



Winnunga acknowledge the Traditional Custodians of the lands on which we work and live, and recognise their continuing connection to land, waters, and community.

We also pay respects to Elders past, present and emerging.

Aboriginal and Torres Strait Islander people should be aware that newsletters may contain images or names of deceased persons in photographs, films, recordings, or printed materials.

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### 1. Julie Tongs CEO report

**Work has continued on the ‘Better Care, Better Organised’ project, as well as the ‘Working and Walking Together’ cultural competency framework, which I reported on in the February edition of the Winnunga Newsletter.**

Professor Shane Houston, managing director at ‘Cultural Fusion’ and Robert Griew, founder and director of ‘Think Change Resolve’ have met with Managers and Program Teams to look at how Winnunga delivers its services and what we may be able to do to improve the client journey and quality of care.

As part of this work, you may have noticed some changes at Winnunga we are trialing in relation to walk-ins and the introduction of some afternoon GP appointment times for clients with complex health needs. The trial will be reviewed over the coming month and I will report on the outcomes as soon as the findings have been collated.

Dr Shabaz resigned from his role of Senior Medical Officer, taking on a new employment opportunity in Victoria. I wish Dr Shabaz all the best and thank him for his time with Winnunga. Dr Eric has been appointed as acting Senior Medical Officer and has definitely ‘hit the ground running!’ Dr Eric is very experienced and is leading the review process with both the clinical and allied health teams.

Allied health services provided at Winnunga are not able to continue to meet the needs of all who seek this form of assistance. There are at present long wait times for dental, physiotherapy, psychologists and psychiatrists. As a result allied health services can only be made available to regular Aboriginal and/or Torres Strait Islander clients of Winnunga. I wish this was not the case, however with the increase in demand and no additional resourcing we just cannot attend to everyone. We are not the only service faced with these difficulties.

The current health environment we are working in here in the ACT, is extremely difficult. We are not able to refer to external providers for timely appointments – for example our clients are waiting between 9 months and two years to see a pediatrician, or a cardiologist. This is not acceptable. The ACT is considered an MM1 area (Modified Monash Model defines whether a location is a city, rural, remote or very remote, with MM7 being very remote), however we do not have the services or access to the level of services which are presumed to be provided in an MM1 location. This is very frustrating and not only causes our clients a lot of angst, but also adds significant burden on our staff who are not able to ensure clients are seen to in an appropriate time frame by external specialist providers.

I recently bid farewell to long time Deputy CEO of Winnunga Nimmityjah, Kiki Korpinen. Kiki has been with us for the whole of the last decade and has made a major contribution to the growth and success of our service. I will miss Kiki’s friendship and wise counsel and I wish her every success in her new role as Deputy CEO of Toora Women’s Service.

In light of Kiki’s departure and the consequent vacancy thus created I am proposing, upon finalisation of appropriate position descriptions, to create two senior Aboriginal-identified positions, namely an Aboriginal Deputy CEO and a Chief Operating Officer. While I have not

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yet developed formal position descriptions for these proposed positions the successful applicants will need to possess extensive knowledge and experience in change management and service development as well as cultural capability and contract management.

I have included in this edition of the Winnunga News a copy of a submission I recently made to the ACT Government in respect of amendments it proposes to make to section 66AA of the Crimes Act. The amendments provide, in effect, for the imposition of penalties for failing to report instances of child sexual abuse of which one is aware. While I support the amendments and find such abuse abhorrent, I think it equally important to seek to identify and address the circumstances that contribute to such behaviours.

In similar vein I have expressed deep concern about the Government's decision to fast track the raising of the age of criminal responsibility in advance of the formal adoption let alone the implementation of any of the findings or recommendations of the report prepared by Professor Morag McArthur following her review of the service system and implementation requirements for raising the minimum age of criminal responsibility in the ACT. Professor MacArthur's report is over 100 pages in length. It includes an exhaustive analysis of the gaps in services and capacity in the ACT which will militate against the achievement of positive outcomes for children in touch with the criminal justice system and highlights the risks inherent if the age is raised without system wide reform.

I have reproduced later in the newsletter what Professor McArthur had to say, specifically, about Aboriginal children in the youth justice system and the vital importance of the Aboriginal community being directly involved and represented in the building of an alternative response to incarceration when the age is ultimately raised.

