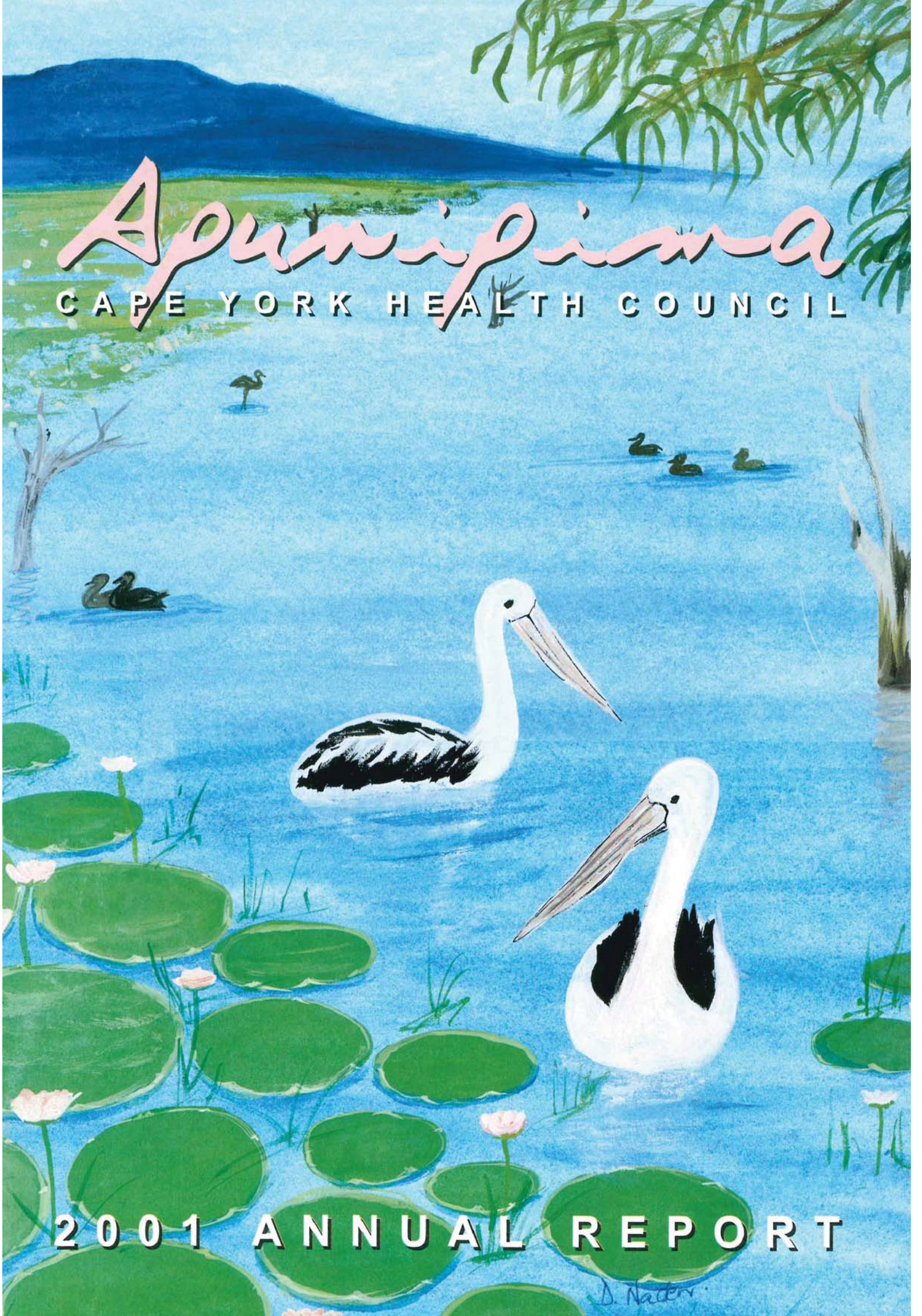
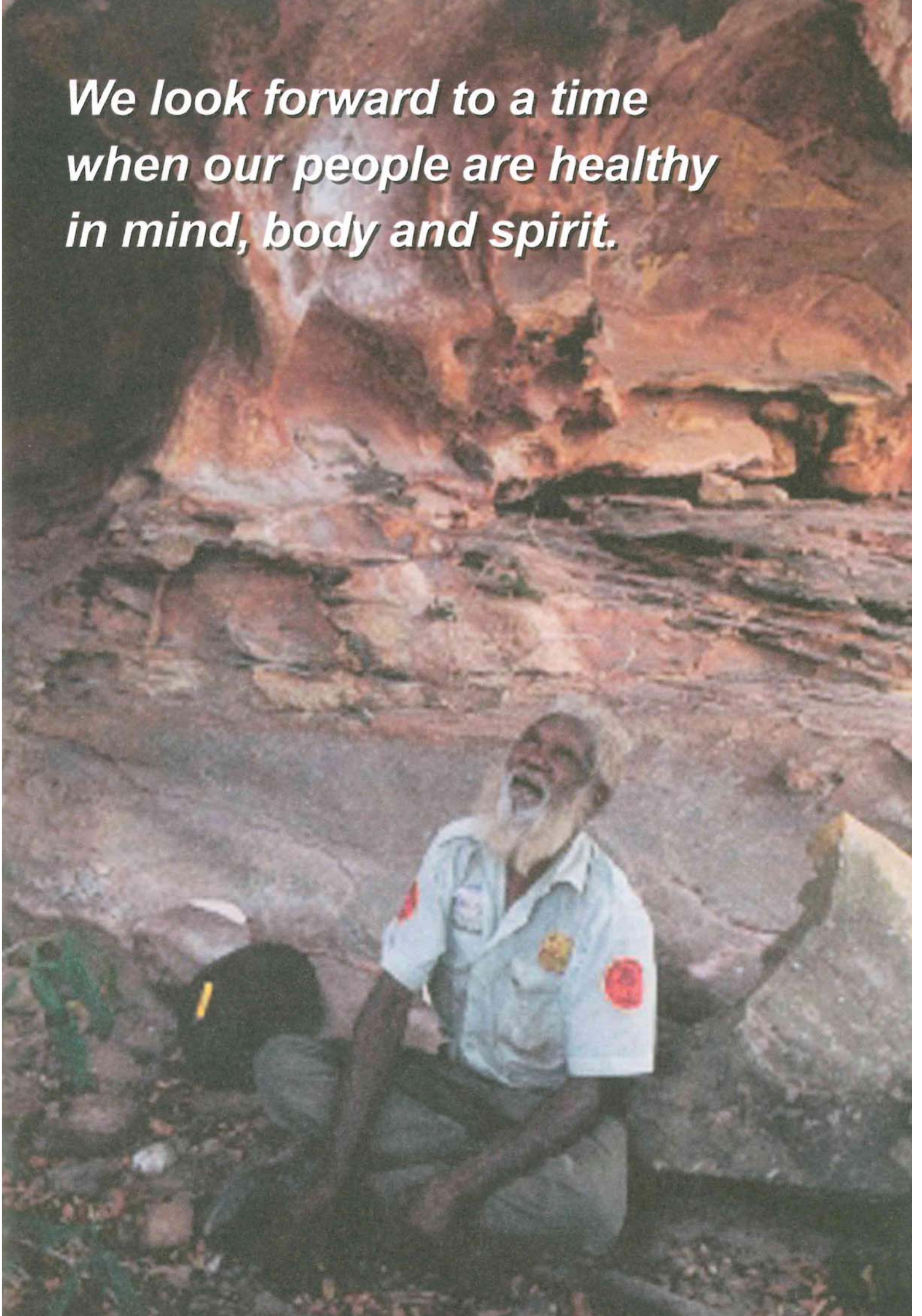

Apunipima
CAPE YORK HEALTH COUNCIL
2001 ANNUAL REPORT


We look forward to a time
when our people are healthy
in mind, body and spirit.

