

**Appendix A:**      Aboriginal Project Committee  
                            Project Team

## **Aboriginal Project Committee**

Jessie Alderson	Gagudju Association
Mick Alderson	Kakadu Board of Management
Valerie Balmoor	Djabulukgu Association
Kevin Buliwana	Residents (non-traditional owners)
Cheryl Cahill	"
Lynette Cahill	Health
Victor Cooper (Chair)	Minitja Aboriginal Corporation
Mark Djandjomerr	Employment and training
Bluey Ilkgirr	Culture
Jacqui Katona (Deputy Chair)	Gundjehmi Aboriginal Corporation
Jeff Lee	Koongarra owners
Nida Mangarbarr	Ranger owners
NaBadmardi	Culture
Jonathan Nadji	Bunidj clan
May Nango	Jabiluka owners
Jacob Nayinggul (proxy Ronald Dirdi)	Northern Land Council

## **Project Team**

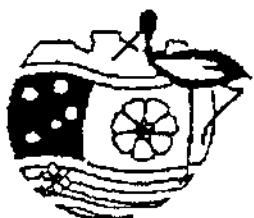
Project Co-ordinator:	Robert Levitus
Senior Project Officer:	Melinda Sheppard
Project Officer:	Rebecca Kopke-Bennett
Administrative Assistants:	Jane Becze, Claire Willsher

**Appendix B:**

Jabiru Town Council 1996 Summary of ATSIC infrastructure needs survey and other data relating to Aboriginal living areas in the Kakadu National Park unpublished paper

O'Brien K 1996 Environmental health surveys of out stations unpublished Territory Health Services report to Gagudju Health Team

# JABIRU TOWN COUNCIL



## *Summary of ATSIC Infrastructure Needs Survey and Other Data Relating to Aboriginal Living Areas in the Kakadu National Park*

*May 1996*

### Acknowledgment

Assistance provided by Territory Health Services in the form of salary to employ an Aboriginal Community Worker to undertake research for this project is acknowledged.

## TABLE OF CONTENTS

- 1     **About This Report**
- 2     **Summary of Service Facility and Infrastructure Needs**
  - 2.1    **Housing**
  - 2.2    **Hostel Accommodation**
  - 2.3    **Water Supplies**
  - 2.4    **Water Analysis**
  - 2.5    **Garbage Collection and Disposal**
  - 2.6    **Telephone and Radio Communications**
  - 2.7    **Sewerage Disposal**
- 3     **Planning for the Future**
  - 3.1    **Housing**
  - 3.2    **Hostel Accommodation**
  - 3.3    **Water Supplies**
  - 3.4    **Water Analysis**
  - 3.5    **Garbage Collection and Disposal**
  - 3.6    **Telephone and Radio Communications**
  - 3.7    **Sewerage Disposal**
- 4     **Appendices**

## 1 About This Report

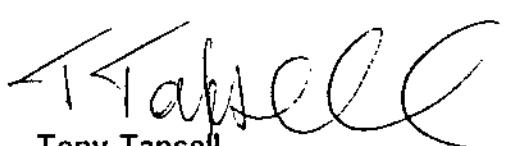
This report summarises data from the ATSIC Housing and Community Infrastructure Needs Survey completed in 1992 by the Australian Bureau of Statistics along with other demographic data collected since that time. The report covers the specific areas of housing and hostel accommodation, water supplies, water analysis, garbage disposal, telephone and radio communications and sewerage disposal on Aboriginal living areas in the Kakadu National Park.

The Aboriginal living areas include Nourlangie, Spring Peak, Jim Jim Ranger Station, Mudginberri, Death Adder, Canon Hill, Patonga, Mamukala and Manaburduma.

The purpose in drafting the report is to bring to the notice of existing organisations essential data which can be used to assist in the planning of community and other services. It is hoped that the report will act as a catalyst for coordinating action between organisations over the delivery of services and maintenance of facilities.

The report was compiled from research carried out by Jennifer Tambling, who was a part time employee of the Territory Health Services working on the project. Her position was Aboriginal Community Worker and it was a position which was attached to Council initially for a period of four months commencing in March 1995.

At the time of the report's publication it is possible some of the data may be out of date. Nonetheless the report will be useful for agencies considering service delivery in the region or in updating the data for such purposes. In particular the report will be useful for the recently formed Kakadu Accommodation and Infrastructure Group with its charter of facilitating the provision and management of accommodation and infrastructure for binning in Kakadu National Park.