As I have noted previously I have not once in the nearly two years since Professor McArthur's report was completed been approached let alone consulted about her findings or their implementation.

I have also incorporated in the newsletter a copy of a speech delivered sixteen years ago by then Chief Minister and currently a member of the Winnunga team, Jon Stanhope, on the subject "Aboriginal Health is Everybody's Business". What is particularly striking about the speech is that in the ensuing sixteen years since the speech was delivered virtually nothing has changed. Please do as I did, read it and weep.

### **Part 2 Download here Jon Stanhpoes Speech "Aboriginal Health is Everybody's Business".**

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### 3. News: Launch of Winnunga TV Ads

We thank all our staff and community members who participated in the development of these new television produced by 100% Aboriginal owned [Claystone Marketing](#)

#### 3.1 Winnunga TV Ad 2023

[https://youtu.be/UA\\_kfhiw\\_IM](https://youtu.be/UA_kfhiw_IM)

#### 3.2 Winnunga Australian Nurse-Family Partnership Program (ANFPP)

<https://youtu.be/kgwY0hDLdvY>

### 4.66AA Crimes Act

I welcome the invitation to submit my views on proposed amendments to section 66AA of the Crimes Act in respect to the “failure to report” offence.

I have considered each of the questions raised by Justice and Community Safety Directorate (JACS) of the ACT Government in relation to this matter and do not disagree, in a broad sense, with the proposed amendments. I agree, of course, that child sexual abuse is abhorrent regardless of individual circumstances and should never be excused or sanctioned.

Having said that it is nevertheless important for Governments and law makers when crafting laws, including most importantly criminal laws, to have regard to the particular or individual circumstances of all individuals and communities subject to those laws.

If, for example, a particular law disproportionately impacts a family living in poverty, in overcrowded and otherwise unacceptable housing in which a parent is unemployed, or in prison, or has significant and untreated physical and mental health issues and the public health system has wait lists four to five years long, and where the children are regularly absent from school and by year six are, on average, two years behind their class mates in educational attainment - then the question needs to be asked whether perhaps the best response to child welfare is to focus on and genuinely address such disadvantage.

In this regard it is moot to have regard to the latest set of data relevant to children, most particularly Aboriginal children, living in Canberra.

You are aware, I presume, of the latest Family Matters Report, prepared by SNAICC - National Voice for our Children. The report opens with the following lament:

“Target 12 in the National Agreement on Closing the Gap aims to reduce the over-representation of Aboriginal and Torres Strait Islander children in out of home care by 45%

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by 2031. It is deeply distressing that this target remains significantly off track. After more than two years of the National Agreements existence it is clear that limited progress has been made to redress over-representation and the drivers of child protection intervention. There were 22,243 Aboriginal and Torres Strait Islander children in out-of-home care: one in every 15.2 as at 30 June 2021, making our children 10.4 times more likely to be in out-of-home care than non-Indigenous children.”

The ACT is identified in the report as having the lowest level of funding of intensive family support services in Australia. These services provide time-limited, typically in-home, intensive casework supports aimed at addressing the complex needs of families experiencing vulnerabilities. Not only does the ACT have the lowest level of investment in intensive family support in Australia, the proportional expenditure on family support decreased in the ACT from 12.3% in 2019-20 to 10.7% in 2020-21.

A further illustration of the ACT Governments’ cavalier approach to the welfare of Aboriginal children is revealed in the latest data from the Australian Early Development Census (AEDC). Stuningly and shamefully the report reveals, on page 49, that the ACT has suffered by far the largest increase in developmental vulnerability in Australia with the proportion of Aboriginal children on track against all five domains of the AEDC declining from just over 80% in 2009 (the highest in Australia) to under 60% in 2021 (the third lowest in Australia). This is an issue that surely demands an urgent, full and independent examination.

The Family Matters Report also contains a summary of the views of relevant Aboriginal community controlled peak bodies and organisations about the progress of or what is otherwise being achieved in addressing the over-representation of Aboriginal children in the care and protection system. Suffice to say the responses of ACT based organisations about the performance of the ACT Government are nothing less than scathing.

Complementing the views expressed by relevant ACT Aboriginal community-controlled organisations SNAICC itself provided the following analysis of the ACT Governments’ compliance or lack thereof with the Aboriginal Child Protection Principles.