Year of the Volunteers

Noel Pearson, Voluntary Team Leader for Partnerships

The right to self-determination is ultimately the right to take responsibility…

Our struggle for rights is not over and must continue – but we must also struggle to restore our traditional values of responsibility. We have to be forthright and unequivocal about our responsibilities as we are about our rights – otherwise our society will fall apart while we are still fighting for our rights…

Forming Partnerships between key stakeholders is a way forward in addressing the pressing issues affecting our people and finding real and workable solutions to improving our peoples' circumstances…

Partnership recognises the rights of community members to decide, or be a real part of the process of deciding things, and involved in the process of doing things. Particularly concerning social issues and the need to address social problems. The engagement of individuals is not just a right and a responsibility; it is the strategy for success.

'Our Right to
Take Responsibility.'

2001

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Acknowledgements

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The Formation
of Apunipima Cape York Health Council

"Apunipima" means in the Injinoo Ikya language "All in one – united"

Apunipima Cape York Health Council (ACYHC) was conceived at the Panjinka Wilderness Lodge, near Injinoo (the tip of Cape York) on the 14 September 1994 with a mandate to carry the health-related issues to both the Cape York Land Council and the ATSIC Peninsula Regional Council. The representatives from 15 communities of Cape York and associated Homelands held a four-day health conference concerned about the lack of improvement in the health status of Cape York Aboriginal people. Representatives resolved to make the move to form the Health Council.

ACYHC was the first community controlled health organisation covering Cape York and was a new model in Aboriginal health services. The Health Council is committed to working with the mainstream health system to coordinate improved health service delivery, and to fill the gaps in services as prioritised by the communities that make up the membership.

The formation of the Health Council was the initiative of the ATSIC Peninsula Regional Council and the Cape York Land Council. It forms part of the inter-woven web of regional organisations that represents the grass roots – the community people.

"We still are, and will be the most researched people in Australia and as far as the Cape goes, we are the most neglected people and what we are trying to do is to turn it around and I think it's past time when we've got to make the decisions on what we want and not listen to bickering, to jealousy from other people wanting to try and control us. It's time we got up and did something … for too long we have had to sit in the back seat and take what's thrown at us. Let us take the lead and make the decisions."

Lester Rosendale, Pajinka
14 September 1994

The Vision

Cape York people are empowered to take responsibility for improving their own health at individual, clan and community levels, to equal that of other Australians.

Statement of Purpose

Apunipima Cape York Health Council is a multi-disciplinary health resource for the communities and people of Cape York. Its role is to be the lead agency representing a holistic approach to health issues.

Under the direction of its Governing Committee, Apunipima Cape York Health Council is dedicated to preventative health care development through the implementation of the 'River of Life' Framework, utilising consultation and advocacy for the health needs of Cape York communities, in partnership with key stakeholders.

Underlying Principles of Apunipima

- Individuals, clans and communities must be involved in contributing to the management and control of their own health status.
- Appropriate health care must be available as close to home as possible.
- Health services must be of the highest possible quality within resource limitations.
- Maximum benefits must be achieved from expenditure of resources.
- Efficient service delivery and communication must be provided to allow adequate and appropriate access to different service levels and sectors.
- Healthy lifestyles and the prevention of disease must be promoted.

Governing Committee

Chairperson's Report

Aurukun:
Jacob Wolmby

L-R: Hopevale: Wilfred Gordon, Chairperson;
Hopevale: Estelle Bowen, Secretary;
Injinoo:Enid Namok, Treasurer;
New Mapoon: Billy Daniels, Deputy Chair.

Coen:
Bernie Singleton

Coen:
Naomi Hobson

CYLC:
Gerhardt Pearson

Apunipima Cape York Health Council has seen many changes, and many steps forward in 2000-01, with new working partnerships being formed with various Government Departments and a focus on community level health planning. We are an organisation that is evolving as we strive to meet the needs of the communities we represent. As an organisation all staff and Governing Committee members must understand preventative health care, and the social and emotional issues faced by community people. As an organisation we have gone to many lengths to make this happen.

Based on the Elim Beach Land and Health Summit resolutions, the Governing Committee was able to provide direction and guidance for the organisation, by endorsing the 'River Of Life' Strategy for Health Action. Apunipima has developed frameworks with input from sources including especially formed working parties for the progression of our 'River of Life' framework, and alcohol and drug issues. The Alcohol and Drug Working Party is made up of Governing Committee and staff members, as well as Cape York Partnerships, Queensland Health and other key government agencies. Apunipima undergirds the Alcohol and Drug Strategy with the Family Violence Advocacy Project, the Family Well Being and Foetal Alcohol Syndrome projects, Men's Health and Sexual Health.

It is Apunipima's vision to see the 'River of Life' Framework introduced to communities as a basis for creating a bottom-up, joined-up Government, Community Health Strategy, Business and Action Plan. This plan will be designed, developed and essentially delivered in the long term by community members while maintaining a Regional focus.

The formation of a Community Planning team has seen the organisation refocus its efforts on providing expertise in this area so that communities can start to plan, 'on-the-ground', for a healthier future. The Governing Committee understands the urgent need to stem the flow of chronic disease by looking at the upstream determinants of health.

This will be extended in the future by Apunipima's Community Planning team to include family health plans and the creation of meaningful, rewarding and financially beneficial health responsibilities for interested members of the family. Apunipima acknowledges the work of Cape York Partnerships, Cape York Land Council, Balkanu Cape York Development Corp, and other stakeholders' role in achieving successful outcomes for Cape York people.

Gungarde:
Carol Pierce

Gungarde:
Paul Gibson

Hopevale:
Laurie Gibson

Hopevale:
Viola Mossman

Kowanyama:
Christopher Henry

Kowanyama:
Dylys Gilbo

At the Elim Land and Health Summit delegates instructed Apunipima to develop an Options Paper for changes to be made to the Constitution so that there is a clear and fair representation of communities from across Cape York. A Working Party of Governing Committee members held workshops during the year and the Constitution was changed so that Governing Committee members would have a two-year term rather than one-year. It is envisaged that Apunipima's Governing Committee members will gain more experience and capacity through training and become more knowledgeable by being constantly provided with sufficient health information.

This will enable them to continue the development of the 'River Of Life' Strategy by assisting community members to manage their own health outcomes. They will achieve this by participating as change agents and leaders in health in their individual communities via Health Action Groups, and will strengthen their participation at a Regional, State and National level.

As an elected Council we have done our best to represent the health needs of Cape York Communities. Health is a very holistic term to us and we must always take into consideration all of the factors that influence our environment and well being - culturally, spiritually, physically, and mentally. The 'River of Life' will give our Cape York families the opportunity to make plans about how health services, housing and infrastructure, economy and education should happen for them. The experience gained by the members of the Governing Committee will be of great benefit to Cape York Communities.

I wish to thank Doreen Hart, the General Manager and all Apunipima Staff for their constant effort and commitment to our goals and am confident that Cape York will benefit greatly from all your work. I also wish to thank my fellow Governing Committee Members for their support and invaluable input to the Organisation.

Wilfred Gordon
Apunipima Chairperson

Wujal Wujal:
Lizzy Olbar

Wujal Wujal:
Eileen Walker

Wujal Wujal
Adelaide Baird

Umagico:
Charles Woosup

Umagico:
Lizzy Young

Laura:
Maria Henry

Laura:
Thomas George

Lockhart River:
Beatrice Hobson

Old Mapoon:
Gina Blanco

Pormpuraaw:
Deborah Holroyd

Pormpuraaw:
Jackson Shortjoe

Executive Unit

General Manager's Report

Doreen Hart, General Manager

As General Manager I am proud of the work that the Governing Committee members, the staff and I have been able to achieve during the past year. Taking on this position has definitely been a challenge, but not one that I would not have been able to manage successfully without the help and support of Apunipima's representative communities.

