YOORROOK Justice Commission

TRANSCRIPT OF VAHS PRESTON

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SUBMISSION FOR STAFF FROM
VICTORIAN ABORIGINAL HEALTH SERVICE

SPEAKER 1: Lets begin. Who would like to start?

SPEAKER 2: Yes, like I was saying I just think the importance of VAHS, our service as well as other ACCOs, we service our community day to day. We have family members that access our service. And, you know, day to day like just the importance of making sure our service is warm, is nurturing, is easily accessible. We're flexible also in all of our programs and how we support community.

I think that's a very important part and that's where I think sometimes mainstream services get it wrong or don't have that. So I just know from accessing VAHS and my family and - yeah, just having those Aboriginal workers too present as well to give that guidance. We've also got a mixture of non-Indigenous workers as well, so to be able to guide and sort of support that. I mean, day to day we have crisis situations all the time and I guess that it's - when I think of programs, there are lot of short-term options and I sort of see there's a band-aid service.

It crosses over with our women's and children's services, our drug and alcohol services, which is extensive. And we need to have I guess programs that are longer term, building on our community and their strengths. And different ways of healing as well. It's not always just the one sort of square and we're trying to fit a circle into it. I sort of feel like that sometimes - and when these KPIs are set I guess on targets, there's not a lot consultation with Aboriginal community. I guess, it's set from non-Indigenous people who really don't get the extent of the work that we're doing. And the extent and the importance of the care. It's not just a client being referred through to drug and alcohol or just the maternal health services.

A lot of the clients that are walking through the door have multiple complex needs and we need to be able to have I guess the paces as well that are really culturally appropriate. I feel like sometimes we're given these opportunities, short-term options, and it doesn't work. It's only for a short term and then that closes or there's only funding for a role for one person where it really needs to be a team. And those are some of the issues I think day-to-day that I've experienced while in this health sector. And then we only had the capacity to support that family or the client for a short term and then say, see ya, we're closing on that. And this client has got extensive trauma, a lot of complex fears, and it doesn't - it's not only that particular client. It's the families as well that we're supporting.

I'm a firm believer, I run - facilitate the women's group as well as I've led the drug and alcohol team. So I see the - they cross over and just having those spaces where we can have the connection, what's important in our communities with families supporting opportunities for our young kids. But then it's also a financial burden on families as well so we need to have those opportunities to create those spaces as well as funding support for families that are struggling as well, just the day-to-day costs

of living is hard for families. Or having a service that's easily accessible is really important too and I think VAHS does a good job at that.
But we need ongoing funding for these positions. We need cultural hubs where we can build on our strengths for our community and give opportunities to the young ones, give opportunities to people who may be suffering from drug and alcohol or having family domestic violence. It's not an easy situation either, so all sorts of things like that I think.

SPEAKER 3: There's a lot of good topics there and as you say and as you point out, as Aboriginal people we always go beyond and above what we are here for and the funding side of things is right, it's that, but it's - there are a lot of topics that you guys pick up on and discuss.

SPEAKER 4: One of the issues impacting on my family at a personal level [name edited] is prison health. I've got family members pulling their own teeth out in gaol because they can't get access to health services. There's another one that's suffering awful mental health issues and we know that he's partially deaf and we know that he has an AVI and they've put him in isolation. And trying to get any contact with anyone in the system is impossible. You're just - and they're just numbers and it takes weeks to be able to find out where they're at in there.

SPEAKER 3: Definitely. I hear you because I've worked in prisons for many years as AWO and as I mentioned to the team before (indistinct) and the same issues. Yeah, it is an issue. I did the - I was on the team with [name edited] with a cultural review of adult Corrections which just finished a couple of years ago. And the health side of it in prison is worse, was the biggest topic that we picked up in there.

SPEAKER 4: The other issue that impacts on us as a service I guess is there's no long or short-term places for us to put our people safely when they're so off their faces at that moment that there's no really working with them. All you want to really do is get them somewhere where you can then start to work on them later but you miss the opportunity - you worry that they're going to go and get hit by a car. A lot of homeless, so you worry about how they're going to make it through the night and there's just nowhere where we can actually pick up a person and take them. There's hospitals and there's hospitals, I guess. I was going to say the police but they don't take them.

SPEAKER 5: (Indistinct) aren't taking them either. They're kicking them out.

SPEAKER 4: So that's another issue that impacts on us here.

SPEAKER 3: There's very similar things to the prison system and medical system that I've found. I don't know the medical systems very well but (indistinct) young people this morning, there's a lot of similarities about the two systems.

SPEAKER 4: The number of rehabs is minimal. The waiting list is horrendous. Hospitals beds, not enough.

SPEAKER 1: If anyone has got any ideas on how do you fix these things, (indistinct).

SPEAKER 5: They have to be community led programs. I think it's really important because our healing isn't lineal, like we have so many deep-rooted complexities that go back to before we're even born. So as mob we can recognise that in our mob and that's how we go that 110 per cent over whereas mainstream orgs struggle to do that because they can't relate to those complexities and can't relate to that trauma that was inflicted on to you before you were even sentient. So I think that's like the first thing that has to happen, fully community-led in mainstream orgs from the start.

SPEAKER 6: I think one of the challenges is we talk about healing a lot and I can't remember anybody actually sitting us down and saying: what is healing? And what's healing to you or what are the ways that you might want to achieve that. I think for us we live in - we're city folk, that's our environment and a lot of ideas which are incorporated or imported into us but they're just not relevant to who we are and where we live.

So I think that one of the challenges for health services is to recognise our resilience and we know that, and that's mob people. We're not defeated and build on them strengths and talk about what is healing to Aboriginal people living in this area. And I think you might find different responses. And everyone in this room might have a different response but I think the critical thing is nobody asks us.

It's always someone else's good idea. I think the thing about our health journey is to own it and given that right to own it, self-determination about self. That would be a good start for some of the decision-makers to be able to incorporate that type of thinking. The clients in VAHS are the owners. We're the owners as well. But we're not included in a lot of the owners' conversations. So how do we capture that or recapture that to get informed advocacy from the owners and the receivers of our service, either here or the one up the road.

SPEAKER 4: That's where our - as you say recommendations from - like, into our final report, they're the recommendations to government that need to be implemented. We had our (indistinct) report, I think it was about 40 recommendations, only three that they didn't push forward but the rest they're working with it, as they say, the government is working with it. But, yeah, yeah, why this is so important.

