergarten to Year 12 (K-12) school at Alexandria Park was put forward by the school community following extensive consultation with local interest groups.

DET reports the new arrangements are well accepted locally with current enrolments exceeding the sum of the 2002 enrolments at the amalgamating schools.

Alexandria Park Community School has an enrolment of 363 students and a staff entitlement of 38 teachers (three of which are Indigenous), six school assistants and two Aboriginal Education Assistants.

Plans are in place for the relocation of community and other government support services to a community centre at the Alexandria Park Community School.

The refurbishments and the development of new facilities costing \$7.590 million are nearing completion.

Teachers from the former Redfern Public School who transferred to Alexandria Park Community School have advised the DET that attendance rates of ex-Redfern students are superior at the new Alexandria Park Community School.

Darlington Public School has an enrolment of 180 students and a staff entitlement of 16.5 teachers, 6.6 school assistants and one Aboriginal Education Assistant.

Green Square School has an enrolment of 18 students and a staff entitlement of five teachers and a part-time school assistant. In considering the high level of resources allocated to this school, it is important to note that Green Square School is an educational facility for students with behaviour problems, mental health support needs and a suspension centre/return to school program.

DET reports that with on-costs and district consultancy support an annual investment in salaries for the Redfern and Waterloo area is approximately \$6 million dollars.

DET also notes that The Block is located within the drawing area for Darlington Public School. Students from The Block and the broader Redfern area have chosen to attend a range of schools over the years including, Darlington Public School, Alexandria Park Community School, Glebe Public School, Bourke Street Public School, Crown Street Public School, Vaucluse High School, JJ Cahill Memorial High School, Tempe High School, Rose Bay College (formally Vaucluse High School), Sydney Boys' High School, Sydney Girls' High School, and Our Lady of Mt Carmel Primary School.

When Redfern Public School ceased operation at the end of 2002, it became a surplus Government resource. Chapter 23 outlines the current arrangements in place and the future plans for dealing with the site. DET expects that revenue from the sale of any of the site will be used to contribute to the cost of the refurbishment works undertaken as part of the Revitalisation of Inner Sydney Schools Program.

2.1.1 School interventions

DET provides a number of interventions in its schools in the area, to support both students and teachers. It reports on the following:

- Individual case management and ongoing professional training for staff has been provided to assist students of its schools. This intervention is provided by the Sydney Region behaviour team based at Port Jackson School Education Area. In

Term 1 of 2004, Alexandria Park Community School was provided with individual case management for four students in Years 3, 4 and 5 and ongoing professional training for staff of Years 3 and 4.

- Aboriginal School Liaison Officer (ASLO) and Home School Liaison Officer (HSLO) support schools. The ASLO provides a daily service on the Darlington Attendance Bus. Weekly monitoring and staff training in good practice attendance procedures are also provided at Alexandria Park Community School. School Attendance Plans have been developed for Alexandria Park Community School and Darlington Public School.
- Alexandria Park Community School and Darlington Public School operate a bus service assisting students' attendance at school as part of each school's attendance program. This bus service picks up students from The Block and the Redfern and Waterloo area.
- Eight students are participating (seven Aboriginal students) at Alexandria Park Community School in school based traineeships.
- Support teacher/Learning Assistance Program support provides Alexandria Park Community School and Darlington Public School with individual student assistance and professional training with a focus on literacy and numeracy.
- In 2004, Alexandria Park Community School received \$54,370 for students with a mental health or physical disability. Support Teacher/Integration assistance for the school is also planned.
- Darlington Public School received \$58,160 for students with a mental health or physical disability.
- Darlington Public School Aboriginal Programs funds for an attendance and retention project in 2004 were \$2000.
- An Aboriginal languages (Wiradjuri) project is being implemented including key stakeholders from Board of Studies, Alexandria Park Community School, Darlington Public School, school communities, and Port Jackson School Education Area Office.
- Joint support with Learning Assistance Program team provide literacy assistance to low school performers.
- In 2004, a Year 5 Opportunity C class was established at Alexandria Park Community School addressing the needs of gifted and talented students as part of the school's overall gifted and talented strategy. Six positions are reserved for Indigenous students.
- Pathways to Prevention Project administered by the NSW Attorney General's Department, on behalf of the Australian Government, facilitates community access to local community services based at Alexandria Park Community School

and Darlington Public School. This project is outlined in more detail in Chapter 14, Families and children.

