



COMMONWEALTH OF AUSTRALIA

# Official Committee Hansard

## SENATE

SELECT COMMITTEE ON REGIONAL AND REMOTE  
INDIGENOUS COMMUNITIES

**Reference: Effectiveness of state, territory and Commonwealth government policies  
on regional and remote Indigenous communities**

FRIDAY, 1 MAY 2009

ALICE SPRINGS

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**SENATE SELECT COMMITTEE ON  
REGIONAL AND REMOTE INDIGENOUS COMMUNITIES**

**Friday, 1 May 2009**

**Members:** Senator Scullion (*Chair*), Senator Crossin (*Deputy Chair*), Senators Adams, Johnston, Moore and Siewert

**Senators in attendance:** Senators Adams, Crossin, Moore, Scullion and Siewert

**Participating members:** Senators Abetz, Back, Barnett, Bernardi, Bilyk, Birmingham, Bishop, Boswell, Boyce, Brandis, Bob Brown, Carol Brown, Bushby, Cameron, Cash, Colbeck, Collins, Coonan, Cormann, Eggleston, Farrell, Feeney, Fielding, Fierravanti-Wells, Fifield, Fisher, Forshaw, Furner, Hanson-Young, Hefernan, Humphries, Hurley, Hutchins, Joyce, Kroger, Ludlum, Lundy, Macdonald, Marshall, Mason, McEwen, McGauran, McLucas, Milne, Minchin, Nash, O'Brien, Parry, Payne, Polley, Pratt, Ronaldson, Ryan, Stephens, Sterle, Troeth, Trood, Williams, Wortley and Xenophon

**Terms of reference for the inquiry:**

To inquire into and report on:

- a) the effectiveness of Australian Government policies following the Northern Territory Emergency Response, specifically on the state of health, welfare, education and law and order in regional and remote Indigenous communities;
- b) the impact of state and territory government policies on the wellbeing of regional and remote Indigenous communities;
- c) the health, welfare, education and security of children in regional and remote Indigenous communities; and
- d) the employment and enterprise opportunities in regional and remote Indigenous communities.

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**Committee met at 8.41 am**

**CHAIR (Senator Scullion)**—The Senate Select Committee on Regional and Remote Indigenous Communities is holding this public hearing as part of its inquiry into regional and remote Indigenous communities. On behalf of this committee, I would like to acknowledge the traditional owners of this land on which we meet and pay our respects to elders past and present. Over the last two days the committee has visited and talked to community members and organisations in Alice Springs and Hermannsburg. The committee is next due to report to the Senate on 15 June 2009.

Before the committee starts taking evidence, I advise that all witnesses appearing before the committee are protected by parliamentary privilege with respect to their evidence. Any act that disadvantages a witness as a result of evidence given before the Senate or any of its committees is treated as a breach of privilege. However, I also remind witnesses that giving false or misleading evidence to the committee may constitute contempt of the Senate. These are public proceedings, although the committee may agree to a request to have evidence heard in camera or may determine that certain evidence should be heard in camera.

[8.42 am]

**McFARLAND, Mr Blair Andrew, CAYLUS Coordinator, Tangentyere Council Inc.**

**CHAIR**—I welcome Mr Blair McFarland, with representatives from the Central Australian Youth Link Up Service. Do you have any comments to make on the capacity in which you appear?

**Mr McFarland**—I am the coordinator of CAYLUS, the Central Australian Youth Link Up Service, within Tangentyere Council.

**CHAIR**—I understand information on parliamentary privilege and the protection of witnesses and evidence has been provided to you.

**Mr McFarland**—It has on previous occasions, yes.

**CHAIR**—Excellent; that will suffice. Would you like to start with a brief statement?

**Mr McFarland**—Reading back through what CAYLUS have already submitted, it seems that we have made a pretty comprehensive case about our position. It is quite interesting that, since we wrote that, some of the things we talked about under the heading ‘The lost Opportunity’ have changed. One of the programs that we mention as being potentially untenable—the Community Employment Brokers program—has now been cancelled and a few other minor things like that have happened, but the basic document is pretty good.

I wrote something which, now that I am here, I think might be too long. It looks at the yearly funding cycle and quantifies how much that is costing the community in the long run. I will summarise the document. Basically it boils down to the following. We have some ABA funding to put up some houses. We are putting blockwork houses in three communities and we are putting a demountable on stilts in one other community because that site has water going through it occasionally.

We have found that the demountable is costing basically the same as the blockwork house because we do not have a yearly funding cycle to try and squeeze it into. A yearly funding cycle means that the infrastructure that you can put down is severely limited because you do not have time for planning and construction and stuff. In the community a blockwork house lasts for between 30 and 50 years, as opposed to a demountable, which lasts five to 10. So the investment is vastly better in terms of the blockwork house. It is about \$270,000 for a two-bedroom blockwork house or for a demountable. In this document I make the point that the yearly funding cycle sacrifices 20 years of the life of the asset that is put down, basically tripling the cost of the provision of infrastructure over the longer term. One blockwork house will last as long as three demountable houses. I make that point in relation to the yearly funding cycle.

**Senator MOORE**—Would you like to table that document so we can read it all?

**Mr McFarland**—Yes, that is fine.



**Senator MOORE**—I still do not understand the point you are making, because costs are costs. The funding cycle making it worse is obviously your key point, but I do not get it.

**Mr McFarland**—I will quickly explain. In a yearly funding cycle you get the money and you have to spend it before the end of the year. In that time frame, all you can really do is buy a prefabricated house that gets dropped on the site. It is not blockwork; it is made of lighter materials because they have to put it on a truck and transport it out. There is no capacity for local people to get involved in the construction. It can go onto a site within a 12-month period, the time frame which people who are putting out infrastructure by yearly funding cycles are forced to work to. The ABA money we have does not have a yearly cycle. As long as we make good progress, it can just roll out at a sensible rate. Consequently, we can put up a blockwork house on a slab, which builders say will last between 30 to 50 years. So you can see that the long-term investment of the community in that place is vastly improved by having the time to run through a sensible consultation and design process rather than having to quickly whip it up. That was the point I was generally trying to make in the document—that quick fixes end up costing more in the long run.

At the end of the document I say that it is interesting to see that there is the capacity to get enough money allocated to change the circumstances of remote communities once and for all. This is what the approximately \$2 billion spent so far on the NTER has demonstrated. CAYLUS estimates that \$20 million is needed to provide the infrastructure for the diversionary activities for vulnerable populations in the region. The community-by-community breakdown of needs is on our website and has been there for the last five years—I am sure I have handed it to all of you guys on various occasions—since well before the NTER. The \$20 million needed is one per cent of the money so far spent on the NTER.

The effects of the provision of these youth development services would be very positive for the current safety and future potential of the at-risk group and for the wider society in which they live. The group would have access to safe, educational, socialising activities. Our experience gained in addressing inhalant abuse in this population has shown us that the majority of people will take other options if they are available in their communities. The existing models demonstrate this, especially the Mount Theo project, which has been going for 13 years and has made substantial improvements to the quality of life of young Walpiri people. As such, we argue that the evidence is there that this \$20 million would be a good long-term investment in the youth of the region.

The systematic provision of these youth development services would be an effective way of enacting one article from the United Nations Declaration on the Rights of Indigenous Peoples, which the Commonwealth is soon going to adopt. Article 21 states:

2. States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their—

Indigenous people's—

economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.

The systematic funding of youth support programs would signify an acceptance by the government of some of the responsibility for the current problems experienced by this group of Australians. It would be a way of demonstrating that the sentiment behind the apology given by the Prime Minister on behalf of the Australian people was part of a broader commitment to create improvements.

The adoption of a preventative model would also be a move away from the punitive measures so far attempted to improve the safety of young people, which are attempting to shut the stable door after the horse has bolted. Seeking to enact punishment on offenders is a natural reaction to the shocking media stories about the lives being led by Indigenous youth. However, there are more strategic ways of creating change. They could also be part of this historic attempt by the Australian people to finally solve these seemingly intractable problems. We suggest that prevention could be the new intervention.

**CHAIR**—Thank you.

**Senator ADAMS**—I have a number of questions to ask, just to follow on from our last meeting. Thank you for coming today. We were out at Hermannsburg yesterday discussing the night patrols. They have a night patrol there but they are having a lot of problems with personnel on the night patrol being abused and perhaps molested by the drunks in the area. How are the night patrols going through the central land area?

**Mr McFarland**—Since the night patrols have been taken over by the shires their focus has changed pretty substantially. What they are able to do has been limited pretty substantially. Our recent evaluation of the night patrol service, done by an external consultant for the Attorney-General, found that across the Territory now 50 per cent of people on night patrols are white fellas, which is a strange thing. It is not so evident down here but it shows a shift away from what night patrols used to be, which was a sort of ground-up, grassroots movement—local people using their local authority to calm things down and settle things down by playing on their personal relationships with people to try to manage and negotiate situations so that people do not get into trouble and there was no drunkenness and violence and so on. Since it has been centralised it seems like there is less capacity to do some of the things which used to give night patrols real credibility in the eyes of the community, and that augmented their authority and people would listen to them.

For example, if somebody breaks down on the road or is lost—goes out hunting and does not come back—the community knows that they are out somewhere and something must have gone wrong. It used to be that the night patrols were the people that the community would go to because they would have a car and resources and they would go out and find the people and bring them back. So there was an element of safety and rescue that the night patrol could do. They are now no longer allowed to do that. That diminishes their credibility. People go to them and say, ‘My uncle has broken down out there somewhere and he might perish.’ The night patrols say, ‘We can’t do anything.’

The night patrols used to take people to the courts. For example, if somebody was in Laramba and they had a court date, the night patrol would take them to court, speak if necessary at the court and give them character references or make themselves available as a local force for good agency in the community to lawyers, police prosecutors and defence lawyers so that there could

be some community input into it. After sentencing, if they got something that did not require them to go to jail then the night patrol could take them back to the community as opposed to just out the door and into the flesh pots of Alice Springs. That is another thing that the night patrols are now no longer allowed to do.

It is strange how the wheels get reworked and reinvented. There is not any systematic training of night patrol workers but when I was the night patrol coordinator at Tangentyere Council in the 1990s I developed a program which a lot of communities used as a training program. It was registered and we got funding to run it in a number of different communities. I think we ran it in about 16 communities across the NT—some in the top end, mostly around here. It was a really practical program that worked out job descriptions, relations with other agencies within the community and strategies for particular situations. It was a nice convenient little package that people did and at the end of the day they had an idea of what they did, the community had an idea of what they could expect of the night patrol, the other agencies did also, they had job descriptions and so on and a reporting system that we worked out based on cartoons. People could not write very well so we had drawings of various incidents and people could put a circle around it. That was sufficient. So police like Kym Davies, who you are talking to later today and who was a support person for remote night patrols, could go out and look through the reports and say, ‘There is a lot of drunken violence on these nights and it is these particular people. Is there something we can do?’ It was a way of being able to capture what was happening in the community in a non-literary way that gave police the capacity to do the follow-up work on it, which is pretty important.

So that training program and that whole thing was something which Tangentyere put a lot of effort into for a while, but the shires came in and all the resources went to the shires and somehow in the transition none of that information or experience went across. Now they are talking about how they need to develop a training program. The lack of corporate knowledge is a problem. The high turnover of staff is a problem. The fact that the shires are in and suddenly doing it means they have a big learning curve to go through before they can start running things properly. They have a sort of centralist agenda. The way they see it is that Attorney-General’s tell them what to do, and they tell the night patrols what to do. So the people directing the night patrols are so far removed from what is really happening on the ground that it is very difficult for them to make rational calls because they just do not have enough information. It’s like Hitler in the bunker sending nonexistent troops to battle because nobody has told him that that particular army has been completely wiped out. You cannot run things effectively like that. You cannot run community based programs effectively from Canberra. I am not being critical of the people in Canberra. That is the whole nature of the intervention and all of this stuff. People are really well meaning but without knowledge their well-meaning can sometimes go completely wrong.

**Senator SIEWERT**—What it is happening, by the sounds of it, is that the essential nature of the community ownership of that particular program—it was always fairly strongly community owned—is being essentially lost.

**Mr McFarland**—Yes. And without the community feeling like they own it and that they are part of it and that there are things they want that they can get from it then their respect for it diminishes. So you get those stories—it becomes harder and harder to be a night patrol worker because there are all these rules about what you can and cannot do. There has to be rules worked out but they cannot be worked out in Canberra; they can be worked out on the ground.

**Senator ADAMS**—Have you been able to speak to the shires at all?

**Mr McFarland**—I have many times offered the shires all sorts of support in relation to night patrols, at every opportunity. It is still dear to my heart even though I have not worked on it since 2000. But they just do not seem to be geared up to take any help, really. There is a high staff turnover. I think there have been three or four night patrol managers in the MacDonnell Shire, which is the one that we have had the closest dealings with in the 10 months that it has been in operation. Somebody rings me up from the shire and I say, ‘Yeah, I have a training package in a drawer here. Get back to me; we can talk.’ Nothing ever happens. It is not that I am being secretive about what I know or that I have done that sort of stuff for years. You probably know my background. I have been in the law and justice thing in remote communities in central Australia for 22 years, which I think probably makes me an expert. I think they say 10,000 hours makes you an expert.

**Senator ADAMS**—That is the reason I asked you the question.

**Senator SIEWERT**—There is another issue regarding the night patrol issue that I want to follow up. When we were with the MacDonnell Shire they were talking about moving in the direction of community safety, which to me sounded like a good idea. From what I hear you say that is not exactly what is happening now because the things you were talking about all relate to community safety—maybe a bit broader in terms of community service. How do you suggest we get it back on track? Everyone is clamouring for more money for night patrol and it seems to me that what government did was hear that but then put in a formal structure on top of what was going on. Is that a correct analysis of what has happened?

**Mr McFarland**—I think so. I think that what could happen is that federal Attorney-General might take more of an interest. The shires are trying to enforce what they think are part of the conditions of the contracts from Attorney-General’s. The shires have no real corporate knowledge about what really can and cannot happen. They do not have the capacity to negotiate with Attorney-General’s and say, ‘Oh, we can’t do this; this is impossible’ or that this is setting them up to fail. They have not got the background or experience to be able to negotiate with Attorney-General’s about what is expected and what can happen.

One possible solution would be for Attorney-General’s to try and tap into some of the people who actually know something about night patrols rather than deal with people who do not. I do not know if you guys have noticed how many programs are being run by people who have just started running the program and have no background in it whatsoever. I have talked to people in Canberra and Attorney-General’s in the same way. I have said: ‘I know about night patrols. Ring me up and I’ll happily rabbit on about it for hours, because it is really interesting stuff,’ but nothing ever comes of it. The people who I talk to are trying hard to get their head around it. One person who is in charge of the program has been in charge for about six weeks and before that had no experience in it whatsoever. The person who is directly underneath him had been in it two weeks. The night patrol people—the managers in the shire—have been in it a month. I am not criticising them, but I am just saying that there is no corporate knowledge. It is like what we mention in our document, the ‘tender process’—where tenders are decided by people who are almost carefully selected to not have any knowledge about what basis they are making their decisions on. It is a crazy system.

**Senator MOORE**—That system has been plaguing us for years and years. Many times, committees like ours get witnesses before us coming to represent an issue and I have got into the habit of asking them how long they have been there. On average, it is less than a year. And that is across a whole range of issues. I am not saying it is right, but I am saying that it is not new.

**Mr McFarland**—Exactly. But I think that is one of the key and significant features of why nothing gets any better. Everybody in the process has been there six months and they make all the mistakes that everybody makes in the first six months, but then they do not stick around. They go, ‘Oh, this is too hard’ and they some other job somewhere else. The lack of corporate knowledge is one of the key reasons why things do not work. Despite the money that government puts in and the goodwill of everybody involved, no progress is made.

**CHAIR**—On the matter of tendering, I have listened very carefully to what you have had to say about that. In some ways, I agree that perhaps the outcomes are not the best under the tender system. I am sorry, but I just simply cannot accept this notion that the competitive system operates on ensuring that the people who make the selection are not deeply rooted in organisations under which they have to choose, which is fundamental to that. We could take a separate approach; you can have a different view to mine, but I understand why the tender system works in the transparent way that it does. That is why we have people as far away from that process as possible. That is reason they do it; it is quite clear. Prior to that, regarding input into the process of the weighting of experience and a whole range of things, I think those same people are making the decisions on the basis of a non-subjective list of characteristics. I suspect that those characteristics are not written in a sufficiently sophisticated way and with the corporate knowledge. I think it is not the people, who you roundly criticise; I suspect it is the suite of benchmarks and characteristics—these are the essential elements—that they have to select from that is the problem. That is just a list of things.

We should focus not so much on the people who are making that decision. If they make decisions on construction, it is the same thing: as long as they do not have anything to do with the construction industry and the construction business they think it can be transparent, so they select those people—perhaps people who should be in the NTER doing work on oil rigs; I am not sure, but they ensure that there is that. It is not an accident; it is deliberate. I am not sure exactly we would go about the process, but, for tenders in the future, I think we should be looking very carefully at the criteria and how we weight the criteria. This includes, as you say, experience and corporate knowledge—and not only your corporate knowledge but that of those people within the communities who have such a good relationship with the community. You are more than 50 per cent of the way there. If you do not have that relationship, you are going to take a couple of years before it comes out, so you would weight the nature of that relationship heavily in the selection process. But I think the challenge is when people making those decisions do not have access to a sophisticated suite of selection criteria that is appropriate to the tender. I am not sure if you would agree. Would you like to make some comments on that?

**Mr McFarland**—That sounds like a great solution to the whole thing. If they did that, that would be good. I did not mean to criticise those individuals. Please do not think I am down on people for who they are. That sounds like a really good idea. If that systematically could be addressed in that way then that could be great.

**CHAIR**—I am not actually sure about how we go. I simply am personally not across the tender system process sufficiently. But I do know that there is a set of criteria and perhaps that is where we need to be asking government. Perhaps we have an opportunity through the estimates process to say: ‘Can we have access to the tender processes for, for example, the night patrol or whatever other ones? Can we have a look at this material?’ I do not think it would affect commercial-in-confidence to look at just the selection criteria for these things. Perhaps then—

**Senator SIEWERT**—The night patrol might not be a good example. As I understand it, they made the decision to transfer those to the shire anyway.

**CHAIR**—But in any event, if we understand that—

**Senator SIEWERT**—But I think what you are saying is a good idea.

**CHAIR**—I am more than happy, once we have those criteria, to be on the public record. Perhaps we could invite you informally to have some sort of response about how that might be better handled.

**Mr McFarland**—That is a really good idea. I understand the need for people to be selected who are not necessarily going to favour one person over another for their own personal gain, but at the same time they should have some base of experience. I could use the Mission Australia contract as an example of that. The Mission Australia people who have the contract for the four southern communities wrote a tender document where they promised all sorts of things that they could not deliver.

**Senator SIEWERT**—That sounded good.

**Mr McFarland**—They sounded great. They wrote it with the best possible intention. They looked at Mount Theo and said: ‘We’ll just do that. That’s really great. We’ll just do what Mount Theo’s doing.’ But they did not realise that it took 14 years to get from where people started to where Mount Theo is now. So they wrote a whole bunch of things in there, in their naivete, that they thought they could achieve in the first year—and they could not. The reason they could do that is that they had no knowledge of working in the region.

**Senator SIEWERT**—That is a good point. We were out at Waltja the day before yesterday. They were saying they do not apply for things they do not think they can deliver. They say very clearly what they can deliver. It seems to me that you can get a group that does that—is very honest in what its expectations are and knows on the ground what it can deliver. But if you get a new group that is coming in that is very committed to delivering services but probably is not used to delivering services in the area, they do not have the experience. But also, sometimes you want new players in the game. But then you are going to somebody who does not really know the area and saying, ‘Weight this.’ And you have a group that goes, ‘We can do this, this and this,’ but you have a group that has experience on the ground knowing that you cannot do this, this, and this yet. It is quite a difficult circumstance, then, when you get people who are one step removed in terms of not quite having that experience. I think that is where, Senator Scullion, you are also struggling. How do you build that in? How do you build in making sure that you are allowing for new experience to come in but knowing that certain organisations know what they can achieve on the ground?

**CHAIR**—I think that can be achieved through input into the criteria rather than input into the selection.

**Mr McFarland**—Yes, I think that is good. I think you are right. Otherwise the system is almost biased against people with experience who will say what realistically can be done. It is biased in favour of people who do not have the experience and can make claims that they will do things without really knowing that they are making impossible claims until they are on the ground trying to deliver.

**Senator SIEWERT**—But you also want to make sure—and I absolutely agree with you—you are making room for innovation, because another organisation may be able to. It seems to me that in some of those circumstances you actually have to sit down and talk to people and organisations. Because you are dealing with the delivery of these sorts of services in very special circumstances, you may need to sit down and talk to both the experienced providers and the new people coming in to see if they actually could do what they say they are going to do. It might sound good on paper. A lot of people can write good applications or can someone to write good applications for them.

**CHAIR**—The reality is, though, that with the tender, whether you are constructing a bridge or whatever else it is and you have been doing that for a while, generally speaking in this sort of area it is a highly prescriptive area that not many people have had experience in. So when a tender comes out everybody says that they can do it and of course there is only normally one person that has had the experience but because of the competitive processes everyone is going to be saying probably that they can do more than they actually can. They hoping that they will gain the experience in a short period of time. I suspect that is the case right across the spectrum, not only the sort of tenders we are talking about. I do know that there are other aspects, completely aside from this process, in terms of the Commonwealth, state and territory tendering process does allow scrutiny of the selection criteria to reflect particular aspects of the tender that are outside the general tender process and I think this is one. This is always an area that needs that sort of sophisticated approach.

**Mr McFarland**—I think that is great. That is potentially the way forward.

**Senator SIEWERT**—You made some comments in your submission around schools that NT Education promotes a policy of reducing teachers at remote schools when attendance drops. When we were in the APY lands earlier in the year in South Australia, I must admit I was very impressed. We went into one of the schools where it seemed to me a different approach was being taken in South Australia to the Northern Territory. In particular the student-teacher ratio was much higher. Maybe it was just in the particular school we were in, but they also gave us the process for determining the ratio in South Australia compared to the NT. It seems to me that South Australia is one step ahead of where the NT is at. Is that just me being biased or would you think that is an accurate reflection?

**Mr McFarland**—I am not an expert on the South Australian system, but I know that the NT system is in chaos to some degree. You probably know that the CEO of Education was, I understand, sacked. It has not been performing for a number of years. This generation is getting a worse education than their parents got, which was not a great education in the first place. Without an education they really stuck in the ghetto, and without the resources the teachers need

to make that education possible then what are we looking at? We are looking at the situation getting worse over time instead of better. In our submission we talk about ESL teachers. It is an ESL situation, and in ESL situations the student-teacher ratio is very low. But if you look at what is happening in remote communities you have an ESL situation where the ratio is incredibly high. It is no surprise to anybody that it is not working. What it needs to work is a major investment of resources and a rethinking about how to teach people in remote communities.

**CHAIR**—Perhaps you would like to make a comment on this. The committee went to the APY lands, and I cannot speak for the whole committee but I certainly very impressed with the attendance and the general approach. The approach effectively from the schools was, ‘Look, when the kids get out of bed here they have choice. They can go down the street and throw rocks at the donkey, they can go and play footy, and it does not matter. We have to compete as a school with other activities.’ They said, ‘Attendance is not my go, Senator. If it was within my bailiwick maybe something would be done, but it is not. It is out of my capacity and resources, so this is how we approach it.’ I was very impressed with the attendance. That was in South Australia, and it would be tremendous if I could see that in the territory. I have to say we were in Hermannsburg yesterday and I was extremely impressed with the school. I think it comes down to leadership. The principal there has no more resources than anyone else, I suspect. I do not think there has been an inflow of resources. They have got 90 per cent attendance rate and there is a process to deal with the remaining recidivist offenders in terms of connecting with community. So we seem to get it right without just the extra resources.

**Senator SIEWERT**—I think they have got extra resources—

**CHAIR**—I was about to say I am not sure whether they have or not.

**Senator SIEWERT**—but because the principal hassled for them, not because they were necessarily going to be there. They hassled and got them delivered.

**CHAIR**—They do not look like they are huge to me.

**Senator SIEWERT**—They are not, no.

**CHAIR**—The classes have got sufficient teachers. Again I worry about those the circumstances because I suspect that if the principal and his wife left there would be a vacuum and I am not sure how that would be filled. So it is a lot to do with leadership. I asked how we can transfer these successes and what is working right to other places. We do not seem to have done that well. Again, I look for your commentary on it. Night patrol works fantastically in some areas. Notwithstanding what you have said, it is not only about ethnicity of the people who run it or the corporate knowledge, there are other issues as well. Clearly the model substantively works well in some places and not so well in others. We do not seem to have the capacity, even within organisations, to transfer that. Why do you think that is?