SPEAKER 3: The stuff for Aboriginal men we are marginalised, and we don't have a path. We've got roles and responsibilities in families and community which we most times don't take up so we need to find out why and to be part of our families and our communities. And we've got a place, we've just got to recapture that. I think we - I think (indistinct) based approaches is a common-sense way forward. So when we're sitting around with our lip hanging on the ground feeling sorry for ourselves Aboriginal men in particular, I think we've got to find our way.

SPEAKER 6: I want to jump in on that. I work in a men's unit and a lot of the guys who I work with are very - they feel disconnected and isolated and they might be locally, like grew up here or maybe they've moved here from somewhere else, maybe to hopefully have a better life but then leaving their country, they're now disconnected from their family back home. They're not feeling connected to culture at all and to get connected to culture they're coming to, like, health service and they're coming to legal service and they're going to all these different services that aren't - that are cultural but we're here to serve other purposes.

Like I would have regard to family violence. They shouldn't have to come to the family violence to get connected to their culture. There should be some access points for culture and if somebody is from Shepparton or their family is from Shepparton and they've never been there, and I say, yeah, you've got to go back to country, they don't know who to talk to up there because there's no cultural centre up there. There should be healing centres in the different areas and (indistinct) learn there should be ones with a healing centre in order to (indistinct) a healing centre. So you know when you go up there you go straight there and that's - it's just - it's to connect you with culture and that's the whole purpose of it.

SPEAKER 1: Fair point.

SPEAKER 6: So think that - [name edited] how does that work in the women's area? That connection?

SPEAKER 2: Well, I agree with this young man here - sorry, I don't know your name. [Name edited]. I agree with what you've just said because that's a similar sort of issues with women. Women connect to women's group because we allow the - whatever cultural practice they want to do or talk about because at this point it's all it's all the talking, people being able to come together, especially after COVID and all the isolation, people are finding that they could still come to a space with other women and women can bring their children if they need. And we've seen a really broad range of ages in our group which is important too. I think a lot of the younger ones like being around the older women and listening to their stories, their journeys, and out of that opportunity just to sit and have a space. But one of the things that we've found is that all these women come from so many different places and some have grown up with cultural practices and others haven't.

They've grown up in institutions or they've grown up in the city and really couldn't find their mob, who they are, and [name edited] could talk to a lot of that which - with words, Bringing Them Home and Stolen Generations. But I agree that there's got to be a difference to VAHS as an organisation and cultural practices because cultural practices are different and it's the individual person what they voice about and what is culture to me and what is belonging to me and what is my spirit. And I think back to an Elder, I won't say her name, an Elder that always spoke about a healing place. She'd talk - it wasn't a service, it was a healing place, a land close by

where people could come and do all that stuff that they need to do, and just even that time out with your family, or time out with their siblings.
So yeah, I think it's important. We overlook it so much, but every time you sit down with a woman or a family or you're sitting down with a specialist and things that they've raised in consultations, a lot of it is that disconnect, you know, and having an opportunity to have a space where they can go. I mean, we've been moved from Fitzroy to this place, women's and children's. We have so many services in our health clinic, in our parenting program. This - we've already outgrown this space. All we want is a stand-alone space where all the families can come and have all their clinical specialist services, but places where we can do, you know, events, like [name edited] always talks about, you know.

We used to have Mininjaku, a healing place a lot of men went to and women went to. We haven't got that anymore and that was right here and slap-bang in metropolitan Melbourne, but that's not the issue. It doesn't matter if it's metropolitan Melbourne, it's about where we can have this space that people come to. And they choose what they want from that space and I think that's really important. And this Elder talked about it from the very first lot of AGMs, VAHS's AGMs which is there for the members, so members had that opportunity to come in and talk about what they need. The thing that I see that is missing at this stage, and it's been happening for a number of years now, is community consultation.

When we say we're community controlled, where are we proving that because we don't do a lot of community consultation anymore. So we just take on all these programs and keep taking on all these programs, but are they fit for our community? You don't know that until you have a conversation with the community and what they want. And I think that's really important. That was always VAHS's motto, you know, let's do the community consultation and sometimes I think, when we say "community control", the voice out there on the ground is saying you're controlling community, and I think we need to really open our eyes and think about that. But, you know, let's get some spaces and put some money into it and actually grow something that's going to benefit everyone.

SPEAKER 1: So you mentioned the existing ones that you did have are gone. Did that get the funding?

SPEAKER 2: Always caught the funding and I think [name edited] spoke about it, so short-term funding, you know, you start a program. Now, this is going back, I worked in the '80s and -

SPEAKER 4: We have (indistinct) Victoria now.

SPEAKER 2: Fitzroy, yeah, (indistinct) fantastic.

SPEAKER 4: Yeah.

SPEAKER 2: That was a space exactly for people with mental health problems.

You couldn't go into other places like hospitals or didn't have families wrapped around them, so they went to Warrenyan, which was an old residential, an Elders' residential place in Reservoir, and we had Aboriginal people working there, Aboriginal people caretaking, you know, respected Elders in our community and people went there, and we lost the funding. They just ended the funding. So that's [name edited] and that great idea is abandoned.

SPEAKER 4: But it was working.

SPEAKER 2: It was working. It was actually working. (Indistinct). And VAHS health workers, you know, Aboriginal health workers worked after hours.

SPEAKER 4: Yes.

SPEAKER 2: So we had after-hour teams. They just (indistinct). They disbanded that, you know, and we work with - yeah, we work with the hospitals after-hours, if there was a crisis, you know. Those things worked but it all came back to funding. It all came back to funding being cut.

SPEAKER 5: Just on that, this place is visionary, always has been.

SPEAKER 2: Yes.

SPEAKER 5: And in Warrenyan was a 24-hour residential mental health facility and the challenge is, is that we've got these fantastic ideas, these big dreams, they keep getting dragged away from us.

SPEAKER 2: Yeah.

SPEAKER 5: We're told, "No, you can't do that," for no rational reason, other than it doesn't fit a current government model. But their rhetoric about self-determination to us is hollow words because we know what we want and we know what we need and we dream big. Why can't we have a hospital? Why can't we? Who's saying we can't? Others. So maybe that could be part of the treaty conversation. There are small hospitals in northern suburbs which could quite easily accommodate northern parts of Melbourne, things like that. So that's part of the challenge we've got is we are defined sometimes by external capacity to - this is what you get - this is what you get your money for, you sit in that structure and that's what you deliver on, but sometimes it doesn't fit. Most times where we need to go.