Tony Tapsell  
TOWN CLERK

## 2 Summary of Service, Facility and Infrastructure Needs

### 2.1 The lack of housing is a major problem in the living areas in Kakadu National Park.

The following data was drawn from Australian Bureau of Statistics, ATSIC, ANCA and Jabiru Health Centre records.

Communities	Number of Houses	Population
Nourlangie	1	7
Spring Peak	4	9
Jim Jim	-	16
Mudginberri	11	60
Death Adder	4	9
Cannon Hill	2	20
Patonga	1	7
Mamukala	5	15
Patonga Airstrip	6	65
Manaburduma	9	45
Jabiru	-	87

### 2.2 Hostel Accommodation

Hostel accommodation does not exist in Jabiru or any of the local communities except for an aged persons' health home which is run by the Gagudju Association in Jabiru. There is no accommodation for persons awaiting permanent accommodation and for students that are attending school and residing in areas outside of Jabiru.

### 2.3 Water Supplies

Water supplies in local communities are supplied by:

- River water
- Lagoon
- Bore Water
- Rainwater Tank
- Carted Water

## 2.4 Water Analysis

The quality of water does not comply with NHMRC guidelines in the following communities:

- Patonga
- Death Adder
- Patonga Airstrip
- Cannon Hill
- Mudginberri
- Spring Peak

Regular testing of water is not done.

## 2.5 Garbage Collection and Disposal

Most communities have their garbage disposed of through land fill operations. Householders dispose of their own garbage.

## 2.6 Telephone and Radio Communications

Telephone services are not available in the following communities:

- Patonga
- Death Adder
- Mamukala
- Patonga Airstrip
- Nourlangie
- Mudginberri
- Spring Peak

Communities receive radio services in the form of Radio National and Regional Radio from the ABC.

## 2.7 Sewage Disposal

Sewage disposal is by:

- Pit latrine
- Septic tank
- Water borne sewerage

Most systems normally work satisfactorily. It is expected that the sewerage systems in places outside of Jabiru will be insufficient to meet the needs in the next 5 years.

### 3 Planning for the Future

#### 3.1 Housing

Housing is required in the following areas:

.	Cannon Hill	2
.	Nourlangie	1
.	Spring Peak	0
.	Jim Jim	3
.	Mudginberri	3
.	Patonga	2
.	Mamukala	2
.	Patonga Airstrip	4
.	Manaburduma	6
<b>Total Housing Required</b>		<b>23</b>

Houses are required on these communities because of the poor quality of housing and the number of people living in them.

#### 3.2 Hostel Accommodation

Hostel and boarding accommodation is required for:

- .
- .
- .
- .
- .
- Youth
- Visitors
- Women's Refuge
- Those awaiting permanent accommodation
- Aged Persons

The benefits of having a hostel include:

- .
- .
- .
- .
- .
- Women and children that need alternative accommodation due to domestic violence;
- Children that are still attending school and have to travel 50 km or more to the nearest primary school or TAFE college.
- .
- Aged persons that are sick and have difficulties in finding accommodation whilst visiting the Jabiru clinic.
- .
- Persons who have to attend court in Jabiru.

- Relatives that visit Jabiru and need somewhere to stay.
- Employees who are waiting to obtain housing and who need temporary accommodation.

### 3.3 Water Supplies

Communities close to Jabiru should look at receiving town water if supply becomes a problem. This applies particularly to the communities of Mudginberri and Mamukala.

### 3.4 Water Analysis

A Health Inspector should visit the local communities and collect water samples for analysis so that if water is not up to standard corrective action can be taken.

### 3.5 Garbage Collection and Disposal

A Health Inspector should visit the communities once a month to advise on appropriateness of garbage collection and disposal.

### 3.6 Telephone and Radio Communications

Telephone communications should be considered for the areas mentioned. Telstra should be asked to quote for the work.

Where additional radio services are available in Jabiru consideration should be given to extending the service to communities nearby such as Mudginberri and Mumakala.

### 3.7 Sewage Disposal

Where possible toilets should be built in houses. Public toilets and showers need also to be constructed where there are insufficient toilets.

## 4 Appendices

Map of communities.



## FACSIMILE

WARNING:  
Fax messages on thermal paper can be unstable.  
If the accompanying documents contain  
authorisations or important information please  
copy to good quality paper before filing or  
otherwise storing.