“Aboriginal children in the ACT were 13.8 times more likely than non-Indigenous children to be in out of home care. This is well above the national rate of 11.2 times. Of the children in out-of-home care 48.5% have been in care for five years or more. This is an unacceptable rate of overrepresentation that must be addressed. In addition, the proportion of child protection funding provided to culturally safe prevention services was minimal compared to the need. The ACT’s spending on family support and intensive family support services comprised 10.73% of total funding spent on child protection in 2020-21. This is a decrease from 12% during the last reporting period 2019-20 and well below the national average.”

There is much more that SNAICC said but I am sure you get my point.

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The concerns I have about the ACT Government's clearly tokenistic response to the needs of Aboriginal children in Canberra has recently been exacerbated by the Government announcement that it is proposing, in the very near future, to raise the minimum age of criminal responsibility.

While this is an initiative I fully support I am nevertheless deeply concerned that the decision to proceed has been made in advance, as far as I am aware, of the implementation of a single recommendation of the detailed report prepared under the leadership of Professor Morag McArthur. That report, as you would know, was commissioned by the Government to review the service system in order to identify service gaps, implementation issues and alternative models to meet the needs of the children likely to be affected by the proposed reform.

Professor McArthur was unequivocal in her report about the need for wide scale reform of the current service system, prior to its implementation, in order to meet the needs of children affected by the reform and made a number of very specific recommendations and findings in that regard.

She prefaced the detailed recommendations in her 102-page report as follows:

"Children who are at risk of offending experience multiple health and mental health challenges, often with significant underlying trauma and disability. They are known to disengage from school early and to develop problems with substance misuse and are, too often, from Aboriginal and Torres Strait Islander backgrounds or from families where parents have been incarcerated. Many of these children are involved with the child protection system and have a history of family violence (as victims and/or perpetrators), sexualized behaviors and sexual exploitation. They are also at risk of homelessness.

By the time children interact with the youth justice system, unmet needs have often multiplied and become more complex. Tackling these issues requires coordinated or multiservice interventions as well as trauma informed service responses matched to individual needs."

Professor McArthur then proceeds in the next 100 pages of her report to provide detailed guidance and recommendations, some of which are Aboriginal specific, on the steps required to respond to and address the shortcomings and gaps in service. I, the CEO of the largest and most directly relevant Aboriginal community controlled and managed organisation in Canberra and the region have not been consulted about any aspect of Professor McArthur's Report.

If that is indeed the case then proceeding to raise the age of criminal responsibility despite not having implemented the reforms advanced by Professor McArthur is worse than reckless and can and should be characterized as little more than a desperate and potentially dangerous stunt.

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My concern about the proposal to amend the “fail to report” offence is in similar vein not that I oppose the proposal, per se, it is that it will, as we all know, be done in isolation of any determination to seek to address the cause or circumstances that contributed to the behavior. In other words, we can all feel righteous but we know, deep down, that nothing will change.

### 5.Gladue Report

Eight years ago the ACT Legislative Assembly Standing Committee on Justice and Community Safety undertook an Inquiry into Sentencing.

In the report flowing from that inquiry it recommended: ‘that the ACT Government create a specific mechanism for the creation of reports similar to Gladue reports in Canada, informing courts of any relationship between an accused’s offending and his or her Indigenous status.’

The ACT Government subsequently commissioned Legal Aid ACT to prepare a written report containing proposals for a framework for the provision of Aboriginal and Torres Strait Islander Experience Court Reports (ECRs) to sentencing courts in the ACT.

Six years ago Legal Aid ACT delivered to the ACT Government a comprehensive report on every conceivable issue relevant to the adoption and administration of a system of Aboriginal and Torres Strait Islander ECRs.

In the executive summary to its report Legal Aid ACT explains the rationale for and value of Aboriginal ECRs in the following terms:

‘ECRs are not sentencing reports, as they do not purport to direct the exercise of judicial discretion in determining a specific sentence for a criminal offender, nor engage in risk assessment. Rather, they are reports that provide relevant information, linked to the Indigenous status of an offender, for sentencing courts. The reports therefore enable holistic consideration of the background circumstances and future rehabilitation options for an offender, within the context of their individual experience as an Aboriginal person. Any sentence imposed is not done so because of the persons Aboriginality. ECRs allow full consideration of the systemic disadvantage of Aboriginal people in Australia, their over representation as offenders in the criminal justice system, and the orientation of the individual offender within that context.’