**Mr McFarland**—I think partly the leadership aspect that you identify is there, but I think leaders can be chosen. When people are being selected for positions like night patrol coordinator or principal, if you had a bigger range of people to choose from and you had some experience about what was really needed on the ground in order to make those really outstanding contributions then you might be able to get better people in and you might be to keep them in



place and support them better. This is what we do with youth workers. Youth workers come and go. Occasionally you get one that is really good, so then you put lots of support into them and try to give them authority and let them mentor other ones. So there is a systematic way you could promote that leadership quality and make it the corporate standard rather than isolated things, where you know it is good in Hermannsburg but you have so many problems elsewhere you just do not worry about Hermannsburg because it is working.

**CHAIR**—In effect you could weight the selection criteria when you are selecting these things, same as with the tenders. You can say, ‘Look, you need to put a weighting on those issues,’ which may be leadership issues rather than some of the more standard employment characteristics.

**Senator SIEWERT**—The standing issue then is that those people are usually the ones that are more outspoken and may be termed troublemakers. Particularly for some of those public positions, it is a bit of a gamble really, isn’t it, for decision-makers to put someone in there who shows leadership qualities, but you get the positives and the negatives as far as the powers that be are concerned.

**Mr McFarland**—That is right. Someone said once that first-rate people surround themselves with other first-rate people or better, and second-rate people surround themselves with third-rate people so that there will never be any threat.

**Senator MOORE**—Nearly all that school staff came from Tasmania. There is a raffle in terms of when you are actually advertise. It is a bit like our issues on tender processes. It seems to me that something has positively worked at Hermannsburg but still to bring those people so far from their home base. It was a shock to me.

**Senator ADAMS**—I wanted to ask about adult education. When we were at Papunya last year there was a huge need by young man who had left school very early to come back and they were desperately wanting to learn how to use a computer and to become literate so they could get a job. Could you comment on that throughout the region? Has there been any improvement in a focus on education for these young men? We found that yesterday at Hermannsburg too, that more and more are wanting to come back to learn and yet the facilities and amenities are not there for them.

**Senator SIEWERT**—Even for those who have been initiated, particularly those who have been through men’s business, it is particularly important.

**Mr McFarland**—They would particularly not want to go to a kids school. The Mount Theo example is one you might be aware of, the night school at Mount Theo, as an example of how a youth work agency can promote an educational opportunity for people which gets around the little kids going to school thing. Do you know about that one?

**Senator ADAMS**—No, I did not realise you have started that one.

**Mr McFarland**—We did not start at but we are trying to replicate it. After you guys went to Papunya we started a program there which addressed that issue to some degree. We have got some sort of discretionary funding from OATSI to spend strategically in the region, so we used

some of it to start an adult education type program in Papunya around IT. This was in partnership with the GBM.

The GBM found that there was a room full of computers at the NTEETA building—the Northern Territory education, employment and training building—which is a building in the community that is used a bit by Centrelink as an office, and there is a flat. And there was this room full of computers that the intervention had donated to Papunya. They just sat there; they literally had not been used because there was no-one to use them. The shire service manager is completely overloaded and is not going to take on the technical intricacy of setting up an internet cafe situation, particularly with all of the parameters of the nanny software and making sure that people are not surfing porn sites and all that sort of stuff. The potential legal implication of running that sort of thing is enough to make them say no, so we hired some people with lots of IT experience. The guy who is out there now—he is coming in today—we have hired him and his company to run IT training programs in that facility. The GBM made that possible. He sourced the place and has been really supportive of it. I have to speak highly of his efforts to make this happen to address that adult education vacuum.

It is working really well. They have all of the computers going. Before this, they literally had not been turned on since they had been dropped in there; the instruction manuals were still in plastic bags. This guy is a very good IT guy. He got them all working and networked and things like that and linked them into the internet. He is now running an internet cafe. We did a video Skype yesterday. I could see him and he could see me, and he could also turn the camera around and show me the room. He said, ‘There’s not many people here now’, but there were 20 people there and it was exactly the demographic that we are trying to get. One of the issues we were talking about is that that demographic is now bringing along their little kids and so he has a movie running in one corner to amuse the kids while their parents learn how to type, how to use the internet and how to engage with the wider world. It has been really successful.

To get back to the leadership idea: we chose him because we knew him and he had run an IT program in Papunya in 1992 and 1993 for the school. After the Senate went away, we shook that tree and found him. He has been doing similar things across Australia. He has a company based in Melbourne that does IT training in remote Aboriginal communities. He came back to the community and that demographic remembered him from when he was there before. Instead of being the 14- and 15-year-olds running around sniffing and occasionally going to school, now they are 19- and 20-year-olds with kids themselves. He already had that established relationship with them. As soon as he turned up, people knew. They said, ‘You’re here for the computers.’ Everybody was there. The old women were there because they wanted to make videos so that they can sell them along with the paintings. The arts centre there is talking about commissioning other local Indigenous people to make movies that can be sold along with the art work so that there is a bit of cultural background and stuff like that.

The CDEP coordinator wants them to do literacy and numeracy training on the computers. A whole lot of opportunities came out of this particular use of that funding, and it happened partly because we knew the right person to put in there. I knew him because he was in Papunya and his program was making a difference then. We could track him through the internet. I googled his name and found him, which is easy—particularly IT people. Of course you can google them.

**Senator MOORE**—Is that your form of tendering?

**Mr McFarland**—No, we selected him. It was not a tender at all, and it is proving really effective. We are trying to find a source of money so that we can continue the program next year. That demographic is the one that it is working on, exactly as we said. We just had to open the doors to the resource and, vroom, in they came. I am talking specifically about that project.

**Senator ADAMS**—Are there any others throughout the area that have started to focus on that particular demographic?

**Mr McFarland**—Yes, there is one we are also supporting in Harts Range or Titjula. We are doing it in collaboration with a Victorian university who run a SWIRL program, which is about literacy. They send people up to communities to work with people on literacy. Four or five of them from the university turn up in the community, stay for a month and make books with people about their lives or whatever issues they want, then they leave the books behind at the schools and in the community when they go away. It is part of their uni course. We are in a partnership with the people who send those people up. They are, with our help, placing two students in Harts Range for the year to manage a type of internet cafe. It is not an internet cafe yet because Telstra still has not delivered the dish even though it was ordered in November last year.

**CHAIR**—Join the club!

**Mr McFarland**—But, in the interim, the computers are still there and they are networked, so the shire service manager has made it compulsory for all the CDEP people to do two hours on the computers every day as part of their CDEP. It is a really sensible thing to do: if you have the resource, direct people towards it.

**Senator SIEWERT**—That is great. But that is about where you can target what is a relatively limited amount of resources, and it seems to me that we need more than that. The education system should be recognising the cultural issues that are involved here and setting up a process where these classes are available for this cohort of people. What has been done is good, but it is piecemeal because of the resources.

**Mr McFarland**—Yes, absolutely.

**Senator SIEWERT**—What is happening at Harts Range is fantastic—while you can get the students there for the next year.

**Mr McFarland**—Yes.

**Senator SIEWERT**—This question may be one that we need to ask at estimates. How many other communities have had resources delivered through the intervention that are sitting there, like in Papunya, and nobody is using them or even knows they are there?

**Mr McFarland**—A case of ‘you don’t know what you don’t know’.

**Senator SIEWERT**—Exactly. The department should know where the computers have been delivered. There may be computers in other communities.

**CHAIR**—We might have to structure a general question about lists of computers.

**Senator SIEWERT**—Yes. I probably should not do in who told us but we have been told—and this goes back to the question of leadership—that some GBMs are really fantastic and have been really good and others have not been so good. Has that been your experience?

**Mr McFarland**—Yes, that is absolutely our experience. If a GBM is good we can do great things together, but if they do not really know what they are doing, you brief them and lay your cards on the table but they just do not take them up, so you have to move on. There was an outbreak of petrol sniffing in Aputula about nine months ago. The GBM contacted us immediately because he was experienced—he has been doing this sort of stuff for 20 or 30, maybe 40, years—and he knew about us from when he was the CEO of Mutitjulu council for a period when we were working down there when the sniffing was at its height. So when there was an outbreak of sniffing he contacted us, we rounded up resources and went down immediately and nipped it in the bud. He was supportive; he provided accommodation and had a lot of networks in the community we could call in. He was a point of contact for the community so we could keep them informed. There were a couple of kids who were sent away to mandatory treatment, one that NPY took back to a community in South Australia—he had been left over from the Finke Desert race and started the sniffing up. So that GBM was a coordinating central point that made it all worked on that occasion, and that was great, but other GBMs just do not seem to know what they are doing and cannot give that same level of help. His name is Brian Sturt. Mark Hutchinson is the one in Papunya. They have both been really good.

Alan Hudson at Ampilatwatja is another one who has long-term experience and has worked in lots of remote communities. There was an outbreak of petrol sniffing in Ampilatwatja recently because there was yet another petrol station we did not know about selling petrol eight kilometres from the community. Suddenly there were 12 kids sniffing in a community that had never had any sniffing before. That was because a kid came down from Epenarra, where there is occasional sporadic sniffing, and started it up. We heard about it, we responded immediately and we have nipped it in the bud.

We have used some of that discretionary money I talked about to put an extra youth worker in the community for eight weeks, from the week after we started our operation until just before the June-July school holidays. Again, you spot the leaders and you grab them and use them wherever you can. He was somebody who had been doing youth work programs in the school holidays there for Red Sun Solutions. He was really popular and they all knew him, so we contracted him for an eight-week period. He is there working alongside the two Indigenous youth workers who are in the community, supporting them in developing and delivering a program. They are both really inexperienced, and it was the previous shire youth worker who was one of the ringleaders of the sniffing—he had come up with a really novel approach to youth activities and got the sack.

This person had only started in that job in the week around the same time that the sniffing was at its height. There is no sniffing there now. We seem to have nipped it in the bud with various things that were brought in, and we have talked to Amaroo petrol station about their selling. As you guys would know, there is no legislative base. They could keep selling it and there is nothing at all we could do about it; there would be a source of sniffable petrol eight kilometres from that community. But the people there really care about that community. They are long-term

pastoralists who have had a long-term relationship with the community. The woman who runs the store is the wife of the pastoralist and she is very concerned. When she realised what was going on she stopped selling to people who she knew were involved in the sniffing, even though they got really angry. She held the line and did not sell them sniffable petrol so then they tried to buy glue. She held that line as well and we have written her a letter saying: ‘Thanks a lot. You have really made a difference to that community.’

We gave her the information about Opal. She had the usual ‘Opal kills cars’ mentality, so we gave her the AANT report, which says that they have totally investigated it and it is not true. That may have tipped her thinking towards getting Opal. Certainly, she was very concerned about the sniffing in the community. So that is a little thing which we did at Ampilatwatja. The GBM there was actually very good. He is the one who first noticed that something was going on because he had experience with sniffing in other communities.

**CHAIR**—Apart from the reluctance legislatively, I accept their argument that it is a confusing legislative process about where and how. This is an issue that we think can be tied to licensing. For example, most petrol stations are not only petrol stations but also stores and whatever. It is our strongly held view that no licence for the BasicsCard should be available to any place that sells anything except for Opal. I have also spoken extensively to them recently.

**Mr McFarland**—The Amaroo people?

**CHAIR**—Indeed, just to ensure that we have a clear understanding of the reality of Opal. We have been through all the stories about it, and, as you know, I have been bashed on the head about it. We have done it for long enough now and there is simply no evidence at all—it is to the contrary. If you meet those circumstances and that is still occurring, perhaps we need another pack or information. If your organisation requires those I am not sure where we should distribute them or how we should go about it. Do you have some suggestions about that? Just because Opal is everywhere, do you think that we need to have access to more information if there are pockets of people who are still concerned?

**Mr McFarland**—Absolutely, yes. We tried to do this halfway through last year. We took out some advertising in the local newspapers and basically did a recap on Opal two years down the track since it rolled into Alice Springs. It was by way of ‘Congratulations to Alice Springs—we have really knocked petrol sniffing on the head. Thank you for your support in this initiative.’ We used that as an opportunity to talk up the AANT report and the great advantages that have happened in remote communities. We basically gave everybody a pat on the back about Opal and used it as an opportunity to get across some of that information.

We did that with our limited resources but we think that it would certainly be well worth while doing a more systematic community education program around Opal—particularly, as you say, because we have had years of it now with no problems. But if you scratch the surface you find that there are an awful lot of people out there who really still believe, firmly and deeply in their hearts, that Opal will stuff their cars. We heard from the eight-point plan mob that the number of people using premium has gone from 10 per cent to 50 per cent in Alice Springs. So I really do think there is a need for education. We have written to FaHCSIA offering to do an advertising campaign about it, because we think we could do it and we think it is needed, but they wrote back and said that they were going to do it in-house.

**Senator SIEWERT**—Like the last time!

**Mr McFarland**—Like the last time; that is right. I think you are right; I think it would be a good thing to do. It has made such a difference to the lives of so many people. It is a real success story, and there aren't that many in this region. It would be well worth giving people an idea that there is hope, that there is a way forward, that it is not just hopeless and that you should just roll over and die.

**Senator ADAMS**—Have any of those road houses that refuse to stock Opal turned around?

**Mr McFarland**—No.

**Senator ADAMS**—They are still holding out?

**Mr McFarland**—Yes. And, as I said, we have discovered more and more holes or chinks in the armour of the Opal thing. There is a petrol station in Alice Springs that sells standard unleaded. You can just go up and buy it. FaHCSIA reported back to the Senate and said that they were aware of it and monitoring it and that you could only buy it on account, but you can get an account by going in an saying—

**Senator SIEWERT**—‘I want an account.’

**Mr McFarland**—‘I want an account; sell me some petrol.’ They sell you some petrol and you pay for it, and that is your account. It is not in any way controlled or restricted. It is just down there off Ghan Road. More and more people are finding out about it.

**Senator SIEWERT**—A couple of us were speculating a while ago that we should get *Top Gear Australia* to come and do something with Opal.

**Mr McFarland**—That is exactly the sort of thinking that it needs. We were thinking about the Summernats in Canberra. All the hoons get together and hoon it up and down. We were thinking that that would be a great place to do an Opal thing.

**Senator MOORE**—I do not think any of them use standard, do they?

**Mr McFarland**—Maybe not. They use premium probably; you are probably right. But that is the sort of thinking—*Top Gear*—we should be using: getting into petrol heads' heads in ways that they can relate to is strategically how to do it. The Opal campaign that was originally conceived of—it was nothing like the one that finally hit the ground too late—had a lot of that sort of stuff in it. It was a reasonably well thought out campaign that used Warren H Williams and the other Williams—the country and western guitarist. They are two really well-known figures—one local, who had been a sniffer when he was young and another guy who was an iconic Australian. I cannot remember his name, though.

**Senator SIEWERT**—John Williams.

**Mr McFarland**—John Williams. I have heard the original ads. They made the ads, and I listened to them at one stage, but somehow through the process of that campaign going to

Canberra everything like that was snipped off it until it ended up being the blandest campaign you will ever see. It was somebody on the radio going, ‘Opal is bad for you,’ and ads in the paper that looked like pages out of *Hansard*.

**Senator SIEWERT**—And what is wrong with that?

**Mr McFarland**—I am sure you read them late at night!

**Senator SIEWERT**—It is very good for insomnia.

**Mr McFarland**—I think it would be worth doing, particularly if the government is looking at introducing legislation about Opal, and giving the health department the capacity to enforce it in strategically useful places. I think it would be a good thing to do.

**Senator ADAMS**—Has the situation of alcohol and the grog runners been nipped in the bud in most places or is it on the increase again?

**Mr McFarland**—It seems to be on the increase. I do not have the statistics here but in our previous magazine we looked at the admissions to Alice Springs Hospital after they stopped selling four-litre casks of wine and they brought in various other restrictions on the time when you could buy alcohol. The numbers dived, like that, at the time. The Indigenous admissions went like that; the white fella admissions went along straight, standard. None of the restrictions that were brought on in terms of the volume of alcohol or the availability affected white fellas but for Aboriginal people the numbers dropped substantially once those alcohol restrictions came in.

Nobody should be surprised by that, because all the evidence seems to indicate that there are really clear ways of reducing the damage caused by alcohol in a community. You do it by making the cheaper grogs more expensive, so that people who are spending every cent that they can get their hands on on grog cannot get as much and by restricting the availability of take-away. I am perplexed by the political, I suppose, forces that stop the enactment of these very sensible things. It would not in any way impact on my drinking. I can still go and buy wine and beer at the times when it is open and put it in the fridge, and it is there for as long as I need it to be. I do not buy the really cheap rocket fuel type of wines so it would have no impact upon me, and I am probably an average person and an average drinker. But it would substantially impact on the people who are in the problem-drinking area, drinking rocket fuel. They are the ones who are lined up at the take-away as soon as it can possibly open, and they drink as quickly and as much as they can from then on.

There are ways of doing it, but I am perplexed by the politics of it all. I suppose I am spoiled by the Opal situation. Petrol stations were not geared up to try to get kids to sniff petrol. It was not on their agenda to get in our way. They were really helpful in our desire to do the supply reduction that made such a big difference in this region. Whereas alcohol is a whole other ball game. You guys as politicians must have a much better idea than I have about the sorts of forces that must be behind the scenes, making sure that none of the restrictions actually reduces the amount of alcohol sold. That is the key, fundamental point. If you want people to drink less, then sell them less. If a restriction does not do that, then it is just gammon. If you make Alice Springs a dry area but still sell the same amount of grog, they are just going to walk over the hill and

drink it. Or, they will jump into a car, drunk, and drive out to Hermannsburg and crash. You really have to reduce supply to make a difference to how much people drink. Is it rocket science? No. But it is not happening, and it seems as though it is not happening because there is a big vested interest in making it not happen.

**Senator SIEWERT**—When we were down at the APY lands, we heard quite a lot of people talking about an increased supply of ganja coming into communities. Is that your experience? Is it still a problem and what do we do about it?

**Mr McFarland**—It is much more of a problem in the APY lands because they are in South Australia, where there is a lot more marijuana. It is also a problem because Mintabi is the home of the ganja dealers, and that is a major distribution point in the APY lands. Those two factors make it more of an issue down there. Again relating it back to petrol, ganja is hard to get and it is expensive. People sometimes say, ‘People just move onto ganja.’ But petrol they can get—it costs nothing and they can stay out of it, day after day, week after week. Every car was full of an intoxicating substance. You cannot move from that onto ganja, because ganja is really expensive and it is hard to get. It is still an issue and it is a problem and there have been a lot of suicides linked to it. It is an issue, absolutely, but it is not an issue on the scale that petrol was. It is not like everybody who was on petrol has now gone onto ganja, or even onto alcohol. In one of the communities that we work with we did a sample of 100 petrol sniffers. We tracked them for a year afterwards to see what had happened: two of them moved into town and got on the grog, and the rest are just living their lives. They got over it. But it reflects back to one of the fundamental things that is one of my hobby horses—that is, it is all very well to bring in Opal and those restrictions and that is great, but it is shakier than it looks. The successes are there, but it is shakier than it looks because there is no legislative base for supply. It is also shaky because there has not been anything rolled out systematically as a diversionary program to fill the gap that was left. This is our latest magazine.

**Senator ADAMS**—It is very good.

**Mr McFarland**—You guys are in it.

**Senator ADAMS**—Yes, I noticed that.

**Mr McFarland**—On page 27 of the executive summary of the *Evaluation of the impact of opal fuel*, written by Peter d’Abbs and Gillian Shaw for the Commonwealth Department of Health and Ageing, they find that ‘there has been no coordination between the provision of Opal fuel and access to youth services in communities in the sample’. And that is our experience. There is not a systematic improvement of youth services to go along with the restrictions of supply.

**Senator SIEWERT**—Are we able to get a picture of where we do have comprehensive youth services? Is there a list of where you have the full resource—a male and a female youth worker, for example. For example, in Hermannsburg yesterday, we heard that they do have male and female youth workers, but the rec hall is not really a rec hall. They need a rec hall.

**Mr McFarland**—Yes. One of those workers and is our worker, and we are funded for her position until the end of June, at which point they will have only one. The shire only has funding



for one youth worker. Four communities in this region have everything. They are the four communities that were part of the original eight-point plan in the region, and they got it all. They got the whole model. We helped develop the model, we helped design the program's down there and they are according to the model. They are the only four—plus Yuendumu. Yuendumu is the only other place in the region that has that level of support, has the ideal model. Mount Theo is supporting—partly with money from the Warlpiri Education Trust—Lajamanu, Nyirripi and Willowra to a similar level. Although, the youth hall at Willowra—there is a picture of it here in our magazine—is an old building that the youth themselves fixed up. We are spending \$100,000 to put an extra room on and fix up a few other bits and pieces. But it is not in any way to the standard that it should be to provide opportunities for young people in the community.

Nyirripi is the same. They have a better youth hall; it is actually a hall. We are extending it and putting two rooms on—one of which will be a computer room, because the community really wants an internet cafe—and the other will be an office for the youth worker so they do not have to do all their work on the kitchen table. They have got two youth workers—one male, one female. I think they have only got one troopie. All the other committees in the region do not have it. Papunya has two youth workers. At the moment it has only one; but there is funding for two, because we negotiated with the NT Police to have some diversionary funding, which they managed, given to the shire. This is so they can have two youth workers in that community, because it was where the most sniffing was, so we consider it to be strategically the place to put the most support for the young people. Mount Liebig has one youth worker, no accommodation and a rec hall that we are spending some money on. We got some money from the intervention to spend on that rec hall, which we are.

Kintore has two youth workers. Although, I think the funding for the second youth worker is shifty, because that was part of the ten million dollars that the NT government put into petrol sniffing four years ago. I do not know if they are going to be continuing it. I hope they do because, otherwise, that program will go back to having one youth worker. The local Pintubi Homelands Health Service there has two outreach workers, who are basically youth workers as well. So Kintore is reasonably well looked after; Mount Liebig is not. Ikuntji has one youth worker, one car—which we got them from the ABA—an okay youth hall. Areyonga has a youth hall that needs renovation. They have a pool. They have one worker and a troopie. So they have approximately half of what they need in terms of resources on the ground. Titjikala does not have any of that. Santa Teresa has one youth worker, a good rec hall and a troopie. I am not sure if I have left any out. That is in the Western MacDonnell shire region. I could talk about other ones if you want. But, basically, there are five communities that have what they really need, out of the 50 in the region.

**Senator MOORE**—Is the funding for those five secure?

**Mr McFarland**—Yes, depending on the outcome of the NT government's commitment to putting some more money into that position with Kintore. Part of our submission was this costing which outlines the missing bits in that model. It is about \$20 million, which, as I keep saying, is like one per cent of the money that has been spent so far on the intervention. It could have such a long-term positive effect on the children.

**Senator ADAMS**—Have work opportunities increased for adult youth? Is there any light at the end of the tunnel on opportunities for these people who have left school and really have nothing to do?

**Mr McFarland**—I believe you checked out the rangers program yesterday.

**Senator ADAMS**—Yes.

**Mr McFarland**—That is potentially a light at the end of the tunnel. Again, it is patchy at the moment, but that is potentially something which could provide structured employment for people that capitalises on their strengths being in remote communities and having ties to the land. We are trying to encourage the CLC to run a similar program out into the Western Macs. We took representatives from there out to talk to key people a couple of months ago. There are particularly things that only Aboriginal people can do in their home communities and that is surely the ideal model for developing those communities and developing the people in them.

There is maybe some scope for tourism, but you would have to spend a bit more money on infrastructure before you get the Third World tourism thing. Most people go to remote communities and come away shocked. They would not want to be showing people their holiday snaps. Tourism potential is very limited really, but the ranger potential is there. I heard last night from Anne Mosey about some stuff that is happening in Western Australia about scouts and how they are organising scout groups in Aboriginal communities. That is another potential add-on that you could do. There is potentially interesting and fruitful employment out there for people, but it is not happening in a systematic way at this stage, but I think it could happen over time. The youth work programs feed into that because it is about getting people used to structured stuff, socialising people and teaching people some skills. It can happen at school but for the older demographic who missed out on it, it has to happen in these sorts of contexts. The adult education context and the youth work programs or the things you add on to the youth programs are the best hopes for making that happen.

**CHAIR**—The Toowoomba rangers are assisting with the provision of selected camping sites at outstations, which I would submit make less interesting photo opportunities than some of the bigger, more central places and may have opportunities for tourism. I think that is the next step in terms of interpretation. The reason that that is happening is because the Commonwealth government made a decision about Caring for our Country money. The only reason there is a job, which is the most important thing at the end of the day, is due to this decision. That might not have been the motive for it—it was more Caring for our Country—but that is the promotion of a task. Do you think there are other aspects of Commonwealth programs that can be auspiced through CLC or whomever that would be able to create jobs? We need to recognise the real risk about those jobs is having to change the name, as long as you do not change the intent. That is the great risk, is it not?

**Mr McFarland**—Yes.

**CHAIR**—Perhaps on notice you could provide us with some advice about what other sorts of programs the Commonwealth could provide funds for in a sustainable way that would end up with full-time jobs on the ground. I know from your submission and having known you for a long time that, outside of the youth work area, there may be issues you can touch on.