URGENT

ROUTINE

To: Vicky Bennett

From: Ken O'Brien

\* Fax No: 792041

Fax No: (08) 228940

Phone No: (08) 228273

Date: 25/09/96

Time: 16:00

No. of Pages: 4  
(Including this sheet)**Subject/Reference: Environmental Health Surveys Of Out stations****Message:** Vicky,

Please find attached my report as discussed.

**KEN O'BRIEN**

The above information may be confidential and the subject of legal professional privilege.  
If you are not the intended recipient, any use, disclosure or copying of this document is unauthorised.

The purpose of the recent inspection of the Jabiru out stations was to undertake basic Environmental Health assessment. It should be made clear than Environmental Health concerns itself with reducing the risk of exposure to potential health risks within a person's Environment. Although the scope of Environmental Health is therefore very diverse I wish to concentrate specifically on infrastructure, namely housing, sewerage disposal, solid waste management, power, water supply, roads, drainage & land care. Comments will typically be general since they remain constant upon all out stations.

**1)Housing-** Apart from several works, housing stock upon the out stations has remained the same over the last decade and gross overcrowding within inappropriate housing continues. Gross overcrowding not only increases the burden on house facilities but promotes the spread of Scabies via closer personal contact in cramped conditions and similarly promotes the potential spread of infectious disease. In addition, such gross overcrowding limits the ability to maintain basic house hygiene or even maintain the basic room ventilation requirements.

**2)Sewerage Disposal-** In the past it was considered that "grey water" waste from common shower blocks was relatively safe and therefore it was allowed to simply run off and pool on the ground. These facilities still exist upon the out stations with waste still pooling on the ground. Not only is it totally wrong to assume that this waste is safe but potentially this is a fatal mistake. The human body has a very large bacterial load and therefore showering waste will contain this high loading and in many cases it will contain the bacteria from infected sores and wounds, nasal discharges and potentially urine and faeces. The potential Environmental Health risk here is huge and it must be remembered that these facilities are all placed in open very accessible places were children and dogs can easily play and become exposed. The strong recommendation would be for all of these facilities to be properly drained and connected to approved disposal trenches.

It was also noted that a house at Patonga and a house at Mudgunberri, both with internal bathroom and toilet facilities, had disposal systems that were malfunctioning and resulting in the pooling of effluent that was both sullage and sewerage combined. The potential health risk with this situation is clearly evident and I have been informed that these situations have prevailed for an extensive period of time. Ideally the disposal systems should be replaced with split disposal systems in accordance with the new Septic Tank Code Of Practise. As a minimum the existing systems should be repaired or replaced.

**3)Solid Waste Disposal-** Litter indiscriminately left lying around a community is a large health risk in itself, eg faecal matter on nappies, bacteria on waste food, physical risks from sharp tins and broken bottles etc. Indiscriminate littering was observed upon the out stations and can be attributed to factors such as a lack of available bins near popular areas such as laundry troughs and ablutions in addition to the lack of any periodic organised clean ups of communities.

Since the rubbish staff have either chosen themselves or have been directed to only pick up rubbish in the bins the large amount of remaining rubbish simply accumulates and the problem worsens. What is needed is for two things to happen. Firstly an initial thorough clean up of all the indiscriminate litter lying around the out stations is required. Secondly, additional large supplies of bins are required to be placed within each out station to make it far easier for people to properly dispose of their litter. Bins may be obtained by utilising the large supply of discarded 44 gallon drums deposited at the rubbish tips. The lids of the bins can be removed using a cold chisel and a hammer or other suitable means.

**4)Power-** Noise and vibration caused by power generators placed directly within the out stations is having an affect on both the physical and mental health of the people. Motors, although being spring mounted, have been positioned on concrete bases with very strong resonance. It is recommended that the motors be lifted up and that rubber matting be placed under each motor. Second hand conveyor belt rubber from the Ranger mine would be ideal for this purpose. In addition, it is highly recommended that motors and enclosures be further insulated and sound proofed. The long term solution is for the power stations to be relocated.

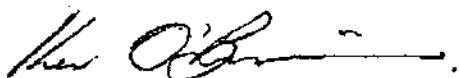
**5)Water Supplies-** It is widely recognised through organisations such as The World Health Organisation and The National Health and Medical Research Council that potable water supplies must be free from pathogenic bacteria in addition to maintaining safe levels of chemical contamination. Water supplies on the out stations are neither disinfected (chlorinated) or filtered and therefore there would appear to be a high potential risk. These communities are not included within the routine sampling program undertaken by The Power and Water Authority and therefore there are not even safe guards in place to test the water and verify it's quality.