Legal Aid ACT included in its report an excerpt from the judgement in the Canadian case of R v Gladue from which Gladue reports were spawned.

‘It is clear that sentencing innovation by itself cannot remove the causes of Aboriginal offending. The unbalanced ratio of imprisonment for Aboriginal offenders flows from a number of sources, including poverty, substance abuse, lack of education, and the lack of



employment opportunities for Aboriginal people. It also arises from bias against Aboriginal people and from an unfortunate institutional approach that is more inclined to refuse bail and to impose more and longer prison terms for Aboriginal offenders. There are many aspects of this sad situation which cannot be addressed in these reasons. What can and must be addressed, though, is the limited role that sentencing judges will play in remedying injustice against Aboriginal peoples... Sentencing judges are among those decision makers who have the power to influence the treatment of Aboriginal offenders in the justice system. They determine most directly whether an Aboriginal offender will go to jail, or whether other sentencing options may be employed which will play perhaps a stronger role in restoring a sense of balance to the offender, victim, and community, and in preventing future crime.'

It appears, six years after its completion, that the Legal Aid ACT Report on ECRs suffered the fate of most reports commissioned by the ACT Government relevant to the Aboriginal community, namely being filed in the round filing bin beneath the relevant Ministers desk.

Notably in the period since the Standing Committee recommended the adoption of Experience Court Reports to aid in the sentencing of Aboriginal peoples and the ACT Government ignored the recommendation, the rate of incarceration of Aboriginal peoples in Canberra has increased by over 200% and is now the highest in Australia. In addition the Aboriginal recidivism rate is over 90% and also the highest in Australia. Clearly the ACT Government has nil interest in addressing Aboriginal disadvantage and/or the level of contact which Aboriginal peoples in Canberra have with the criminal justice system.

**Gladue Principles**

*Criminal Code s. 718.2(e)*

A court that imposes a sentence shall also take into consideration... all available sanctions other than imprisonment that are reasonable in the circumstances ... for all offenders, with particular attention to the circumstances of aboriginal offenders.

*R. v. Gladue, [1999] 1 S.C.R. 688*

Section 718.2(e) directs judges to undertake the sentencing of such offenders individually, but also differently, because the circumstances of aboriginal people are unique.

*R. v. Ipeelee, 2012 SCC 13*

Sentencing judges, as front-line workers in the criminal justice system, are in the best position... to ensure that they are not contributing to ongoing systemic racial discrimination.

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**a for all  
Aboriginal and Torres Strait Islander peoples aged 6 months or  
older.**

**Influenza** It is time to get your flu vaccine again!



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- Influenza is a very contagious infection and affects people of all ages. It can be mild, but it can also cause very serious illness in otherwise healthy people. It can require hospitalisation and cause death.
- Vaccination is a safe and effective way to protect you from serious disease caused by influenza.
- Every Aboriginal and Torres Strait Islander person aged 6 months or older is eligible for the flu vaccine.
- Children under the age of 5 should be vaccinated as they are at increased risk of serious illness if they catch influenza.

**Please come in to Winnunga for your flu vaccination or call reception on (02) 6284 6222 to book in.**

**You can get your flu vaccine and a COVID booster at the same time.**

**2023 COVID-19 boosters are now recommended** for all adults if it's been 6 months or longer since your last COVID-19 vaccination OR last COVID-19 infection. We have both Moderna and Pfizer bivalent vaccines available.

### **COVID-19 Vaccinations**

Everyone aged 5 years and older is eligible for COVID-19 vaccination. Two doses are required to start with (3 for people with severe immunocompromise), followed by boosters.

#### **You are due for a booster if you are:**

- Aged 18 years and over, and you completed the primary course 6 months or more ago
- OR
- Aged 5-17 years, you completed the primary course 6 months or more ago AND you are severely immunocompromised or have a disability or complex health condition that increases the risk of severe COVID-19

**If you have been infected with COVID-19 OR had a COVID-19 vaccination you should wait 6 months (whichever was later) before getting your next COVID vaccination.**

**Please come in to Winnunga for your vaccination or call reception on (02) 6284 6222 to book in.** If you are unsure about getting vaccinated, we encourage you to discuss this with one of our healthcare workers.