At the 2000 Land and Health Summit, held at Elim Beach Hopevale delegates passed resolutions to:

- Support the 'River of Life' Strategy and urge Apunipima and Cape York Partnerships to continue to consult with Cape York communities and clan groups to get involved in the strategy;
- Urge Apunipima and Cape York Partnerships to work with communities to develop a strategy to tackle drug, grog and family violence problems and the need to develop youth programs;
- Resolved for Apunipima to call upon the Queensland and Commonwealth Governments to provide resources for these strategies as a matter of priority;
- Support Apunipima in the development and implementation of a chronic diseases strategy; and
- Resolved to call upon the Queensland and Commonwealth Governments to provide the resources for the chronic diseases strategy to be implemented.

Throughout the past twelve months Apunipima Governing Committee members and I have been working very closely to plan, and think strategically about current and future directions for Cape York communities. As a result of these discussions, two major projects have now commenced, these include:

1. The 'River of Life' Strategy for Health Action; and
2. The 'Alcohol and Drug Strategy'.

The 'River of Life' Strategy for Health Action has commenced and Leanne Mick-Ramsamy has been contracted for twelve months to plan, develop and implement the Project. Leanne has commenced work with the Governing Committee and staff, and is working with a project team to design, develop and conduct health-planning workshops in Wujal Wujal and Pormpuraaw. The selection of Wujal Wujal and Pormpuraaw was identified at the Governing Committee meeting in May 2001.

Governing Committee members, Community Councils and community members will play a major role in the planning process. The community-based health planning will be supported by ongoing follow up and monthly visits by Apunipima staff members of the project team.

Alcohol has been identified as a major risk factor that contributes to some of the chronic diseases within our communities. The 'Alcohol and Drug Strategy' is one of the major strategic directions that Apunipima has initiated with the voluntary help and support of Noel Pearson and Cape York Partnerships. Noel has been actively involved in establishing links with key stakeholders responsible for addressing the alcohol and drugs issues in Cape York. A working party has been established to address key areas associated with grog and drugs in Cape communities and planning has commenced with key agencies to assist in addressing outcomes linked to solution-based planning processes.

To support the planning, development and implementation of both projects Apunipima has established close partnerships with Queensland Health who is the major government stakeholder responsible for servicing Cape York communities. This has been a valuable exercise and has increased the profile of Apunipima as a lead advocacy agency for health in Cape York. A direct outcome of discussions with Queensland Health has resulted in a signed internal Memorandum of Understanding.

L-R: Terry Mehan (DH), Tony Jones, Laurel McCarthy, Paul Sandery, Doreen Hart, David Sharkey, Cleveland Fagan

To achieve maximum outcomes within each community Apunipima has initiated discussions with other key agencies in Cairns, such as Cape York Partnerships and the Cairns Based Implementation Group (CBIG). ATSIC, ACC and Balkanu Cape York Development. Together we will strive for the best possible solutions for how Apunipima and other health agencies can coordinate better services, provide funding and the delivery of programs. The coordination of services aims to address some of the major chronic diseases and common sicknesses across Cape communities.

The introduction of the 'River of Life' and Alcohol/Drug Strategies are an attempt to:

- Achieve better coordination of services;
- Include community in the planning of current and future health programs; and
- To change the way in which governments are currently working with communities.

Both projects are founded on solution-based planning methods rather than problem-based planning which is traditionally how many of the governments have planned and serviced our communities.

Apunipima has had many successful programs running over the past twelve months, these include:

1. The Family Violence Advocacy Program
2. The Family Wellbeing Program
3. Sexual Health
4. Program Management for Sports and Recreation
5. Youth
6. Oral History and Birthing

I have received positive feedback about all current programs. The development and implementation of future programs and training will be identified through the community-based planning processes of the Grog/Drug and 'River of Life' Projects.

Apart from the current and future programs one of the most important programs to be initiated through Apunipima this year is the Feotal Alcohol Syndrome Program. This program is a core component of the grog and drug strategy and has the capacity to influence our views of life and the new ways in which we can think about the future, particularly our health, welfare and cultural survival.

I will continue to listen and to learn from the ideas, aspirations and struggles that we all have to live with everyday.

Thank you all for your support and encouragement throughout the past twelve months. I look forward to visiting your community.

Doreen Hart, General Manager

Moira Liggins, Executive Assistant

David Sharkey, Executive Support Officer

Preventative
Health Care

Dr Paul-David Ryan, Public Health Officer

Apunipima Cape York Health Council aims to assist Preventative Health Care (PHC) development through a process of "Devolution of Preventative Health Care" from Queensland Health to Community control.

Preventative Health Care is about:

- Determination
- Healthier Society
- Renewal of people's lives.

Control is not rejecting what we have, it is working with what you have and building on it.

Control = Partnership/Consultancy/Identifying
Control = Culturally Appropriate/Community Acceptance
Control = Community Commitment to good health/
Self determination

ACYHC aims to act as a bridging agency, coordinator and advocate of Preventative Health Care development until such time as Cape York Communities are ready to manage, coordinate and control their own PHC system. This phase will be decided by close Community consultation and needs. At such time ACYHC will move to continuing its role as a resource provider, advocate, inter-community clearinghouse for health issues and possible limited service provider.

ACYHC aims to achieve PHC development under the over-arching strategy of the 'River of Life' framework for health action with underpinning establishment of maternal/child care, HAG formation, Health Worker development, Social and Emotional Health renewal and the enactment of the Alcohol and Drug Strategy.

Under the direction of the Governing Committee Apunipima seeks to develop effective Preventative Health in a manner that relates to individual Community sensibilities and understanding, cultural implications and resource capacity.

To make this manageable, Apunipima is exploring Preventative Health Care on a two tier basis: "Foundational" and "Structural/ Interventional" prevention with the ultimate aim of providing Communities with an 'equivalent' level of health care to that of the majority of the nation. Through emphasis on prevention, ACYHC aims to partner Communities in reducing their dependence on acute care (Treatment) and re-focus resources into acquiring an improved or equivalent health care system.

Foundational Prevention is long term and is directed towards reduction of avoidable underlying causes of poor health such as poor nutrition and inadequate maternal/child care. It is developmental. It makes prevention part of the normal health challenge of daily life.

Structural Prevention is directed towards programs that reduce the need for intensive treatment of already existing poor health conditions such as diabetes, depression, and malnutrition. It aims to put health management back into the patient's control and responsibility. It aims to lessen the disease burden prophylactically through such things as counselling services, diabetes recall systems and regular urine and blood tests.

To this end, Apunipima will develop a partnership with Queensland Health and other agencies to advocate on behalf of Communities. Through the 'River of Life' process, Apunipima will seek effective consultation and guidance from communities in order to partner them in developing community based Health Plans which will set frameworks for health care development and control.

Planning
for the Future

Planning

Planning is the adhesive that binds together people, time and resources into a cohesive set of results-oriented action. This binding and bonding has been an important part of the year at Apunipima Cape York Health Council and it has happened at various levels within the organisation.

During the past two years Apunipima has highlighted the urgency to undertake extensive planning. The planning process provides for a proactive rather than reactive approach to health service development and can influence the current and future planning, development and delivery of services into communities.

Planning provides the organisation with clear direction. This is achieved through having a set of arrangements, a formulated method by which tasks are to be done, and allows tasks to be arranged before they begin.

Some of the reasons why planning is important includes: -

- Developing agreed direction;
- Deciding on agreed rules – principles;
- Provides focus on the most important issues – priorities
- Rational decision making;
- Helps to encourage a proactive rather than reactive response; and
- Enables monitoring of progress and achievements

The three major areas for planning in the next twelve months will be the development of the Corporate Plan, Strategic Plan and Community Health Plans.

Corporate Plan

A Corporate Plan is being developed and planning sessions have been undertaken to outline the main objectives to be achieved by the organisation and to detail the outcomes or results of this work.

These objectives form the core commitments of ACYHC and underpin all the internal planning which takes place around specific areas of work. They also underpin all relationships with people in Cape York and other external agencies.

The intention is to provide a clear, simple guide to successful management, which can be understood and applied by employees, community people and partners.