- The Health Unit of the University of Sydney, the Central Sydney Area Health Service and the Alexandria Park Community School Student Representative Council have been working together from the beginning of the 2003 school year to embed sound health practices into the culture of the new school.
- The Redfern/Waterloo Partnership Project funds the employment of a full-time Sports Co-ordinator who organises after school Sport Development Programs at Alexandria Park Community School. These include golf, tennis, cricket, gymnastics and a Little Athletics Centre, to encourage participation in sport by students and the community. The benefits of sport and recreation in improving child and youth wellbeing are discussed further in Chapter 11.
- Alexandria Park Community School has also established a partnership with the National Aboriginal Sports Corporation Australia (NASCA) to provide opportunities for students and the community to excel in sport and a pathway for greater success in education, employment and career development.
- Establishment of Green Square School has provided an educational facility for students with behaviour problems, mental health support needs and a suspension centre/return to school program. The initiative has involved the development of partnerships with local community organisations and government agencies' service providers and provides additional support for local students.

DET has advised that there are future plans to expand the services of Green Square School to include a suspension centre. This will deliver programs to assist students on long suspensions to learn the skills to achieve successful re-entry to regular schools or employment. DET has reported that it plans to consolidate and strengthen existing programs and expand links to other local government and non-government agencies.

2.1.2 Connect Redfern

Connect Redfern is a Schools as Community Project involving DET and other agencies including the Central Sydney Area Health Service. This project has been implementing a range of strategies to optimise children's readiness for and participation in school. The project has implemented strategies such as providing children transport to school, a transition program at school entry, and Playgroups in the Park.

2.1.3 Links to Learning

The DET Links to Learning Community (LTL) Grants Program assists young people aged 12 to 24 years who experience multiple barriers and significant difficulties accessing and participating in formal learning environments. It helps them to remain

in or return to education or training to complete Year 12 or its vocational education and training equivalent.

LTL targets young people who are at risk of leaving school early, who are performing at a low academic level, or who have left school early and are unemployed.

In 2004, DET reports that there are 90 LTL projects located throughout New South Wales, two of which are located in Waterloo and one in Redfern. Between them they will receive grants totalling \$224,595 to assist 120 young people residing in the Redfern and Waterloo areas.

DET also reports that South Sydney Youth Services in Waterloo has received funding since 1989 to assist early school leavers return to education and training. Since 2001 they have also received funding to assist with the retention of young Aboriginal and Torres Strait Islander students who are at risk of leaving school early.

The Settlement in Edward Street, Darlington has received funding since 1989 to assist young Aboriginal and Torres Strait Islander people who have left school early to link back into education and training.

DET has advised that The Settlement's LTL target group is early school leavers and unemployed young people aged between 14 and 19 yrs. All students are from Aboriginal backgrounds and live in the immediate areas of Redfern, Waterloo, Chippendale, Marrickville and Surry Hills. Most of these students have not completed Year 10 School Certificate. Generally literacy, skill level and confidence are low or lacking. The groups have had 50% male and 50% female participation. Each year 50% of participants returned to school as the next step after completing LTL activities. The LTL project has worked with 90 participants in the last three years.

DET reports that the main success has been with arts based programs; especially short drama films and documentaries, as well as music and photography projects.

Group workshops involved participants writing original stories, script writing and reading, confidence building through performance, presentation and technical skills through the use of a film camera and using the editing program, I-movie. Participants worked on another project using 16mm film with a professional crew. The result was the short drama film called 'Silent'.

In 2001, the Settlement's LTL project won the De Bertoli Riverina Film Festival in Griffith with the film, 'Fight for Your Blood' and prize money of \$10,000.

The two films have been screened on the ABC TV's Noise program and at film festivals such as the St Kilda Film Festival, Manly Film Festival, Bless Your Black Arts Festival and the Blake Prize National Tour. The films also featured in

international festivals in Argentina, Iran and India. Both films have been bought by the ABC's video sales department for schools and libraries.

Individual success stories include:

- a female actor in the movie 'Silent' participated in NIDA Summer School Scholarship
- a male actor appeared in industry productions for Westpac, corporate videos and ABC drama
- a singer from the music project Koori Collective has secured a publishing deal with Musicmill and is recording a CD.