SPEAKER 5: Fair to say that's something that we need but even recently, didn't a couple of hospitals shut down?

SPEAKER 4: Yeah.

SPEAKER 3: Yeah, get them all cut.

SPEAKER 5: Yeah. We need more, yeah. Our vision about wellbeing isn't matched by the resources or a government agenda because they have different models than us. It doesn't work. It's failed. That's why they keep me to, sooner or later realise that there are long-term solutions in this room, in this place.

SPEAKER 1: So what we do here, what you guys do here, is you find the mainstream place of support.

SPEAKER 5: There's some good experience in this room.

SPEAKER 2: Yeah, this is the - we've been good in lots of spaces, family counsel too, we can say that as well, all our focus. We've had good experience with mainstream services because we have to have good experience with mainstream services. Families have got a - family, children, whoever, the clients who come through the door have to also access them services. We get good feedback from a lot of our families about services we refer their kids to, and you know, for NDIS or ADHD or the hearing, all the other hospitals.

We get good feedback but internally, those services don't have a big enough Aboriginal support team and we've found that, I mean, some of the hospitals increase their workers, the amount of workers in there, then we hear that they're getting cuts, you know, they might be getting cuts. So the Aboriginal liaison officers or our community support workers in the hospitals, you know. So you - they start it up and then they pull the funding. So then you lose positions and then you're back to two - maybe two liaison officers and that's a real lot of work in the hospitals and what they see coming through the door, and there's big expectations from the community about what they can do for them. So I think that's - it's the same for the Aboriginal health services right across the country I suppose.

SPEAKER 1: I just - I don't want to talk too much but when you talk about partnerships and relationships, it's got to be our way. We have to own the partnership.

SPEAKER 2: Yeah.

SPEAKER 1: It can't be - it's not fifty-fifty, the mainstream owns half and we own half. They're our clients. It's our people.

SPEAKER 2: Yes.

SPEAKER 1: We know - we know the solutions and quite often we get mainstream services getting Aboriginal health money and coming to us and saying, "Oh shit, we don't know what to do here, can you help us deliver a service." And our staff spend half their time fixing up other people's shit and with the mainstream service, when really we should be listening to this place about the best way to do it and letting us own the partnership.

Because women's and children's especially, and I think [name edited] team and, well, we had some outstanding success in the partnerships and relationships that we are in charge with, where we're the bosses. And when the mainstream services accept that, that things work, yeah.

SPEAKER 6: And I've also seen many Elders coming through our doors, you know, and not having a foundation of housing. So, you know, how are they then meant to access our health service if they don't have, you know, adequate housing, and they've got health issues. So we don't even have hostel anymore, you know, for our community to be able to, you know, work with them short term and then, you know, work on a longer-term goal. So we don't have those opportunities, and it's the same with the drug and alcohol setting, you know, we have detox and repat that aren't culturally appropriate at all, so they're not led and run by us, and with programs that will in turn, you know, strengthen that when they're coming to the end of their stay there, they're going back to the same environment, you know, there's no transition programs, there's no detox and rehab specific for women and families unless they're, you know, non-Indigenous really focused.

And, you know, it's a big issue because, you know, no day habs for our women and men who have jobs and, you know, need that support but can't obviously go to, you know, a longer-term rehab and then give up their housing opportunity and then come home to nothing. So it's these solutions that we need to have the spaces for us to be able to run these strength-based programs that we don't have, and especially, you know, it's really heartbreaking seeing our Elders come and access our services and we just have to put them up for a night's accommodation, you know, and it's not specific to any one area but we do that because that's what our service does and provides. But it's just really sad.

We're seeing the same sort of things, you know, kids who aren't engaging in schools but there's no opportunities, there's no places for them to go as an alternative if they don't fit that. You know, within the education, it's very limited too. You know, we should be building our kids, you know, for when they turn 18 not to just say, oh, what's the opportunities now, you know, like building before then. And if they're disengaged, you know, there's reasons for that sometimes, you know, what's going on at home, family stuff, it's like a whole lot of things that if we don't have these alternative programs, there's no way we can really, you know, make the changes they need.

SPEAKER 1: Do you find a lot of the programs are circled?

SPEAKER 6: No, in my opinion.

SPEAKER 2: I think there are some (indistinct) a lot of our progress.

SPEAKER 1: Yes.

SPEAKER 2: And it's short term. Maybe you've got a three-year program and when you're working with maternity, antenatal care, all of those things, then they go into MCH which is maternal and child health for immunisation ages and stages where you just - our team here is one MCH nurse that covers most of the areas for every local council, but we only get funded for one MCH nurse for VAHS, and yet we see kids right across and they bring their children here, they bring them into Fitzroy now to bring them into residence, and that's a lot of travel. You've got someone coming from Werribee, you've got people coming from Sunbury, we've got people coming from out South Morang and that, now we're lucky enough to open another VAHS site out there, but every site that we've got to that maternal and child health nurse should have a midwife, should have Aboriginal health workers to specifically work with those programs and are skilled in working with those programs, every site of VAHS should have that, and yet we don't.

It is around funding. You know, it is around how many years we've been talking about the same thing and government's just not listening to us. So they're putting money into program that is they want us to take on and we take them on, but they're not looking at what does our community want, what do we need. And, you know, our one midwife who works five days, she also does Yappera, she goes down there and runs the clinic there. She also travels out to all these home visiting, and home visiting and doing immunisations. She's also working closely with the midwife for the handover of that one that's dispersed, now comes into the MCH program. So the team in our area work closely together. We just haven't got enough resources and we have definitely not got the space, so we've outgrown present already.

SPEAKER 1: Yeah. Well, I think you mentioned [name edited] this morning that you opened up South Morang that (indistinct) Fitzroy and (indistinct). These are just as busy and they're busier and more spaces are required.

SPEAKER 3: And also that's our rental. We don't own.

SPEAKER 2: That's right, they don't own it.

SPEAKER 1: Yeah.

SPEAKER 3: I think that's important too. We should be owning our own places.

SPEAKER 2: Yeah, because it's similar to what happened at Epping.

SPEAKER 3: Yeah.

SPEAKER 6: (Indistinct) and security. Also, the therapeutic models that are funded are very individualistic. So it doesn't acknowledge collective healing or collective trauma and ways of healing. It's very much how can we work individually on a short-term basis with short-term funding, and that puts the - it's almost blaming of our community members that we can't heal because the healing models that are funded don't match our ways of healing.