**Mr McFarland**—There is one which springs to mind and that is carbon abatement. I was speaking to somebody from DFAT who was saying that systematic burning at the right time of year can vastly reduce the carbon that comes from the uncontained and uncontrolled burns that happen in Northern Territory at the moment and that if Aboriginal people were hired, trained and supported to do systematic burning the way they used to then you could actually vastly reduce the amount of carbon going into the atmosphere. So at some point when carbon trading is a reality and government is looking at ways of reducing the carbon load then another opportunity arises in remote Aboriginal Australia. The guy from DFAT who was crunching the numbers said that doing the burning at the right time and not letting it get out of control would make more difference to the carbon load than not having cars in any of the cities down the coast. There is an enormous carbon load because of that, and that is essentially—

**CHAIR**—You may not be aware that there is a private deal called the Arnhem protocol between Comalco Phillips and the Northern Land Council where over \$1 million is paid to ensure that burning occurs at a time of year when nitrous oxide, which is one of the most potent of the greenhouse gases, is not produced. That is happening now. That is at a private level where people are in the carbon market, whether there is a market there or not, because it is an investment.

**Mr McFarland**—Are they doing it for a commercial reason?

**CHAIR**—Yes. There is a commercial company that is providing over \$1 million to the Northern Land Council to coordinate the burning early. There are a whole range of protocols around. That one is called the Arnhem protocol.

**Mr McFarland**—It sounds great.

**CHAIR**—I can provide you some other information on it, if you wish. Just quickly, in terms of the employment, Jaru Pirrjirdi have been quite successful. We just got rid of these brokerage agencies in communities. You submit that these are the sort of arrangements that would be better since potentially—one would hope—the Commonwealth is now considering a replacement. Why is it that these work? What are the elements?

**Mr McFarland**—The element, to some degree, is that it is community controlled. The Jaru Pirrjirdi story, just to backtrack for very quick summary, is that there were a whole lot of Warlpiri kids in Yuendumu who were sniffing petrol. They got sent to the out-station. They were allowed to come back into town to the rec program and if they sniffed they went back to the out-station. That was the model for the VSAP legislation. Those kids were in town in the rec program. The rec program was really good. The youth workers got them to run aspects of the rec program for the younger kids.

After a while, they realised they needed more skills—more numeracy and literacy skills—to actually run the youth program properly, so the young people asked to start a night school. They started a night school with volunteers and support from the school and a volunteer organisation called Youth Challenge Australia. The four young people would come into the community for 10-week blocks through the year and they would run a night school. The night school started at about eight o'clock at night and ran through till midnight because teenagers do not want to get out of bed until lunch time and trying to force them to get out of bed and even to expect them to function properly at 9 am in the morning is a bit of a hard ask. The cultural issue about initiated

men going to school with little kids who are better than them at reading and writing is a big one. So the night school was just for that demographic. Kids were going to it instead of going to the rec program. So they were not going to basketball or going to play pool; they were going to school, because it was what they wanted to do. They wanted to get the skills because they suddenly realised they needed them and not because of some abstract thing where somebody said, 'You will need these skills.' Through their engagement with the youth program they realised they needed the skills and so they had a personal motivation to get them. That program has been running now for four years. The Youth Challenge thing fell over and stopped for about three months but then the young people insisted that it get going again and so the youth workers started running it as well as doing all the other things that they do.

**CHAIR**—What are the outcomes? What is the number of jobs? What generally are the jobs that you would place them in? Can you just give us a quick description of the range.

**Mr McFarland**—I can go through a story that came to me the other day when I was talking to the Jaru Pirrjirdi mob about this. There was a domestic violence incident. The Aboriginal community policeman who attended was ex Jaru Pirrjirdi. He had gone through that process and become a policeman. The night patrol were ex Jaru Pirrjirdi. They had gone through the process and become night patrol. They took the offending man to the safe house, which was run by ex Jaru Pirrjirdi women who looked after the kid whilst the mother went to the clinic where the ex Jaru Pirrjirdi health worker sewed her up. The offending man was taken to Mount Theo, which ex Jaru Pirrjirdi people are running.

**CHAIR**—So it was right across the border.

**Mr McFarland**—Yes.

**CHAIR**—I am just trying to get a span within, say, 50. So pretty much all the employment opportunities, including government—there are a couple of levels there—were involved.

**Mr McFarland**—Yes.

**CHAIR**—Thank you. I do not think there are any more questions, and if there are then we may be able to place them on notice. Mr McFarland, thank you very much for coming and giving evidence today.

**Proceedings suspended from 10.00 am to 10.20 am**

**BELL, Ms Stephanie, Director, Central Australian Aboriginal Congress NT**

**BOFFA, Dr John, Public Health and Medical Officer, Central Australian Aboriginal Congress NT**

**CARTER, Ms Betty, Congress Committee, Central Australian Aboriginal Congress NT**

**KANTAWARA, Ms Helen, Chairperson, Central Australian Aboriginal Congress NT**

**CHAIR**—Welcome. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. I invite you to make a short opening statement after which members of the committee will put questions to you.

**Ms Bell**—The congress has come here today to put forward our view on the Northern Territory emergency response. The congress has put submissions in and our perspective has been that we think there is a need to reform the intervention. We think the rollback is not a necessary part of our experience and the experience we hear on the ground. We wanted to put forward our comments around the terms of reference that the committee is working on and speak to you on a number of aspects, since the intervention, around health, the broader social determinants and aspects of income quarantining that we think need to be taken on board as a part of the intervention.

The other thing the congress wanted to put on the record is that, in our experience, the intervention has led to increased levels of racism as a number of strategies that have been introduced as part of the intervention have put a perception out with the public that all Aboriginal people abuse their children. That is not the case. These aspects of the intervention have substantially increased racism against Aboriginal people.

We believe that sexual behaviour amongst our young people has been wrongly labelled as abuse—it is happening across 30 per cent of young people all across Australia—and the intervention has put that message out with the public and we think that that is wrong.

We believe that the racial discrimination aspects of the intervention are causing a lot of anger and hardship. We have come out publicly and asked the government to reinstate the Racial Discrimination Act.

Our concerns extend to the quarantining of welfare payments to all people of one racial group living in a certain area irrespective of their behaviour or their record in caring for their children, the prohibition of alcohol to all people of one racial group living in certain areas coupled with the extraordinary powers given to police to allow them to enter people's homes without a warrant in prescribed communities if they suspect alcohol is being consumed, and the forced level of native title without compensation. And, as I have said, there is the impact of the negative stereotyping of Aboriginal people, especially men. We believe that all of those measures are problematic. They have basically been made possible by the suspension of the Racial Discrimination Act.

We think that there are alternatives to these measures that are more appropriate and are not racially discriminative. We believe that, if the government's policy is fair dinkum, instead of quarantining and income management of welfare payments just being applied to one racial group living in particular prescribed communities it should be considered for all Australians families who are not appropriately caring for their children. Did you have any comments on income quarantining, Betty.

**Ms Carter**—I did not think it should be forced on all people who live in a certain area. For instance, I am a pensioner. I have no dependants. But it is forced onto us. Why should it be forced onto us? We have looked after our money for many, many years. And not only does it affect me; it affects all the other pensioners who live in the area. We have to put up with this. We have applied to everybody to consider changing it, we have appealed about it and we have had no response from anybody. They just said, 'No, it can't happen.' So we are very unhappy about the situation. I am talking about pensioners living on, for instance, a community like Ti Tree.

**Ms Bell**—We think that with the stuff to do with alcohol there should be an evidence based approach to what does work. With the supply reduction, demand reduction and harm minimisation measures, especially a minimum price benchmark and reduced takeaway trading hours, we have suggested that perhaps on one day per week there should be no takeaway, as a measure in addressing alcohol consumption. We are saying that we think that should maybe be aligned to welfare payments—that is, having one day on which the payments and 'no takeaway' happen. They are some of the measures we have been advocating that could have an effective outcome. Prohibition should only be implemented at the request of Aboriginal communities.

We think land title should be with either traditional owners or native title holders in all cases, in accordance with the land rights act, and there should be exploration of further alternatives for reform of infrastructure ownership on the land, drawing on models of best practice for housing cooperatives and ensuring the infrastructure on the land remains under Aboriginal control.

I am happy to stop there if the committee wants to ask any specific questions.

**CHAIR**—Thank you. Perhaps I will kick off. You opened your remarks with some general comments about stigmatisation. I am not unfamiliar with that in some of the responses I have had from the communities, particularly initially after the intervention. You said that it is put about that all Aboriginal people abuse their children. I am not familiar with any particular article. Can you refer that statement back to any particular media release, article or comment?

**Ms Bell**—I think what we are submitting is evidence from on the ground. The impact of the government's policies associated with the intervention has been a perception and an image out there to all Australians that all Aboriginal people abuse their children.

**CHAIR**—All I can say in response is that, just in my day-to-day activities around Australia, I have heard that perception from men inside Indigenous communities but I have never heard it outside. When you said it had been put about, I thought you might have been referring to particular media or a particular statement that had been made in regard to that. But I acknowledge that it was just a general statement.

**Ms Bell**—I think it is part of the statement that came out of the men’s health summit that was held here. With the stigma attached to the image and perception that is out there and the way in which Aboriginal people are treated in general, there is a feeling of attachment—that all Aboriginal people do abuse their children. That is what we, as people living in the community, feel is happening as part of the broader intervention.

**CHAIR**—Do you think that perception—if it is a perception that exists in the Australian mind—occurs because of a number of reports from a number of areas about child abuse, including the *Little children are sacred* report? Do you think it came about as a consequence of the publication of those reports or do you think it came because the government decided the Northern Territory emergency response was necessary?

**Ms Bell**—The *Little children are sacred* report documents that there are levels of sexual abuse and I do not think the Aboriginal community denies that. But it is the manner in which the legislative approach to dealing with the issues in the Northern Territory has labelled certain people in prescribed communities as being people who cannot control their lives and are dysfunctional and uneducated—saying that we all abuse our children. It is the perception. The response to the *Little children are sacred* report has created that level of stigma and shame in Aboriginal communities.

**CHAIR**—So you do not think it was the report itself, the evidentiary process and the comprehensive interviews—

**Ms Bell**—I think it is the way the government responded to the *Little children are sacred* report.

**CHAIR**—There was a great deal of publicity after the exposure of those that I can recall as a Territorian and as an Australian. Then Ms Rogers was on *Lateline* and that. There were a whole series of events before the government’s decision to proceed. I can recall there having been a great deal of discussion of everything from all the talkback radio shows around Australia. This occurred well before the intervention. Do you think that the reports themselves had that impact or that it was just the response?

**Ms Bell**—I think it is the way in which the government legislated and implemented those policies and strategies in responding that created the view that somehow child sexual abuse is happening at a rate 10 times greater than in any other part of Australia. I do not think that is true. They are the issues that we are talking about. What I am expressing is that the impact of how the government responded to the *Little children are sacred* report as part of the intervention—the racial discrimination components of the intervention—has created a number of issues for Aboriginal people. The way the government responded has led to Aboriginal people feeling shame. Income quarantining is one part of the shame—that someone like Betty, at her age, has to have 50 per cent of her income quarantined because it is purported that she does not know how to manage her day-to-day life. She has worked for 30 years of her life. They are the sorts of impacts that we are expressing to the hearing—the impacts of what the legislation has created on the ground. It is a victim-blaming approach to addressing child sexual abuse. Aboriginal people do not deny that it is happening, but it is how you address it and the approach you take to deal with it.

**CHAIR**—From a congress position, how do you think the issues that were outlined and that you have just been speaking about should be addressed?

**Ms Bell**—There has to be a broader community engagement approach to identifying the issues, finding how deep seated they are and working towards programs and services to assist people to move out of those situations. In a lot of the communities that the *Little children are sacred report* diagnosed abuse in and that had people at the hearings admitting that stuff, there is very little in terms of services and programs on the ground that allowed people to deal with those issues. I think people have to have programs and services, both at a perpetrator and a victim level, to be able to work through those issues.

**CHAIR**—How do you think that has changed? Are you telling us that, whilst those circumstances did exist or may exist, there are no services on the ground to deal with them at the moment or that there needs to be a change to the levels of service on the ground?

**Dr Boffa**—I think the congress has had a two-pronged approach to the intervention from the very beginning. What you have heard so far is what congress sees as the negative aspects in the intervention, and that is all to do with the Racial Discrimination Act being suspended and the blanket application of quarantining. The positive side of it—and this is what makes the whole intervention very complex, particularly in terms of public health outcomes—is that the intervention is not only those negative things but also a broad-based investment in the social determinants of health. So we are now seeing a very large new investment in primary health care, which is being very well implemented and is leading to a significant expansion of comprehensive primary health care. We have seen a major expansion in child protection services and a whole new service sector funded for sexual assault services. We are seeing police in remote communities that never had police before, and communities are reporting that that is making a big difference. We are now seeing new stores in remote communities that previously only had access to very poor-quality food, and remote communities in particular are reporting that this is making a big difference. There is earmarked new housing; that has obviously been slow and has hardly begun to be built yet, but it was always said that there would be almost a two-year lag period before houses started to be built. So if the money that has been allocated for housing is implemented then there will be a significant number of new houses built. There is money allocated for new schools and new teachers.

It is a complex thing and those strategies which came a bit later, announced a few months after the initial strategies, have tended to get a little bit lost in the discussion. When people talk about the intervention they really are focusing primarily on the racially discriminatory aspects of it, which, almost universally, people see as negative. What tends to get lost is this very large investment, which is around \$1.5 billion over four years, in the broadbased social determinants. It is too early to say what impact that is going to have on health and wellbeing. There is early anecdotal evidence from various places that it could be having a very positive impact. But it is very important we move beyond those anecdotes to instead look at average birth weights in kids, premature death rates in adults, homicide rates, suicide rates and all those sorts of things to actually ascertain what impact the intervention is having. I think it is going to be very important in the next few years to be able to say whether this broadbased approach, which on theoretical grounds you would expect to have a very significant impact on health, does have an impact and whether that outweighs, which Stephanie has highlighted, some of the deep felt concerns people have about loss of self-esteem and frustration about the application of some of these things.



On the issue of alcohol, the intervention correctly identified alcohol as a major problem. The extra police are probably having a significant impact in terms of the grog running. But unfortunately the intervention did not address supply with action. By banning where people drink is not reducing supply. Unfortunately it has often been misinterpreted that people talk about prohibition. It is not prohibition when it means prohibition of supply. No-one is talking about doing that and that is certainly not what the intervention is about. Actually saying that people cannot drink and cannot drink there without actually addressing the supply of alcohol is not evidence based and we do not think it will work.

Having said that, there is evidence of improvement in alcohol consumption here in Alice Springs. We are yet to see evidence of similar improvements in other regional centres in the Territory. That data will be available soon so we will be able to look at it. But the vast bulk of the improvements that have happened in Alice Springs predate the intervention and was due to supply with action measures that predate the intervention. There has been additional improvement since then, in particular the very large reduction that has happened in the homicide rate and manslaughter rate in Alice Springs. While we think it has primarily been caused by a reduction in alcohol consumption, it may well have also been contributed to by some aspects of the intervention, and that needs to be looked at carefully. In 2008 there was a total of two murders and homicides and previously we were running at around 10 a year. It has dropped to two and this year so far there is one. The police will tell you there has been a very big change in what is a very key cause of premature death in terms of murder and manslaughter. That needs to be looked at carefully. Suicide rates have dropped.

There are a lot of things that are happening at once. A lot of them are part of the intervention but there were other significant things happening prior to the intervention. There is some evidence of very significant improvements in some areas. How much of that is due to the intervention? It is too early to say at this stage whether the intervention is going to have, if you like, the hopeful, major improvement on health because some of the measures are only just being implemented. The improved primary health care is being implemented as we speak. The police have been out there for a while. For a period of time some communities had very poor access to food because they were not allowed access to the stores they had because they were not providing quality food. That has now been rectified and new stores have been built. So new stores are out there, police are out there, better primary health care is happening and schools are being built. You would expect in 12 months of two years to start to see some very clear evidence that that is improving health.

**Ms Bell**—I think the critical message is that the discriminatory components of the intervention are things that we have put on the record. As John said, we think the massive investment that has come with that is going to have the impact but I think housing is one critical issue, unless we make a substantial investment across the board. The level of need and requirement for housing is so massive that the intervention is targeting and working at certain communities. There is a lot of suspicion out in the community because the transparency of why governments are making decisions to putting housing and infrastructure in certain communities and not in others is unclear to people, and the investment is massive.

**CHAIR**—It is unclear to us.

**Ms Bell**—Yes. I think those are some of the issues that people are struggling with. Until we get the infrastructure and the housing under control, the ongoing social dysfunction and issues that are present are going to remain in place for another 10 years. So there are some harsh realities that we have to accept. Progress is slow; social change is slow. Unless basic human rights issues of housing, education and health are all put in place as a part of government's responsibility to its citizens, you are going to see very little impact. They are some critical messages and it is going to take a number of years. What we are trying to express is measuring and evaluating the impact of the investment that is being made to show that it is making a difference.

**Dr Boffa**—On the housing question, we were told that the military did extensive surveys and as part of those they were looking at the overcrowding by community. The needs based process was meant to be that new housing would be allocated to those communities that had the greatest overcrowding. That all sounds good but we have never been able to see the data that they collected. If that is true, it should be that communities getting the housing had the highest occupancy rates per house. But because it is not transparent, there is suspicion about that and there is suspicion that perhaps we have gone beyond needs based allocation of housing towards other criteria.

**CHAIR**—Dr Boffa, I undertake, on behalf of the committee, to ensure through the Senate estimates process that we will require some transparency in regard to the decision in the 16 communities for the houses. That will be on the public record and I will ensure that we will provide that back to you. You talk about the different circumstances when you mention access to alcohol and prohibition not really working because you cannot deal with supply. Would it be reasonable, to understand this better in a spatial sense, if you took Alice Springs, Katherine and the town camps and the people whose living spaces are directly adjacent to areas where alcohol is available—you could even say teachers, or other places—where the policy simply does not work because they are not similar demographics. I acknowledge what you are saying. The police in the remote communities are saying that prohibition does not work but I put to you that, in the remote communities, access is not basically just going over the road and buying something and the circumstances under which you buy it may change, but in Alice Springs it is significantly different. I acknowledge that. By trying to separate those different circumstances and trying to tweak the policy on the Alice Springs side, do you think it might work?

**Dr Boffa**—I think the supply comes from the regional centres for everybody. Even though remote communities are prohibited areas, of course grog running was a major problem. One of the big successes that needs to be evaluated of the Alice Springs restrictions is that, once we got rid of the 5 litre cast, the 4 litre cast and the 3 litre casts, if you were a grog runner you had to run beer. There is not as much alcohol in two dozen beers as there is in a 5 litre cast. So the capacity to run the same amount of pure alcohol out bush has been dramatically reduced, which I think has had an impact in remote areas as well. We all know that, although they are dry areas, grog running was a big problem. That has been significantly impacted on by a combination of the restrictions and the extra police. I would expect to see some improvements in data from remote communities.

In terms of Alice Springs, I think we do need to turn the tap down in the regional centres, because that is where the source of the alcohol is across the Territory. And regulating supply works. Prohibition actually works. In the prohibition era in America, the death rates from

cirrhosis and homicide and suicide were the lowest they have ever been. But no-one is going to accept prohibition. So we need to move towards regulating supply everywhere. Regulating supply through a minimum price benchmark works; it is very effective. And, as Stephanie said, one takeaway-free day a week linked to Centrelink payments has also been demonstrated to work. Not just Alice Springs but remote areas as well would benefit from that in the regional centres across the Territory.

**CHAIR**—Thanks, Dr Boffa. I am sure my colleagues have questions.

**Senator MOORE**—What will congress's role be in the future? Congress is an extraordinarily well established and regarded organisation, and you have given evidence to many inquiries. In terms of your role with government now, are you involved in advisory committees and all those kinds of things that are linked formally with the process? I just want to see how congress interacts, not just as an organisation but as members—how are your members engaged in terms of future projects and future policy?

**Ms Bell**—Do you mean our community members?

**Senator MOORE**—Yes, and the role congress takes in making that happen.

**Ms Bell**—In terms of our direction, we have a board. We have various advisory committees that sit within many of our programs and services. For instance, we have a youth advisory committee. We have an Alukura council of elders that works with us in terms of women's health stuff. But in terms of our future, we work on a five-year strategic plan where we look at what the key health issues are that are impacting in the community, and then we align with those strategic directions in the services and programs we provide. For instance, maternal and child health is really at the forefront of what we need to do if we want to have an impact in terms of the future of our children. So things like that become a part of what we do. But what hampers our ability to effectively address those issues is governments making announcements about particular health policies. So that structures things sometimes, and we have to work quite hard to advocate and work with government departments at making sure that we can apply that money against the greatest need.

**Senator MOORE**—So how do you interact with government? I am really interested to know. One of the things that allegedly came out of the intervention was that there would be ongoing work with community; that had to be the basis for the future. That was said and continues to be said. What I am trying to find out is: from your perspective, how does it work? What is your way of interacting with governments—state, territory and federal, and also, I think increasingly, the new amalgamated councils? They all have roles. So how does congress interact with those formally and informally?

**Ms Bell**—With the state government and the federal government, we have across Australia what we call the Northern Territory Aboriginal Health Forum. All the relevant parties for health sit on that. So we engage in there in terms of needs based planning, which is how we are managing the new \$100 million investment that has come in as a part of the intervention. We work with the relevant parties around how we distribute, and get the best bang for our buck from, the health dollars. To ensure that we do that both equitably and on the basis of need we have a number of subcommittees within the forum that look at the population basis in particular

areas, and at what per capita expenditure is needed for people to deliver effective, quality, primary health care. That formula is then applied against the core services that are going to make a difference, like maternal and child health. So we have a system that looks at what the relevant services are and how we are going to measure them.

In the Northern Territory we have established what are called the 19 core indicators, which are based on those things like maternal and child health. Then we apply a funding formula against a per capita basis within the context of that. So that is the approach we take for the Northern Territory. But then you get a big tsunami like COAG, that sits down over there and deals with a whole new \$8 million package of chronic disease. Then you have the complication of how those policies are set when you are sitting up here at a level of both top-down and bottom-up planning which engages community around health. It has been effective. It means that we are working in partnership. We are going to ensure the investment is going to hit the mark, to go where it is needed to go. And we work at a community and an organisational level to ensure enhanced capacity along each phase of implementing new funding.

There are complications. That is another thing with the intervention—the level of complication, and the number of new providers and stakeholders. As a part of that package, we worked really hard to reform the health system so that the health system is going to be effective in the way that it responds to the needs of Aboriginal people. So that is what we do at those levels.

**Dr Boffa**—If I could just add to that. The health sector has been engaged from the beginning on that part of the intervention. When the intervention started, separate committees were dealing with it but AMSANT was represented on that and we were a part of that. But, now, all of that comes under the Northern Territory Aboriginal Health Forum. That was the structure that pre-existed or predated the intervention and that is now being used to govern the primary healthcare investment. We already had an agreed core services model prior to this and a process for needs based allocation, so we have used that part of the intervention and the pre-existing process, which heavily engaged all the Aboriginal health services across the Territory, and that part of it is now working really well. We know a lot about what is happening with every dollar that is coming in for new primary health care, but we do not know what is happening in education and we do not know what is happening in child protection. We know where police have been put, from what communities are telling us, but there is no process. Unfortunately, there was no similar process, because the Northern Territory Aboriginal Health Forum is unique in that there is no matched process for housing or education—

**Senator ADAMS**—Across portfolios.

**Senator MOORE**—Built into those divisions.

**Dr Boffa**—It demonstrates that a pre-existing process has been able to be used for health. I do not think there is any effective way yet of governments really negotiating with peak bodies or Aboriginal leadership groups in specific sectors on what is happening in some of those other areas.

We talked this morning about the big investment in education. We know there is a lot of new money for preschools, but here in Alice Springs we know that at least 50 per cent of kids do not

go to preschool; it might be more than that. If all those children were to go to preschool, which is obviously the goal of everybody, including Mr Rudd, they would have to build a lot more preschools in Alice Springs. We are not aware of any planning around that in Alice but we are hearing about preschools being set up in some remote communities. Those bilateral planning processes between Commonwealth and state governments, I think, do not engage Aboriginal leaders. That predates the intervention and is still happening.

**Senator SIEWERT**—I apologise for not being here during the early part of your evidence. I realise that you have already dealt with the issue of minimum price, so I will go back and read the *Hansard* because I am very interested in that issue. I would like to ask you about the rates of anaemia, the data and the causes.

**Dr Boffa**—Firstly, we are well aware of the reports that came from the Katherine East area, which were alarming to AMSANT and every Aboriginal health service in the Territory, suggesting that their anaemia rates have increased almost threefold to 55 per cent and that low birth rates increased from nine per cent to 19 per cent. That is a major concern. We can be quite confident in saying that that has not happened anywhere else in the Northern Territory.

The growth assessment and action data, up until April 2008, shows a stable anaemia rate for 2,700 children, aged from nought to five—all in remote communities—at 25 per cent. That rate is still a concern, but it has been 25 per cent for the previous three years and has not changed. The data from the child health checks, up to December 2008, showed that, of 4,167 children tested, aged between nought and five, again, there was a stable anaemia rate of 24.3 per cent, which almost matches the GAA data. So we can be reasonably confident that the anaemia rate that is out there is still significant but stable. There are very big variations in different parts of the Territory. In the Katherine region, the rate that we know about is around 35 per cent and in Alice Springs remote it is much lower at about 16 per cent.