DET reports that these projects are an example of partnerships and delivery strategies which have been successful in generating successful education, training and employment outcomes for young Indigenous people in the local area.

The projects provide models for the future operation of education, training and employment strategies suitable for working with young Indigenous people in the Redfern and Waterloo area.

In addition to these project, the review of Aboriginal Education in NSW, announced by the Minister in October 2003, will provide specific recommendations regarding strategies to improve the learning outcomes, attendance and retention of Aboriginal students in government schools. These recommendations, which are scheduled for release in late Term 2, 2004, will be jointly developed by the NSW Aboriginal Education Consultative Group Inc. and DET, and endorsed by the Minister.

2.1.4 Aboriginal Studies Access Scheme

DET advises that the Aboriginal Studies Access Scheme (ASAS) was initiated, developed and coordinated by the local school, as an Aboriginal Studies distance education program for Aboriginal and non-Aboriginal students in New South Wales from Government and non-government schools.

The program has been operating since 1998 and provides students with the opportunity to study Higher School Certificate 2 Unit Aboriginal Studies by correspondence. Student places are limited and priority is given to Aboriginal students.

The program originated out of the high interest from Aboriginal students in metropolitan New South Wales to undertake Aboriginal Studies. Alexandria Park Community School was successful in obtaining funding from DET to support this program. Its success was due to the large number and concentration of Aboriginal students at the school and in other inner city schools, the availability of experienced

and accredited teachers of Aboriginal Studies and Aboriginal support staff at the school, strong support for the program from Aboriginal and non-Aboriginal local community members, and a supportive School Executive.

ASAS covers key elements of the Department's Aboriginal Education Policy, promotes Aboriginal education at participating schools, and provides each student with a mentor and access to Aboriginal research resources, local Aboriginal people, study days and field trips.

Selected students enrol in the program through Alexandria Park Community School and student enrolment information is then forwarded to the Office of the Board of Studies.

Alexandria Park Community School and Matraville High School are the only two schools in metropolitan New South Wales that offer 2 unit Aboriginal Studies regularly and consistently each year.

DET reports that in the 2003/2004 financial year, \$29,000 has been allocated to Alexandria Park Community School to coordinate this program.

The ASAS program has been supporting a greater number of students each year to participate in the program without additional funding. Since 1998, DET reports that 145 students have participated in the ASAS program. Of these 106 were Aboriginal students. The program is extremely popular and is achieving significant results in improving Aboriginal student attendance and retention rates and performance outcomes for those students participating in the program. Many Aboriginal students are achieving in the top bands of the subject.

The ASAS program has developed innovative learning and teaching resources to support the program. In 2004, Alexandria Park Community School is developing an on-line Aboriginal Studies Program for students in partnership with the local Aboriginal community, the Office of the Board of Studies, the NSW Aboriginal Education Consultative Group Inc. and the Aboriginal Programs Unit of the Department of Education and Training.

The program will also be providing professional development opportunities for local Aboriginal people participating in the program, including Aboriginal teachers and Aboriginal student support staff.

The program is also reported to be highly successful in building partnerships with the local community, improving non-Aboriginal people's understanding and appreciation of Aboriginal people, culture and traditions, encouraging other government and non-government schools to offer Aboriginal Studies, and providing employment opportunities for Aboriginal people.

2.1.5 Students from low socio-economic status backgrounds

The Priority Schools Funding Program (PSFP) provides additional assistance to school communities to reduce the achievement gap for students in schools with high concentrations of students from low socio-economic status backgrounds. The PSFP replaced the Disadvantaged Schools Program (DSP) in 2001.

Alexandria Park Community School is currently supported by the Priority Schools Funding Program. In 2004, Alexandria Park Community School receives indicative PSFP funding of \$50,565 and a PSFP staffing supplementation of 0.59 of a full-time teacher.

The PSFP focuses on improving students' literacy, numeracy and participation outcomes. DET reports that there are currently 541 schools on the PSFP: 406 primary schools, 80 high schools, 20 central schools and 35 schools for specific purposes.

In 2004, PSFP schools receive \$20.1 million in direct grants and additional staffing supplementation amounting to 280 teaching positions. DET notes that the allocation of funds and staffing supplementation to secondary schools are determined by a common formula.

The activities of the PSFP include training and development for teachers and community members, resource materials development, research and sharing of effective practice in local networks of PSFP schools.