SPEAKER 2: Yes.

SPEAKER 6: So then it's people re-presenting and saying, "Well, why isn't this changing." And I work in the psychology space, so it's like looking at clients as to why have they not progressed or why have they not healed, but really the model doesn't fit our way of healing.

SPEAKER 2: Yes.

SPEAKER 3: One of the key critical issues with services like VAHS is that the community members come to VAHS. It's about a lifelong journey of healing and care and support. So you might have someone - I came down here in 1984. So when I first arrived in Victoria, in Melbourne, one of the first places I came into contact with was VAHS. So I've been a client on and off more frequently recently since 1984, which is roughly 40 years. So we've got a situation where, when we talk about - we hear the term holistic healing, wrap around services, and everything like that and as has already been mentioned one of the significant challenges for VAHS, in terms of expanding its workforce, apart from retention and all of that, is the physical infrastructure or the lack thereof.

One of the things that's always on the horizon with VAHS and other services, in particular, is where can we accommodate staff in premises and/or facilities where we own the infrastructure rather than rent the infrastructure. There are some federal grants that are available which we've had a look into as an organisation, and they're predicated on the fact that the organisation or applicants need to either own the site of the asset and/or they will also pay for fitting out of rented premises. And the key critical issue is that say, as an example, St Albans and also with Epping is another example before I move to South Morang, there was over a million dollars spent on the fit-out, over, at Epping which has now gone. So there's a million dollar investment which we don't get anything back on.

There was significant investment in the infrastructure over at St Albans, again a rental property. VAHS has spent significantly on operating its site here for a whole range of reasons but there are significant limitations. The capacity of the organisation to accommodate future growth in terms of staff is going to be stymied. We have staff, in my opinion, who are working under challenging conditions in terms of their operational space, as well as then how do you engage with the client. So there's very little money at the federal level. There's the infrastructure is a couple of strings, a limitation. At the State level it's the same situation.

And when we talk about Closing the Gap in a broader sense of the word, great vision, great idea, but the capability of Aboriginal services generally across the board is extremely stymied and limited by the policy settings of federal and State governments who are saying we want solutions, da da da da da, but then you've got people in organisations who are - in my opinion, they are absolutely brilliant at what they do, given the constraints that they've got.

And when we try and have discussions - and I'll use this term loosely - with the bureaucrats, they are saying, well, our program and funding guidelines are only la de da de da. Now, the State, a lot of the funding that's available under the various, things to do with Department of Health, you've got Justice, you've got the family violence stuff and everything like that, TIS funding is only 12 months for individual stuff, even though it's a 10-year strategy with three-year chunks of things in there, so the continuity is (indistinct). There are a pile of programs that I am aware of in Melbourne that have been funded as pilots for the last nine years.

SPEAKER 2: Yeah.

SPEAKER 3: Their growth is continuing. They have no certainty of funding. So how do you keep staff when you can't actually sort of say, well, we don't know if we're going to get any more funding for the next 12 months because we've got to apply every 12 months. You know, we need, in our sector, at least the capacity as an organisation operationally to have a minimum of at least three years funding, if not five. The other key critical issue with the funding is that it means the organisations do not have the capacity to negotiate with the bureaucracy about other input costs such as professional development and claims. Okay.

Organisations have to find that out of the existing funding that they receive. So when you get the money, you've got to then be able to say well, we get X amount of dollars for administration. That covers all these core operating costs like HR, finance and a whole bank of other things. That comes off the budget that comes in. But that's only a certain amount of money here. Now, and then operationally what you've got is a situation where staff in operational areas have, therefore, you know, applied for this much money, you take off the administration component, so that's gone from the budget, you've got the staffing costs and then in some cases fortunately there is actually money available for activity costs.

Now, the key critical thing is activity costs for clients is absolutely essential when you're engaging with families who are going through poverty and hard times and everything. And so you're basically - it's a snake eating its tail, you know, that's the analogy. It is sort of like you get this thing here and then, as time goes on, the snake consumes its tail more and more and it becomes smaller. So you put staff in a very unfortunate situation of having to work harder and longer, make sacrifices. The resources that you've got then become limited. You can't expand because you've got, you know, no capacity to give funding for additional infrastructure.

The strategic long-term stuff to do with Aboriginal health, VAHS has gone through 50 years now - 50 years. There are other organisations coming up to that as well. Fitzroy, which was opened in 19, whenever that was, it's like this. It is not possible or capable, unless you get specific money to go up, but you can't expand. One of the other key critical issues of the organisation, and this might sound really trivial, is car parking. Okay. Car parking, you know, is - when you've got an organisation - VAHS has now got over 300 staff, a lot of who come to work every day. Where do they park their cars? Because, you know, you get fines. Parking fines are now over $100.

Okay. You can't park on the site, there's no infrastructure there, even for existing vehicles that VAHS owns. So when we talk about service planning and strategic planning and all those sorts of things, VAHS will be here for at least another 50 years or more. Why are government departments, which are cyclical based on whoever is in government, not saying, if we want to genuinely close the gap we've got to have the capacity and the foresight to fund organisations as if they will be there in the future.

And we do know that some organisations on occasion are placed into administration for various reasons but, by and large, it's the staff within the organisations that have to carry the load with staff because of the limitations of costs, to give an example, placed on them by the funding stuff. One of the things that is absolutely essential, in my view, is wage parity. Okay. I know staff in this organisation who haven't had a pay increase except for the CPI stuff on occasions for quite a long time. So when you've got staff here who work here for 20 years plus in all of that, what happens with them when they reach the top of their - under their award, the wage stuff? Okay.

The next thing is: how do we then sort of retain staff as an organisation if we've got nowhere to go to reimburse them or compensate them for the additional skills that they've got to provide a quality of care service? Because that's what VAHS is all about. It's about quality of service. It's about wraparound of service. It's about ensuring that staff in different operation areas can come in and provide that support and care to people. It's not just a one-off thing short term. It's got to be about the family whose life journey, in terms of the healing and wellbeing (indistinct) fairly significant from first steps.

SPEAKER 2: Yeah.

SPEAKER 3: Okay. This is not about oh, we're going to come in here for this, and then, sorry, we can't fund you anymore, so therefore you're out. And the challenges of the organisation operationally, strategically are constrained by the change in government, the policies that they have funding and other things up to a certain extent. And what we need to be able to do is have those robust - sorry, in my opinion, what we need to do is have those robust conversations at the senior level to say we need this for the future. That's our future here. You talk about closing the gap. How can we do it if we're only wearing one shoe and a pair of pants? We don't have a shirt, we don't have another pair of shoes, we don't have a hat, we don't have a car, and all that kind of stuff.