In addition, the Corporate Plan contains the Vision of ACYHC, the Statement of Purpose and the Principles on which the work is based.

To arrive at all these components, consideration was given to the widest range of external policies and plans – global, national, state, regional and local – so that the Plan communicates a complete picture.

The Corporate Planning process was facilitated by Helen Myles and all staff members were involved in generating a draft Corporate Plan for presentation to the Governing Committee.

A major component of the Corporate Plan is the development and implementation of the Alcohol and Drug Strategy and the 'River of Life' Framework for Health Action.

Helen Myles

"River of Life"

Strategy For Health Action

Introduction

The 'River of Life' is the name of the Strategy Apunipima Cape York Health Council is developing in its role as partner to Queensland Health (QH) to improve the health of Cape York people. Apunipima recognises that the primary determinants of disease are mainly economic and social and therefore its remedies must also be economic and social. Apunipima will take responsibility for engaging communities in prevention and health promotion strategies that address the broader social and environmental determinants of health, while QH takes responsibility for primary (clinical) care in communities.

The 'River of Life' seeks to address the upstream determinants of health that affect peoples' lives. In addition to addressing poor access to health services, we must find creative solutions to address the following difficult factors: - poverty, welfare, and marginalisation, access to education, inadequate housing, sewerage, water and nutrition.

Apunipima has a role in building the capacity of communities and the individuals within them, to tackle these issues. After giving communities good information about their health status, Apunipima will work at community direction through the community planning team to coordinate a response to their identified needs. These needs will be prioritised and actioned through the community-driven planning processes described below.

The Governing Committee has directed Apunipima to develop an Alcohol, Drugs (and Violence) Strategy as the main priority for the health of Cape York people. The aim is to address and prioritise the epidemic in communities - to clarify our thinking and gain an understanding of the problem in order to find new and effective ways of dealing with it.

This strategy, together with our Family Violence Advocacy Program, Family Wellbeing, Men's Health, Mental Health and Sexual Health programs will be offered to communities through the 'River of Life' Framework. Communities will be able to choose whether they take them up or not. We will also ensure that communities know about, and have access to other relevant programs provided by government and non-government organisations in the region, and to coordinate their implementation at the community's direction.

The support of the Beattie Government for the Cape York Partnerships project in Cape York communities strengthens and broadens the framework of community control in which health reform can occur, through its emphasis on governance and welfare reform. Key strategies across our Cape York Regional bodies receiving primary attention are Family Income Management (Individual and Clan), Digital Cultural Education and New Basics, Enterprise Hubs, Homelands Movement, and Strong Families Processes.

L-R: P-D Ryan, Wilfred Gordon, Allison Summers, Leanne Mick-Ramsamy, Lorian Hayes

L-R: Dr Komla Tsey, Viola Mosesman, Leanne Mick-Ramsamy, Bernie Singleton

Rationale

There is a clear need for joint planning and coordination of resources across government departments in particular Queensland Health. The 'River of Life' Strategy aims to achieve better health outcomes from within (not external to) Indigenous communities in Cape York.

A change in the mindset is required by government officials to change and reform the systems of health care to cater for the inclusion of Indigenous people and communities in health systems planning. A shift in their thinking and their application of how to plan, develop and implement programs identified by Indigenous people is a definite challenge for Queensland Health, the Commonwealth Department of Health and Aged Care and other stakeholders.

Robbie Deemal, Cape York Land Council facilitates at Community Planning Workshops

The 'River of Life' Strategy provides an opportunity for Indigenous communities to sit as partners at the planning/ negotiation table, rather than the planning, development and implementation being delivered external to the communities. The shift in focus is based on bottom up planning allowing community participation and ownership from the onset.

This movement in health services planning is supported by various government policies, in particular the Queensland Health Primary Health Care Policy and the Aboriginal and Torres Strait Islander Health Policy 1994, support the bottom up approach to health services planning, program development and delivery.

Leanne Mick-Ramsamy Allison Summers

Principles outlined in these two policies include:

Indigenous Health Policy	Primary Health Care Policy
Community Control	Equity in Health
Participation	Population Focus
Culturally Appropriate Health Service Provision	Intersectoral Collaboration
Needs Based Criteria for Service Provision	Multiple Strategies
and Resource Allocation	Community Participation
Workforce issues	Self Reliance
Information, Monitoring and EvaluationServices	Coordination of Health
Across Government Approach	Quality of Care

Planning Process

The planning process involves working across the following three levels:

1. The Organisation – Apunipima Governing Committee and staff members;
2. The Communities (in the first twelve months Wujal Wujal and Pormpuraaw); and
3. Key government and non-government agencies.

All three levels of planning require extensive time and energy in facilitating change from within the organisation, and external to the organisation within the communities.

The 'River of Life' community-based planning process will allow for community engagement in primary health care planning and provides the opportunity for community members to understand and acknowledge their own health problems and to plan their own solutions to address these problems.

Alcohol & Drugs
Strategy

We have to confront our number one problem: the grog and drug epidemics.

Apunipima Cape York Health Council is facing up to the serious problem of alcohol and drugs across Cape York by making it a number one priority with the 'River of Life' framework for Health Action. Apunipima has commenced the development and implementation of strategies to confront grog and drugs. Doreen Hart as General Manager received the endorsement of the Governing Committee for the establishment of the Alcohol and Drug Working party, whose function is to develop strategies and ideas to solve the grog problem.

Over the past 6 months I have been working with Doreen, Chairperson Wilfred Gordon, and the following members of the Governing Committee: Dylys Gilbo, Chris Henry, Lawrence Gibson, Paul Gibson, Estelle Bowen and Viola Mossman. Apunipima staff members, Audrey Deemal, Lorian Hayes, Daphne Naden and Teresa Gibson have also been involved in this work, through the Foetal Alcohol Syndrome and Family Well-being Projects currently being developed with the focus on solutions and prevention. Leanne Ramsamy and David Sharkey have also been involved, and Robert Deemal from the Cape York Land Council has been helping to facilitate the workshops.

The Alcohol and Drug Working Party has been aiming to get a proper understanding of the nature of the grog and drug problem in our communities. I have written an analysis called Outline of a Grog, Drugs (and therefore Violence) Strategy. This paper discusses these substance abuse problems as social epidemics – people are recruited by the example of others in communities, where substance abuse has become the social and cultural norm. The analysis focuses on addictions as conditions in their own right – grog is a problem in itself – and challenges the prevailing "symptom theory" of substance abuse. I argue forcefully that substance abuse is not a symptom of other underlying social or personal problems in a community – it is a condition in its own right.

L-R: Tony Fitzgerald, Lorian Hayes, Daphne Naden

I am working with the Working Party on the basis that we need to be determined to solve the grog and drug problems that have been, and still are, destroying our people. I also work on the basis that these problems can be solved, if we become determined and if we have leadership.

L-R: Frankie Deemal, Paul Gibson, Wilfred Gordon, Dr Komla Tsey, Viola Mossman

The Working Party is focusing on the following tasks:

- To develop and spread a new understanding of the nature of substance abuse as social epidemics;
- To develop ideas and options for the implementation of comprehensive substance abuse strategies at the community level;
- To use the opportunity of the Fitzgerald Community Justice Study into Cape York to ensure there are community justice systems in place to support communities with their substance abuse strategies;
- To work out what facilities and programs will be needed for the treatment of substance abusers;
- To identify communities that want to tackle the problems; and
- To work with these communities to develop and implement community level strategies.

If we didn't have such a big problem with grog (and now drugs) in our communities: -

- Most of the family and community violence would disappear – and we would not have the large number of injuries and deaths from violence;
- Our people would be much healthier – and we wouldn't be having so many funerals;
- Our young children would be achieving much more in education – because their parents would be making sure they got a good night's sleep, had food, and were being supported in their schooling;
- There would be no neglected or abused children;
- We would be able to solve arguments between families and community members quickly and fairly;
- We would be happier and have more peace of mind, and there wouldn't be so much grief;
- We would be able to solve our other problems – because we have peace of mind;
- We would be able to develop economically – because we are not weighed down by grog; and
- Our young people would be able to pursue their futures and take advantage of opportunities.

