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**Answers to questions on notice to the Aboriginal Medical Services
Alliance of the Northern Territory (AMSANT) at
Darwin hearing, 15th February 2010**

Provided to the Senate Community Affairs Legislation Committee

**Reference: Social Security and Other Legislation Amendment (Welfare
Reform and Reinstatement of the Racial Discrimination Act) Bill 2009**

Question:

That ICC and GBM involvement in the Future Directions Tier 1 and Tier 2 community consultations was problematic and not conducive to achieving unbiased outcomes. Senator Boyce asked "Have you had any further information about things that happened that demonstrate this?"

Answer:

The statement in AMSANT's written submission was based on a number of sources:

- i) reporting back to an AMSANT general meeting from our member service organisations that attended community consultation meetings;
- ii) reports provided to AMSANT staff from our member services on deficiencies of the management of consultations and information provided by ICC managers during Tier 2 consultation meetings;
- iii) reports provided to AMSANT by member services on problems with individual GBMs in terms of their relationships with communities and lack of consultation or insensitive consultation styles with community members;
- iv) literature on cross-cultural communication and consultation processes.

These sources of information suggested that the lack of independence of ICC and GBM government staff in relation to the issues they were speaking to, and in situations where they were in control of Tier 1 and Tier 2 consultations, was problematic and places in question the outcomes of the consultations, including the accuracy of responses.

For example, there is an extensive literature on the phenomenon of ‘gratuitous concurrence’¹ in influencing the responses of Aboriginal people in interactional contexts with non-Indigenous people, particularly with those in positions of authority. It is inconceivable that, for example, consultations conducted by GBMs on a one-on-one or small group basis, would not be effected by such interactional difficulties to some extent. In addition, the fact that there was no amelioration of these effects on Tier 1 and 2 consultations by ensuring the presence of independent legal and other advice, further compromises the outcomes of the consultations.

AMSANT maintains that the failure to address well-established principles of effective cross-cultural communication and consultation represents a significant flaw in the design of the consultations. This is, of course, in addition to the many other technical flaws in the consultation process identified in AMSANT’s written submission and those of many other organisations.

Question:

AMSANT’s support for the changes to alcohol management planning in the Bill.

Answer:

Further to our responses on this issue during the hearing, AMSANT would like to make some additional comment. Mr Mackinolty clearly indicated that AMSANT supported community driven alcohol management plans.

However, the provisions in the Bill regarding the facilitation of local alcohol management plans are not entirely supported by AMSANT to the extent that the Bill does not ensure community support and consent. In particular, while the Bill provides for the Minister to make a declaration lifting the current blanket alcohol prohibition over a prescribed area or part of a prescribed area in order to permit local alcohol management arrangements, it does not require community consultation or consent for such action. In particular, subsection 19(6) of item 11 of Schedule 3 of the Government Welfare Reform Bill allows that a declaration by the Minister is not invalidated by the failure to comply with the consultation requirements set out in subsection 19(5).

Similar concerns relate to the power of the Minister to make a declaration reapplying alcohol prohibition in a prescribed area on the basis of a request by “a person ordinarily resident” in the relevant area (Item 12, section 19A). From the wording of the provision, such a person may be a locally resident police officer or government employee. And as

¹ Eg. Eades, D, 1992. *Aboriginal English and the Law*. Continuous Legal Education Department of the Queensland Law Society Inc. ;

with the aforementioned subsection 19(6), subsection 19A(5) allows that failure to undertake community consultation does not invalidate such a declaration. Such a decision should only be made on the basis of the consent of the community.

AMSANT believes that community input, support and consent are essential for achieving effective, non-discriminatory local alcohol management plans.

AMSANT also believes that duplicated Northern Territory Government and Australian Government legislative and regulatory regimes for applying alcohol restrictions are neither necessary nor an effective or efficient means of achieving alcohol control objectives. Such objectives require comprehensive NT-based alcohol control policies.