There are pre-existing big differences. We could go into the social determinants. There is a range of determinants of anaemia. The first thing to say, though, is that there could well be a specific issue in the Sunrise area. It could be that their data is inaccurate—that needs to be looked at. But, if there has been a three-fold decline in the health status of children in that area, that has not happened in other parts of the Territory. That is the first thing to say. That needs to be properly looked into. In terms of anaemia, the social determinants begin with age. The main time that children become anaemic is between six months and 12 months. In pregnancy, if antenatally women are not getting iron supplements and are anaemic prior to birth, that is a major risk factor.

Low birth weight is another one. Pre-term babies that are born small do not have the same iron stores and are much more likely to become anaemic. The other key thing is at six months when you need to move to solid foods as well as breastfeeding. Firstly, if no breastfeeding happens, that is another risk factor. If there is not good awareness, moving to solid foods at the six-month point can be problematic. The sorts of foods that you need that are very high in iron are quite cheap—things like baked beans and Weet-Bix would be sufficient. Weet-Bix by itself would be sufficient. That maybe is not that well known. Not having good access to antenatal care or mothers drinking and therefore not accessing antenatal care and are not taking iron tablets are other determinants. There are a range of things that lead to low birth weight babies. All of these things affect anaemia.

The performance of the health service also has a major impact. We know that from two studies in two Top End communities. Anaemia rates were 30 per cent. They reduced those rates to five per cent and had the rate stay at five per cent for the last four years simply by ensuring that every child that had anaemia had their three iron injections and was followed up appropriately. Health services can make a difference. But the GAA data suggests that even if health services were doing their absolute best we would probably still have a rate of around 15 per cent because of the social determinants that I was talking about earlier. And I think that alcohol is a big part of that. Differences in regional alcohol consumption could play a big role in determining the differences in anaemia rates, but that needs to be looked at.

**Senator SIEWERT**—I would like to ask about the issue of mainstreaming some of the health services versus the delivery of services from community health organisations. Is that an issue? Has that been an issue under the NTER?

**Ms Bell**—Are you talking specifically about the delivery of primary health care?

**Senator SIEWERT**—Yes.

**Ms Bell**—For most Aboriginal communities, that threat cannot exist, because mainstream services do not exist where most Aboriginal people live. That is probably one of the first geographical differences with the way that COAG wants to roll things out. They cannot apply that within the Northern Territory, because geographically there is not a GP on every corner where Aboriginal people live. That is the first issue.

**Senator SIEWERT**—I want to extend on the remarks that you made earlier in terms of the approach that COAG is taking. How can we ensure that in remote communities and the bigger towns services will be delivered appropriately and as they are needed to meet demand in those communities?

**Ms Bell**—Through the Northern Territory Aboriginal Health Forum so that the planning tools and the needs based approach that we take become relevant parts of it and so we have the relevant stakeholders sitting around and planning together based on the needs of Aboriginal people. That is the first component. Part of the new investment that we are making here is to look at regionalisation. We want to get models up that work elsewhere, like Katherine Western Sunrise. Geographically, it is quite difficult for communities with less than 200 people to have the full suite of relevant services that they require. Through our planning, that has become an identified approach. We want to move towards that. Communities are engaged with that. We are applying a lot of this in places like Nhulunbuy, where there are about 10,000 people. We are looking at it in Kakadu, in Tennant Creek—

**Dr Boffa**—Alice Springs West.

**Ms Bell**—and Alice Spring West.

**Dr Boffa**—And east.

**Ms Bell**—And east—where there are small pockets of services. It is taking the same relevant steps that were taken with local government reform. The difference with what we are doing is

that we are engaging with Aboriginal communities and moving towards Aboriginal communities being in charge and in control of health services as a part of that. The Territory government has agreed to that where communities want to have greater control over the setting up of their own health services, like the Katherine Western Sunrise. We want an agreed strategy to achieve that. In those areas that I talked about, that is actually happening right now. With the \$100 million, there is a \$6 million budget for capacity building. That is used to get Aboriginal leaders in each of those regions engaged and working alongside consultants to look at the development of relevant health services across those areas.

**Dr Boffa**—In the Northern Territory, we have a funds pool for primary health care that is now around \$125 million, including the \$40 million new money that has come under ESDI. That is then allocated on a needs basis, as Stephanie said. It is going to achieve around \$2,500 per person in the remote areas and \$1,800 in Alice Springs—forget Darwin, because it is not allowed to access ESDI money at the moment. It is going to be spread equitably. With regionalisation creating the economies of scale, we will deliver a range of core services at that level of investment. Any new money should be added to the pool. If COAG is going to deliver \$15 million extra to the Northern Territory, ideally we would like to see that added to the pool to fund comprehensive primary health care in the same needs based framework, rather than used to fund vertical programs.

The problem that we have in the Territory is that a significant amount of the COAG money has already been earmarked for private general practice through new practice enhancement payments as well as through divisions. COAG said that nationally 70 per cent of service to Aboriginal people is delivered by private GPs. That figure is disputed. It might only be 50 per cent. But even if it is 50 per cent, that is still a large number of services. In the Territory, it would be less than five per cent of services to Aboriginal people that are delivered by private GPs, and that is almost all in Darwin. John Deeble evaluated that. Because of the cost of GP services in Darwin, Aboriginal people use the emergency department. Some of them use private GPs, but a very small proportion. So why would you go down the round of investing in divisions of general practice and putting all these initiatives in for private general practice in the Northern Territory? It does not make sense.

**Ms Bell**—Particularly when it is focused on chronic disease.

**Dr Boffa**—Yes. We and the Northern Territory government are working in absolute collaboration on this so that we achieve a needs based allocation to whoever the provider is. If the provider is a state health department, they get the money for primary health care; if the provider is a community, they get the money. We achieve equity, irrespective of the provider.

**Senator SIEWERT**—Is that going to happen anyway? Has that been recognised in the negotiations that COAG—

**Dr Boffa**—No. We are having that battle now.

**Senator SIEWERT**—That is what I wanted to get to.

**Ms Bell**—We are trying to work at the forum level. We have raised it with Nicola Roxon. We are trying to get them to understand that geographically there is not a GP on every corner in

major centres. That is the first issue that we are trying to engage with them about. We need to work with the GP divisions, because in effect it is going to create another barrier to access. They are going to have all this money given to GPs over here when Aboriginal people live out there, so it is going to widen the gap.

**Senator SIEWERT**—You said that the NT government understands that.

**Dr Boffa**—Yes.

**Ms Bell**—Yes.

**Senator SIEWERT**—Okay. So the barrier is now that COAG is taking a one-size-fits-all approach.

**Dr Boffa**—Yes.

**Ms Bell**—That is right.

**Senator SIEWERT**—What was the response from the federal minister?

**Ms Bell**—Nicola Roxon has made it clear in no uncertain terms that the decision that they have made to invest the money in GPs is going to remain. But we are working on a campaign to bring to her attention that that cannot be applied here in the Northern Territory.

**Dr Boffa**—Senior bureaucrats are being very positive about that.

**Senator SIEWERT**—In the federal health department?

**Dr Boffa**—Yes. As Stephanie said, the minister has made it clear that nationally it is a no-go zone, because she is not going to change our mind. We are saying that the NT is different for all sorts of reasons and that we have this well-established process for delivering better primary health care. GPs are only providing five per cent of services, and we have evidence for that.

**Ms Bell**—The other part is that the money should be invested to enhance the capacity of the health system that is there in place rather than fragment it across a whole number of other providers. It is not an effective and efficient way to use resources.

**Senator SIEWERT**—I have one other issue, which may be a bit out of left field. A lot of the Aboriginal health organisations in Western Australia are having trouble getting data back out of the department for doing their planning. They are doing a lot of regional profiling of health needs in Western Australia. They have been complaining to me long and hard about this issue of getting data back from the department. They feel that they put a lot in and they do not get a lot out in a timely fashion. Are you having the same problem or is it a Western Australian problem?

**Ms Bell**—I think it is a Western Australian problem. Through our forum, as we said earlier, we worked with the Territory and the Commonwealth government and set up, what we call, the 19 core indicators that both we and the department are required to report against. We have set up a whole process by which the storage of data and the extraction of all that is working through a



proper framework. But, yes, I think that Western Australia has got a difficult issue, a nationwide issue—

**Senator SIEWERT**—So you have fixed it but maybe the other states have not yet.

**Dr Boffa**—I would not say that we have fixed it. We have got systems where health services through their own IT systems can report on the core indicators themselves without relying on the states. That is the first thing. But there is data that we need from the state. One of the frustrations has been in trying to assess the impact of the alcohol restrictions. The data that we need there, broken down for Alice Springs, Alice Springs remote, Tennant Creek, Tennant Creek remote is by homicide rates, suicide rates and motor vehicle accident rates, and it has proved to be very difficult to get that data, although we are now getting there.

**Senator SIEWERT**—And that is only the NT?

**Dr Boffa**—That is only the NT.

**Senator SIEWERT**—Western Australia are having trouble getting information nationally as well—back out of OATSIH, for example.

**Dr Boffa**—Before we give it to OATSIH we have already analysed it and we know what it is saying. We are not relying on OATSIH to come back to us with that information. Some health services do not do that.

**Senator ADAMS**—Thanks very much for your presentation. As far as Congress goes, do you have any outreach primary health services? Do you supply those to remote communities if funded to do that?

**Ms Bell**—Yes, currently we are contracted to deliver to seven communities. We work at Amoonguna, Santa Teresa, Mutitjulu, Yuendumu, Nyirripi, Willowra, Hermannsburg and Areyonga.

**Senator ADAMS**—What are the main issues that you were dealing with as far as the primary health service goes?

**Ms Bell**—Mutitjulu, Amoonguna and Santa Teresa are the three communities we have just taken on since December last year. A lot of our time and effort are spent working at the level of the community, getting health boards in place, getting the health service resourced, and the workforce is probably one of the major issues, and then working with communities around identifying their key health issues in their communities and working towards a plan with their boards around how they are going to address those health issues.

**Senator ADAMS**—Yesterday we were at Hermannsburg and the issue of the Aboriginal health workers registration came up. They are having problems because they now have to go to a higher level of education so they are losing a lot of people. It is a bit like the nursing aides when they got pushed out and everyone had to go to university to do their general nursing training. It seems that that problem is arising now. Can you give us any information on that?

**Ms Bell**—Yes. With the health worker stuff, I think that in Hermannsburg there are two providers. Congress employs the doctor and we do other broader public health programs like men's health, children's health and Territory health. They are still the provider that employs the nurses and doctors. That issue is a problem and with the investment of new money, the regionalisational approach will create one provider in that region.

But with Aboriginal health worker training, probably more than seven years ago health worker training became a part of the Australian national framework process where there are certain literacy requirements and people have to have a base level of literacy to be able then to enrol in the course. It is a Certificate IV course, an 18-month program, and the nature of that training has substantially contributed to a lack of health workers being able to reach accreditation. They have to get accredited and then through the Certificate IV course. Once they complete that, they then have to apply for registration through the Northern Territory Health Care Worker Registration—

**Senator ADAMS**—I am fully aware of that, but it was to flag the problem. It is exactly what you have said. You have got the people with the hands there to do the work but they have not got the education level to be able to continue in their job. So therefore there are other people coming in and taking jobs that the community workers could probably do, and they understand the community. So has this issue been raised with Congress and with your health forum or with other areas?

**Ms Bell**—Yes, it has been raised on a number of occasions.

**Senator ADAMS**—So can you follow that through? I am going to try to do so myself.

**Ms Bell**—Yes.

**Dr Boffa**—We have been advocating for an independent review on this for about a decade. That is now happening. There is an independent review into Aboriginal health worker training, recruitment and retention—which is the first one there has been in the Northern Territory. We are a bit hopeful at the moment that that review is going to look at the crisis that is happening in health, because there are only a very few health workers graduating every year from Batchelor. Then there is the whole other issue, which is also being looked at, of needing a workforce at a lower level than certificate level. So that is all happening at the moment.

**Senator ADAMS**—Who is doing the review?

**Ms Bell**—Territory health have engaged a consultant.

**Senator ADAMS**—Okay, so it is Territory health.

**Dr Boffa**—And it is a consultancy team who have previously done reviews in the territory around the real workforce in divisions of general practice; they have their head around rural and remote health issues.

**Senator ADAMS**—All right. I wanted to find out so I can follow it up.

**Dr Boffa**—Regarding those seven communities, it is worth pointing out that we have two resident GPs at Yuendumu, one resident GP at Hermannsburg—who you might have met—one at Mutitjulu, one at Santa Teresa and one at Amoonguna. So we have resident GPs in every position filled. Kintore has a resident GP. The district medical offices have 10 out of 11 positions vacant and they have been vacant for many years, and yet the department has not been prepared to actually transfer them to resident positions in communities.

**Senator SIEWERT**—Can you go through that again? Who has the vacancies?

**Dr Boffa**—Congress, who auspice these services on behalf of the communities, employs two resident GPs at Yuendumu—

**Senator SIEWERT**—Yes, but who has the positions that are vacant?

**Ms Bell**—The department of health.

**Dr Boffa**—The department of health has been hanging on to a model which does not work, which has unfilled positions and which does not lead to GPs on the ground—and Ti Tree is an example we talked about with Senator Scullion the other day. We have a model that is working and that is putting GPs on the ground, and we are moving towards regionalisation. Hopefully this will get resolved now.

The issue of having two providers is one of the big issues out bush. We have two providers at the moment—the department of health and congress—working side by side. That is not ideal. We have said before that there should be one provider, whoever it is; whether it is the department or us. You really only need one provider because two providers trying to work alongside each other creates a lot of problems—for instance, even in choosing an IT system. The IT system that we use—which we think is fantastic—is very different to the one the department uses, and which virtually no doctor wants to work with. We cannot get agreement on that.

So we are moving to a single provider, and it is very important that there is a single provider in all these areas. It will be a large regional provider, and that is the way of the future. And hopefully we will not have this problem where there are supposedly visiting staff like GPs coming from Alice Springs servicing Lake Nash, servicing Ti Tree and servicing Papunya. They will also have resident GPs in their areas on the ground.

**Senator ADAMS**—Has the number of domestic violence presentations to congress reduced? Do you have any evidence on that?

**Dr Boffa**—We have not looked at that data for a while. It is difficult because every year episodes of care are going up: congress in 2008 provided about 63,000 episodes of care which is almost 10,000 more than in the previous year. Also, because of the subjective nature of recording data in a primary health care service, it is sometimes not the best place to look to see what is happening with violence. It is much better to look at things like the homicide rate—death from homicide and death from manslaughter. That and other indicators—such as hospital admissions for assault—are a much better indicator of what is happening with domestic violence in the community. Those things are going down significantly. When we looked at our data, not last year but the year before, there was no trend. But that does not reflect what is happening in the

community—because of a whole heap of subjective parameters around recording of that sort of data in a primary health care service.

**Senator ADAMS**—Do you have any data on foetal alcohol syndrome? Is it on the increase?

**Dr Boffa**—Yes, we have data on that. It is nothing like it is in Halls Creek. Even though we thought we had a grog problem, Halls Creek clearly trumps our grog problem.

Regarding the reports out of Halls Creek about the number of pregnant women who drink, it is just not the same here. Even though we have an alcohol problem, we see most women coming in for antenatal care and there are not that many women who continue to drink at very high levels throughout their pregnancy. So foetal alcohol syndrome is a significant but small issue. We would be talking about a small percentage. It might be only three or four per cent of babies at most. Halls Creek was quoting 30 per cent and that is extraordinary.

**Senator ADAMS**—I am from Western Australia. Around the Kalgoorlie area there are a lot of problems, too. Fitzroy Crossing is where it was first raised.

**Dr Boffa**—We have been very active on alcohol. Consumption rates in Alice Springs have not gone up. Since 2000 it has increased by only five per cent, whereas in Katherine it has gone up by 50 per cent, in Nhulunbuy it has gone up by 100 per cent, in Darwin it has gone up in by 50 per cent and in Tennant Creek it has gone up by 15 per cent. In this area we have been able to hold alcohol consumption steady over about eight years, which still means there is a big problem, but it has not been increasing at the rates it has in some other areas, and not like Halls Creek. They are taking action, by the sound of it.

**Senator ADAMS**—They certainly are. Things are changing and that is good.

**Senator CROSSIN**—I have a question to ask the congress.

**CHAIR**—We will be able to provide that on notice. Senator Crossin, my apologies. We are running 15 minutes into the next submission, but I will ensure that they can provide the answer. Is that okay?

**Senator CROSSIN**—Okay.

**CHAIR**—Thanks for that. I would like to thank Central Australian Aboriginal Congress for appearing today.

[11.17 am]

**EADE, Mrs Kay, Executive Officer, Chamber of Commerce Northern Territory-Central Australia**

**ROSS, Mrs Julie, Chairman, Chamber of Commerce, Alice Springs**

**CHAIR**—Welcome. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. I invite you to make a short opening statement and at the conclusion of your remarks I will invite members of the committee to put questions to you.

**Mrs Eade**—We can only give you information on the feedback we have received from businesses. We did a few surveys regarding this. One of the issues that came up is small business exclusion from the BasicsCard. It hinders their growth in business. The feeling of the chamber and the businesses is that, if they are not selling alcohol, tobacco or pornography, they should not be excluded from being able to accept the BasicsCard. Some of the items are sold in the bigger department stores and they can purchase from there.

Accommodation is an issue in Alice Springs. We are very short on accommodation. Accommodation is taken up by staff working with the intervention. Also, the accommodation situation is even more acute with urban drift. We have public housing and town camps that are overcrowded due to urban drift. We feel that the issue of youths on the streets at the moment creating vandalism et cetera is due to the drinking in their homes—families from communities that have come to Alice Springs. There were a lot more business break-ins in the last 12 months. I think that has more to do with youth than people getting a monetary gain, although that has started to increase as well. It is mainly caused by youth on the streets, because they have no home life to go to.

The other thing that we have found is that there have been no new business opportunities created in remote communities to enable people to train and work and actually keep their communities alive. At the moment, I do not believe there is much for the people in the communities. If people have no business sense and no work ethic, there is no reason to go to school because, once they have finished school, there is no employment for them in their own community. I feel that, if there were a bit more economic growth in the communities—as in people starting their own businesses, such as food stores run by the Indigenous people from the community instead of being outsourced to businesspeople—it would create more employment and a need for education. At the moment, people cannot see the sense in having education because there is nothing for them in the communities. If they want employment, they have to leave their community, home and family.

That was basically what we found from consultations with the businesses. I just do not think the economic growth in the communities is going anywhere. It is just going backwards. People are leaving, coming to town and causing overcrowding and antisocial behaviour in town.

**Senator ADAMS**—With regard to the small business excluded from the BasicsCard: have they applied? What process have they used to try to be included?

**Mrs Eade**—They have applied on numerous occasions. We have actually contacted the person in Canberra—I cannot think of their name off the top of my head—and they are not going to change it, but they are going to review it shortly, I believe. She said they were going to review it a little bit better some time in May. I believe the department stores have been trained in products that they should not be selling under the BasicsCard, but it is very hard to police, especially when you have young people in Kmart, Woolies et cetera who are just rotating—they are in and out; it is not stable employment, so it is very hard to police. I think small businesses see the inequity of the acceptance of the BasicsCard. They are losing a lot of revenue. I will give you an example with photos. People do take a lot of photos of family et cetera, and that is important to them. They cannot go to the small camera shops to get their photos developed but they can go into Kmart and get the photos developed. It is the same with toys. Toy shops cannot accept the BasicsCard but people can go to Kmart and buy toys.

**CHAIR**—Do you have an understanding about why they have been rejected if they have made an application? Have you had any feedback from the toy shops?

**Mrs Eade**—Because it is not a necessary item. That is what they have been told: it is not a necessity.

**Senator ADAMS**—What about the smaller stores in the suburbs, say—delis or something like that—that stock general foodstuffs? I know that you have late-night shopping here, which we do not have in WA. People cannot get access to them, so those stores are not able to have the BasicsCard for people to be able to access them.

**Mrs Eade**—I believe they do. They have food items et cetera. They have got the BasicsCard. It is mainly the little stores that do not serve food items—

**Senator MOORE**—Specialty shops.

**Mrs Eade**—Specialty shops, yes.

**Senator ADAMS**—You were talking about the remote communities not having any businesses or anywhere for anyone to work or anything like that. As the chamber, are you doing any work in initiating tourism-type things or anything like that? Does the chamber get involved with, say, a pilot project in a small community? Have you got any examples of that?

**Mrs Eade**—Not so much in the smaller communities, but we are working on a pilot program at the moment. There has been a lot of training of Indigenous people to get into the workforce, but there has been no training for employers about how to induct Aboriginal workers into the workforce, so we are working on a pilot program on that. We have about eight employers—guinea pigs, as I call them—who are going through that program. We have an Indigenous trainer who will be training these employers on how to induct Aboriginal workers into the workforce. Before, Indigenous were getting trained, but the perceptions between the employer and the employee were out of whack. The employers could not appreciate, if they gave one instruction, how Aboriginals perceived that instruction, so the retention was and is failing badly. At present we are working on that pilot program, which I believe starts next week.

We have also got some funding to extend that training program to tour guide operators, so we will have an Indigenous trainer to train operators on how to employ Indigenous tour guides. If these two are successful it may go further. We have a training organisation in Alice Springs who go out to Indigenous areas for training in health areas—for example, to train nurses et cetera—and they will be on the pilot program. Their aim is to retain staff in the communities to do this work.

**Senator ADAMS**—At this complex here, I have been looking rather carefully to see if there are any Indigenous employees but there seems to be everyone else except Indigenous. Does the chamber have any interaction with these large resorts to see that Indigenous people are given an opportunity to be trained and to be able to work on these places?

**Mrs Eade**—There are a couple of hotels that have programs. The Aurora resort in town does employ a lot of Indigenous. I think it is up to the individual hotels or these programs. I think Workforce Solutions have started a labour hire organisation now. It is improving, but the willingness to work is still not there because it is a ‘shame’ job for them. I have an Indigenous trainee receptionist in our office. I do find a difference, in that we have an information night for different businesses and her job is to take registrations of the people who come, and for her it is a shame job.

**Senator ADAMS**—Why?

**Mrs Eade**—Everyone can see what she is doing, she is working.

**Senator ADAMS**—She is being discriminated against because she has actually got a job?

**Mrs Eade**—Yes. I have spoken to quite a few people in the communities. At Amoonguna there was a gentleman who worked there in the health organisation and he was trying to get people to take on some of the young kids as apprentices. He said he picked some really bright kids who had done school et cetera and they got picked on by their peers for trying to be bigger than what they are. So I think their esteem is down here, but if they get a job then they think they are better than what everyone perceives them to be.

**Senator ADAMS**—Okay. Thank you.

**Senator CROSSIN**—Hello, Julie; good morning.

**Mrs Ross**—Hi, Trish; how are you today?

**Senator CROSSIN**—Good. I want to ask about something I discovered last week; I think it would be useful to get your view about this on the record. I understand that you cannot use your BasicsCard to put down and pay off a lay-by. It was put to me at quite a number of businesses up and down the track that that severely hampers their operations and their ability to sell washing machines or fridges. When they have contacted Centrelink about it, the view has been that Indigenous people ought to save up for these things. But I have to say that, come Christmastime, I find it a bit handy to lay-by toys at Kmart or Target, for example. What is your experience at the chamber on the lack of lay-by facilities with BasicsCard? Do you have any knowledge of that?

**Mrs Ross**—Nothing has been reported to us. Unfortunately, often the people who make these rules and regulations really do not think about the actual outcomes at the end of the process. One of the problems that has occurred with these BasicsCards is that people will buy a permitted product—for instance, clothing—return it to the store concerned, receive cash for that item and then go off and buy banned goods such as cigarettes, alcohol et cetera. Often they use the card to purchase goods for that exact purpose. There are just so many things wrong with this system that we would be better off having a debit card to a savings account rather than a BasicsCard where they cannot buy certain products. But certainly not being able to use the card for lay-by is of great concern, particularly around Christmas time, as you say, and to purchase goods for their homes.

**Senator CROSSIN**—I also wanted to ask you whether you have been approached by petrol stations or roadhouses. Another issue we discovered is that you can drive 400 kilometres, for example, and stop to buy fuel with your BasicsCard, but in most roadhouses you cannot get a fresh sandwich and a can of drink with it as well—because roadhouses sell alcohol they are only licensed to sell fuel on the BasicsCard. Is that something that any of your members have raised with you?

**Mrs Eade**—I drive up and down the track quite often and I have not seen that at all. I have seen ‘BasicsCard accepted’ signs, but, having said that, recently the bush stores have opened up, so I am not sure if they are using those stores instead of the service stations. I am at Ti Tree quite often and I see people purchasing food et cetera, so I am not quite sure if there is an issue there or not. We have not been approached; it has not been highlighted with us at all.

**Senator CROSSIN**—But at Ti Tree do they sell supermarket items—tinned food and so on?

**Mrs Eade**—What was that, sorry?

**Senator SIEWERT**—Do they sell supermarket items rather than takeaway food?

**Mrs Eade**—I see them all the time buying takeaway, but they always use cash. I have not seen them use the BasicsCard there, but then again I have not really studied it.