For the latest advice and updates from the Department of Health, visit:  
<https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines>

**Winnunga Respiratory Clinic**

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The Respiratory Clinic is now located in the main Winnunga building at Reception 2.

The Respiratory Clinic can be accessed by First Nations people and regular clients of Winnunga.

Anyone who has a fever, cough, sore throat, runny nose, shortness of breath or loss of taste or smell should go directly to this entrance.

If you require testing for COVID-19 please also go directly to the Respiratory Clinic.

Temperature, symptom and exposure screening is in place for all clients presenting to the main Winnunga entrance and you will be redirected to the Respiratory Clinic if you have symptoms or have been exposed to COVID.

### Rapid Antigen Tests

Winnunga can provide Aboriginal and/or Torres Strait Islander clients and families with rapid antigen tests if you are having difficulty accessing them.

If you have a positive RAT test at home please notify Winnunga nurses by calling 6284 6222. You may be eligible for antiviral treatments, which must be given in the first 5 days. This is particularly important for people who are immunocompromised, have chronic conditions or are not fully vaccinated.

Although it is no longer mandatory to report positive RATs to ACT Health, we encourage you to still report positive RAT results by completing the online reporting form:

<https://www.covid19.act.gov.au/stay-safe-and-healthy/rapid-antigen-test-rat-positive-result-registration-form>

### Please stay at home if you are sick or test positive to COVID-19

While isolation for people with COVID-19 is no longer mandatory, if you catch COVID you should stay at home and minimise your contact with others until your symptoms have gone and you are feeling much better.

### If you test positive for COVID:

- Speak to your health care provider about your symptoms and check if you are eligible for antiviral medications
- Maintain separation from other people in your household
- If you need to leave your house wear a mask
- Avoid attending large gatherings or crowded indoor places

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- Follow ACT Health advice for people who test positive:  
<https://www.covid19.act.gov.au/stay-safe-and-healthy/information-for-people-who-test-positive-for-covid-19>

### What to do if you are exposed to someone with COVID-19

- Closely monitor for COVID-19 symptoms
- If you become unwell, get tested and stay home
- Wear a mask indoors if you are not at home and on public transport
- Consider testing regularly for COVID-19 using a RAT
- Avoid visiting people at high risk of severe illness, anyone in hospital, or an aged or disability care facility
- Follow ACT Health advice for people exposed to COVID-19:  
<https://www.covid19.act.gov.au/stay-safe-and-healthy/exposed-to-covid19>

### Attending Winnunga and telephone consultations

Please maintain social distancing while attending Winnunga. Please do not gather in groups while waiting for services. Please use the hand sanitiser provided before entering the clinic, while waiting in the clinic and on your way out. You will also be required to wear a surgical mask while visiting Winnunga.

If you have tested positive for COVID-19 you can do a telephone consultation with a doctor or Nurse Practitioners. To organise a telephone consultation call Winnunga on 6284 6222.

**Telephone consultations are no longer available for reasons other than COVID-19 infection except in exceptional circumstances.**



## 7. When will the implementation requirement for raising the age of criminal responsibility be implemented.

In her review of the service system and implementation requirements for raising the minimum age of criminal responsibility in the ACT Professor Morag McArthur made specific reference, on page 78 of her report, to the particular needs of Aboriginal children and the fundamentally important role which the Aboriginal community **must** play once the age is raised.

Julie Tongs, the Winnunga Nimmityjah CEO, who has not been consulted by the ACT Government about Professor McArthur's report let alone its implementation, says it is of serious concern to her that as far as she is aware not a single suggestion or recommendation made by Professor McArthur in respect of Aboriginal children has been actioned, let alone adopted. Julie says, therefore, that she is deeply concerned that the decision taken by the ACT Government to raise the age while ignoring the McArthur report is all for show and has nothing to do with the welfare or needs of children in touch with or at risk of coming into contact with the criminal justice system. Following is some of what Professor McArthur had to say.