Perhaps it may be possible to incorporate water testing within the current laboratory facilities at the Ranger Mine and this option should be investigated. It should be an immediate priority however that all rusted and corroded storage tanks be replaced and that all tanks be equipped with fully sealed lids to reduce contamination

6) Roads and Drainage and Land Care- I have chosen to group these items together since they inter relate. It is well documented that excessive dust levels contribute greatly to both eye disease and respiratory disease. In addition, poor drainage leads to the creation of stagnant pools of water which may themselves become breeding places for mosquitoes or pathogenic bacteria. The access roads and internal roads of the out stations do very little to combat the excessive dust problem and in some areas landscaping is minimal. In the long term sealed roads are definitely the preferred option however steps such as the increased planting of trees and the further establishment of lawns can assist.

I would like to take this opportunity to thank you, Kevin and staff generally for all the help and support. I trust that this report will assist you and please feel free to give my self or Anthea a call. Keep in touch!

Kind regards,



**KEN O'BRIEN**  
**ENVIRONMENTAL HEALTH OFFICER**  
**DARWIN RURAL**

**Appendix C:**      Budget for aged and disabled respite care centre  
                            Budget Aboriginal Women's Resource Centre

There are four major areas of one-off funding required for this project. These are:

• Purpose built accommodation	\$218 700
• Salary budget for Residence Supervisor	
– Half time salary	\$14 000
– On-costs (10%)	\$1400
– Training	\$1600
– Travel	\$1000
	\$18 000
• White goods	
– Washing machine, TV, stove, fridge, etc	\$6000
• Furniture	
– Beds, wardrobes, tables, chairs	\$6000
<hr/>	
<b>TOTAL</b>	<b>\$248 700</b>

**Note on recurrent expenses for the project:**

This funding application is specifically for one-off monies—no funds for recurrent expenses associated with the project are being sought in this submission.

It is anticipated that the expenses associated with ongoing maintenance and operation of the facility will be recouped through rents charged to the users of the facility.

# BUDGET ABORIGINAL WOMEN'S RESOURCE CENTRE JABIRU

## Establishment

### CAPITAL

Building	\$300,000 (stage 1)
Washing Machines	\$2,000
Fridges	\$2,500
Freezer	\$1,000
Stoves	\$1,500
Sewing Machines	\$4,000
Computer/Printer	\$4,500
Fax Machine	\$1,500
Furniture	\$3,500
Kitchen accessories	\$500
TV / Video	\$1500
Microwave	\$500
Small electric appliances	\$500
<b>Total</b>	<b>\$323,500</b>

### SALARIES

Coordinator	\$45,000
Admin. Ass.	CDEP
Bus driver part time	CDEP
Preschool teacher	\$30,000 (Ed. Dept)
<b>Total</b>	<b>\$45000</b>

### SERVICES

Advertising & Recruitment	\$250
Auditing fees	\$300
Bank Charges	\$300
Postage	\$300
Cleaning	\$3,000
Insurance	\$2,000
Rates	\$2,500
Telephone / fax	\$2,000
<b>TOTAL</b>	<b>\$10,650</b>

### SUPPLIES

Maintenence vehicle	\$2,000
Fuel	\$4,000
Energy	\$2,000
Office supplies	\$500
Consummables	\$2,000
<b>TOTAL</b>	<b>\$10,500</b>

<b>CAPITAL</b>	<b>\$323,500</b>
<b>SALARIES</b>	<b>\$ 45,000</b>
<b>SERVICES</b>	<b>\$10,650</b>
<b>SUPPLIES</b>	<b>\$10,500</b>
<b>TOTAL</b>	<b>\$389,650</b>

**Appendix D:** Extract from: K Lucas, M Jentian and D Jentian 1997 Jabiru/West Arnhem Women's Resource Centre: needs analysis

## **RESULTS**

The response from the women and health workers surveyed was very comprehensive. A summary of the interviews accompany this report as Appendix B.