**Senator CROSSIN**—That is what I am getting at. People who might drive 300 kilometres and stop to get petrol then have to use cash to buy food and a drink, rather than putting it all on their BasicsCard, and drive the 300 kilometres to the next major town. I wondered whether any of your members are roadhouses and have raised it with you.

**Mrs Eade**—No, none. I do not think people using the BasicsCard would do a lot of travelling. I would have thought that they would just go from wherever they are to the major city. I do not think it would be a big issue because I do not think they would be doing it very often.

**Senator CROSSIN**—Okay, that is all I had. Thanks.

**Senator MOORE**—Regarding your membership in the area, I know it is a very dynamic chamber because of the kind of place that it is. Are many of your members Aboriginal businesses?



**Mrs Eade**—We do have some employment agencies, but, no, not a lot. The businesses that are in town do not seem to get involved in the business sector. They tend to stick to themselves, which is very disappointing—that was one of the things my receptionist pointed out. She said, ‘There’s no Aboriginal involvement.’

**Senator MOORE**—At the functions.

**Mrs Eade**—At functions or information seminars or in seeking advice et cetera.

**Senator MOORE**—The other point is interaction with the government, both state and territory, and increasingly, I believe, the shires. Is the chamber involved in any ongoing way in talking with these people about policy and being engaged in looking at how things are going?

**Mrs Eade**—I have had contact with some of the shires. The shires have actually started some of the training through us. The last ones we had were work health safety programs. The issue our trainer had was that they had enrolled 10 people from the different communities, and I think six ended up turning up, and then only two were literate; and the others did not have a lot of knowledge of English. We have to rethink, and maybe offer interpreter services when we run these. There is a lot of different training that needs to be done—governance training et cetera—or all these things are going to fail, because they are putting Indigenous people in there who do not have the education or the tools to succeed in these positions. I know this may sound terrible, but there is no sense putting an Aboriginal person in a position just because they are Aboriginal but who have no skills, because it is not going to last.

**Senator MOORE**—I am interested in FaHCSIA and the various groups that are working on the ground. We hear that the ICC and those organisations are there. Is there any method of communication with the chamber on a regular basis, through those areas, just to make sure that as a business group you are engaged in what is happening in the ongoing process of effective policy in this region?

**Mrs Eade**—I do not believe I have seen much. Julie may have.

**Mrs Ross**—I am a member of the board of the Northern Territory Chamber of Commerce. We have tried over the last few years to establish an Indigenous business chamber, but not very successfully, I am sad to report. I have not seen any reports come through that organisations related to the intervention have been coming to us for information or advice, or even talking to us.

**Senator SIEWERT**—You mentioned stores that do not have access to the BasicsCard. Does that include clothing and second-hand stores?

**Mrs Eade**—I am not too sure about second-hand. I believe they do have access to the BasicsCard. I know the Red Cross does, and I am pretty sure St Vincent de Paul does. So, no, not that I am aware of.

**Senator SIEWERT**—I understand that there are two stores that provide power cards and that only one store has access to the BasicsCard. Do you know anything about that?

**Mrs Eade**—No. No-one has brought that to our attention.

**Senator SIEWERT**—Okay. I will follow that one up.

**Mrs Eade**—Maybe I can ask a question. I think some of the health workers used to take a swag of these power cards with them when they went out to communities so that people could purchase them. What happens now, with the BasicsCard?

**Senator SIEWERT**—That is an extremely good question that we will follow up. As I understand it, only one of the outlets has access to BasicsCard facilities.

**Mrs Eade**—It is not really efficient, because I think all the town camps use the power-card system. Maybe some of the Aboriginal organisations could take that on board—CLCs and Tangentyere.

**CHAIR**—I have a question in relation to your comments that there do not appear to be new business opportunities turning up in the communities. What future role do you see the chamber playing in identifying and assisting Indigenous aspirants, if you like, in the business world, to get up and going in their own communities? Clearly the chamber has all those tools, and that is the principle body of their work. I understand that it is in Alice Springs and nowhere else, but do you have any thoughts on your future involvement in supporting businesses outside of Alice?

**Mrs Eade**—I would like to work a little bit closer with the shires—or, as they call them, the ‘super shires’—to put programs in place. We have the tools and the training for mentoring. If we cannot provide it, we know who can. I know the Territory government had TBCs, Territory Business Centres, that help them start up businesses et cetera. We do have an economic development committee, and the chamber sits on those committees in the different regions, so that is also available.

Until we also get participation in these committees from the Aboriginal communities and the Indigenous people who want to be involved and to be helped—there is no sense in giving it to somebody who does not want it—it will not succeed. We would like to see a bit more business growth in the communities. They are not going to grow if there are no business economics, I do not think. We would like to work with the shires offering advice. We have everything at our fingertips, given the tools, to succeed, instead of just looking after them because they are there to be looked after and that they are not there to actually grow as a community. We have everything on hand. The shires just need to come to us and say, ‘Work out a program that can help A, B and C people start their own business.’ There are lot of different organisations out there that can help, as well.

**CHAIR**—So you will be talking to the shire?

**Mrs Ross**—I have a meeting with the shire next week to see what sort of training government has to start with so that the shires and the councils are run properly and the governance is done properly. I know it is early days for the shire, so I do not think they would be in a frame of mind yet to start businesses et cetera.

**Senator MOORE**—On the issue about the review of the BasicsCard, which you found out about when you spoke with someone in Canberra, are you going to make sure that someone from that review talks to you guys?

**Mrs Eade**—I would hope so. When I spoke to them they said they were coming to Alice Springs mid-May, so hopefully they will contact me. They have my email address and phone number. They said they would contact me.

**Senator MOORE**—That is the kind of interaction we are trying to seek.

**Mrs Eade**—That was me calling them because I had a question, basically.

**CHAIR**—I thank the Alice Springs branch of the Northern Territory Chamber of Commerce for your evidence here today.

[11.42 am]

**WAKEFIELD, Ms Dale, Coordinator, Alice Springs Women's Shelter**

**CHAIR**—I welcome the witness from the Alice Springs Women's Shelter. Information on parliamentary privilege and the protection of witnesses in evidence has been provided to you. I now invite you to make a short opening statement and, at the conclusion of your remarks, I will invite members of the committee to put questions to you.

**Ms Wakefield**—Thank you for the opportunity to talk to you all today. I thought I would start with a brief overview of the Alice Springs Women's shelter as a service. We provide a range of supports for women and children experiencing domestic violence. The main service we provide is a 30-bed high-security accommodation service. If our current demand continues this year, we will see over 800 women and children through the shelter this year. About one-quarter of those women and children will see more domestic violence. Demand for our service has increased over the time of the intervention in the last 18 months. Last financial year we saw a 30 per cent increase in the number of children attending the shelter, and that trend has continued this year, with a further 18 per cent increase in the second half of last year. Unmet demand has also increased over that period of time. In the second half of last year we were unable to provide support for 255 women and 122 children who sought support. This year the situation has got even more urgent. In the first three months of this year we have already knocked back 158 women and 100 children who sought the support of the Alice Springs Women's Shelter. During that period we were able to provide support for 157 children and 149 women. Of those women, we saw 23 more than once. Ninety-six per cent of the clients we see are Indigenous, and 50 per cent of the group are from remote communities. That includes communities from South Australia and the Northern Territory. About 10 per cent of the women we see are from town camps, although that number is increasing.

I think it is also important to note at this stage that the extent of violence against women in Central Australia has been well documented. The rates of physical assault are extremely high in our client group. We did a recent file review which showed that 20 per cent of our clientele had received a stab wound at some time in their life and that they are most at risk of domestic violence homicide in Australia. It is also important to note that we often work with women over long periods of time. Ten or 20 years is not unusual period of time. We are starting to see the second and third generations of the same families coming back to the shelter.

In terms of federal policy, I will start with the positive feedback that we have received from women. We do get very positive feedback about the additional police, particularly where a police station has been built in a community. Women are often very happy to have police involvement. Increased Centrelink services have meant improvements in basic things. For example, we see fewer women presenting on the wrong payment. Prior to the intervention, that would be really common. We are seeing less of that because people have actually received a Centrelink service over the last 18 months.

In relation to BasicsCard, I know that income management is an incredibly difficult subject and that many people feel that it has been a disempowering process. But the women we work

with never really had control of their money. Financial abuse was rife among the group of women we work with. The BasicsCard has been an empowering thing for these women, and so we have received very positive feedback from them about it. The BasicsCard is also much easier to deal with if it is taken by family members. It is much easier to counsel and get a new PIN number for a BasicsCard than it is for a bankcard. We all know how difficult it is when we lose our bankcard; it is a rigmarole. The BasicsCard is a lot easier to manage from that point of view.

I also want to point out that the increase in sexual assault services in Central Australia has been a really positive thing. For many years there was a solo sexual assault worker, who also ran the 24-hour crisis support panel. For a couple of years there have been two workers, which has been fantastic. I understand that they are now advertising for a third. The federal government has directly funded the mobile, sexual assault team, which means that sexual assault workers will actually get out to remote communities. This is incredibly important. However, because there is always a 'however', there continue to be significant issues with the lack of coordination between the levels of government. There are no information sharing protocols between agencies and government. There is also a significant gap between policy development and goals, and then operational implementation of those goals. There has also been a significant drive for unrealistic time frames, particularly from the federal government.

I will use the safe houses program to illustrate, because it is a really good example of some of those issues. Women have been calling for safe houses in their communities for a very long time. There have been several houses operational in a couple of communities in Central Australia for a long period of time. However, it is my understanding that, although it has not been released publicly, an internal audit undertaken by the government in 2004 shows that none of those safe houses were operating in the way that they were funded to. There has never been any formal review or research into the effectiveness of the model. Once it was a priority for the federal government to build safe houses in communities, and they spent lots of money in doing that; however, there was no research or experience to show how that might work or look on a remote community. Also, the federal government gave a very tight time frame for that money to be spent. From the Northern Territory's perspective, the program was rolled out but there was absolutely no consultation with the services on the ground about how those services might look or be developed.

For example, the person who was responsible for rolling out that program was invited to the Central Australian Family Violence and Sexual Assault Network, which includes every service that provides for that group of women and men. We invited them on many occasions over nine months to come and talk to us about how that might work, and we did not get one visit from that group. That has now been rectified. There are new people in that job, and I think the NT has gone a long way towards rectifying that problem. However, the safe houses are already built in communities, and I have never been able to find out why the particular communities that have a safe house actually got them. Federal workers say that the NT picked the communities; the NT workers say the federal government picked the communities. So there has been no explanation about why they are where they are.

The more concerning thing is that there is no practice model attached to these buildings. Providing that type of service in a remote community is extremely difficult and nuanced. If you are hiring local women to work in that service, those women are going to need ongoing support. If you are working in a community where people's kinships and cultural relationships are pivotal

and central to their daily lives, obviously that is going to impact on their ability to run a safe house. People need access not only to training but to ongoing support to talk through decisions and to manage a crisis, because it will be quite dangerous for those workers in those small communities.

I understand that a tender process is about to occur on those safe houses. Whilst I understand governments' need for open and transparent tender processes, this is such a complex area for a small service sector that it really needs a good cross-sectoral response for those safe houses to work effectively. You need the clinic involved; you need the police involved; you need the women's shelter involved; you need other support services in town involved. Now we have local councils to consider in that picture. A tender process is not necessarily going to bring the results that we need and the ongoing support for those services to actually work. So I suppose that there needs to be thinking about how, in a very small service sector, you still have those open and transparent processes but ensure that there is safety in the practice model to make sure that services provide what they are meant to provide. You said 'brief', so I will stop there. I could keep going, but I will stop.

**Senator SIEWERT**—I have a series of questions, but I will start where you just left off, with the safe houses. It is an issue that a number of us on this committee have been following up for some time, trying to find the rhyme or reason for where they were placed and for the delays—because they have only just started to be operational in the last couple of months. When you are talking about the tender process, do you mean for the delivery of services?

**Ms Wakefield**—Ongoing services. My understanding is that, whilst the government are now hiring the workers to go in there, there will be a tender process to do the ongoing management.

**Senator SIEWERT**—I am extremely confused.

**Ms Wakefield**—Many of us are about that subject!

**Senator SIEWERT**—I have been asking about this issue ever since the intervention started—a range of issues but this one specifically—and at the last estimates they told us, 'We're finally operational.' What I am trying to work out now—and I will be asking about this at estimates, so any help or information you can provide would be of assistance—is: if they are saying they are putting staff in now, why are they tendering out?

**Ms Wakefield**—That would really need to be a question for government. My understanding is that in Central Australia—it may be different up in Darwin—none of the safe houses are operational.

**Senator SIEWERT**—None, did you just say?

**Ms Wakefield**—That is my understanding.

**Senator SIEWERT**—You say they are now hiring staff to go into them. I realise that you can only tell us what you have been told, but sometimes it is very useful for us to get from people on the ground what they have been told. When they are talking about hiring staff, are they putting

staff in before the tender process or is it your understanding that the tender process is how they are going to be putting staff in?

**Ms Wakefield**—I am unsure of that.

**Senator SIEWERT**—Okay. I am going back to this issue you talked about before, the previous lack of consultation.

**Ms Wakefield**—Yes, there was a significant lack.

**Senator SIEWERT**—I thought what I heard you say was that they are now starting to talk to you because they have new people in there running this.

**Ms Wakefield**—Yes.

**Senator SIEWERT**—But they still have not talked to you about how they will be running the tender process or the sorts of people they should be engaging—all the very issues you went through in terms of the need for a coordinated approach.

**Ms Wakefield**—I have raised that with government and we are looking at having a meeting of all the players before any process goes ahead so that perhaps the tender process is a little coordinated, if there is going to be a tender process.

**Senator SIEWERT**—So that has not actually started yet; what they are doing is starting the process of taking people on.

**Ms Wakefield**—We have initiated that, though. The sector has initiated that consultation process.

**Senator SIEWERT**—Is it your understanding that they will not start that process until they have had consultation?

**Ms Wakefield**—I would not say that that could be—

**Senator SIEWERT**—My concern on this is that from the start they seemed to be rolling them out very slowly. The whole premise of the intervention was supposed to be about child abuse and abuse in community and yet one of the key mechanisms you need to deal with that is the provision of safe houses and staff to support women and children but they have not been provided. We are this far down the track and what you are saying is that in central Australia, at least, no safe houses are operating.

**Ms Wakefield**—I would argue that with you—they have actually rolled them out too quickly in some ways. The process was based around bricks and mortar rather than the services provided within that bricks and mortar. If you are going to start at that end of the process it is always going to go horribly wrong, particularly in such a small service sector. With small groups and in small communities you need to bring those communities with you in that process. For a safe house to work effectively a whole community needs to support it and to support how it is run

and to be clear about how it is run. Whilst I know those consultations did happen in Indigenous communities it was certainly not in consultation with the services.

I do not want to sound as though we are just bleating because we were kept out of the service. That is not my intention. In terms of delivering services to those communities, we know some of the difficulties of running a service—we have enough difficulties running a service in a town the size of Alice Springs where everyone knows where the shelter is. Regularly on a weekly basis we have men approaching the shelter and trying to get to their wives. We provide a very high level of security. We have lots of conflicts ourselves as workers. You need to be careful around those relationships. And that is in a town of 28,000 people. Transferring that to town of 200 people where there are much stronger kinship links is going to be incredibly complex and requires a lot of thought and support beyond the bricks and mortar.

**Senator SIEWERT**—I probably should not go to where I think was driving some of, ‘Let’s get them on the ground quickly.’ The issue around the increased numbers of people that you are seeing in your service—what are you putting that down to? When we had the congress here not long ago, Dr Boffa was saying that the number of hospitalisations and homicides have decreased. He was saying that they are the indicators we use in terms of whether domestic violence or violence has decreased. You are saying that you have seen an increase.

**Ms Wakefield**—I would say that the severity of domestic violence has decreased. I think that there has been a lot of talk in Alice Springs and central Australia about alcohol being the cause of domestic violence and I would disagree with that. There are a whole lot of other complex drivers driving domestic violence and alcohol is a factor in the severity of domestic violence. We are certainly not seeing a decrease in the number of assaults as far as I can see but we are certainly seeing fewer stab wounds and we have not had the same level of homicides. But there was still one woman murdered last year by her husband. It is still a significant risk for the women that we work with.

**Senator SIEWERT**—I have some questions, which are probably technical, about your submissions. My first question concerns the issue of explaining the way children do or do not turn up in the statistics in terms of the way they are counted and whether or not they are counted as independent clients. At the end of one paragraph on page—

**Ms Wakefield**—Yes, I can speak on that. Under the current SAAP data—and I know this has been discussed a lot by the women’s sector—the woman is our client and her children always attach to her through the data. They are not treated as individual clients. They are always treated as being attached to a particular woman. So the funding is often around the number of women we see and not how many children are actually attached. And there is no requirement under SAAP guidelines to provide individual case management for children. Since I have been coordinator at the shelter we have decided to do that. Children have individual files and we do individual safety plans with each child who is a dependent. But we are certainly not resourced to provide that properly.

**Senator SIEWERT**—That is the point here.

**Ms Wakefield**—That is the point.



**Senator SIEWERT**—You have to provide a service for the whole family and you are only getting it for the mother and not for the kids.

**Ms Wakefield**—Yes.

**Senator SIEWERT**—You made another comment in your submission about the lack of rehabilitation services for women in Alice Springs. It is an issue that has been brought up with us a number of times in the past.

**Ms Wakefield**—Yes, it is significant.

**Senator SIEWERT**—And those services are still not being provided?

**Ms Wakefield**—No.

**Senator SIEWERT**—What services are available for rehabilitation?

**Ms Wakefield**—The main drug and alcohol service we use is Sober Up Shelter because we cannot accommodate women who are under the influence of alcohol at the shelter; it just does not work because we have a backpacker type setup. CARPUU has been funded to provide women's beds and there has been no sign of those beds, even though we are told they are coming. The only other place in town is through DASA. Our experience is that women do not really feel that comfortable about going to that service. So it is very hard to get women any residential support because there is really only that one option. You are really looking at individual counselling but there is no residential support. Most of our clients are also homeless so it makes it very difficult.

**Senator SIEWERT**—And you are not aware of any other services on the horizon?

**Ms Wakefield**—No. I have to say that when people talk about a drug and alcohol program there is often a focus of male substance abuse and the women tend to go under the radar a little bit in that circumstance.

**Senator SIEWERT**—In regard to your comments on the BasicsCard, I have heard what you said about a lot of women saying that they value it, but there is also a whole group of people who say that they do not.

**Ms Wakefield**—Absolutely. I acknowledge that issue.

**Senator SIEWERT**—So would these women use the voluntary system if it was there, because it seems to me that they could still have the same benefits through the voluntary system.

**Ms Wakefield**—I would say that it would be very hard for them to maintain that. If their partner knew it was voluntary I think you would find that women would be forced to take it off that. With the amount of power that people can have over other people in this town, it is very hard for women to refuse.

**Senator SIEWERT**—With the women who are coming in, have you asked them if they have been using the Tangentyere system, which has about 800 people using it.

**Ms Wakefield**—Yes. As I said, only about 10 per cent of our clients are from town camps. The majority of the women we work with are from remote communities and from town. I could not give you exact figures, but the women from remote communities very much like the BasicsCard. So I think there is a difference between different people's circumstances.

**Senator SIEWERT**—Where do the people from town camps go?

**Ms Wakefield**—We have not had a high uptake and women do not access the service. We have been working very closely with Tangentyere in particular on the two communities that have community centres. We have been providing outreach support to those community centres over the last two years and we are just starting to see referrals from those two town camps now after two years of going weekly for painting nails and dying hair—just doing very basic support.

The other town camps are very hard to access. For instance, I live nearby Hoppy's Camp and I know that there are women in that camp who could access our service and may need to access our service, but there is no way for us to access them and educate them about what is going on at the shelter. The shelter has been open for 30 years and at different times it has operated better than others. It may be that that group of women have had a bad experience of the shelter and there is no way of accessing them and saying to them that the shelter has changed and that it is now run in a much more relaxed manner. It is very hard to get access to those women in those town camps.

**Senator SIEWERT**—How do you get access to women in remote communities? Are you doing outreach to all those communities?

**Ms Wakefield**—No, we tend to work through the clinics and with police. We might get women from town camps through the police or the hospital. We have got good referral systems with the hospital as well. But we tend to find that those women are more comfortable coming to the shelter because they have got nowhere else to stay in town. They want the security of the shelter. That would be the feedback we have had from women, anyway.

**Senator SIEWERT**—Where do the women that you have had to turn away go?

**Ms Wakefield**—Back to where they were. There are really very few other options. We try very hard, when we are full and we cannot take somebody, to do a safety plan with them, to look at where they might be safe and what other support they have in town. Access to other crisis accommodation has got even worse in town over the last little while with the closure of Mount Gillen. The Aboriginal hostels now have up to a month's wait. Some of the other cheap accommodation in town is very hard. It is very hard for us to access motel accommodation. Yesterday we had to ring around for somebody that we wanted to put into motel accommodation. On three occasions we were asked if the person we were referring was Aboriginal and then we were told that they did not have a room. We finally got accommodation for that woman. Trying to access other accommodation is almost impossible. Often the best we can do is to provide women with a taxi voucher, make sure they know how to call the police and send them back to where they were.

**Senator CROSSIN**—I just want to ask you about your comments about the planning for where the safe houses were put. Was it not based on the major communities that were targeted under the intervention?

**Ms Wakefield**—It could have been, but no-one has been able to provide me with that information.

**Senator CROSSIN**—Okay, so have you requested it from the NT government or the federal government?

**Ms Wakefield**—I have spoken to people from both, and I know that CAFVSAN has also asked for it. It has been very vague whenever we have asked.

**Senator CROSSIN**—I just wanted to ask whether there was access to student counselling services?

**Ms Wakefield**—Counselling services? We have a domestic violence counsellor position, which is difficult to fill. It is currently unfilled and trying to fill that position is difficult, and I think that is generally around the wage that we are offering. There are other counselling services in town which we refer to, and certainly when we are without a domestic violence counsellor other services will prioritise our referrals. There is a broad range of counselling services in town, but we are the only specialist domestic violence one. There is also a big lack in counselling for traumatised children, I would say, as well.

**Senator ADAMS**—Rachel has asked a lot of the questions that I was going to ask. As far as the length of stay goes, is there a restriction upon that?

**Ms Wakefield**—Under SAAP guidelines there is a three-month restriction on that. I suppose women tend to use our service slightly differently to women in shelters on the east coast. Our length of stay is only seven days. Women often come to the shelter for a short period of time whilst the crisis is on and then leave. Most of our ERF goes into transport costs. The women might come for a period of time, and then we will transport them to a remote community where family might be or to where they will be safe. In general the way we are set up is backpacker style. We only have eight rooms and 30 beds. It is not set up for long-term stays. We have just got funding for another safe house, which we will use for women that need to be in town for a longer period of time. A woman from a remote community who needs counselling for a period of time may access that safe house, which will be better set up for longer term stays. But generally, to be very blunt, we do homicide prevention and women come in for that very short period of time. We have very little opportunity to move beyond that.

**Senator ADAMS**—So they are going back to the same situation that they came from.

**Ms Wakefield**—Yes.

**Senator ADAMS**—And you really cannot do anything about that. How often do you get repeat cases?

**Ms Wakefield**—Regularly. Our case management model is to work with women over a period of time, not just to look at that one visit by itself. We look at it as though we are going to be working with women over a long period of time, because that is the reality of a remote town. Where do women go? You can move from one side of Melbourne to the other and be fairly confident you are not going to see the perpetrator of violence against you. You can move from one town camp to another and you can be certain that he will know where you are within half an hour if he asks the right people. It is incredibly difficult to do that long-term work with women, but our model is that each time women come we do a little bit more and build on what we have done last time. So it is really important that we take a long-term view, and we do see women changing over a period of time. I have seen women move through violent relationships and end up in a better space at the end of that. But it is a long-term and very complicated process in a small town.

**CHAIR**—I was interested to hear in your opening remarks that your largest demographic is from the communities. I am not sure whether you are able to establish this, but you might throw some light on it: are they seeking shelter from behaviour that occurs whilst they are in town or as a consequence of being in the communities?

**Ms Wakefield**—I can certainly do that. We recently did a review of our files from the last five years and had a good look at that. Of the 50 per cent of women who are from remote communities, 25 per cent came directly from remote communities, meaning they have been evacuated or they have gone to hospital and come via hospital, and the other 25 per cent were women from remote communities who became unsafe whilst in town in whatever accommodation they were in. When we looked at the reasons why those women came to town, we found that 25 per cent of them were escaping domestic violence already—that is, there was an incident in a remote community, they brought themselves to town and that situation occurred again in town. The main other reasons for coming to town were hospital appointments, legal appointments, court appointments and all those services that people in this region have to come to town to receive. About 11 per cent of that group said they were in town visiting family or for some sort of social reason, but in the vast majority of cases people were in town for a particular reason.

**CHAIR**—You have reviewed your files from the last five years, but do you think those statistics are pretty much a reflection of how it is at the moment?