### **"A self-determined Aboriginal and Torres Strait Islander response."**

"Aboriginal and Torres Strait Islander children are overrepresented in the youth justice system and experience impacts from colonisation, dispossession and alienation from Indigenous cultures. They also have high levels of individual risk factors, such as mental illness, unemployment and disabilities. What can be said about the service system generally can be reiterated when considering the needs of Aboriginal and Torres Strait Islander children and their families. Stakeholders told the Review team about the limited effective, early services and supports throughout children's lives. Aboriginal and Torres Strait Islander participants in the qualitative interviews specifically highlighted systemic racism in mainstream services as well as poorly implemented cultural programs. Children and their family members called for Aboriginal and Torres Strait Islander led and low threshold community and cultural programs that may divert children from dropping out of school and engage them with appropriate support services early. Services were at capacity or inaccessible because of geographic distance, and, again, the age group is poorly served. Some services, particularly substance misuse services, were restricted to older children, leaving younger age groups without access to the interventions and services they needed."

"Aboriginal and Torres Strait Islander peoples must be strongly represented in building an alternative response when the age of criminal responsibility is raised. The Aboriginal and Torres Strait Islander community and service providers must be actively engaged in determining appropriate responses and the services and programs best suited to meet the needs of children and families."

"Self-determination in responding to younger children at risk of early offending requires strengthening the role of, and appropriately funding, our current Aboriginal organisations, as well as supporting any new initiatives."

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“For non-Indigenous service provider, supporting Aboriginal and Torres Strait Islander children and families, there is significant work required for them to deliver culturally safe support services that meet the individual needs of children and families.”

### **“What is required to implement these reforms?”**

“An independent authority is required, to oversee and support systems reform and implement the key reforms in response to the critical service gaps identified by this report. An independent authority would be a mechanism for helping to create an integrated, whole of government and whole of community system to support children, by fostering a greater sense of shared responsibility across government and within communities for children’s wellbeing and safety needs.”

### **“A Children’s Wellbeing and Safety Framework.”**

“Improving outcomes for children and their families requires a shared framework that can be used as a key driver for a more joined-up approach across directorates.”

“Raising the age of criminal responsibility provides a significant opportunity to meet the needs of children in a more integrated and early way. It is an opportunity to build the capacity of the formal systems to provide appropriate and timely individual, family and systemic support through an integrated policy and service framework. Raising the age of criminal responsibility puts the focus on how critical it is to provide early, co-ordinated and sustained help to children. The key outcome of this reform is to meet children’s needs.”

In addition to the above, Professor McArthur’s report contains an additional 100 pages of detailed commentary and recommendations relevant to raising the age of criminal responsibility, none of which, it appears, has been actioned. If that is indeed the case then one is entitled to conclude that the ACT Government’s rush to raise the age of criminal responsibility is all about the Government and has little to do with the welfare of children.

## 8. Staff profiles: Dr Sally Stokes

**Name:** Dr Sally Stokes

**Where are you from?**

**Name:** Dr Sally Stokes

**Position:** GP

**Where are you from?**



I am actually originally from Canberra however 30 years ago when I finished high school there was no medical school in Canberra so I had to move to Newcastle to study medicine. I always knew I wanted to be a GP working in Aboriginal Health so I really do have my dream job! After medical school I headed off to work in Alice Springs and then on to the Kimberley region of WA to complete my GP training and work for the Kimberly Aboriginal Community Controlled Health Services. Eventually I landed in Melbourne and have worked at the Victorian Aboriginal Health Service for more than a decade. Despite all the wonderful adventures and stunning country I have been lucky enough to work in around Australia it does feel like an absolute dream to be back home in Canberra at last doing the job I love most.

**What do you do on the weekends?** On the weekends I love anything in the bush; camping with my kids and family, bushwalking, toasting marshmallows over the fire. We love that there are so many beautiful camping spots so close to Canberra.

**What do you like most about working at Winnunga?** I have felt so welcomed by the community and the team here. I love learning about people's country and culture. I am truly grateful and interested in the advice and knowledge my patients share with me about their culture and how I can best work to be as culturally safe and help people feel as comfortable as possible. I see any consultation as a team effort between me and the client where we both have expertise we can share with each other.

**My Favourite pet?** Our only pet currently is a possum that lives right outside our kitchen window; every day she sleeps with her nose poking out of one hole in the tree trunk and her tail poking out of another. She's very cute.