If we solved our grog and drug problem, we would solve most of our social problems. If we solved the grog and drug problems, we would be in a good position to solve our economic challenges.

The strange thing about what we are doing about our social problems at the moment is that we are working on many projects and programs to deal with the particular social problems - such as domestic violence, abuse of children and youth suicide.

L - R: Noel Pearson, Dr Peter D'Abbs, Ted Jones, Veronica Williams

But we are not facing up to the fact that, if we solve our grog problem, we would then solve these other social problems. At the moment we want more programs and more funding to be directed at solving a particular social problem, but we are not confronting the main problem.

I believe that this is the most important challenge facing Cape York people and their leaders. The grog and drug problems have grown into ridiculous levels of abuse and destruction. Our society and our families are made miserable and our children's futures and their potential is being wasted because we are consumed by these unnecessary problems.

And despite the ridiculous scale of our substance abuse problems, we are mostly in denial. We have learnt to ignore the centrality of the problems caused by grog. We don't face up – fair and square – to the problems. We come to pretend that the problems are not as bad as they really are. We quickly turn a blind eye to the connection between our grog problem and our funerals. We turn a blind eye to the connection between adults drinking and children being abused and neglected. We turn a blind eye to the connection between adults drinking and young people sniffing petrol.

Tony Fitzgerald & Noel Pearson

Noel Pearson is working as the Voluntary Team Leader for Cape York Partnerships, and works as an advisor to the Cape York Land Council on native title claims and other projects.

It is the addiction epidemics that force us to accept the growing problems associated with substance abuse. We end up being unwilling to talk about the problems. We end up making excuses for the abuse. Even sober people start to do things that support the abuse, because the epidemics are powerful, they take control of our relationships and our cultural values.

The first thing we need to do in our communities is to honestly face up to the problems. Once we face up to the problems and we are honest about them then we can start to make decisions about how we are going to get our communities and families back to strength again. And that will mean being determined to get rid of grog abuse and to completely eradicate illegal drugs from our communities.

Finance

Management

As a community controlled health organisation, one of the biggest challenges faced by the finance office is ensuring that the council continues to operate its finances in a responsible manner. A financially strong and accountable organisation obviously is essential to being able to effectively deliver programs to communities.

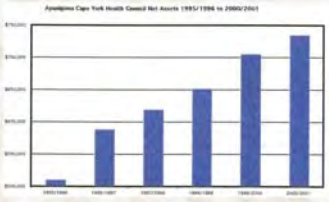
It would be naive to think that our business is about dollars and cents whilst health in indigenous communities is as it is. It is pleasing however to once again be able to report that Apunipima Cape York Health Council has received an unqualified audit for the 2000/01 financial year. Since incorporation in 1994/95, Apunipima has never received anything less.

During the year, Apunipima administered twenty-three projects. Of these, seventeen were continuing from the previous year and six were commenced. A total of eight projects were completed during the year. The adjoining table summarises the projects administered by Apunipima during the year.

Since incorporation in 1994/95, Apunipima has also been able to increase its net assets each year (after adjusting for unexpended grant funds) to allow the organisation to have its own financial existence outside of specific purpose funding. *(as evidenced by the following graph)*

Apunipima's ability to carry on its charter into the future is enhanced by the financial health of the organisation and I personally look forward to seeing that this transpires into better health for all the indigenous peoples of Cape York.

On a personal note, I have thoroughly enjoyed working with all the Governing Committee and staff at Apunipima and look forward to seeing the organisation further develop.



Public Officer's Report

At the Land and Health Summit held at Elim Beach in November 2000, community members present expressed their desire to make changes to the Apunipima constitution to enable equal representation from all communities.

On the 24 July 2001, a Special General Meeting was held at Coen where the members present accepted changes to the Constitution and these were approved by the Registrar of Aboriginal Corporation on 31 August 2001.

These changes meant that each community is required to hold a meeting of members prior to Apunipima's Annual General Meeting for the purpose of selecting a male and female representative from their community. These representatives are then nominated at the Annual General Meeting for inclusion on the Governing Committee.

Other changes approved included the period of representation being increased from one year to two years and the formation of an Executive body which includes the Chairperson and Deputy Chairperson as well as eight other Governing Committee members all from different communities, and with fair geographic distribution.

There will be two full Governing Committee and four Executive meetings held within each financial year.

Anthony Yagmoor with Auditors.

Project Title	Funding Agency
Dance Troupe	Arts Queensland
Broadening Horizons Tour	ATSIC
CD-Rom/AV - Sport & Recreation	ATSIC
Family Violence Advocacy Project	ATSIC
Sport & Recreation Plan - ATSIC	ATSIC
Sport & Recreation Workshop	ATSIC
Youth Advisory Forum	Dept of Equity and Fair Trading
Cameras and Processing: Photo Workshops	Dept Families, Youth and Community Care
Youth Services Development Grant	Dept Families, Youth and Community Care
Family Wellbeing	Dept of Health and Aged Care
Health Council Operating Expenses & Projects	Dept of Health and Aged Care
Joint Innovative Training in Sexual Health for A & TSI Health Workers	Dept of Health and Aged Care
Sexual Health	Dept of Health and Aged Care
Staff Training Support	Dept of Health and Aged Care
Suicide Summit	Dept of Health and Aged Care
Indigenous Churches of Queensland	Environmental Protection Agency
Oral History of Birthing	Environmental Protection Agency
Respect Your Elders	Environmental Protection Agency
Development of a Men's & Women's Sexual Health Pamphlet	Queensland Health
Donovanosis Elimination Campaign	Queensland Health
Integrated Mental Health Project	Queensland Health
Sport & Recreation Plan - S&RQ	Sport & Recreation Queensland
Youth Affairs Network	Youth Affairs Network

Policy & Programs Unit

Family Violence Advocacy Project

L to R: Carol Fyfe, Administration Officer; Helen Myles, FVAP Project Officer; Daphne Naden, Manager Policy and Programs Unit and FVAP Coordinator

Introduction

This Project was funded for 2.5 years and achieved its outcome at the end of 2000/01 financial year, as scheduled.

The outcome of the project was a model to address family violence in Indigenous communities – a model which would be useful in all parts of Australia. The model has been made available as a diagram, which gives information to workers anywhere about a tried method of improving services for Indigenous women and children who experience family violence.

Background to the Project

Funding for the Family Violence Advocacy Project (FVAP) was won by Apunipima Cape York Health Council through a national tender process, in which dozens of organisations around Australia competed for the funds.

A number of factors helped ACYHC gain this project: -

- Senior women in Cape York communities had been speaking out about the high incidence of family violence in their communities;
- The Women's Health Coordinator had been consulting with these women and working with regional service providers to bring about more coordination of services; and
- A study in five communities of Cape York at that time revealed a high incidence of injury due to violence in families.

This early work gave ACYHC a good start in applying for the funds, that were available through Partnerships Against Domestic Violence, a major initiative of both State and Federal governments. As the money for this work was earmarked for Indigenous people, the grant was administered by ATSIC.

The Strategic Plan

In carrying out the aim of the project - developing a model to address family violence - the Strategic Plan required that the team employed should: -

- Use the media to publicise the need for improved services and promote any changes;
- Integrate family violence educational and prevention programs with the value systems of communities;
- Develop information packages and distribute them through networks in the region;
- Strengthen systems, policy implementation and the work practice of government and non-government agencies dealing with family violence, to improve their response to women and children in that situation;
- Ensure community women are represented in the development of policies and strategies about family violence interventions; and
- Be committed to the safety of workers and others involved in the Project.

The Preventing-Family-Violence Model

Developed by Apunipima Family Violence Advocacy Project - 2001.