SPEAKER 2: Yeah.

SPEAKER 3: And it's really essential that the views of people in an organisation such as this are absolutely listened to. We've all got very important experience which we can draw upon to deal with stuff. And my last point is absolutely key critical to engaging with our mob is having a cultural lens. You know, we must understand what a cultural lens means. Metropolitan versus nonmetropolitan versus rural are all different.

Okay. This organisation has people employed from all over Australia, different communities in Victoria. So what we bring to the table is that wealth of knowledge of experience and everything like that, and informing how this organisation operates is a thing called workplace culture. Okay. If we have a strong, robust, collaborative, collegial open workplace culture where respect is paramount, not just for staff but also for clients, and staff feel valued, then we're going to be struggling to retain staff, we're going to be struggling to empower staff so that they can contribute to innovation, which this organisation has demonstrated in bucket loads, but we can't go ahead when we have - it's not even a glass ceiling, we haven't even got to the, you know, the ground floor yet.

You know, we're still on the ground floor with some things, looking to get up there because no one seems to understand when we talk about close the gap and all this stuff, really nice words, what strategically an investment is required, not just in the physical infrastructure, but also the workforce itself, absolutely key critical. We have some amazing people here at VAHS and they are setting the benchmark under limitations.

SPEAKER 5: What you're saying really is true self-determination.

SPEAKER 3: Well, as (crosstalk).

SPEAKER 5: Because we are being controlled.

SPEAKER 3: Yes. We've got self-determination at the moment with shackles on.

SPEAKER 5: Yes.

SPEAKER 1: And we need to be in control from the top all the way down. From the bottom up.

SPEAKER 5: Coming back to the funding, I know of organisations that have been surprisingly underfunded for the year. And where does that money go? It doesn't come back into Aboriginal organisations as Aboriginal, it's under budget, it just gets lost in the government system. So I have a background in court and you could (indistinct) I get a bit passionate sometimes but our money disappeared. It should be put into a true self-determination fund and it's given back to Aboriginal organisations. Like, some of the funding that I know that's been under budget, (indistinct) hospital, so there you go.

SPEAKER 3: Well, one of the significant challenges that all organisations and services had when we talk about this space is where do we recruit our mob from, you know, because we're sort of again cannibalising sort of taking people from here and over there. We're all competing with each other for skilled people of our mob to join a service in an organisation. So you can come here and get paid this and have these sorts of things, or you can go over here, same role, get paid significantly more, so how can we compete with that?

And we don't have our mob coming through the right - sorry, the accreditation streams at university and TAFE to be able to draw upon. So what we've got to be able to do in part is to actually provide those opportunities for our children, and all of that, and others to go through those courses and then connect with the employer opportunity at the end because then we have jobs for our mob. And again, I know of a number of organisations that are finding it extremely challenging, if not impossible, to recruit Aboriginal staff because they're just not out there. So (crosstalk) achievement -

SPEAKER 5: (Crosstalk) industry like that.

SPEAKER 3: It's not going to happen.

SPEAKER 5: The Aboriginal liaison officers in a lot of hospitals, I see a lot of their positions advertised, and continuously advertised, which is the same as the prison system, the Aboriginal liaison officers in there, they can't get any. They've got prison officers who got taken the uniform off, put a lanyard on, an Aboriginal (indistinct) walking around in plain clothes saying that they're Aboriginal liaison officers. Medical is the same, I think.

SPEAKER 1: Yeah, and when they come into Aboriginal organisations, shouldn't have (indistinct).

SPEAKER 4: Yeah, that's true, like self-determination is unconditional, like, yeah, youse are fine to use this money for self-determination but it has to be exactly how we do it and that changes every time government changes over. And we just had to face Parliament staff, like that would have been crucial in helping these pilots and all of that stuff stop. Like, yes, having the strings attached is what (indistinct) self-determination.

SPEAKER 1: We just put a record, a couple of you, you spoke about rights and the positive experience with the mainstream, but you also mentioned something where a mainstream might not be culturally safe. What does that look like? What does that mean for Aboriginal people who access services? Is it the workforce in those organisations? Is it the org, you know, or what is it? What is it?

SPEAKER 4: I think it's even just how you're greeted, you know, you go into the hospital service, you know. Many times in my own personal experience and my family's experience, you don't even get asked the question, "Are you Aboriginal or Torres Strait islander?"

And then, you know, I guess, you know, some of our mob who, you know, might be experienced mental health, no issues or concerns, you know, you're crammed into a very crowded room. There's not really an appropriate space for you to go and sit, a quiet space to talk with someone, especially an Aboriginal or Torres Strait Islander person who may get where you're coming from.

So you have this, you know, person assisting you who's very - I guess doesn't have a lot of knowledge about the history of our people and, you know, yeah, very close-minded views, you know, and still, you know, and a lot of our kids still experience this stuff in this day and age, you know, and a lot of the services that we access that aren't community controlled and run which, you know, that needed the experience just from, you know, how you're greeted, or you know, can have an impact of you not accessing that service.

SPEAKER 2: Yes.

SPEAKER 4: And then in turn, you know, your health issues, so, you know, out of control or, you know, your children aren't attending school or there's child protection involvement and even that, you know, is another big issue as well, you know, and not only I see a lot of the workers, you know, not only at VAHS but other services where assisting families and community members that have, you know, child protection involvement and there again the workers a lot of the time are non-Indigenous, do not get the issues within our own family homes, the expensiveness of, you know, family violence, environmental, you know, it's just a lot of financial issues.

So, you know, there's so many limitations for us to access services and then when we do, if we get that negative experience, we don't go back. So that's the importance of our service that I've noticed from VAHS, you know, the workers really do follow-up, you know, the workers go above and beyond but, you know, like [name edited] said we need to retain these workers.

SPEAKER 2: Increase the workforce.

SPEAKER 4: Have opportunities to also upskill our workers as well, because, you know, you might have one great worker that's worked here for years and then once they leave, you know, that connection is gone.

SPEAKER 2: And you can have great workers that have worked here for years that haven't had an opportunity to do further professional development because they're working in a program that hasn't got enough money to support that. So they miss out but other programs that have got lots of money are able to, you know, provide all that professional development for those workers. So some got it, some don't, and I think it just shouldn't be like that in an organisation like this. It should be across the board.