PSFP consultants and community development officers (CDOs), as members of regional teams, support PSFP schools to meet program and local priorities. The consultants and CDOs also liaise between schools and communities to increase community partnerships and interagency links.

Throughout 2003, an innovative Cineliteracy project was implemented in PSFP schools within the Port Jackson District. The schools involved in this project were Alexandria Park Community School, Marrickville Public School and Marrickville High School. The Cineliteracy project explores a range of teaching and learning activities which support the development of traditional literacy skills and increases student engagement through film production. The evaluation report for the project has shown that the project was highly successful. Funding for the project was \$26,651.

Alexandria Park Community School will be supported in 2004 through a number of additional priority programs, including:

- After Hours HSC Coaching which supports Aboriginal and educationally disadvantaged students in the senior years of schooling with intensive tuition in

HSC subjects. A grant of approximately \$9,000 was used by the school in 2003 to support the tutoring of 12 HSC students

- Class Scoop which uses the Sun-Herald newspaper as an educational resource for teachers and students. The program aims to expand the reading skills of upper primary and junior secondary students while introducing them to the newspaper medium. Class Scoop operates through a web site launched by the Sun-Herald that includes questions and activities relating to specific editions of the Sun-Herald newspaper
- Finance First which is a new financial literacy education program. Alexandria Park Community School is one of three schools in New South Wales that will pilot the program in Term 2, 2004. This innovative project is a collaboration between the Department of Education and Training, Citigroup Australia and the Young Women's Christian Association (YWCA).

A voluntary survey of the socio-economic circumstances of families of students in nominating schools is conducted every four years to determine a list of PSFP schools based on relative socio-economic disadvantage. A PSFP survey is currently being conducted to determine the list of PSFP schools for the 2005-2008 funding quadrennium.

Alexandria Park Community School has nominated to undertake the 2004 PSFP survey to determine the list of PSFP schools for the 2005-2008 funding quadrennium.

Based on the position of the Alexandria Park Community School on the list of PSFP schools determined by the 2000 DSP survey, it is expected that the school will continue to be supported by the PSFP in the 2005-2008 funding quadrennium.

2.2 TAFE

DET reports that the Redfern and Waterloo area falls into the local catchment area for TAFE NSW, Sydney Institute. In addressing social disadvantage in the area, the Institute traditionally works in partnership with other government and welfare agencies and local community organisations such as neighbourhood centres.

The Institute has significant ongoing involvement in delivering Outreach programs targeted at both disadvantaged migrants and Indigenous people in the area. The programs are often tailored specifically to meet the needs of particular groups e.g. women, homeless men and young people at risk. These programs are largely coordinated through the Outreach, Multicultural and Aboriginal Unit at Ultimo College, Randwick College and Eora College in Chippendale.

Eora College which is situated in Chippendale is an Aboriginal college where priority is given to Aboriginal students. A small percentage of non-Aboriginal students also

enrol. Participation of students from the local Redfern and Waterloo area varies each year.

2.2.1 Programs for young people at risk

Eora College works closely with local high schools to deliver innovative programs for young people at risk. DET provides the example that the College provided a number of programs at local schools over the last ten years to re-engage children at risk of dropping out of school. The College was also involved in running the community mentoring program which had the support of the local community. Taster programs are currently offered in Painting and Decorating, Horticulture, Woodwork and Cooking.

An Institute Initiative project developed to provide a clear reference point for community members and young people at-risk culminated in a Youth at Risk Strategy Workshop on 4 March 2004 in Turner Hall, Ultimo. A keynote speaker was provided from the Premier's Department. The workshop was well attended by up to a hundred participants from the community, other government agencies and teachers from across the Institute.

2.2.2 Programs for disadvantaged groups

TAFE NSW, Sydney Institute provides long standing Outreach programs in Redfern and Waterloo. DET advises that, where possible, these programs are delivered in community premises to ensure easy access for the target groups who may have English language difficulties or a disability.