Development of the Model

The model was developed and trialled as we went, keeping in mind the pointers above. As you can see from the diagram, the model evolved with three faces through which the message was carried.

1. Regional Service Providers

This involved the establishment, facilitation and maintenance of the group of regional service providers who were involved in family violence. The group chose to name itself Indigenous Family Violence Action Group (IFVAG) and was made up of government and non-government agencies e.g. Queensland Health, Department of Families, Department of Aboriginal & Islander Policy, Queensland Police, Regional Domestic Violence Service, RAATSICC Advisory, Cairns Sexual Assault Service etc. It met monthly for 2 years to share information and ways to improve their collaboration.

2. Community Workshops

All communities in Cape York were offered the opportunity of having the FVAP team visit their community to conduct a workshop. The aim of these workshops was to raise community awareness, improve individual self-esteem and provide the opportunity for participants to discuss local ways to address the issue.

Eight of the sixteen communities extended invitations and workshops were held in Injinoo, Umagico, Kaurareg, New Mapoon, Hopevale, Cooktown, Wujal Wujal and Mossman. Issues raised at these workshops were brought back to IFVAG – the regional service providers.

3. Local Service Providers

Following community workshops, the FVAP team offered to return to conduct a meeting between community members and local service providers – e.g. clinic, school, police, shelter, women's and men's groups, RAATSICC etc.

At this workshop, scenarios of domestic violence, sexual assault and child abuse were discussed to find out the current service responses. Community members were encouraged to state their needs to service providers and these meetings often offered the first opportunity for valuable exchange of information between the service providers themselves.

To cement the work done at these meetings, the FVAP team then documented a set of protocols for each community, detailing how all the community groups/services would work together when family violence occurred. These meetings and the protocols were called Building Bridges.

Products of the Project

The Project was launched at the Laura Dance Festival – July 1999. A ceremony involving fire, to indicate burning off the old and creating a fresh, green start, followed major speeches by Evelyn Scott (Council for Reconciliation), Gatjil Djerrkura (ATSIC), Kerry Arabena (ACYHC) and Daphne Naden (FVAP). This was indeed a high profile media event and coincidentally, the Project concluded with many media appearances by Daphne Naden, due to the national coverage received by Indigenous family violence in June 2001.

Many resources were developed during the life of FVAP. These included three project briefs, four brochures, two posters, four stickers, T-shirts, information book for community workers, ten message posters, three newsletters for Indigenous organisations around Australia, three workshop handouts, detailed write-ups of all workshops conducted, minutes of all IFVAG meetings, and a Memorandum of Understanding for IFVAG accompanied by an Action Plan.

Daphne Naden, the Project Coordinator, traveled widely throughout Australia as part of the accountability to Partnerships Against Domestic Violence. She presented updates on the project and learnt how other areas were managing the same issue. One encouraging factor for Apunipima was to hear her accounts of how well we were doing in Cape York, in terms of working on solutions now, whilst many other areas were still defining the issues.

The FVAP team was invited to other parts of Queensland to present information on the project, and to conduct community workshops. Rockhampton, Mornington Island and Cherbourg all benefited first-hand from considerable input from the team. In addition, the FVAP team conducted The *Answer Lies Within*.. Workshop, in conjunction with the ATSIC Peninsula Regional Council. This three-dey workshop attracted many women from all over the Cape and was held in Weipa. Training programs were also conducted for Queensland Health staff in various locations.

Final Report and Recommendations

The final report for the project is near completion and it will contain recommendations to the government about the following areas where work is still to be done: -

- Acknowledgement by community governance of the negative impact of family violence on the future of their community;
- Involvement of Aboriginal men in devising community solutions to the problem of family violence;
- Identification of key people with existing skills in communities;
- Capacity building of individuals to enable active participation at all levels in their community;
- Provision of basic communication and referral training for the 'natural helpers' who already exist in communities;
- More involvement of Queensland Education in implementing policies and programs in schools about non-violence;
- Increase in support/mentoring by government departments to the community-based services/organisations already funded in Cape York, so that they may more effectively deliver appropriate services;
- Work with service providers on the benefits and implementation of coordination/collaboration;
- Integration of approaches to mother-and-child health with addressing family violence – e.g. increasing parenting skills;
- Establishment of coordinated collection of data relating to family violence – i.e. domestic violence, sexual assault and child abuse – to establish baseline data for measurement of improvement;
- Community/cultural support programs for men recently released from prison;
- Increase in availability of specialist services (e.g. appropriate counselling, services for children) in remote Aboriginal communities;
- Location of State police in all Cape York communities;
- More flexibility in hours of local service availability;
- Continued open discussion about child sexual abuse because, although women at least are willing to talk about and contemplate action in relation to 'domestic violence', they are still not ready to openly discuss or tackle child sexual abuse in communities; and
- More recognition to be given to the preventative role to be played by sport and recreation in Aboriginal communities.

Conclusion

In conclusion, the Family Violence Advocacy Project Team – Daphne Naden, Helen Myles and Carol Fyfe - would like to extend thanks to the following: -

- The Cape York women on ACYHC's three Governing Committees during the life of the project, for their participation and support on the Management Committee;
- The management and staff of ACYHC for their supportive and competent auspicing of the Project;
- The staff of ATSIC Peninsula Regional Council Office for their support;
- Regular participants of IFVAG for their interest and commitment; and
- Cape York community people who attended our workshops and contributed so much of themselves.

Sexual Health
Program

Sue Archer

Helen Travers

The Sexual Health Program has, since 1997, played a central role in the coordination and facilitation of regional strategies and campaigns to reduce the burden of sexually transmitted infections and to limit the spread of HIV/AID in indigenous communities in rural and remote North Queensland.

Changes

Changes in the management of Sexual Health in Queensland's Northern Health Zone are occurring rapidly as a result of the following: -

- A shift in Commonwealth funding arrangements, away from the "old submission" based format to one that focuses on regional planning and demonstrated community control.
- A Health Service restructure within QH's Northern Zone to strengthen regional planning capacity and to increase community control, through the development and implementation of the Chronic Disease Strategy (CDS), in partnership with Apunipima Cape York Health Council. The CDS was developed as a model for incorporating the Well Persons Health Check into routine core business in Primary Health Care Centres in North Queensland. It ensures that the prevention, early detection/treatment, and ongoing management of Sexually Transmitted Infections & Chronic Disease like Diabetes etc., is done actively through screening, rather than the old method of waiting for people to access the clinic for problems. This model of screening will allow more emphasis on detecting chronic illness early, therefore being able to develop a plan with the client to better manage their condition.

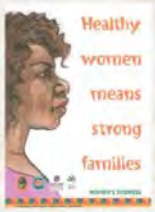
Focus

- We still don't have a strong culture of screening in Communities & Clinics. We must pay attention to training and education of the clinic staff and Community people to skill them in the best possible way to access testing, treatment and development of management plans that best suits the lifestyle of our people.
- The Sexual Health Team has been, and will continue to work with Northern Indigenous Sexual Health Workers Reference Group in developing strategies to address: -
  - Improved capacity of Indigenous Sexual Health Workers to work with community people to manage there own health;
  - Improved training for Health Workers to promote the use of PCR Urine collection -early detection;
  - Engagement with individuals and community groups to raise awareness of personal health behaviours and the importance of regular health checks; and
  - Increased capacity for HIV screening in indigenous communities.