Anyone that needs to have professional development should be able to access it, because you're bringing that school back into the organisation, you bring that school back in when you're working with a child or a family and that's important, you know, people want to feel like, "I can do this job," you know, "I've been trained, I know what I'm doing," and they should be feeling comfortable with that. But a lot of us don't get that opportunity to do the further professional development because of money.

SPEAKER 6: I think from a mainstream perspective too, like, from a psych side of things, like a sort of old Medicare model with the entrenched trauma that you see in our population you might not even be able to develop rapport or safety or cultural safely until six or 12 sessions to start doing some of that work. So those time constraints are just not conducive to any kind of culturally safe mental health support in mainstream.

So we're able to provide that here but it's such a limited resource, me and [name edited] are the only adult counsellors at the moment and one other person, but there's a massive population sense in providing ongoing therapies or kind of this bottleneck of how many people are on the wait list, what services it can provide, how long, and then what that looks like for the next however many years or, yeah.

SPEAKER 5: Yeah, to that point, I have a similar experience to speak about. So I used to work in Corrections and being very, very rigid way of doing it, and you had to do it a certain way and, like, I had people come in and when I would sit down and have a chat with them, it was, no, just do it my way they'd open up and be all good, and then when it comes, I had to put out the assessment, like, we've got to go through this assessment, they shut down and, like, we're doing it the way that it needs to be done to, according to the way that it's done there, but then once we get going, we put that aside and just talk like normal, they're back opened up again, just like that cultural approach needs to be different.

And I had folks coming in who had case managers before, and their case managers, like, this guy's tricky, you won't get nothing out of him. I'm sitting in there chatting the whole of the hour and, like, we have a good chat and then I go back and I'm like, yeah, he was easy to talk to, and they're like how did you get all that, and I'm like, you know, it's just that cultural, just something, yeah, the knowledge, cultural knowledge or whatever, just like we know when we're with mob we feel comfortable, we feel safe.

SPEAKER 1: Yeah, automatic connection.

SPEAKER 5: Yeah, that connection. So we need that and when mainstream people, in working in mainstream, their hearts in the right place but they might not have that communication style and connect with people on that deeper level, familiarity, where people are coming from, like, we're like a complete mystery to people. They're like, Aboriginal people, I don't know them, I don't want to do the wrong thing and I'm worried and this and that, and it's like, they don't know how to talk to us.

SPEAKER 1: You feel sorry for them that they can't all be Aboriginal.

SPEAKER 5: Well -

SPEAKER 6: And also the award that people are funded through doesn't acknowledge cultural knowledge.

It's a very colonial way of what degree do you have, how do you apply that to this very colonial western way of working with people, without acknowledging cultural knowledge and I think that's a big reason why it's hard to field the Aboriginal workforce is because there's so many other limitations on our ability to work with community that aren't acknowledged in any of these systems. So when you're employed, you're employed to do this very linear approach and like [name edited] was saying, none of our cultural ways of being are acknowledged in our pay structures.

SPEAKER 5: Yeah, because the more - I mean, like, fought for years to try and get the Aboriginal wellbeing officers' wages lifted in prison, five or six years, push it, push it, then what do you get? Never lift it once, and it's the hardest role in prisons to fill. Every location said it's the last spot on their list that they can fill (indistinct) and I spoke to commissioners about it. Why can't we get Aboriginal people in these roles? And I said, "Well, think about it," I said, "Unfortunately a lot of our people have been in touch with the justice system and have got criminal records."

I said, "And that's the first thing you ask, is there a criminal record check?" No one's going to employ them. And one of the assistant commissioners said, "If you know of anybody within the system that is going to be released, is going to be suitable for it, let me know." So there was [name edited], I recommended him and he's the first one. He's actually (indistinct) and he was an ex-prisoner, just worked really well and he's still going on. So sometimes they do listen.

SPEAKER 2: We talk a lot about cultural safety in the workplace and it goes both ways. Part of the many years there's been a sort of a shift and we seem to focus a lot on non-Aboriginal staffing and cultural safety for them, and we've actually moved away from cultural safety for Aboriginal workers in the workplace. And I have to say that because, you know, we've got to take the blinkers off and actually see what's going on and how can we find a solution around that.

Because we could talk cultural healing, cultural practices, all of that and cultural safe workplaces but are we really doing it? When do we check in to see if everything's working the way it should be working? Is there a safe place if someone says, "No, I just felt like I've been culturally, you know, unsafe in my place and my role", where do we make a safe place for them to be able to seek that? And I think, you know, if we're talking about a workforce, it's got to be strong, strong team, right across the board at all sites. Then we need to be open to that dialogue and that discussion, because I think we've kind of pushed it out of, you know, out of sight, out of mind and that impacts too, because that's another one why people leave and go and find work elsewhere.

SPEAKER 3: I think it's really important to understand that every workplace has got, to a certain extent, some form of toxicity and bullying and harassment, at one level or another, whether it's seen or unseen. You know, it applies not just to VAHS but other organisations.

One of the prime tensions in all Aboriginal services is family relationships which can sometimes prove rather challenging when you've got someone who's part of a family and you're trying to manage them or have them accountable or discipline them or guide them or whatever, and there might be some resistance there at one level or another. So there are challenges around: how do you sort of navigate that space in a way which is professional rather than personal.

Coming back to your question about mainstream staff, one of my observations is that I know of some mainstream services that are out there whose staff are so f'ing arrogant in terms of their attitude about their particular space - and I will give you an example of Werribee Hospital in terms of their maternity team services - they did not know if they had any Aboriginal clients in there. They didn't listen to their Aboriginal liaison officer and other staff about things. And it was like, well, we're the ones that have gone through this accreditation, study, whatever you want to call it that gets this thing. And I know of other people in the community called this, who had absolutely terrible experiences with staff at that hospital. They treated everyone badly - sorry, appalling - and they said, "We provide the same level of care to everyone" and I thought really, what the. Yeah, it's all crap, which is why people were not going out there.

So when you come here to VAHS, we've got, you know, a system, sorry, an organisation, this culture is really good and caring and all of that, and as [name edited] mentioned, I mean one of the challenges from a workplace culture perspective is that leadership side and that process side and that skills development side in terms of how do you as manager or a team leader understand the different learning styles of people? You've got to recognise and acknowledge that. You've got to recognise and acknowledge that everyone comes to the table with different skills and strength and experiences.