DET provides the following list of the key Outreach programs delivered by the Institute in the Redfern and Waterloo area in 2003-2004:

- The Introduction to Child Care Studies which is an 108 hour program delivered in partnership with The Shop Women's and Children's Centre, Waterloo. This provides off campus training to unemployed women of mixed ethnicity. Child minding and language support is provided. The program provides articulation to TAFE courses and entry into employment.
- Hip Hop for Da Ladies II - This 340 hour program delivered in partnership with South Sydney Youth Services and Eora College provides education and training to young women and girls with multiple discriminators of disadvantage in Redfern and Waterloo. The course is delivered at Redfern PCYC and offers articulation to TAFE courses and entry to employment.
- Certificate 1 Information Technology for Koori women is an innovative program targeted at involving Indigenous women in information technology. It involves one day on campus and two sessions off campus. The Aboriginal Coordinators at

Eora, Koori community contacts, PCYC and Glebe Primary School and Redfern Community Centre are involved.

In March 2004, the former South Sydney City Council opened a new community centre, which provides a spacious modern purpose built centre in the immediate vicinity of The Block for the community of the Redfern. Eora College received approval from the former Council to run short courses at the centre to re-engage the youth and adults of The Block, back into education and training.

2.3 Aboriginal staffing

Aboriginal teachers can be important role models for Aboriginal students in their schools. Supporting these teachers and improving their skills and expertise may be an investment in improving education for Aboriginal students. They can also play a role in informing the education systems policies and programs that will impact on Aboriginal students.

DET, through the Aboriginal Teacher Promotion, Recruitment and Retention Plan and a range of other strategies, aims to continually increase the representation of Aboriginal people in all positions at all levels in the Department. DET offers a range of programs to do this, including:

- The Beginning Aboriginal Teachers Support Program which aims to assist in retaining beginning Aboriginal teachers through enhanced support by local level mentoring, collegial, regional support and professional development activities. There are three recently appointed Aboriginal teachers from Alexandria Park Community School invited to participate in the Beginning Aboriginal Teachers Support Program workshop being held in Sydney on 13 and 14 May 2004.
- An Aboriginal Mentor Program which provides Aboriginal employees of the Department with personal guidance and assistance in career development. There are no Aboriginal staff currently participating in this program from the Redfern and Waterloo area.
- Pre-service Teacher Education Scholarships for Aboriginal and Torres Strait Islander People are aimed at supporting Aboriginal people who wish to be employed as primary or secondary teachers. A total of 25 scholarships were offered in 2003 and 35 new scholarships were offered in 2004.

In addition, DET implements a range of initiatives that are:

- promoting teaching and other employment opportunities directly to Aboriginal communities
- awarding targeted preservice teacher education scholarships to Aboriginal students and community members

- providing priority employment to up to 50 Aboriginal teachers across the state in each staffing cycle
- providing priority for transfer to Aboriginal and Torres Strait Islander teachers who satisfy the service requirements for transfer
- enhancing support for beginning Aboriginal teachers and other staff, including local level mentoring, the establishment of collegial networks and statewide professional development activities
- offering an Aboriginal Teachers' Career Pathway Program to enable a greater number of Aboriginal teachers to observe a position to which they aspire
- offering the Aboriginal Student University Links Program, which aims to enhance the understanding and awareness of Aboriginal secondary students about university programs for teaching.

The Department is continuing to review and expand the range of programs available to support the recruitment, retention and career development of Aboriginal teachers and other Aboriginal staff. The current Aboriginal Education Review includes a Human Resources Reference Group, the findings of which will inform further development of these programs.

2.4 Commonwealth strategies

The Commonwealth Government has recently announced its funding arrangements for Indigenous students for 2005 to 2008 under the Indigenous Education Strategic Initiatives Program (IESIP).

Under the new funding arrangements, Indigenous students classified as metropolitan will have their recurrent per capita funding entitlement frozen at 2004 levels, reflecting the Commonwealth's focus on improving educational outcomes for remote Indigenous students. DET reports that this could have an impact on the level of funding available for Indigenous students in the Redfern and Waterloo area.

Another aspect of the Commonwealth's funding package for Indigenous students is that Commonwealth funding will be tied to schools reporting against school attendance benchmarks. At this stage it is not clear how these benchmarks will be determined.

DET advises that additional funding from the Commonwealth will be sought rather than accept the Commonwealth's new funding proposal.

2.5 Additional education programs

The Elsa Dixon Aboriginal Employment Program aims to increase employment opportunities for Aboriginal youth in the South Sydney area by providing them with resources and skills to obtain a NSW Driver's Licence as well as addressing other social issues that they face. Under this program, funding has been provided to support the Driving 4 Employment Project. This program is outlined in more detail in Chapter 10.