The Northern Indigenous Sexual Health Workers Reference Group has received high acknowledgment of its achievements over the last twelve months. Queensland Health Communicable Diseases Unit, Brisbane has acknowledged the group, and as was stated at the last Well Person's Health Check Annual General Meeting: *There will be no indigenous Sexual Health policy or resource created in the State from now on unless it passes through the reference group first.*

Joint Projects Completed

- Ongoing training of Generalist and Sexual Health Workers within the Northern Zone - collaborative approach - Apunipima & North Queensland Rural Health Training Unit;
- Draft Development of the indigenous specific Men's & Women's Health Pamphlets –Apunipima, Qld Health Sexual Health Unit & Northern Indigenous Sexual Health Workers Reference Group;



- Risky Business Training Workshop and content development of training manual - Apunipima Cape York Health Council;
- Poster Presentation of the achievements of NISHWRG at the Australasian Sexual Health Conference, first prize achieved – Apunipima & NISHWRG members;
- Completion of the Work Place Trainer & Assessors Course by NISHWRG members – Apunipima Cape York Health Council;
- Informing and supporting of the Donovanosis eradication review- Apunipima,Qld Health & OATSIH;
- Development of an Action Plan for NISHWRG incorporating QH Business Plan and Queensland Aids Council Operational Plan; and
- Funding submission to Arts Queensland for the establishment of a Cape York Theatre Troupe. A tool for conducting community education and Health Promotions activities in communities- Apunipima

It certainly has been an exciting and busy year due to changes in Management of the Sexual Health Program, as well as the ongoing development of the new five-year corporate plan for Apunipima. It is in this context that the Sexual Health Program will operate to address the social and environmental determinants for Sexual Health.

Family Wellbeing

L to R: Audrey Deemal, Community Health Planner; Lorian Hayes, Community Planning Project Officer; Robbie Corrie, Community Liason Officer; Teresa Gibson, Administration Support

Introduction

Apunipima, in conjunction with University of Queensland, agreed to adapt the Adelaide-based Family Wellbeing course, originally designed by the Aboriginal Development and Training Branch, to the needs of Cape York. Following a successful funding application to RHSET, the one-year pilot project commenced in April 2001. The initiative is intended to be part of the overall Alcohol and Drug Strategy.

Dr Komla Tsey, Coordinator, Family Well Being Project, University of Queensland

Background

To better understand the nature of alcohol-related problems on Cape York Peninsula one must take into account a number of critical factors. As in most parts of Australia, the history of colonial dispossession and the resultant social, cultural, economic and political dislocations continue to impact on the people of Cape York. However, these factors alone cannot sufficiently explain the full extent of the alcohol-related problems currently facing the region.

The availability of money through welfare payments from the 1970s, originally designed to be a safety net for only small minorities of mainstream populations, has in the context of Cape York become the main source of sustenance for the large majority of people. The availability of welfare payments through CDEP and unlimited amounts of negative leisure time due to unemployment, lack of resources and sport and recreation infrastructure, and the introduction of the DOGIT, ergo the gazetting of roads into communities, unregulated supply of alcohol, and a generally permissive alcohol and drug 'culture' in mainstream society have all combined in varying degrees to create an 'alcohol epidemic' throughout Cape York Peninsula.

It is necessary to consider alcohol as an underlying cause of the social volatility presently engulfing most communities. Efforts to understand and develop strategies to address the social conditions on Cape York Peninsula therefore need to prioritise and tackle alcohol in its own right. While government and other agencies have important roles to play in addressing the alcohol-related problems, the success of any initiative will depend, in the final analysis, on the ability of Cape York people themselves to acknowledge, take responsibility, and play leadership roles in finding sustainable solutions to the problems.

Common sense tells us that the more control and responsibility one has for his or her life, the more likely one is able to fulfil his or her potential in life. Important parts of fulfilling oneself in life involve the ability to discharge one's responsibilities as a family member, as a worker, and as a member of a wider community.

Family Wellbeing Project

The Family Wellbeing project is designed, and has the potential to be a tool for family and community engagement, and therefore empowerment, in the context of an Alcohol and Drug Strategy for Cape York. The framework that is presented emphasises the importance of a multi-level approach that tackles alcohol-related issues at both structural and individual levels.

The pilot is currently running as a personal development and leadership training program in Hopevale and Wujal Wujal. Unfortunately as far as the adults are concerned, we have not yet succeeded in reaching a significant number of people. In Hopevale there are three small groups of about a dozen adults, including only one man. In Wujal Wujal a sustainable adult group has yet to be formed. However, while the recruitment of adults has so far been poor, the adults from both communities, who have been exposed to the program, comment on its potential to help families become stronger, and are now working on strategies to expand the program to others, especially young people and men.

So far both primary schools at Wujal Wujal and Hopevale have received, an adapted version of the program suitable for children, with great enthusiasm. About 50 students from grades five, six and seven are currently participating at Hopevale, while 15 grade seven students, indigenous and non-indigenous are attending at the Bloomfield River State School. The program is constantly being evaluated and is always evolving to suit its participants.

The course will help you: -

- Reflect, analyze and solve problems no matter how difficult.
- It helps you to become more aware of your leadership potential and how to use this within your family, in working life and education, and in the community.
- It helps you to understand that your life is in your own hands and it is only you who can make the changes that you want to make in life.
- The course helps you to achieve your dreams in life.
- It helps you to become a better parent, friend, family member, worker and community member.

Topic 1 - Leadership

This topic helps you to understand that everyone can be a leader. We all need to play leadership roles in our family, working life, and in our community.

Topic 2 - Basic Human Needs

This topic will help you to understand the changes you need to make in order to achieve your leadership goals in life. This can be done by identifying what things do you need in life in order to achieve your leadership goals, addressing physical needs, emotional needs, mental needs and spiritual needs.

Topic 3 - Relationship Triangles

This topic will also help you understand that you have the choice and ability to have positive, loving and happy relationships, no matter what your situation.

Other topics that are addressed are life journey, conflict resolution, emotions, crisis, beliefs, attitudes, and sensitivity as a leader. It is about developing your own leadership style by planning and making changes in personal life, work, family, relationships, education, lifecycle changes, that are based on principles of strategic planning.

Conclusion

As a pilot program, the team is constantly engaged in dialogue with participants and relevant community organisations regarding the most effective ways to tailor the project. A final evaluation report towards the end of the pilot project will document formal feedback from program participants

including the range of lessons that have been taught. For the moment, it is enough to say that two important things need to happen in order to maximise the potential of the family wellbeing approach as a family and community engagement tool.

As a first priority, we need to focus on targeting and training groups of local people at community level to become program facilitators and change agents. These people will need to be employed as part of the broader alcohol strategy team. The current pilot team will then provide back up support and training to the local community-based facilitators.

Secondly, it is important to explore ways in which to integrate the family wellbeing program into the staff development and other training activities of community organisations, such as CDEP, health action groups, community councils, and men's and women's groups. This will ensure that the program reaches a critical mass of people.

Men's Health
and Wellbeing

A Positive Outlook

The critical role of men in community health improvement was clearly identified at the recent successful Men's Health Forum at Mapoon. This is very timely as Apunipima launches the 'River of Life' Strategy for Health Action and the Alcohol and Drug Strategy over the coming months.

Feedback from the Forum discussions recognised that men should exercise leadership and take more responsibility in activities and projects aimed at reduction of bad lifestyle practices that contribute to a poor health picture – in individuals, families, clans and communities. The men acknowledged that they can really help make changes to reduce family violence, provide better nutrition and food for the home table, confront alcohol and drug abuse, work for a cleaner environment, and support community endorsed efforts to work for improved social and emotional growth.

L-R: David Sharkey, Peter Guivara, Robbie Corrie, Bernie Singleton

The Forum defined a healthy man as one who is rich in culture, free of vices, a family man, motivated, fit, a hard worker, respects culture, has self control, is spiritual, and possesses strong self esteem. Men should not leave health concerns to women but work in partnership with them to achieve a better community health profile.

This can be achieved in a variety of ways such as encouraging more men to be involved in the health profession – as nurses, health workers and Doctors. They can provide a better example by taking part in the Well Person's Health checks - taking their sons and nephews with them - to normalise use of the clinic as a part of being responsible for one's own health. Already a couple of communities have requested a men's specific health check and an information workshop in their community. Apunipima has taken this on board, and a trial will hopefully occur before the year's end or early in the New Year. It will be driven and organised by the community men with Apunipima involved in coordinating the appropriate health professionals needed (TPHU staff, Doctors etc).