**Ms Wakefield**—I think that there have been some changes and that people are coming into town more often but—and this is purely anecdotal and my opinion—I do not feel that the level of violence has necessarily increased. I think that women are seeking support more often. The women we work with are often very clear they want police involvement. They want people charged, they want DVOs—they want access to those services. Really, it has been only in the last five years that there has been proactive policing around domestic violence in Central Australia, and they have been saying to women that it is important to take those steps to make yourself safe. I think that is reflected in women's attitudes. The introduction of mandatory reporting by the Northern Territory government really has not changed our practice very much. A third of our referrals come from the police in the first place and the majority of women we see already have the police involved before they come to the shelter.

**CHAIR**—You also mention some statistics about the levels of sexual assault as general assault. I am not sure whether these are benchmarks and you have in interviews, in a generic sense, tried to separate those things. Could you talk to us about that for a moment.

**Ms Wakefield**—I know many people have said it but I am absolutely convinced that the levels of sexual assault are underreported in Central Australia; I do not think there is any doubt about that. I think it is incredibly difficult for women to talk about sexual assault, and it is not often that we will raise it as an issue. Women will often tell us they have been sexually assaulted, but they will report only the physical assault not the sexual assault to police, because it is really difficult to report that. I think access to that sexual assault service and having it go out to remote communities will have an impact, but the results will not be immediate. It will be a long-term change, just as it has taken a long time to get a change around domestic and family violence.

**CHAIR**—On a couple of occasions, in response to questions you have indicated that one of the challenges is—and it must cause a great deal of frustration—that the circumstances from which they come to you they return to. It is often that the circumstances have not changed or that there has been unsuccessful police intervention. This is not a naive question: do you think that, in relation to the town camps, because you can actually describe a camp, it is somewhere that is quite well defined—a DVO actually prescribes that some person cannot pursue another person into a camp. Are you aware of any of those circumstances and how do they work? Are they successful?

**Ms Wakefield**—There are limitations to DVOs. I think the advantage, and why we talk to women about the importance of having a DVO, is that if there is a problem it means that the police can pick someone up without that woman having to make another statement. They can pick him up for the breach of the DVO. It means that the police reaction is much more immediate and effective, without putting additional pressure on that woman to make yet another statement about yet another violent assault. It means that women have the ability to call police and know that they have to act because there is a DVO in place.

Most of the women we see go through a non-contact order because of the realities of that, which are that they cannot be approached while he is under the influence of alcohol or in other circumstances. Women will often choose that because they do not want to end the relationship; they just want to stop being assaulted.

**CHAIR**—In your summary you speak of the significant increase in the number of children, as against the number of people coming. Can you explain to me how that happens? Are they children who are accompanying individuals visiting?

**Ms Wakefield**—It has been quite a significant change. Again it is not a straightforward answer but there are probably a couple of things going on. Since the intervention I think women have been less likely to leave their children in the community to come into the shelter by themselves, which is often what would happen. They would leave the children with relatives and come in to the shelter themselves, and I think women are less likely to do that. I think that, now that individual police officers do not have discretion under NT law for how they will react to a domestic violence situation, they have to account for what happens to the children and they are more proactive in picking up the kids and making sure that they come to the shelter as well. I think that the hospital is much more proactive about finding out about women's kids when

referring to the shelter. About 30 per cent of our referrals are now from the hospital, and there is now a social worker in the emergency department, which means that there is much more effective referral about people's wider circumstances.

We have also worked very hard at making the shelter a child-friendly spot, because if the kids are happy there then women will come to the shelter and stay. So we have worked very hard at having fun activities, making sure kids go to school, making sure there is a routine and making sure that children have access to a service. We do a lot of safety planning with children. For example, we will get the kids to draw maps of their communities and work out where the safe places are for them to go if there is fighting and make sure they know how to use the phone so that they can call the police. We work very hard at empowering children to take some control of their own safety. It has now got to the point where women are coming back and saying their 10-year-old or 12-year-old said, 'Mum, it's time to go to the shelter.' We are now starting to see the impacts of that. I think that us including children as important clients in their own right has made a difference to them wanting to come to the shelter.

**CHAIR**—A little while ago you told us of the length of time an investment in a relationship with a new town camp takes. You talked of dyeing hair and doing fingernails, and I appreciate how much time you must invest in that. You also spoke generally of the difficulty in accessing town camps generally. What suggestions could you make to the committee about how any of the jurisdictions could change what they do to make that easier or what other resources you could have to ensure that the women in those camps actually know there is a pathway to security and shelter?

**Ms Wakefield**—I think the thing that works really well in the two town camps that we work on is that there are community centres in those town camps. There are workers based in those communities. We have very close, proactive relationships with those workers in the communities. They will let us know if they are worried about people and there is two-way communication so we can try to target interventions to make sure that the people we are worried about are included in those supports. It is about working cooperatively with other agencies and keeping those lines of communication open.

**Senator SIEWERT**—The analysis of the five years data that you were talking about sounds slightly different to the data that you gave us in your original submission.

**Ms Wakefield**—Yes.

**Senator SIEWERT**—I am wondering whether you could provide us with that additional data.

**Ms Wakefield**—Yes. It will be released publicly soon as well as feedback from service providers and clients.

**Senator SIEWERT**—Thanks. At first I thought you were talking about this data, but it is obviously different data. If you could provide that, it would be very appreciated. The other thing is on the women coming from remote communities. Have you looked at that and where the safe houses will be in the future when they are staffed? Does it correlate?

**Ms Wakefield**—When we looked at our data on where the safe houses actually are and where we have had domestic violence workers in remote communities we have seen that where there is a service we actually get more referrals from those communities because there is a pathway to us.

**Senator SIEWERT**—This is about whether they will have a physical location as well with the safe houses.

**Ms Wakefield**—I am sorry. I am missing the question.

**Senator SIEWERT**—The answer that you gave probably answered part of the question. But, at the moment, you have workers where you do not have a facility.

**Ms Wakefield**—Yes.

**Senator SIEWERT**—So, with the advent of the safe houses, do you think you will still get people coming from there? I am taking on board the comment you made earlier about it being very difficult to have those—

**Ms Wakefield**—Absolutely. I think that where those safe houses are we will continue to have women accessing the service because, where women are extremely unsafe, the level of security provided by safe houses is not going to be enough. There are times when women have to be off communities. That will never change. It may change in the very long term, but in the medium term there will always be a need for that. That is why whoever is in those safe houses need strong links to the women's shelter so that there is a clear referral path and a clear decision-making protocol that we both understand about when it is we get to the point that women are too unsafe to stay in the community and need to come to the women's shelter.

**CHAIR**—Ms Wakefield, the committee thanks you for giving evidence on behalf of the Alice Springs Women's Shelter.

**Proceedings suspended from 12.24 pm to 1.06 pm**

**ADAMS, Mr John, Manager, Family and Youth Services, Tangentyere Council**

**SHAW, Miss Barbara Rachel, Mount Nancy town camp resident, Tangentyere Council**

**TILMOUTH, Mr William Roy, Executive Director, Tangentyere Council**

**CHAIR**—Welcome. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee has before it your submission. I would now invite you to make short opening statements, and at the conclusion of your remarks I will invite members of the committee to put questions to you.

**Mr Tilmouth**—I would like to thank the committee for the opportunity to appear at this hearing and provide information to the committee from the point of view of Tangentyere Council. As you know, we made a statement last year to the committee which you referred to a number of times in your first report. I would like to follow up some of those points we made in our original submission with a number of further comments in relation to government programs and policies that Tangentyere has found most successful. I am referring now to your terms of reference.

Programs that have proved particularly effective are ones that are provided on town camps rather than in mainstream locations. For instance, the two community centres located in town camps have enabled many mainstream services to access high-need clients within the environment over which residents have ownership and control. Town camp residents have been able to access education, domestic violence services, health programs, training programs, art programs and many other services that they would have found difficult to access otherwise, and I am talking about the community facilities that we run in two or three town camps.

We would prefer to have more of those facilities in all town camps, because then people would have access to those services and there would be a focal point for people to attend those services. It also allows town camp residents to have ownership and control of the services that are delivered via those programs. This includes Aboriginal knowledge and expertise as part of the delivery of services to Aboriginal people—for example, the night patrol. Tangentyere operates the night patrol, day patrol and youth patrol. These programs use the cultural and local knowledge of the Aboriginal people who staff them in order to defuse situations with a potential to result in harm, and these programs are effective in regard to the utilisation of cultural skills. These are a very good prevention measure in relation to harm and further disruption to the community.

We also have the Fixing Houses for Better Health program in town camps. It surveyed house maintenance needs within the environmental health guidelines and it fixed health hardware problems at the same time, resulting in substantial improvements in the environmental health conditions of residents and huge savings in water wastage. We also provide Aboriginal people with agency in their own lives. For instance, with Tangentyere we offer the food voucher systems whereby people nominated an amount of Centrelink payment to be taken in the form of food. This is a voluntary program that most town camp people access. This is a program that the Aboriginal people from the town camps designed themselves. That program has been in place



for the last 20-odd years and was totally overlooked in regard to income management. It is one that they hold store by. It is one that they utilise quite a lot.

What has not worked with the Northern Territory Emergency Response is that it has tended to be a top-down process and it ignored Aboriginal expertise, opportunity and input. It has been a prescribed solution as opposed to one that is based on evidence and designed by the people themselves. What it has done is disempower Aboriginal people. It has demonised Aboriginal people and it has taken away every responsibility that Aboriginal people feel. Not only are they no longer responsible for their own land; they are no longer responsible for their own income. This responsibility has been taken away from them under this government control, in effect increasing dependency. I would have liked to have seen a far more targeted approach. There are people who are alcoholics, there are people who are gamblers, there are people who are drug addicted and there are people who have a lot of domestic violence issues. But to impose a blanket decision over people in regard to income management and then control is something that I do not subscribe to and nor does Tangentyere.

**Miss Shaw**—There was a mobility study done through Tangentyere Council. There has always been an influx of Aboriginal people from the remote communities for various reasons: health, education, artwork, travel interstate and annual events. Now there is more of an influx of people from those communities because of the intervention and the lack of services for them out there. It just makes it harder for them when they have nothing out in remote communities. This, in turn, puts pressure on us as town campers and as an organisation that provides services for Aboriginal people. We do the best that we can with what we have and with the inadequate peppercorn funding that Aboriginal organisations get to provide all these services. It just strains us, and then we fall into a hole that we cannot get out of. That is where the intervention has pushed a lot of us Aboriginal people—especially a lot of us town campers, because we have to put up with the influx of people and with more of the overcrowding and anti-social behaviour that comes along with that.

**Mr Tilmouth**—In regard to that mobility study that Barbara was talking about, that was done in conjunction with Desert Knowledge and the Centre for Remote Health. The mobility study was done through the Tangentyere Research Hub that we run. We have always worked on the basis of the original ABS statistic of 1,600 to 2,000 people. When we did the mobility study, the population of the town camps was up around 2,500. With the mobility of people to and from Alice Springs, the service population is up around 3,000 to 3,500 people. As a result, there is a whole heap of overcrowding and disruption to people's lives within town camps.

For myriad reasons, as Barbara said, people have to access the service centre of Central Australia, which is Alice Springs. It could be a whole heap of things, including people visiting family who are dying in ICU. It could be buying spare parts for their cars. It could be banking. It could be renal dialysis, which is a growing concern. There are myriad reasons people come. One of the things we find is that policies are inconsistent with regard to funding for cyclical repairs and maintenance in town camps. One of the things that have come out is that the new shire councils pay up to \$7,500 per house per year in cyclical repairs and maintenance. It took us a long time—I can recall my times on the IHANT board where we managed to get \$1,700 per house. Historically we got none. We have now managed to get that up around \$2,200 per house.

When you think about that in relation to urban housing and remote housing, Tangentyere has historically been underfunded and has been expected to do a whole heap more with little or no funding—as Barbara says, peppercorn funding. The government does not always follow its own processes. Examples are the Northern Territory Emergency Response legislation, the exemption of the Racial Discrimination Act rather than testing it through a normal process and the United Nations Declaration on Indigenous rights. The first article in that is that aboriginal people and indigenous people have the right to self-determination, and that is not being allowed at all. We find that the embarrassment of government in not allowing that to happen—allowing us to have a say in our lives—in the emergency response means there will be no voice for Aboriginal people from the town camps.

**Miss Shaw**—We are just living under the paternalistic control of the government, as I have said before. As Aboriginal people we face a lot of racism within the general public such as asking for segregated lines so we can shop with the BasicsCard system. I have had trouble outside the Territory when trying to access essential items just to feed myself while I am going on trips. We had a voluntary system which had a turnover every year. People from remote communities were also using that system. We had clients—2,000, said the mobility study—who were accessing our voluntary income management or food vouchers system at Tangentyere Council. When they returned to their community they would take their name off it, and when they came back into town again they would put their name back up. It is that turnover of people all the time.

There are problems like home raids by the police. Children want to be able to go to school, get dressed and ready and have breakfast, not to look at police banging on their doors first thing in the morning. When people miss out—when there are glitches in the system and people are missing out on buying food—it is not actually saving our children. On a long weekend we all had to go without. We have children. There are a lot of grandmothers and mothers who look after their children and grandkids. There is no support system for the old people. For example, my 82-year-old grandmother has to walk five kilometres into town to access her income management. She cannot speak English properly anymore. She signs with a cross, so she has no identification. Those are the problems that people are facing. Homeless people do not pay rent and yet they are income managed.

**Mr Tilmouth**—Let me speak with regard to law and order. The police services in the remote communities have been enhanced. The police stations in remote communities have been built. The law and order system has been focused on more in remote communities. In the town camps though, there is little or no service whatsoever. When we do request services in town camps, it takes a long time for anyone to respond. And when they do respond, sometimes it is in a very punitive, draconian way. I will give you an example. The ex-president of Tangentyere rang the police one night, doing the right thing in relation to a child. The police turned up. Instead of talking to him about the issues, they pepper sprayed him and threatened to arrest him. As a result, he felt totally embarrassed because it was he who rang the police. It was he who wanted the police to come out and resolve some issues, and yet he was targeted. This is the type of thing that happens within town camps—that is, there has been no pick up on the law and order issue within town camps. Jenny Macklin went to a town camp last week; she was really taken aback by the amount of alcohol brought in by visitors and to the camp and the drunkenness within the town camp. We explained to her that it was not a housing association issue; it was an issue in relation to the close proximity of two liquor outlets, it was an issue in relation to Aboriginal

people drinking in public places and Aboriginal people not having privacy for their drinking. There is no place for them to drink after two o'clock, and public drunkenness is just that: public drunkenness. I do not know whether John can talk about the other issues. John deals with a lot of the welfare.

**Mr Adams**—I suppose you would have expected to see, 12 months after the intervention, a rollout of children's service provisions. I do not think we have seen that in an effective way in the Territory. A lot of that is around some of the movement between early childhood and FaHCSIA through the department of education. We are yet to have those conversations with government about what strategic responses to children's needs are in town camps.

**Senator CROSSIN**—It is good to hear from you again, William. My apologies for not being with you in person. I know you have had some recent meetings with the minister to try to progress the issue of the town camp and the land leasing. What I want to pursue is whether or not you believe that there is enough follow through with some of the problems that we are seeing as a result of the movement into towns. I am talking about an increase in and access to drug and rehabilitation services, for example. To not just stop the flow of alcoholism or put enough police out on the street, but to really get to the root of the problem—that is, these people have an addiction which we need to deal with.

**Mr Tilmouth**—Thank you for your question. As I said earlier, a blanket decision to income manage, to quarantine funding, to control the lives of Indigenous people was wrong. I believe it should have been targeted at the people who have the problems—gambling, alcoholism, drug addiction—and should be targeted alongside case management and support services that will help people overcome those difficulties. This was never a thought that came along with the quarantining and the blanket decision, and it should have been. It should have been a consideration that allowed people who are in those dire situations some recourse to at least overcome those difficulties in life, because not all Aboriginal people and not all town campers are gamblers or alcoholics or child abusers or domestically violent. There are town campers who aspire to live the life that people in urban settings take for granted. That is something that should have been considered when this whole thing was taken up.

With regard to the case management and support services, the intervention itself cost in the vicinity of \$255 million and none of that touch the ground. None of that resulted in services for Aboriginal people. In fact, the rent-a-car companies made a killing, the hotels made a killing, Aboriginal people were brought up from the southern states because the local people were not trusted in language to do the right thing. They were up here to help their people, but to tell you the truth none of the people up here understood what they were talking about. So there was a lot of money wasted and, at the end of the day, it could have been thought out a lot better and the services provided that Tangentyere has basically been crying out to be funded for a very long time anyway.

**Senator CROSSIN**—The clients you would come across on a day-to-day basis who do have an addiction problem—whether it be alcohol, other drugs or gambling—what is the level of services in Alice Springs for these people to get long-term assistance to change their lifestyles and their lives?

**Mr Tilmouth**—The services in Alice Springs such as alcohol and gambling services can not only mean help from those services, they also mean employment and training programs in order to build up the capacity of those people to move on in life. Those services that you are talking about—in relation to the domestic violence issue, the women’s centre is full to capacity and still needs more room, the alcohol services are full to capacity and overflowing at the edges. I do not know what drug and gambling services there are available, but I do know that the people who utilise them are utilising them well, but there is a lot of misinformation out there—in fact, there is no information out there. Health promotion in this town is probably non-existent in relation to those issues. They put ads out on TV and radio, but not everybody has a TV, not everybody has a radio, and as a result that information is being missed.

In relation to what Tangentyere is doing, we do run safe houses, we do run safe houses for children, houses that we lease off the Northern Territory government in mainstream, where we have Aboriginal staff. This is John Adams’s area and I would like John to explain it better in relation to that service, but we have not stopped trying.

**Mr Adams**—When William refers to the safe house, he is referring to the Safe Families program. There is another program which came along afterwards, the safe houses program, which was rolled out in remote areas. I am sure people are aware of the safe houses. I do not know why this oversight has occurred, but there has been an oversight in getting access to those resources in town camps. The people who rolled out the safe houses never came to talk to Tangentyere about delivering those safe house services on town camps. We had some community consultations around Larapinta camp, and they were talking about a safe house 12 months prior to the intervention. Now for some reason town camps in Alice Springs have been overlooked when it comes to those resources. With the intervention, we have had an influx of people who have been misusing alcohol, visitors to the town camps. It has become a greater issue, but still there have been no conversations about how we could use that safe house model in relation to town camps.

**Senator CROSSIN**—Are you aware of the number of places in Alice Springs for drug and alcohol rehabilitation?

**Miss Shaw**—There are only three. You have DASA, which is the drug and alcohol centre, Holyoake, which is just a counselling service, and then you have CAAAPU, which is Central Australian Aboriginal Alcohol Programs Unit. Out at CAAAPU you only get an eight-week treatment. At the moment we are waiting on the women’s centre. Then you have Bush Mob that deals with youth.

**Mr Adams**—Bush Mob is a good case in point as Bush Mob is currently filling a need and they take in young people from the ages of 10 to 25. There is not a practitioner in the world who would say that that age range is appropriate for dealing with young people with drug and alcohol issues. They need a residential service to deal with that younger age group because the other services in town, which should be focused on outer home care and getting kids back to family, are currently getting referrals for 12- or 13-year-old people who are dealing with substance misuse issues. That is a clear area of need, Trish, that really needs some resources put into quite urgently. At 12, 13 or 14 we can do some really good work with those young people about dealing with those substance issues. We also run the CAYLUS program, but I am sure you spoke to CAYLUS this morning.

**Senator CROSSIN**—Yes, we heard a fair bit about CAYLUS and their work.

**Mr Tilmouth**—I just pointed out to John that the CAYLUS program is run through Tangentyere and it is that foundation, that connection to the ground, to the people in the town camps, to the remote area people who hold store by Tangentyere Council, who access their services through Tangentyere Council when no other service provider in town will even look at them, it is that reputation that Tangentyere has that allows programs like the CAYLUS program to be successful. To add onto that, it is Tangentyere Council's financial accountability that keeps programs like that on track and successful. You can look at a lot of programs that we do that are not mentioned in Tangentyere because we do not blow our whistle that much, but and we do have this opportunity every now and then. You talk about the Drum Atweme program; that is another program and another town camp program that has the foundations within Tangentyere. When you look at education and you see the Yeperenye school—the origins of Yeperenye school were a demountable in the corner of Tangentyere Council. They were the origins of town camp people wanting to get education for their kids. The CARPUU program's foundations were with Tangentyere and started from the Tangentyere alcohol committee. Once these organisations become big enough to have their own identity and be an entity within their own right, we let them go off and do that and they run their own programs. But when you look at the origins of a lot of those programs, they were the aims, objectives and aspirations of the old people.

**CHAIR**—I just have a supplementary, Trish.

**Senator CROSSIN**—I have finished actually, so thank you.

**CHAIR**—Thank you, Trish. Mr Tilmouth, in your submission you actually said that you had not really had any additional money or resources, and you talked about housing, which we know about, family and children's services, services for frail or elderly people, early childhood development or night patrols. As we travel around the NTER, in other areas, apart from the town camps, your statement is quite evidently correct. Can you give me any insight about why you think that might be? Is it because it is a completely different demographic and is right next to Alice Springs? I am not really sure why but if you could give us some insight and perhaps some feedback you have had from the departments about that? Why is it that those services simply have not been delivered to the town camps when they clearly are available to a greater or lesser degree in other areas of the NTER?

**Miss Shaw**—We have had a lot of programs that were successful over the years and I have grown up with Tangentyere and been in a town camp for all of my life. I have seen programs work and I have seen them go down. For example, our Return to Country program was successful in taking people back but then when we tried to renew our contract we got rejected, so that is one program that goes down the drain. It is just a cycle of successful programs that Aboriginal organisations and communities have already had in place in their community. The women's centres were running programs such as prevention programs and early motherhood and childhood programs on the remote communities, and now they do not really exist except running a childcare and arts centre out of these women's centres.

Those are the things that women are asking for. Why can't we get back to where we used to be when we were teaching our young mothers, looking after our children and providing for our children before they went to school? We were looking after the old people. For instance, out at

Yuendumu there are three stores now. There was a women's centre there before, but then, because of the statutory rights over the buildings—the minister can take a building and turn it into whatever—they had to turn it into a shop that can do income management. In that building, there was a women's centre that was doing service-providing for the community. Now what are those women doing? They are doing nothing. That is when people feel worthless.

**Mr Tilmouth**—With regard to what Barbara is saying, we used to have a women's officer position at Tangentyere Council. That got taken off us. That was part of the Iluka program. We do not have a say in any of those sorts of programs. We do not have a men's program. Men's health has gone to the medical services. There is a lot of competition in town for services. The client base is always at Tangentyere, but there is a lot of misinformation about Tangentyere being put out. At the end of the day, we do not have the ability to promote and publicise ourselves, and we are not financed to do that with regard to how other organisations do that. We just get on and do the job. When you are busy with your head down doing your job, you are not there trumpeting yourself and your achievements. The other thing is that, when things go completely wrong, Tangentyere is expected to be the be-all and end-all and the solution to everything Aboriginal in the town: 'Why isn't Tangentyere doing that?' 'Why isn't Tangentyere doing this?' At the end of the day, that is where we get a lot of flak.

**Mr Adams**—To answer your question about why we think that maybe there has not been the rollout of services that there could be: I think there are a few issues in terms of government. With the National Child Protection Framework—which I know people are aware of—if you look at the Indigenous section, the government seems to rely on things like income quarantining in the intervention and 'getting kids to school' programs, whereas in fact the mainstream part of that is a bit more sophisticated than that. Delivering children's services is a bit more sophisticated. What I think has happened is that the bureaucrats involved are not actually specialists in delivering children's services. I think they find it a bit confusing. I think they have trouble engaging with Aboriginal people. I think they have trouble engaging with what resources already exist within the Aboriginal community that they can build on. We have lots of conversations with government to try and educate them about what the best ways to do these things are.

We have lots of relationships with big NGOs like Save the Children, Anglicare and the CAFWAA board, and we are trying to move the debate so that, when the money is being spent, it is being spent well. The hub service provision that Tangentyere piloted at Larapinta is an excellent example of that. It is a way that mainstream dollars can be best used in Aboriginal communities. It is about brokering services; it is about using those relationships with the people on the ground with mainstream services. So, when the department of families and children comes to a community, those hub services can broker that. They can advocate for the families, they can ensure that the intervention is appropriate and they can ensure that things like cultural care plans are done. It is a way that the grassroots organisations can beef up the government's bang for buck, really.

**Mr Tilmouth**—One of the recommendations in the *Little children are sacred* report is for multifunctional community centres. These are the centres that John is talking about now. The report recommends that those multifunctional community facilities should be the go and very much funded to full capacity. But obviously they do not look at those recommendations.

**Mr Adams**—To give an example of how that would work: take your own home suburbs in WA and Darwin and look at the delivery of a playgroup service. How would you deliver a playgroup service in your suburb at home and how would you deliver a playgroup service that engaged with that community? On town camps and remote communities, it is easy. You go to the women's shelter and you go to the community centre, and the community comes in. One of the issues in Alice Springs about delivering playgroups is that we can deliver them on town camps—no worries. But, when people go to deliver them in Sadadeen or north side, where is the community focus? Suburbs have become quite diverse. We do not have the neighbourhood centres in the Northern Territory that they have in Western Sydney. They are a good example of that system in the mainstream. If we could replicate that, we would be kicking some goals. I suppose what I am saying is that there are things we can learn from Tangentyere's experience of community housing and grassroots work, which can be replicated on those remote communities.