So at an organisational level, what we've got to do is teach ourselves to understand people, how they think, how they operate, what their strengths are, what their weaknesses are. Don't give someone a job if they're, you know, writing stuff if they're crap at writing or doing this or that. What we've got to be able to do as part of an organisation, and this applies across everything, is we've got people with certain skills and knowledge and specs, give them the opportunity to take that lead because that's the ones, you know, that are going to excel and stuff. Don't give it to people who are going to fail. We don't have the funding for that.

So I mean, it's really an extremely dynamic and in a very complex space. It's like being in a pressure cooker, the lid's kept on us by government in terms of the funding that we don't have access to and we're all in this pot together and, you know, occasionally the pressure valve gets released and that means people depart. So how do we, as an organisation, go? And the answer to that is we step up to the plate no matter what. Anyway, I'll stop talking rubbish now.

SPEAKER 2: It's not rubbish.

SPEAKER 1: You know, one of our questions, I think [name edited] got there, is around what is it about community control that mainstream, you feel, a lot of it doesn't get right. You mentioned asking the question, identifying, and obviously meeting with the hospital resources, we've increased the percentage of times we ask, we've got to do better and I said to them, "So what do you talk to your staff about why they ask."

SPEAKER 2: So are you talking about asking or Aboriginal, Torres Strait Islanders?

SPEAKER 1: Yes. So why - what do you say to staff around why - why they're asking a question, you know, what do they do with it is BS. And the - this was seeing the hospital people and they all looked at each other. They weren't sure. They just had a KPI. Let's just say they had to increase the percentage of times the question was asked. They had no idea or thoughts about why they were asking or what they would do with any of it.

SPEAKER 6: Which is silly too because you either ask it of everyone or you ask it of no one.

SPEAKER 2: Yeah. Yeah.

SPEAKER 6: So why would you say you have to ask 50 per cent of people or 80 per cent of people. You either ask them or you don't ask and then you be informed as to why you do.

SPEAKER 1: I think they were proud they've gone from seven per cent to 15 per cent. So okay, so what about - what's that mean? Just one person is asked more often or what are you doing with this? They will be yeah, what does that - what do you think that's saying about -

SPEAKER 6: But that's a question about Closing the Gap, if you say CTG fund doctors and GPs, you know, they don't sort of know what -

SPEAKER 2: And we've been fixing up women's and children's. We have specialist clinics with fees and speech and, you know, (indistinct) approved, family services like the OT and the social worker, and we've been fixing up close the gap on the client side because there's so many kids that are coming through because the fees, and they need medication, that they can - the parent - the carer can claim, can close the gap. We've found that many that weren't even registered from close the gap.

So our workers have been fixing all that up because we have access to (indistinct) and we can go into immunisation registers and all and fix all this sort of stuff up, which helps, but it's that frontline staff where they're not asking the question or they're not using the forms to fill out properly. So VAHS is at the moment fixing all of that, you know, we've got a new form where everything's added on, especially around the consent for close the gap. The thing, is if you don't tell our community what close the gap is and the access, they're not going to know, you know.

So we've got to do pennant too, and sharing that information, how we tell the story about you can access this. This is what this does for you. So, you know, even our resources are advertising, you know, we don't do that well and we've got one of the best sort of, you know, you look around, you see all the stuff that we do, you know, those sort of things that are small we don't do well and we're in that process now of fixing it.

SPEAKER 5: What you say there wherever they ask the question, I worked in Koorie family lives in the Magistrates Court and I worked - when I started there no one ever asked, the people coming into the court, the Aboriginal, they're not going to ask, oh, there's family violence, I had to run cultural safety training to courts to get them to be on board with what we're doing. That's (indistinct).

SPEAKER 2: I had that experience -

SPEAKER 5: And they never even asked.

SPEAKER 2: I had that experience with clients, Elders, because I work in the ITC program, the integrated care team in VAHS and I then take them to their hospital appointments, and one time I took a lady to the emergency at the Austin Hospital, really unwell, and went up to the desk with her and I said, can - she has given consent for an Aboriginal liaison officer to come down and meet her and talk to her about the services. And the reception staff, they were a bit - honestly they were busy but they turned around and said, "I don't know what you're talking about. What Aboriginal liaison? I don't know who they are" and she's standing right next to the poster on the Aboriginal health liaison officers and I said, "That's who they are." And she didn't realise. She said, "Oh, look, I've so many staff here and we don't know everything about what's needed" and I thought to myself, gosh, it's right there. If you're on the front desk at least learn what it's all about.

SPEAKER 5: I asked the same question, why don't you ask? Why do we have to ask? Why do you have to know that? I said to be involved in services we have available for our people, that's what we're going to do. That's what it's for.

SPEAKER 2: And one woman actually - one reception lady, she said, "Oh, it's embarrassing to ask that question." I said, "Is it embarrassing for the person you ask or is it embarrassing for you?"

SPEAKER 5: That's what it was.

SPEAKER 6: I think it speaks to, going back to your question about how maybe people know that they're supposed to ask it because it's government legislated but not knowing the reasons behind it, I think it speaks to a big issue that we all (indistinct) in terms of a deep lack of knowledge about the history of this State and this country.

SPEAKER 2: Yes.

SPEAKER 6: And people not understanding the relationship that we as mob have had with health systems and legal systems, in all of the different cloning systems that impact us daily. People aren't given this training or they don't think about in their medical degrees, in their health degrees, in whatever service they're in, that's not a part of their training and it's not valued as part of training. So people can easily disregard it because to them it doesn't have a big impact on their lives. So I think, in terms of moving forward, it needs to be really central to all of the training that people are given throughout their degrees, or whether it's in university or post training, in terms of upskilling that they need to have a really deep understanding of the history of this country.

SPEAKER 7: And not just one unit. It needs to be embedded into the whole thing.

SPEAKER 6: Like right across, not just medical fields, like I'm just thinking of a time when an organisation hired a hotel and a black fella organisation and they cleared all the mini bars, you know, so like you're talking about houses and all of that, but it's right across the board. Our teachers in schools, the midwives on the ward, like everywhere.

SPEAKER 2: Yes.

SPEAKER 6: It's everywhere. There is - there is not enough understanding and knowledge and that's why people are, "Why do they get everything? Why are they -" and there's no anti-racism programs anywhere, like, you don't get it in school, you're not taught that. You might be lucky to go to the school where you learn about the history of (indistinct) tree or whatever it might be, but there's no active antiracism projects that look at bias and assumptions and how people continue to engage in racist ways. It's always about how can they learn from our culture so that they can understand us and maybe not be racist. It's not on the individual, why are you racist, why do you have these beliefs?