The Apunipima team lead by Doreen Hart is currently consulting with communities re the implementation of the 'River of Life' Strategy for Health Action and the Family Wellbeing and Foetal Alcohol Syndrome projects. These projects are accessible to men, and a valuable tool for engagement. This is an excellent opportunity for men to work collaboratively with Health Action Groups by setting up local Men's Groups or working with other community groups such as Justice and Council to support the variety of initiatives identified by community.

Business Support Unit

Administrative Functions

Liz Pearson, Manager

The Business Support Unit is responsible for the management of the business functions of the organisation. This includes human resource management, administrative support functions, maintenance of the Library, workplace health and safety, record management and archiving, Asset management & Q Fleet, marketing and publications. This Unit is also responsible for accessing external training programs for staff, coordinating events, managing the purchase system within the organisation including the delivery of services, travel, accommodation and vehicle hire. It is also the responsibility of the staff within this Unit to support the Financial Controller in the area of Payroll and accounts.

Over the past two years the Business Support Unit has developed a comprehensive human resource process, and is constantly upgrading the organisational policies and procedures within the Orientation Manual for staff and Governing Committee members. The aims and objectives of the Council's constitution define the role and vision of Apunipima Cape York Health Council. However, it is the responsibility of this Unit, under the direction of the General Manager to deliver the policies and procedures that all staff and people associated with Apunipima can adopt to ensure the values and philosophy that underlies the business of the organisation is maintained.

Workplace Health & Safety Policies are incorporated into the philosophies and direction the Organisation takes, and communicates the values, beliefs and commitment of the Governing Committee, senior management, and staff to health and safety. Safety at work if properly implemented and practiced will contribute to the organisation's financial viability. This commits Apunipima to pursuing progressive improvement in health and safety performance with legal requirements and advisory standards defining the minimum level of achievement. We achieve this by maintaining effective systems of communication on health and safety matters. Effective management is implemented through a certified safety officer and managed by a safety committee situated in the Business Support Unit.

The Organisation has undergone an internal staff position review with upgrades to position descriptions due to the work done on Corporate and Strategic planning, and the focus on the 'River of Life' Framework for Health Action. In order for Apunipima to progress the 'River of Life' we have maintained an ethos that supports the philosophy of professional development, including multi-skilling through training and workshops, and solid staff support mechanisms that will prepare staff mentally for the changes that are occurring.

Sport and Recreation students from TAFE spend time at Apunipima discussing the impact of good health, and how it undergirds sport and all facets of recreation. They discussed aspects of Noel Pearson's 'Our Right to take Responsibility'

In an organisation with a profile as high as Apunipima, it is easy to overlook the work of the dedicated staff members behind the scenes who ensure the organisation operates effectively and efficiency. To this end credit must go to all members of the administration team from BSU to the Executive Unit who work under pressure ensuring the coordination of administrative functions and events that Apunipima participates in annually.

This includes Apunipima's constitutional requirement to hold four Governing Committee meetings per year. With Governing Committee members from communities across Cape York, each in their own individual remote locality, it is not hard to understand the mammoth task required in organising meetings, travel, catering and accommodation.

Vivian Pearson, Senior Administration Officer

The Apunipima Library was relocated last year and a filing system re-established as part of the Library Upgrade Project. Our Senior Administration Officer, Vivian Pearson, who completed basic training with the CYLC Librarian last year, has worked diligently to provide reference and information services for program staff, and to provide in-house training for our trainees and administration staff. A member of the Conservation Unit from the Queensland State Library completed an audit regarding basic archiving and preservation. With a budget allocation this year we were able to concentrate on the maintenance of Apunipima's video, CD ROM collection, and photographic library as well as purchase hard copy library resources. Apunipima proudly houses a collection of carvings and weavings from various Wik Artists associated with the Cultural Resource Centre of Aurukun. With permission from the Centre, Apunipima has loaned some pieces to the Cairns Regional Gallery.

Tanya Wilson, Receptionist

The Business Support Unit, under the watchful eye of Tanya Wilson, is responsible for asset management and the vehicle fleet. In keeping with quality improvement plans and workplace health & safety requirements incorporated into the Unit's Operational Plan, Apunipima has equipped their 4WD fleet with remote area first aid kits, fire extinguishers, a communication system, spare parts and safety equipment. To be able to implement the Field Trip Safety Policy the Business Support Unit staff members have coordinated 4WD training, Senior First Aid and CPR and most recently bush mechanic training.

During the past year Partnerships office staff, with the aid of volunteers Tony and Zandy Fell, established a Cape York Youth Network. They sought to engage young people who are working in peak regional organisations to become involved in the early development of the network. Vivian and Tanya assisted the team by visiting and talking with students in schools about the opportunities such a network could bring them. Schools participating in the region were Mount Saint Bernards, Herberton, Herberton State School as well as Wangelti Education Centre. One of the benefits was a way for young people to talk with other young people through Internet and email facilities.

Tamara Pearson, Casual Receptionist

Marketing

The coordination of events such as the Summit is left in the capable hands of Business Support Unit staff, under the direction of the General Manager. The year culminated with Apunipima's presence at the Elim Beach Land and Health Summit, Laura Dance Festival and the NAIDOC celebrations in Cairns. For marketing and promotion at such occasions Apunipima has provided the community with T-shirts, showbags and program resource information developed in-house for health promotion.

Over the past year the Business Support Unit has taken up the challenge of producing the Apunipima Action newsletter, and the coordination, design and production of the Annual Report. For this to succeed we have relied on the diligence of staff to take photographs on field trips, and communities to provide updates on local activities and feedback to the Editor. Vivian and I have taken great pleasure in the design and layout, and getting information out to Apunipima's constituents, and supportive peak Body Organisations at Local, Regional, State and National levels.

Apunipima has continued its commitment to strengthening links between industry and education by providing an outlet for Secondary and Tertiary students to participate as members of a team, and contribute to the workplace environment. It is a great pleasure to be associated with the Vocational Partnership Group. The young people who choose to complete their work experience always leave a part of themselves with us.

Tahnee Creek
Peace Lutheran College

Rita Gamara
Djarragun College

Brett Moxle
Gordonvale High

Vivian Pearson was endorsed by the Governing Committee to travel to America with Christine Port from Coen as part of 'keeping Kids in School' program hosted by Yarrabah. This was an innovative pilot program that makes learning fun, exciting and interesting for secondary students experiencing a fusion of culture with a global perspective on education.

Youth, Sport and Recreation

Sport and recreation has always been recognised as integral components of Aboriginal and Torres Strait Islander identity and aspirations. In 1996, the ATSIC Peninsula Regional Council decided it needed to take a more strategic and coordinated approach to sport and recreation development.

Representatives from the Peninsula Regional Council, Sport and Recreation, Queensland, Cape York Partnerships, Aboriginal Coordinating Council, Apunipima Cape York Health Council and Tropical North Queensland Institute of TAFE formed a steering committee to organise and conduct a workshop in Cooktown. Since that time, the steering committee has continued to work to implement the outcomes of the workshop.

As a result, the ATSIC Peninsula Regional Council and Sport and Recreation are jointly funding the development of a sport and recreation plan for Cape York Peninsula. Apunipima has provided project management and administration support by maintaining regular lines of communication with all stakeholders as necessary.

The International Year of Volunteers provides us all with the opportunity to recognise, support and celebrate volunteers in our communities. Volunteers and voluntary organisations build leaders, create and sustain communities, develop people's skills and encourage partnerships. Where there is a strong and committed volunteer ethos, there is the ability to help build stronger families and community relationships.

It is an important time for staff to participate and support our leaders in whatever way we can so their vision of a healthier future for Cape York people becomes a reality.

Young people working voluntary with the Choice Awareness program visit regularly at Apunipima and have met with the Governing Committee

L-R : Gabby Wood, Luke Morseu, Sophia Graham,Kasey Deemal, Charles Cutts, Kerry Ienoy, Judah Cubuma and John McLean

In future, our children will lead our people with respect, pride, strength and confidence.