Below are the main issues identified by those interviewed:

### **SOCIAL**

- There is a major alcohol problem in the community and concern about its effects on women, children and family life. Domestic violence and children left uncared for and growing up with violence and neglect are a common occurrence.
- There is a need for a community night patrol which is initiated by the community itself and supported by the police, to enable responsible community members to patrol their community to stop young children running around unsupervised at night, parents fighting, property damage and antisocial behaviour.
- Women expressed a need for a place to go to escape from potentially violent situations and to learn and discuss strategies to deal with these problems in their community.
- Many young women did not complete school and have little confidence in their abilities or a sense of self worth. Some women said they had children when they were very young because it improved their sense of pride and achievement within their community. There needs to be more choices available to young women and support in achieving new skills and confidence.
- Women are losing their culture. Traditional knowledge, craft, stories and rituals are not being passed on because people are more concerned with basic needs such as food, shelter and health.
- There is a need for understanding practical money management and to make it culturally applicable. People need to learn to budget over a fortnight to ensure responsible allocation of money towards food, bills, children, transport and entertainment. At present those who save money or buy food end up supplying those who have run out. Cultural obligations and responsibilities make it difficult to save money or withhold money and possessions because everyone in the community is bound by relationship.
- There is a need to improve the living conditions in the community. People find it difficult to maintain a clean house or clean camp because they are not supported by the others in the community who contribute to unsatisfactory living conditions, particularly by those who drink.

### **HEALTH**

Many health related problems are attributed to poor nutrition and hygiene. Living conditions on many outstations need to be improved. Women need support and education to address the health problems in their community.

Lack of refrigeration, cooking facilities and food storage areas makes it difficult to plan and prepare healthy food. Many people eat tinned and processed food because it is easier to store, resulting in poor nutrition and poor resistance to sickness.

The lack of hot water, washing facilities and inadequate drainage on communities makes it difficult to maintain a healthy level of hygiene..

Other major health problems within the community include low birthweight and undernourishment in infancy, and overweight, diabetes and alcohol related disorders in adults.

There needs to be health education, support groups and preventative strategies that involve the community rather than solely treating the individual.

### EDUCATION

Many children are not going to school because they have no food money or packed lunch.

The disruption to sleep and consequent neglect from parents drinking and fighting makes it difficult for children who do go to school to concentrate or function to their full capacity.

Some parents do not like sending their young children on the bus. The bus comes to outstations very early in the morning, sometimes 6.30 am, and often does not wait if children are not there ready.

Often children do not consistently attend school because of their situation at home. They end up falling behind the level of the other children and start to feel inadequate because of that. Children from outstations do not have the opportunity to attend the after school homework centre because their school bus leaves before it starts.

Many young mothers did not complete their education and have low self esteem. Their own experiences of school are quite negative. Often there are memories of being treated differently to the white children, of feeling like outsiders and having trouble communicating with teachers because they did not speak English as a first language. Parents won't force or encourage their children to go to school because they feel alienated themselves from the education system.

Women talked about needing to learn about their culture and language to make them feel stronger in themselves.

Women also want to get training in English speaking, writing and reading so they could study further and open their employment opportunities.

### ACCESS AND USE OF JABIRU

- Most people come into Jabiru for shopping, money, clinic and meetings. Those who live out on outstations come in sometimes 2 or 3 times a week. Women and children spend all day and sometimes all night waiting to get home because of the lack of transport to and from communities. Often women, children and men who are stranded without a lift resort to sleeping on verandahs in Jabiru at night.

- Aboriginal space in Jabiru, where people feel comfortable waiting, meeting and socialising, is restricted to the grass around the carpark, the shopping centre and the Jabiru Sports and Social Club. There is no place to store perishable food or for children to play safely or rest while waiting for a lift home.

- There are no handicapped toilets in the Jabiru shopping area where people wait.

- There is concern that more women are starting to drink, are taking their children with them to the club and neglecting them as a consequence of drinking. There is a

need for an alternative waiting and meeting space where people can spend their time productively and safely.

- Women who come from Pine Creek, Katherine and Arnhem Land to attend meetings and funerals suggested lack of cheap hostel type accommodation in the area was a problem. It is dangerous travelling at night on some of the roads in the area because of feral animals and fatigue so they would prefer to stay overnight rather than driving long distances home.
- Many women have children and find it difficult to participate fully in meetings because they tend to spend most of their time outside with their children. There is need for an Aboriginal child minding service which enables women to contribute to the decision making processes of their community.

### CONCEPT OF A WOMEN'S RESOURCE CENTRE

- The Women's Resource Centre that operated in Jabiru East from 1983 to 1987 was attended by some of the women surveyed. It was a highly regarded place which serviced women and children's needs. All the women said they would go to a centre if one was operating now and believe it should be operating as soon as possible.