SPEAKER 1: I do have a question but I don't know if I will ask it because we could be here for another hour and a half but -

SPEAKER 2: Ask it anyway. Be daring.

SPEAKER 1: If I gave you the job of Prime Minister tomorrow and you had - you could change anything, what would you change?

SPEAKER 6: I don't know.

SPEAKER 6: I don't know either, yeah.

SPEAKER 3: First thing to do would be to have a conversation with people and actually listen to them, and it's not about reflecting on, in part, what's happened in the past. The focus of the conversation should be about the future.

Not the next three or four years. In 10, 20, 30, 50 years, where do you see - where do you see your mob and what do we need to do to get you to a vision where you are absolutely empowered and have the capacity to undertake important body of work when we talk about Aboriginal health and wellbeing, not just a clinical stuff, medical stuff, the mental stuff as well, the AAD stuff and a whole bunch of other things, with a particular focus on, and they keep saying this, we want to change it within a generation.

What the - does that mean? Which generation are we talking about? Are we talking about the bubbs and that now? The teens now? The young people in their 20s? I mean, like, you know, my generation, our time's done. And it shouldn't be about this one thing here. It's about the next five to seven generations after that. We've got to think in those terms.

SPEAKER 2: We've got to show hope to our community to get to there.

SPEAKER 3: Yes.

SPEAKER 6: I also think those conversations need to be had like this.

SPEAKER 2: Yes.

SPEAKER 6: Not just - and this is no disrespect to people, our CEOs or people in higher up, but they are somewhat - they've got financial - how do I say this? You know, they've got the money there, so they don't necessarily have the battle that some of our people (crosstalk).

SPEAKER 2: What we're seeing come through the door, what we see out there in community.

SPEAKER 6: Yes. And that's what gives me (crosstalk). It's not saying the reality is we have a job, we're - we're someone in a privileged condition, because we've got an income, you know, we've got certain safety nets I guess. But we need to hear from the workers on the ground, not just these people that are sitting higher up and get to talk, like, yeah.

SPEAKER 2: The truth telling.

SPEAKER 6: Yeah, that's exactly right.

SPEAKER 1: Yeah. It is, yeah.

SPEAKER 6: Model it off the (crosstalk).

SPEAKER 3: But actually telling it is opening it up to people who need to hear, should already know it, heard the - you know, the Health Minister, I heard her say the other day, "Oh, Yoorrook's shown me there's racism in the health system" and it's like, (crosstalk) from Yoorrook. That's a worry, you know, but supposedly now she's got this understanding that there's racism in the system, but don't underestimate, I think, how powerful this stuff is.

SPEAKER 2: I was 15 years old when I came to Melbourne. First home I went to was very first health service then in Gertrude Street. What number was that?

SPEAKER 5: 229.

SPEAKER 2: 229, the very first, and they'd just set that up. And I came from a - the most racist town in New South Wales, in Wiradjuri country, and came down here. I could not believe Aboriginal people had a space as their own health service and then my sister worked there and she told us the history of how they actually got that place and the story that came from that, the journey of those Elders in that space and a conversation about we need our own health service because people were dying in the park, they wouldn't go to the hospital, they wouldn't go to clinics.

You know, there was racism, plus they were institutionalised and didn't want to go into a hospital system. So they laid down and died in the parks. And this group of Elders got together (indistinct) and, you know, they decided that we've got to get this place. They made it happen. So from small things big things grow. And it was a wonderful, wonderful story and that's what implanted in my mind to be an Aboriginal health worker. I didn't want to be a nurse. I wanted to be an Aboriginal health worker because that's who was working in that centre at that time.

SPEAKER 1: And one of the good stories is many of the people in this room or in this, who work here, are connected to them very people who -

SPEAKER 2: Very first beginnings.

SPEAKER 5: Yes.

SPEAKER 1: Who, the [name edited] family are prominent early, [name edited], who connect to the first nurse that we employed here.

SPEAKER 2: Yeah.

SPEAKER 1: So everybody here has got a connection.

SPEAKER 5: That's great.

SPEAKER 1: Well, that's what makes places like VAHS unique.

SPEAKER 2: And that's also written about VAHS.

SPEAKER 1: Yes, there's this ongoing connection.

SPEAKER 2: Home Away From Home. That was the book that was written.

SPEAKER 1: And one of the interesting things, I think it's got me on the record that one of our founders, Aunty Alma came and visited women's and children's [name edited].

SPEAKER 2: She came here, yeah.

SPEAKER 1: She visited the women's and children's and she keeps an eye on us. She tells us when we're not doing okay, but she did visit the women's and children's out the back which has just been able to evolve and she said to her daughter and to [name edited], "How good is this? This feels right. This is a home away from home."

SPEAKER 2: Because of her nan, how she put it.

SPEAKER 1: Yes. So I think it's quite significant to - for the women's and children's, despite the challenges that they've had, to be able to create that type of space.

SPEAKER 3: Well, Aunty Alma was one of the first witnesses when we were running hearings at Charcoal (indistinct). It's fantastic.

SPEAKER 2: But the old kitchen, down there.

SPEAKER 3: Yeah.
SPEAKER 2: That's where they (indistinct), so this is for the young (indistinct) as well.

SPEAKER 3: Yeah.

SPEAKER 2: The kitchen and food play an important part in our community. That's the talking space.

SPEAKER 5: They (indistinct) smoke.

SPEAKER 2: Yeah. Yep.

SPEAKER 3: So one of the other things too that you need to know, it's a trivial pursuit question, which famous boxer that came to Melbourne -

SPEAKER 2: Yeah.

SPEAKER 4: Mohammed Ali.

SPEAKER 3: They gave it away. Actually visited -

SPEAKER 2: Sorry, I thought you were asking.

SPEAKER 3: Actually later played a visiting VAHS, when it was in Fitzroy in that location.

SPEAKER 5: Lionel Rose.

SPEAKER 3: (Indistinct).

SPEAKER 5: We've got a lot of famous boxers in our own community here.

SPEAKER 2: We've got heaps of them. (Crosstalk).

SPEAKER 1: Mohammed Ali though.

SPEAKER 3: Look, I want to thank everybody for attending and having their say.

SPEAKER 4: Graham Brook.

SPEAKER 2: Yeah.

<THE RECORDING CONCLUDED