**Senator SIEWERT**—I have a range of questions; I will see how far I am allowed to get in the time. I want to go the safe house issue. We had the women's shelter people here earlier, and they were saying that there had been no consultation with them about the provision of safe houses. The safe houses currently are not operating. So, if I was going to be a little bit facetious, I would say, 'Don't worry about the fact that you have missed out, because the other ones aren't operating anyway.' But, the point is that—from what I can gather from what you are saying—there was no provision of shelters in any of the town camps. Is that correct?

**Mr Adams**—We got the pain; we did not get the gain. We got the prescribed places and we got the legislation over the top of us, but no-one ever came to talk to us about the safe house stuff. And we were fertile ground for that stuff, because the community centres and the community groups out on the town camps had already talked about it.

**Senator SIEWERT**—When you were talking about that earlier, you were talking about strategic response to children's services. I know that you have had experience, because I have seen some of the programs that you have been running and I have also read your submission around the Safe Families program. Can you take us through what you think we should be doing in terms of a strategic approach to the provision of children's services.

**Mr Adams**—I think one of the reasons there is a time delay—early childhood is the stuff I think we should focus on. You need to separate your child protection response from your early intervention response. That is one of the things we have done at Tangentyere. We used to do early intervention with our out-of-home care at Safe Families. But we have moved our early intervention to a zero-to-sevens group and we have combined education, playgroup, education subcommittee and nutrition around that group. So we focus on zero to sevens.

At the moment in this country we have got a move of policy development around that stuff away from FaHCSIA and health, into education. There are really valid reasons for that. I actually think there is a time lag. There is a time lag about with a knowledge base within those new departments. It cannot just be an education focus. This stuff was based on the work of Fraser-Mustard, who said that, basically, to do early childhood work, you need to engage allied health professionals, educational professionals and across a whole range.

**Senator SIEWERT**—That is what you mean by the 'strategic response'. In other words, you line all those up and you get them all working together.

**Mr Adams**—Yes. And, in actual fact, we do that probably better than government does, because we are able to do that. We can take the different funding sources, put them under the one department and we can also influence policy around that stuff. So we can identify the needs of early childhood.

**Senator SIEWERT**—Have you secured the funding for Safe Families now?

**Mr Adams**—We have secured it. That was another issue; that was about the Family Violence Regional Activities Program stuff—and the Territory and the feds talking together. Aboriginal people suffer federalism all the time. I was in a meeting last week—this is a little aside—about Kwirrkurra. Kwirrkurra wants to build a youth building, a big shed. Kwirrkurra is about 100 kilometres from Kintore. Kwirrkurra cannot get a contractor out of Kwirrkurra to build the building, yet they have contractors at Kintore. Even though it is a federal government issue, it is the federal government employee from Kalgoorlie that is doing the Kwirrkurra stuff and it is a federal government employee from Alice Springs that is doing the Kintore stuff. You have got a Commonwealth; let's use it. There is a bit of that stuff that has affected us, especially in the area of family violence. The family violence money that has flowed from the feds to the Territory government has not been effectively negotiated. That is my take. And that is what happened with the Safe Families program. Basically, we had half-and-half funding, they did not negotiate the transition well enough, there was a bureaucratic mistake, and it has taken us 18 months to get the funding back up.

The Safe Families program, which is different from the safe houses, is our child protection program. It is the stuff where we say, 'If a young Aboriginal person needs to come into care, they are still cared for within their community.' When a child comes into care there is damage that is done, no matter what the situation at home. What this does is reduce the damage. In actual fact, senior bureaucrats from family and children's services in both Queensland and New South Wales have come to me to ask me how to run that Safe Families program. But because we are Tangentyere, we tend not to get the PR around that stuff. But that is all right.

**Miss Shaw**—Would you like to tell them about how you assisted me in my unofficial safe house before the intervention.

**Mr Adams**—I think one of the things that came out of the focus groups around Safe Families was the fact that child protection resources exist within the Aboriginal community. Barbara used to do some stuff at Mount Nancy and we put some things in place around there so the kids could stay on community. Again, that is really important. One of things that happens throughout the Territory around that stuff is that there is an informal placement system—aunties and uncles and grandmothers and grandfathers place kids. I can take you to families where six kids have gone into care. Four kids have gone into care and they never had anything to do with the government. Aunties and uncles have said, 'That mum can't care for that kid, so we're going to put that child with another auntie or uncle.' Two kids have been placed by the state and those kids have ended up in the criminal justice system—a whole range of things that have gone astray. White authorities are not very clever when it comes to placement. They use a very Western model of how to place. They say, 'Put all the siblings together, even though that will overload the family.' I have seen it time and time again.



When Indigenous people place children within their extended family, they take into account the capacity of the family to do that work, the capacity of the community to care for that child—they take myriad things into account. We might get a child protection worker who has probably spent three months in the Territory—at the moment, they are flying guys out from Scotland and Ireland. They do not understand the sophistication of that stuff. There is an Indigenous resource here around child safety that we need to prop up and build up, because the reality is that the government cannot afford its child protection system at the moment.

**Senator SIEWERT**—I want to quickly ask about issues around grog. In your submission, which was submitted a while ago, you said there was more drift into town and there were drinking camps, and you were concerned that the restrictions were not working—though that was my interpretation of what you were saying. Is that still the situation and how we should be doing it differently if the current system is not working?

**Mr Tilmouth**—Prior to the intervention, we were working very closely with the liquor commission in relation to declaring houses on town camps—houses where old people live and where families live—as dry houses, as they do in the urban setting, and enforcing that through the community. People would identify the houses where you can drink and the houses where you cannot drink and so on. When the intervention happened, that got thrown completely out the window. What we have today is a lot more drinking and many more people drinking in public areas. I do not think it can be enforced. I do not think the police have the capacity to do it. What happens here is that Aboriginal people have hopelessness in their lives. They are totally powerless. They do not have any control over their lives. What would you and I do? We would drink. We would just give up and become docile bodies in a system that really did not care for us.

**Miss Shaw**—With the influx of people, it is the younger generation—say from about 15 upwards—that are getting into the grog now. You just notice that. There is no proper help for those young people that have come in from the communities, unless we are going through Bush Mob, CAYLUS or the Safe Families.

**Senator SIEWERT**—That goes back to the rehabilitation services and the counselling services that are available.

**Mr Tilmouth**—It also goes back to the liquor commission, the liquor industry, owning up to its agency in the problem as well. You have a territory that was allegedly built on alcohol—in those days, OP rum. It is still going today. It is still there; it still exists. The tough Territorian image of drink at every turn is still here. It is not only in Aboriginal society; it is also in white society. It is prominent; it is out there; it is in your face.

**Senator ADAMS**—Thank you for your very extensive submission. It is good. I would like to start with education. We have visited a number of communities now, and there has definitely been a great improvement in attendance at school. As far as the children on the town camp go, how is the attendance going? Are more going to school?

**Mr Tilmouth**—We have myriad schools in town of all different religions as well as mainstream schools. When there were no bus services to town camps, they all designed their own pick-up and drop-off services utilising their own buses. All of a sudden, the Territory

government brought in Dysons. They are starting to do pick-up services in the town camps because historically there has not been a bus service. There are a heap of people scrambling over each other to get to children and take them to school to justify their service. Bradshaw ran a bus; Gillen ran a bus; Yeperenye School ran a bus service. I do not know whether there has been an increase in attendance. I am not quite sure. That information will not be given to us by the education department in the Territory, but I can just imagine the chaos some of these kids must feel. Let me refer this to John because John is far more familiar with it.

**Mr Adams**—There has been a lot of work recently around the school attendance on town camps. We got some money from DEEWR to do a piece of consultancy work, and that is bringing an education subcommittee out of Tangentyere and the senior policy people from education to talk about how best we can service kids on town camps. The bus issue was a major issue for us. We realised that kids could not get to school because they did not have access to public transport. The Territory government has come to the party and done that. We actually asked for them to delay that so we could put some infrastructure around getting those kids on the buses. We are looking at a model that was piloted in town camps in Darwin by Save the Children. They engaged people from town camps to work from 6 in the morning till, I think, 11 in the morning with the schools and on the town camps to get those kids who were not getting to school ready for school.

When we talk about a lack of attendance on town camps, I actually think that what people see when they come onto the camps are visitors who are not getting their kids to school because they feel that they are enrolled in other schools. We have done a lot of work with the education department building relationships between remote schools and town schools. We have some concerns around that stuff because we think that the last thing you want to do is put barriers up for kids who want to attend a particular school. That dialogue with the education department has been really strong over the last 12 months. What happens on a town camp is an auntie or an uncle or a grandmother sees if a child is not going to school and does some work around getting them to school.

There are some places in Alice Springs in public housing where it is far more an issue because they are not actually seen. Services do not act because they do not know the kids are an issue. One of the biggest things around children over the last 12 months in Alice Springs is that we have been working towards getting them referred to an agency. We need to be able to pick kids up, and you pick kids up through structures. Those structures might be Tangentyere, a health service or some other service. There is a lot of good work being done around that stuff.

**Senator ADAMS**—Going to the health side, as far as the different issues that were identified with the health checks, can you tell me how the follow-up has gone? Who has been doing it? Has congress been doing it? What has happened there? Or have they just been initially checked and they have got this or they have got that and nothing has happened?

**Mr Adams**—As long as kids are referred to a service—that is always part of any case plan—there is follow up. There is an issue when kids travel from one place to another—for that mobile part of the population. The mobility stuff is a challenge for all of us. It is the same with education and health. When we have come across a young person who has not attended school and they are at an age—like 10—when you would expect that they had, they always come from

really highly mobile families. We do our best. If there is a hub service there—a service on the town camp—we normally pick it up because we would be there to see it.

**Senator ADAMS**—Do you have health workers in the town camps involved with the council?

**Mr Tilmouth**—No, we do not. We used to, but then the medical services withdrew that service from town camps. They withdrew it because they became clinic focused. If you live in close proximity to a clinic you have to attend the clinic, not have the clinic attend you. Ultimately the result has been that very few people have access to services, and a lot of people go without services. One of the highest rates of Aboriginal death is from infection, and cross-infection in overcrowded situations happens at an alarming rate.

**Senator ADAMS**—On the issue of night patrols I note in your submission that you have had to reduce the night patrols because of funding. Can you comment on that?

**Mr Tilmouth**—In relation to that we were lucky that the Attorney-General's Department has come to the party. We had to reduce the services because of the CDEP top-up but now the Attorney-General has come to the party and we can now run two services a night. So we can run two vehicles with four people in it, which is a far improvement on just running one service with four people. So there has been an improvement in that regard. That means we can attend a lot more town camps. One vehicle does the northern camps and the other does the southern camps and they pick up the eastern and western camps as well. So there has been a big improvement in that service. There needs to be more but there has been an improvement.

**Senator ADAMS**—So it has made a difference to the communities since you have started having the second one?

**Mr Tilmouth**—Yes, it has made a difference. People can see the night patrol a lot more often now and the night patrol coordinator is a very effective person. We get out and see people and talk to people within town camps.

**Senator ADAMS**—Coming back to the issue of child care, I note that you have five out of five childcare centres—five out of 18—in the camps. Is there any chance of increasing those centres?

**Mr Adams**—There has been no conversation with government. In fact, we are having trouble finding the person in government to have those conversations with. You seem to be able to find public servants to manage your grant but it is very hard to have a strategic conversation with someone about what needs to happen where and how to roll it out.

**Senator ADAMS**—On the practical side?

**Mr Adams**—I think one of the mistakes we made early on—especially with our early childhood programs—was that we said, 'Okay, we've got two family workers and 18 town camps; let's spread it.' We realise that what we actually need to do is to identify certain town camps and not others, because we then need to be able to go to government so that they can very clearly see what they have paid for.

So now we say, ‘Well, we’ve got a family worker at Larapinta.’ We’ve got one there full time. We used some surplus to get one at Hidden Valley half time and we’ve got one other worker to cover the other 17 camps. Even in terms of a playgroup—you are right—we can deliver to five town camps. To deliver an effective playgroup you really need to deliver more than once a week. So, with two workers and a car you can only do so much.

**Senator ADAMS**—It was just something that I saw and I wondered where—

**Mr Adams**—It is one of those areas in which I would have thought we would be having those strategic conversations. It is one of those areas in which I would have thought you would sit down with us and ask, ‘What do we need to do next?’ It is more than just putting people on the ground; it is what they do when they are out there. Playgroups are quite sophisticated things. You should be concentrating on people’s language skills one day, their numeracy skills another day. This is all about preparing Indigenous kids for school. At the moment the mainstream population gets access to child care, so by the time the kids are five and ready to go to school they have already had the experience of that sort of environment. We need to provide services in town camps so that town campers’ kids have the experience of that environment too, and then they could start closer to the mark when they are five and start school.

**Senator ADAMS**—That is where your multidisciplinary team comes into it. With all the Senate’s travels around, we have found that, once again, it is not just about education and health; it is the whole gamut. It is frustrating for us because we have the estimates process and we are only one person, so we cannot run from one estimates room to another to get around. We asked to have all the departments together on the Friday, but unfortunately that is not going down very well at the moment. I am very disappointed—

**Senator SIEWERT**—Are you surprised?

**Senator ADAMS**—No, but I hope that they will continue. To fix this situation we need to get the answers that you want from the departments, but we physically cannot do it because we do not know when something is on under education or elsewhere. If you had all those departments in front of you, you could actually deal with it.

**Mr Tilmouth**—Something that Tangentyere has always tried to take on is recognising the interconnectedness of everything. We do not think in silos like government departments do. We try and connect programs that lead on to other programs which lead on to other programs. There was the intervention and the way it did it. We take into consideration people’s sense of wellbeing, sense of belonging and sense of participation. That all leads to a whole heap of other positive outcomes, if only you could do that. But by demoralising and demonising people you tend to destroy the first part of it.

**Miss Shaw**—A lot of the positions in our departments were running off CDEP. A lot of our town campers were subsidised by CDEP. With CDEP being scrapped under the intervention, we face that a lot of Aboriginal people are now on the unemployment line and there is no proper fixed jobs with proper salaries for our people. We will be working for the dole and still getting paid income management. That is not the way to feed your family, when you are going to be working long hours. We want to be able to have proper jobs with proper wages.

**Mr Tilmouth**—Which is part of the whole interconnectedness. It makes people more prepared and it is a better foundation to be able to deal with the other issues on the periphery of their lives. We play that role in Tangentyere.

**CHAIR**—Mr Tilmouth, we were out of time some time ago, but I sense that there are still some questions from the committee. Thank you for your very interesting evidence, as usual. There will be some questions on notice and they will be provided to you through the secretariat. I thank you for coming and providing your evidence here today.

**Mr Tilmouth**—Thank you, Mr Chair. Before we go, I would like to submit the DVDs done by town campers about the intervention. I would also like to make the offer of putting in a formal written submission, if you would like us to. We can do that as well.

**CHAIR**—I understand that we already have a submission from you.

**Senator SIEWERT**—That was from last year.

**CHAIR**—Sorry—that is last year's submission. Certainly, if you wish to put in another submission to the standing committee, we could accept that. Please pass our thanks to the people who provided the DVDs. I would appreciate that.

**Mr Tilmouth**—Thank you very much.

[2.05 pm]

**ANDERSON, Ms Julie, Director, Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council**

**GILLICK, Ms Vicki, Coordinator, Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council**

**SMITH, Ms Margaret, Chairperson, Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council**

**CHAIR**—I welcome witnesses from the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. I now invite you to make a short opening statement and at the conclusion of your remarks I will invite members of the committee to put questions to you.

**Ms Gillick**—Over many years the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council's elected governing committee—now they are directors under the CATSI Act—have expressed concerns about money that is intended for children not being spent on food for kids. That has come from the tri-state area. There have been many discussions about why Centrelink and the government do not redirect money. The directors' initial response when they met with former Minister Brough on the announcement of this was welcoming. They were very curious about how all this would work. It is fair to say that early on the income management was welcomed by some but not so much by others who felt—as many people still do—that if you have been responsible with your money why should you be punished? Why should you be caught in that net of everybody in prescribed areas, although it is certainly not everybody in prescribed areas who is having half of their income quarantined.

Over time, that view has changed and our Northern Territory members who are directors have come to think that it is a very good thing that it applies to everyone because of the effect it has had on communities. Margaret and Julie can talk about that. Without wanting to get into too much personal discussion, Julie, as a disability pensioner, is a case in point. She is one of the people who thought she had worked and been very responsible her whole life, so why should she have to put up with that? But some of the discussions we had were to look at the effects of this. It is not just a matter of what people like or do not like because, as any of our members will tell you, the communities that we have dealt with in lobbying about petrol sniffing, domestic violence and child protection and so on have been in a very parlous state for years, and it would probably be their view that something had to give.

I heard a couple of our members at Mutitjulu saying on the radio last week that income management is welcome. There were some teething problems with that and the BasicsCard, and we still think it should be a photo ID card. It is not perfect and unfortunately that has not been taken up as yet by the government. School attendance, even though it is not formally part of it, seems to have improved in communities as far as we are aware. Housing remains a big problem because, as you would be well aware, some communities are on the list to have new housing

built and others which are in need seem to have missed out. That is very much a sore point with some of our members.

The alcohol restrictions which are not part of the intervention but which have gone along with it appear to have shown a fairly reasonable reduction in alcohol consumption. But because people cannot drink on their land trusts anymore it is probably a bit more obvious in town, where the drinking is happening, even if there is less being consumed. There can be a bit of confusion about that amongst the general townspeople, but it also probably means that people are not drinking on the boundary fence in communities and going back onto the land trusts or the communities and flogging their wives. So, while it might be a bit more in your face, that might not necessarily be a bad thing because it might mean that the community at large has to deal with it and continue to look at restrictions and so on. Is that fair?

**Ms Smith**—Yes.

**Ms Gillick**—That is probably about the sum of it at the moment. Just one other small point; there is a lot of discussion about this being discriminatory but I do not know what the government's legal advice has been on that. Speaking with my personal hat on, when I was on the expert panel we were never provided with that. I understand there was differing advice on that. But because something is discriminatory does not necessarily make it in contravention of the Racial Discrimination Act, like the Curtin Springs Special Measures Certificate for which the Women's Council fought for a long time. So I do not know that is quite as simple as some people put forward.

**CHAIR**—Thanks to the issue about the definition of a special measure and whether that would hold up, this thing is a big issue.

**Ms Gillick**—That is right, but I do not think that particular area of case law is necessarily 100 per cent settled either.

**CHAIR**—No indeed. Hopefully, by the next round of consultations and discussions we have asked the department at the Senate estimates to provide us with some advice about where they are up to with regard to that particular matter.

**Senator ADAMS**—I have asked questions about the night patrols so I will talk to the ladies about that in their different communities. Are the night patrols working effectively now? We have had the shires take over the night patrols so there is quite a change. They are settling down and trying to work out what they are doing. Can you comment on how you feel the night patrols are working?

**Ms Smith**—I am from Imanpa, it is on Lasseters Highway. The night patrol is doing a wonderful job there. They work closely with the police and also make sure that there are no kids hanging around late on Sunday nights. They have got to be ready for school on Mondays. They are also helping drunks on the road who have broken down. They bring them back home safely with the kids. They are doing a wonderful job. They are under the shire. They are very happy men—young blokes working.

**Senator ADAMS**—They are doing it well?

**Ms Smith**—Yes, it is wonderful.

**Senator ADAMS**—That is good.

**Ms Gillick**—They started up after you got the police with the intervention, didn't they? The night patrols got going then?

**Ms Smith**—Yes. They took the night patrol away from us, then they gave it back.

**Senator SIEWERT**—Who took it away?

**Ms Gillick**—I think the funding was probably removed.

**Ms Smith**—I think the funding got removed so we had no night patrol for a while. Then the shire came back and then we got the beagle back again.

**Senator SIEWERT**—Yes, okay. When it transferred to the shire, it came back.

**Ms Smith**—Yes.

**Senator ADAMS**—Ms Anderson, can you tell me about it too?

**Ms Anderson**—Yes, it is working alright in Finke. Everybody is looking after their kids. They have got to go to bed by 10 o'clock to go to school.

**Senator ADAMS**—That leads to my next question for you both about school attendance in your communities. Has it improved?

**Ms Smith**—It has improved. Also, if kids go missing for two or three days we have got to have a proof from the health nurse. One kid missing out of my care had to go off and attend a funeral. The teacher came to see me and said, 'Margaret, next time the police are going to come and see you if your kid is missing.' I got a shock, but he was just joking with me! We see our numbers going up in our school attendance.

**Senator ADAMS**—That is good, and that must be good for the community.

**Ms Smith**—Yes. Our childcare is run by the young mothers in the rec hall.

**Senator ADAMS**—Are they getting lots of children?

**Ms Smith**—Yes.

**Ms Gillick**—Is that childcare or just a playgroup?

**Senator ADAMS**—A playschool or playgroup?



**Ms Smith**—More a playgroup. We have got about 20 under-fives—little ones. Imanpa's population has grown with young families.

**Ms Gillick**—But we do not have any 'failure to thrive' children at Imanpa. On that night patrol thing, I think what happened was that it might have been one of the ones where funding was removed because it could not be administered properly. But if you have a police presence to back it up and you also have the shire or some sort of administration there, that makes a big difference.

**Senator ADAMS**—Obviously, that appears to be the key to the community, as far as safety goes with the police being involved with the community and the night patrol, in that it gives them a bit of extra backing to do their job.

**Ms Smith**—Yes. They are doing a wonderful job. We have three policemen, two federal ones and one Northern Territory one.

**Senator ADAMS**—And your community, Ms Anderson?

**Ms Smith**—They have got the same.

**Ms Anderson**—Last week they started in Finke.

**Ms Gillick**—I think a station has just opened in Finke. Yes, it has opened in the last week.

**Senator SIEWERT**—We had the women's shelter people in earlier and they were talking about the increase in the number of people using the shelter. They do not think there is necessarily an increase in domestic violence. If I understand where they are coming from, they are saying more people are now reporting it and more people are now taking action about it. Is that your experience? In other words, there is not an increase in domestic violence and it is actually more a case of people taking action about it.

**Ms Gillick**—I think Dale also worked at the women's council and at the domestic violence service at one stage and also elsewhere with us. I think it is one of those things that are always impossible to say absolutely, but I think that it is probably right that there is more reporting. There is probably more general awareness. We have got at the moment from the region that the women's council covers hundreds of domestic violence clients. I am sure that 14 years ago, when that service started and there were only a handful, there were just as many women getting flogged. There was no police presence and there was no domestic violence service to report to. We would probably think that, yes, there is not necessarily an increase in violence but that there has certainly been an increase in reporting. I do not think you can ever state that conclusively.

**Senator SIEWERT**—One of the issues that came up this morning was this. We had here Dr Boffa from the Central Australian Aboriginal Congress NT, who was saying that the indicators of domestic violence, in terms of the homicide rate and the incidence of people going to hospital, had gone down. If you were just looking at those, you would say, 'Good, the incidence has gone down.' But when we were talking to the people from the shelter we heard and, we also know from the submissions that have been received, that more of them are coming in, so I am trying to look at—

**Ms Gillick**—Clearly, in our region there is much more of a willingness to report than there was when the service started 14 years ago. I suspect that is probably similar around town. You have also got some more police in Alice Springs. You have also had a domestic violence police unit in Alice Springs. That has been there for several years. I think the message is starting to get out there and women are not so backwards in coming forward. Yes, the homicide rates in Alice Springs are down—thankfully they are, because in the space of a year we had five women from our region killed. Two of those homicides occurred in Alice Springs town camps which our members consider to be extremely dangerous places. One woman was from Mutitjulu and one was from Western Australia. In fact, the perpetrators, both of whom were the partners of the women, have now been sentenced. We still have another three or four homicide matters waiting to be finished. We have the stabbing capital of the world. But, as you say, there is probably more reporting. I do not know whether the congress also talked about hospital presentations. Some of those might be up but I think some of the admissions might be down as to people actually getting admitted to a ward, so it is not a straight numbers game. I understand, although I do not understand all the technicalities of it, that the way that the police are recording assaults is now quite different from what it was previously. You might have some information on that. If that takes in DV numbers as well that might partly explain it.

**Senator SIEWERT**—The police were going to appear this morning but they did not, so we were not able to ask them, but hopefully we will catch up with them at another time. Another issue that has come up and we have been following for some time is safe houses. The women's shelter spoke about the fact that they were not consulted about where the safe houses would be located or about a strategy. When Tangentyere Council appeared earlier they spoke about the fact that there has not been a strategic response to the provision of services. They were not consulted about where the safe houses would be or how the services would be rolled out in remote communities. Was your organisation consulted?

**Ms Gillick**—Was Tangentyere concerned about remote communities?

**Senator SIEWERT**—No, they were not consulted either. There has been no broader consultation, from what they were saying. They have not been consulted about the rollout of services in town camps—there are no extra safe houses in town camps through intervention funding. The women's shelter were saying that they were not consulted about the rollout of a strategy for the safe houses in the remote communities. My question is: were you consulted about the location of the safe houses? Have you been consulted about the provision of services for these safe houses? I understand the tender is about to be released.