The women's vision for the centre is as follows:

#### CONCEPT

It will be a safe and comfortable environment for women and children which is located near the town centre of Jabiru. It will be a place for women to sit down, have a cup of tea, talk and relax and engage in fulfilling activities.

It will be a place where women can get together to support each other and develop strategies for dealing with issues that concern them.

It will be a place where women are boss. They will be involved in the day to day running, maintaining and decision making. They will have responsibilities in making the rules and enforcing them.

It will be a place that will develop skills, build self esteem and confidence, expand opportunities and focus on strong women and strong culture.

It will provide basic facilities and exemplary services that tend to the immediate emotional, physical and spiritual needs of women and their families.

It will be a place where women and children can find refuge at night.

#### FACILITIES

There will be a bus to go on excursions, pick up women from the outstations to attend the centre's activities, and return them home.

There will be basic cooking facilities so women can buy, prepare and cook nutritious food for themselves and old people. and provide lunches for the children who are at school.

There will be a cool room fridge to store shopping and food

There will be hot showers and tubs for washing children

There will be coin operated washing machines so women can do hot water washes and effectively sterilise linen.

There will be a craft workspace so activities such as sewing, Screenprinting, basket weaving and dyeing can be performed.

There will be a safe, fenced area for children to play outside with sand pit and safe toddler toys.

There will be a childcare service that employs Aboriginal women from the area to work with preschool age children whose parents are engaged in craft activities, meetings or training.

There will be an area set up with elevated beds, mattresses and cots, for mothers, young children, babies, sick or old people to rest while they are waiting for lifts.

There will be a medicine cabinet so that women can learn how to clean and treat skin problems as soon as they identify them.

There will be a private room where women can have group or individual sessions with health workers and professionals to deal with women's health business.

There will be a computer, fax machine and telephone in an office area so that women can develop their office skills.

There will be a television, video recorder and camera for women to record and show their cultural stories.

There will be an outside area where women and children can play games such as softball/cricket, basket ball hoops and other physical activities.

## ACTIVITIES

There will be old women teaching the younger women cultural stories and crafts. This will include going on excursions by bus to collect materials and gathering bush tucker and medicines.

There will be cultural story telling and story recording in the form of video, audio and written/illustrated books in local languages for use with literacy and education.

There will be old women teaching traditional songs and dances and young women learning and recording. There will also be women singing contemporary songs together.

There will be access to tutoring or training in English speaking and writing, local languages (Gundjeihmi, Gunwinggu), school subjects, obtaining a licence, office skills

Art and crafts such as: sewing, pottery, lino printing, material dyeing, screenprinting, jewellery making, basket weaving, painting, macrame and weaving.

There will be workshops on healthy cooking, nutrition, personal hygiene, money management, reducing smoking and drinking.

Nursing mothers can meet together and monitor their child's weight, learn how to prepare baby food, get advice from the old women about traditional methods of dealing with problems.

Women and children participate in creating culturally relevant health education posters and booklets.

There will be advice on training and employment opportunities in the area.

There will be exercise classes.

There will be programs such as Strong Women Strong Babies and Living with Alcohol, holding workshops.

There will be liaison with the school to encourage more cultural activities being taught in the classroom and contact between teachers and parents.

There will be networking/meetings with other women's recourse centres to exchange ideas and knowledge.

## **RECOMMENDATIONS**

The women of the area see the Women's Resource Centre as a place that will be successful through action and example. They ask for it to start as soon as possible because the services it will provide attend to very real and fundamental needs.

On the basis that the resources and services offered at the centre are dependent on funding it is recommended:

A centre is built that within the next two years will provide the above resources and cater for the services that are so severely lacking in this area.

A commitment to the funded position of a full time co-ordinator is made.

That in the short term a venue be found that will enable the Women's Resource Centre to start functioning as soon as possible. The priorities include:

Laundry, food preperation and cold storage area, cooking facilities, arts and crafts resources, children's protected play area, bus or vehicle to transport women, a protected rest area for old people and children to lie down. Toilets and showers.

The women are involved in the rule making and desicion making proccess for the centre as soon as a venue is found and is functional. A large meeting be organised for this purpose to ensure women's ownership and participation in the centre

The concept of a Women's shelter crisis centre is a priority but should be considered as a different service to that of a Women's Resource Centre. It will require night and day access by white women as well as Aboriginal women, a night time manager and security. It is recommended that funding be committed for a Domestic Violence councillor to be employed full time to manage the running of this service.