**Ms Gillick**—Are you talking about the national framework that is being launched at the moment or the minister's announcement a while ago that there would be safe houses in the Northern Territory?

**Senator SIEWERT**—There have been safe houses already put into, I think, 16 communities. I cannot remember all the communities of the top of my head.

**Ms Gillick**—None of them are women's council member-communities—I can tell you that. Finke has one. Is that for women or men?

**Mr Smith**—Men.

**Senator SIEWERT**—Tangentyere were saying that none were put in town camps, but the bottom line is that there is concern that there has not been consultation around where women's shelters in remote communities would be located and broadly about the tender processes about to be released to provide services for those safe houses.

**Ms Gillick**—I have no idea where you would put a safe house on a town camp, to be frank, but that is a side issue. The women's council has had a view for a couple of years that there is no point in providing safe houses unless, firstly, you have a police presence in the community. A number of ours still do not have a police presence, though it is a lot better than it was in the Northern Territory, in particular, prior to the intervention. If they are not staffed and secure and you do not have a police presence, there is no point. I think Ali Curung, between here and Tennant Creek, had one for some years and there were some others in the Northern Territory. I think Lajamanu had one at one stage. They ended up not really being used as safe houses. If they are not staffed and they do not have police presence or backing and there are not really other services, they really cannot work. You see, we are the only regional domestic violence service in the area. There is no equivalent, so, even though you have a police station at Yuendumu and cross-border police posts at Kiwirrkurra and Kintore, you still do not have a DV outreach service that can assist those women and liaise with the police—yes, you have a police presence.

Our view to date has been that you have to be very careful about just saying, 'Okay, there's a safe house,' because you will just have blokes throwing rocks at the roof and wanting to get in if you do not invest the resources, presuming you can find the staff to staff it. The Mullighan inquiry recommended a safe house for children who have allegedly been abused. At the moment the South Australian government is looking at a safe house for that and our directors have said that they do not want it at Umuwa—they do not want it on the APY lands. They think that would expose people too much. The South Australian government also want to look at a safe house for women, but they have asked us to come up with some models, so we are contracting our former domestic violence manager to come up with some models to look at that. So our view is that to just say, 'We're gonna whack some buildings in there'—

**Senator SIEWERT**—The problem is they have already gone in, and I think you are basically making the same point that the women's shelter made. There was no consultation about where they would be placed and now they are concerned about the fact that there is a tender going out to staff them. They have exactly the same issues you mentioned. Is it correct to say that your organisation has not been consulted?

**Ms Gillick**—We had some discussions leading up to the framework that has come out this week. I do not know that we were directly consulted about the ones that were to go in recently, although the Commonwealth government would probably be aware of the women's council beyond safe houses from previous submissions that we have made. But I do not think we had any direct consultation on where these would go. They may be going to place of most need, but whether they are set up in a way where they will be able to be effective I do not know. I suppose it is a bit like the cooling off ones for men. I do not know whether they will go and have a cup of tea in them or not.

**Senator SIEWERT**—Quite a lot of witnesses have commented on the lack of facilities in Alice Springs for rehabilitation services. Have you also concerns about the lack of resources around rehabilitation both in Alice Springs but also in community?

**Ms Gillick**—Are you talking about alcohol rehab, drug, juveniles, adults?

**Senator SIEWERT**—Alcohol and drug basically across the board. I know you have to provide different services for youths and for adults.

**Ms Gillick**—There is certainly not enough. It is nearly 20 years ago since Coroner Donald, I think, was recommending a tristate treatment centre in Alice Springs after the Muller, the 14-year-old petrol sniffer who died. It was not 20 years ago; it was in the late nineties. We now finally have a couple of beds in town. You have got DASA, you have got CAAAPU, which really is fairly limited. Some prisoners go there on orders. There is a particular lack, still, for young people, we think, who have mental health problems but who are not mentally ill under the mental health act. We have made plenty of submissions on that, such as to your petrol-sniffing inquiry. We need a system where we can compel people. You have the VSAP Act here, but the assessment process has been pretty slow, although it seems to have picked up a bit now.

We have a number of young people who would be adolescents who would have foetal alcohol syndrome. Some of them are 18 or over now. Their lives are just a wreck, really. They may need treatment or they may need some sort of secure halfway house where they can learn some life skills at this stage of their lives, because they are not necessarily substance abusers themselves, although some of them are. So, yes, there is a lack. There is not enough. But we also have a view that, with young people particularly, they should be able to be compelled to go. It cannot be just voluntary, or they will not go.

**Senator SIEWERT**—Yes, and we heard some information about that this morning.

**Ms Gillick**—There is a substance abuse facility in Amata on the APY lands which the Commonwealth has funded, but we do not think it is being used to its fullest capacity and it is, unfortunately, only for South Australian residents.

**Senator SIEWERT**—Do you have an opinion about why you do not think it is being used enough?

**Ms Gillick**—I think it has been hard for them to get staff there, which we predicted. This is this issue of going around and asking people what they want and where they want something to be without necessarily considering the objective factors like whether you will be able to get staff, whether you will be able to get anyone to work there and whether you should look at somewhere out of Alice Springs or in Alice Springs. I think it was probably a little bit ill thought out. It is a bit like income management, isn't it? You can go around and ask people until you are blue in the face what they want, but leadership and government is not just about doing what people want. You also have to look at whether something has a fair chance of working or what effects it might have and then look at the empirical evidence. I think with that one there was probably a view in government of, 'If people want it to be built on the lands, okay, that's where we'll build it.' But it should not have been the main consideration.

Even though I know that the South Australian government have made submissions saying that two hundred and something people have been dealt with, I suspect that that—and I am not saying that they are gilding the lily or anything like that—includes the numbers of people who were dealt with ever since they commenced an outreach service prior to the construction of that.

It possibly includes a longer term clientele. I do not think there has been much residential, if any. We know that because the staff tell me when they are out and about that it is not running. If they are running residential programs, they might be short term. I do not know whether the South Australian court circuit magistrates are making full use of it either with substance abuse defending—whether they have made any orders to date. It is voluntary.

**Senator CROSSIN**—Hello and good afternoon. Please accept my apologies for being on the end of the phone. I have been listening intently. I want to follow up on a question I asked this morning in relation to income management. I was wondering if people in your communities, particularly women in your communities, have made any comments about the fact that the BasicsCard cannot be used to put on a lay-by or pay off a lay-by. Has that been restrictive in terms of purchasing whitegoods or goods of a more expensive nature?

**Ms Gillick**—I am getting the message here that lay-by is not something that women in the communities are accustomed to. Margaret or Julie might want to talk to you about the income management stuff generally.

**Senator CROSSIN**—Not even if they are in town? Have they heard of relatives wanting to do that? It was raised with me by Indigenous people in Tennant Creek last week. They had come in from, say, Ali Curang and were wanting to buy a freezer. They sought to put it on lay-by and were going to pay it off every time they came into town. They were not able to do that with their BasicsCard. I wondered whether there have been similar experiences.

**Ms Gillick**—I think it is all or nothing. Does anyone ever try to use lay-by?

**Ms Smith**—That is in the town communities. We do not do lay-bys.

**Ms Gillick**—The people from Ali Curang were coming into town because there is nowhere to buy anything up there to do a lay-by but they could not do it on the BasicsCard. I do not think we have had that experience.

**Senator CROSSIN**—Another thing I want to follow up is the use of the BasicsCard. Is there a view that in some ways it should stay mandatory for all people or should it in some ways be changed or varied so that those families that are using money appropriately or do not have any issues are able to have a choice whether they have a BasicsCard or not?

**Ms Smith**—I think it is a good thing for pensioners out in the remote communities because the families sort of rob them when they get their pension cheques. The BasicsCard is the best thing for them or income to the store.

**Senator CROSSIN**—So there should not be a choice, even for pensioners? You think it is a way of protecting them and guaranteeing they have money for themselves?

**Ms Smith**—Yes.

**CHAIR**—It is a bit hard to hear you, Trish. Margaret responded yes, but I am not sure she got the entire gist of your question. You might want to put that again.

**Senator CROSSIN**—If you just pass it on, it is about ensuring that perhaps pensioners should have a BasicsCard and it should not be voluntary, because in that way it would guarantee that they have money for themselves.

**Ms Gillick**—I think what Margaret was saying was that people used to get humbugged. Julie, do you want to talk about that?

**Ms Anderson**—Some goes to the bank, some goes to BasicsCard and some goes to the shop.

**CHAIR**—Julie Anderson has just responded and I will just say it again—

**Ms Anderson**—Half and half.

**CHAIR**—Half and half, but I am not sure if you call it that.

**Senator CROSSIN**—My question is: does she think that they should stay in place for everybody rather than people having a choice?

**Ms Anderson**—Yes.

**CHAIR**—She responded, ‘Yes.’

**Senator CROSSIN**—That is fine, thank you.

**CHAIR**—Do you have any other questions at the moment, Senator?

**Senator CROSSIN**—No, I am fine, thank you.

**CHAIR**—Thank you for that. Senator Siewert, do you have other questions?

**Senator SIEWERT**—I wanted to go to the issue of income quarantining. Under the original statement in the intervention it was to be for a certain period of time, which was for one year, and then it was rolled over. Do you think that income quarantining should compulsorily go on all the time for now? Is there a period where you would see it end and then maybe a voluntary system come? You could choose, like Tangentyere’s scheme where you can do it voluntarily. How long do you think it should go for?

**CHAIR**—I think the question was: how long do you think the quarantining should go for? Do you think it should end and maybe move to voluntary access to the program?

**Ms Gillick**—I think the question was in three or four parts. Combined with the acoustics and English as a second language it is a bit difficult.

**Ms Smith**—For me, I cannot really say. It should be everybody under that quarantining. Everybody should stay the same. They should say in public what they think about it and how they feel.

**Senator SIEWERT**—Everybody should have a say?

**Ms Smith**—Yes, somebody should go around and consult with them.

**Senator SIEWERT**—It has been running for a little while now. When you said that everybody should have a say, do you think that the community should have a say and decide whether each community should continue it?

**Ms Smith**—Yes. Maybe the community might want it to stay on. We should have stuff like that in programs.

**Senator SIEWERT**—That is where you think it should move to in the future?

**Ms Smith**—Yes.

**Senator SIEWERT**—Ms Anderson, do you have any comment on that?

**Ms Anderson**—I think the same but I do not know a lot about it.

**Ms Gillick**—Were you interested in how people thought income management was going generally, Senator Siewert, or not?

**Senator SIEWERT**—From the comments that were made earlier I understood that they thought income management was going well and that it should continue. Is that a correct impression? I would very much like to hear more.

**Ms Gillick**—I thought you might be interested in what they thought were the actual benefits of it.

**Senator SIEWERT**—I took a lot of that from what was said earlier, but I would very much welcome more. Do you have the BasicsCard in your communities?

**Ms Smith**—Yes, we all do.

**Ms Anderson**—Yes.

**Senator SIEWERT**—To use in the community or do you have to go into town to use them?

**Ms Anderson**—Some people use it in the community.

**Senator SIEWERT**—In the store?

**Ms Anderson**—And the town.

**Senator SIEWERT**—In both of your communities?

**Ms Smith**—Yes. They can use it in the communities and when they are in town they can use that BasicsCard to buy food and clothing.

**Senator SIEWERT**—Your stores are licensed to use the BasicsCard?

**Ms Smith**—Yes.

**Senator ADAMS**—Just a general question to round up your submission. What is the women's council currently working on? What are the main issues that you have to deal with? Give us an idea of the issues that may be there that your women are concerned about, which you are working on?

**Ms Smith**—We were happy about the intervention. We thought it was a good thing. It is a good thing for basic food items but not for housing. It is still overcrowded. If you go to my community you will see people living in tents, in cubbyhouses, in a bus or wherever they can find. There are not enough houses and it is still overcrowded. We still have kids spread everywhere. I fight for housing with every government agency that goes to Imanpa. There is not enough. We will still be stuck for another three or five years for new houses. They are going to be building in bigger communities, not—

**Senator ADAMS**—We have to find out about that. We are going to be asking lots of questions as to why those communities were chosen and other communities missed out.

**Ms Gillick**—That is the biggest objection that I hear to the intervention, because people expected it would happen. All I keep hearing is that the income management is really good for young families and for people generally and that the BasicsCard works a lot better than it did. It is accepted a lot more and it has been refined a bit, even though it does not have photo ID. The liquor restrictions help me a bit, but with respect to how the housing has been prioritised, to people like Margaret it is a mystery. I keep getting asked about it. How do you explain that 'There is this priority list and you're not on it'?

**CHAIR**—We will be asking the government at Senate estimates what the logical process is to get to those priorities and the rationale behind the decision and since, no doubt, they will have access to this *Hansard* they will be well and truly versed on the questions that are coming.

**Ms Gillick**—With respect to the question that Senator Adams asked about the priorities of the women's council, our No. 1 priority is funding reform. We still seem to be bashing our heads against the wall with that. We now deal with about 57 different sources of funding over four or five program areas. Our domestic violence, for example, deals with about five funding contracts. So it has gone from having hardly any money for years to having a reasonable amount, but with different reporting regimes. We have been the red-tape experiment and no-one has managed to solve the riddle. We have been making more overtures to the minister lately and there have been undertakings but it seems to have stalled at the bureaucratic level and I am not sure where we go on this. I do not know whether we should make a public scene about it. We might have to compete with swine flu to do that at the moment! It might be a little bit difficult to do that in a time of swine fever. That is one of our big things, but in terms of social issues, grog—

**Senator ADAMS**—Still grog.



**Ms Gillick**—We have been talking about another grog rally in Alice Springs. We were talking about that last week. With regard to this business of renal patients having to go to Adelaide or Perth, we had a directors meeting out in Western Australia last week and every single one of the women was quite distressed about that. It is pretty disgraceful that state and territory governments cannot work this out. It is hardly a secret that there are hundreds of renal patients in the region. Apart from the issue of housing, which is always a big problem that we have been lobbying about for some years, people now actually have to go to Adelaide or Perth to go on dialysis. They hate having to come into Alice Springs; imagine what it is going to be like for them. It is really unthinkable that it could get to a situation where people are now going to be sent away.

**Ms Smith**—It is too far.

**Senator ADAMS**—So what has happened in Alice Springs?

**Ms Gillick**—They just cannot take any more people. To be fair I think there is another facility with renal chairs to be built but that has not started yet and we do not know how long that is going to be.

**Senator ADAMS**—So you would like to see a very high priority for them.

**Ms Gillick**—Yes. So there is that and the usual—child protection, domestic violence and getting some of the Mulligan inquiry recommendations implemented in South Australia. We are trying to see whether the Commonwealth can hurry up with the new police stations and police housing down there, which was supposed to be done in July. It will now be October, November or December, but there should be some police in some more of those communities instead of at Umuwa. And we are talking to lots of parliamentary inquiries; that is always a priority.

**CHAIR**—Ms Gillick, Ms Anderson and Ms Smith, thank you very much for your contribution to this parliamentary inquiry. If the senators who are members of the committee have further questions they will be provided to you on notice.

[2.48 pm]

**CAMERON, Ms Leonie Joyce, Private capacity**

**CHAIR**—I welcome Ms Leonie Cameron.

**Ms Cameron**—I am currently the CEO of AP Services but that is relatively new. I will speak here today from my experiences working across Australia in remote Indigenous communities. I am quite new to AP Services; I have only been there for four months.

**CHAIR**—Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee has before it your submission. I now invite you to make a short opening statement. At the conclusion of your remarks I will invite members of the committee to put questions to you. Before you make your initial statement, apologies for some of the timing; you will be aware of the background.

**Ms Cameron**—My desire to make a presentation to the Senate select committee is with regard to what I see as the broken model we are working with with remote Indigenous communities. We keep perpetuating this broken model. It is a failed template. It has failed these people abysmally and it is failing Australian society. I think it is a matter of urgency now, without being alarmist, that we respond quickly and with a far different vision for the future of remote Indigenous communities, for the wellbeing of those citizens and for the civil society we all aspire to live in. I have seen this template working across Australia. It is a standardised template. It is driven by a policy that is outdated. It was based on a concept that all Indigenous people wanted to live in remote communities on their land. We now have new generations of Indigenous people—young people who, I believe, have a different concept about where they see their future life being. I think we focus too much on the difference between Aboriginal people and the rest of Australia. We are all citizens of Australia and they need the same opportunities that the rest of the citizens of Australia enjoy. As I said, I think it is a matter of urgency.

**CHAIR**—Thank you, Ms Cameron. I will kick off with a general question. The last part of your contribution dealt with something that, personally, I worry a little about as I visit many of the communities. In particular, on most occasions opportunities for employment in those communities are just simply not on a par with anywhere else in Australia. The location makes it very difficult. I certainly wonder what the circumstances will be in 20 years from now, given that I cannot imagine, without a significant change we are currently unaware of, those opportunities changing. Given the fact that you have already thought about those issues, how do you think we should be dealing with engaging with the young men and women in these communities now who have a different attitude to living on country and who see their options, as you have said, as wider? How do we negotiate with the tension and the differing views in the community and those opportunities?

**Ms Cameron**—As I mentioned in my submission, I grew up in a remote community myself. If, at 12 years of age, I had had no choices—and young Aboriginal kids have few choices—I would probably have gone down the path of delinquency as well. I did not because I had choices. I had a sound education and I had opportunities provided for me to leave my remote

community. I am very steeped in the culture of my remote community. I am not Indigenous, but we Australians—farmers—who grew up in remote communities are quite quirky and quite different from the rest of Australia. It is recognised that we have a subculture. I am quite happy about the fact that I am from that remote community. I go back there and that is my home.

This is the same message I get from remote Aboriginal kids when I work with them—and I have worked intensively with them. I have done restorative justice processes in New South Wales with remote Aboriginal kids. They constantly say to me—and this breaks my heart—‘Oh, I’m just a dumb blackfella; I’ve got no future.’ If you have that view of yourself and you do not see any life choices out there in front of you, why would you engage in positive life choices? To me, this is the tragedy of children growing up in remote Indigenous communities. We have ill equipped them through the lack of basic literacy and numeracy. That is a scandal; anywhere in the world it would be a scandal for young people to leave an Australian school not literate and not numerate and not to have the life skills to navigate their way around this modern world. They know they cannot enter the world of work. There is an understanding that work is what engages you in your society. It gives you your status, your recognition. Why would young Aboriginal people be any different from anyone else, except that we deny them those choices?

I have worked intensively in the Kimberley with Cape York Partnerships, sending young Indigenous kids from remote communities down to Victoria to work. It is an intensive program; it is a totally supportive program and it works. We have got them working in abattoirs down there. But why does that one work? It works because we recognise that not only are they not literate and numerate but they do not have the life skills to manage a working life so the program is totally mentored. You literally parent those young people for several years in that scheme. But guess what? That scheme has been defunded.

We are trying to get that scheme off the ground again. I am working intensively with the person who set it up. We are running into obstacles at DEWR as to why it cannot go ahead. We are working with private industry. DEWR are treating private industry like a government department. They want to see the accounts of the private company. They want to ask all those types of questions. So what happens is that, after awhile, the employers who we locate and who are willing to take on this intensive program of engaging young Indigenous kids in work, say: ‘Uh, uh. I’m pulling out of that. It is too hard.’ The issue is that the programs are out there. There have been successes; but, if they do not fit the model or the template of the various government departments, they do not get any further or are defunded. Then we have to start all over again.

Employment is what engages us in society. When we do not provide those paths for young Indigenous children, we see the repercussion of that in places like Alice Springs and Kununurra. This is a tragedy. It is a wasted human resource. It is what I am talking about when I refer to a failed template. We keep persisting with the Job Network. We keep persisting with school systems that are not educating young people or providing them with life skills. Yet, in Australia, there are school models that have turned around educational outcomes for Aboriginal children. Why can’t those models be duplicated? As I said, this is a matter of urgency. In Aboriginal remote communities, generations turn around in about 16 years to 18 years. So you very rapidly have another generation of young persons who cannot engage in the workforce and who then see themselves as a failure. The comment that keeps being made to me by young Aboriginal kids is: ‘I’m just a dumb black fella.’ That is tragic. That breaks my heart.

**CHAIR**—I will now go to Senator Crossin for questions. Ms Cameron, you might not be aware of this, but she will come out of the ether at you because she is on a phone in Darwin.

**Senator CROSSIN**—Senator Scullion, I do not have any questions initially, so you might want to go to someone else.

**CHAIR**—Certainly. Senator Adams.

**Senator ADAMS**—Ms Cameron, I am very interested in what you said about communities. I am a farmer too, and so I do say strange sorts of things occasionally. We have had evidence from people living in outstations, and they are used to having schools with quite a lot of infrastructure. There are probably 20 or 30 people and perhaps five children living at one of these outstations. Currently, they have one teacher for the five children, but they are very upset about the fact that, when their children go to another school, there will be one teacher for perhaps 23 or 25 kids. Should we continue to fund the outstations so that they can stay in existence when we have evidence that the children who grow up there are far healthier than children who grow up in bigger communities? Or should they go to another school to be educated so that they are with a lot of other people? This is happening: I come from Western Australia, and this is the situation for a lot of people up in the Kimberley. Because of the violence and the problems in the town, people have moved to the outstations. There are now quite a lot of these communities, and some of them have as many as 40 or 50 people. But they are getting very upset because there is no housing, and what housing there is is falling down. There is no money for infrastructure or anything like that. What is your opinion on that?

**Ms Cameron**—Prior to taking the position at AP Services, I was working in the Kimberley, in Kalumbaroo, which was often in the news over the last four years. On the issue of schooling, I can talk about the significance of what happened in Kalumbaroo in the time that I was there. However, with regard to schooling, I think it is a similar model for rural people in general. I went to a one-teacher school. You would know why rural people have fought for the retention of their schools: the school becomes the hub of a community.

**Senator ADAMS**—Absolutely.

**Ms Cameron**—When a school disappears, you find a disintegration in the community. The school is the beginning of that glue that binds people together. I lived and taught in Papua New Guinea for 10 years, and I have been involved in the RAMSI intervention—the Regional Assistance Mission to the Solomon Islands. I am a firm believer in the idea that you create a village school for primary school—rural Australia exists on that model—and then you establish high quality secondary schools and board young Indigenous children in those consolidated high schools. I was sent away to a school. No-one seemed to think it was wrong for the rest of Australia's rural remote community children to go away to secondary school but, because of the history of the stolen generation, a negative concept has been put towards that. However, from talking to women in the APY Lands and certainly the women in the Kimberley, I know that they have an immense desire for their children to go away to secondary school, if it is a well-run and secure boarding school.

The Broome campus that has been developed—a joint campus between the Catholic education system and the state system—is ideal. That sort of system has been used in developing nations.

As I said in my submission, we have to start looking at remote Indigenous communities as being a bit like the failed states of Papua New Guinea and the Solomon Islands. We have a failed state sitting in Australia. The systems that we have implemented in these remote communities have failed them. As a result, the people in those communities are not enjoying the status that the rest of Australia enjoys. We are now feeling the repercussion of that, and they certainly are. So we have to look at some of those interventions that have been used in failed states to address the failed situation we have in Australia. So we need to keep the village school and make it a high quality school.

Many of the schools in remote communities are a disgrace. You and I would not have allowed our children to attend a school like that. At Kalumbaroo, there was not even enough space in the classrooms for all the children to attend school, if they all went to school. We hear the criticism that Aboriginal parents will not send their children to school. But if you make the schools interesting enough and attractive enough, they will be there. There are many children who do not have the parental support to be there, but it is through the school that you can provide good food, nurture and a watching brief on the status of those children. So I believe in the village school, but I also believe that you then consolidate secondary schools in the regional centres. You make them well-run secondary boarding schools where young people can not only get a formal education but also begin to experience the mentoring that happens to those in the broader Australian society. They will see people engaging in work and in positive recreational activities. They will be there to experience all that incidental learning that occurs in a community that is functioning properly.

The trouble is that, because of the tragedy of our poor policy and because of the tragedy of colonisation and the loss of culture, we do not actually have a lot of functioning remote communities. I remember my chairperson in the Kimberley saying to me: ‘We keep talking about building new houses. When are we going to start talking about building new people?’ We have destroyed the very things that caused these people to be functioning people. We have to rebuild that, and a lot of it can be done through education. But a lot of that occurs not just in the classroom; it is what you see and observe around you as a growing adult. If you are in a larger regional centre, it is not only the education that you get through the day; it is the organised activities that you might go to and the positive engagement you might have. You see people engaged in a working life, in a productive life. Tragically, because of CDEP, people in remote communities have not really seen people engaged in a productive working life. So they are not mentored or role modelled into those things that the rest of Australia enjoys. So it is not just the education as in the three Rs; it is all that 24-hour attention that you can provide in a functioning secondary college.

**Senator SIEWERT**—Your submission is really useful. All submissions are really useful, but yours is very different to some of the others and you have gone quite broadly, which I think is really useful for us. You have made comments here, for example, around the damage being done by the baby bonus. I must say I have heard people talk about this before when we have been out in communities. People have raised it. I would like you to expand on those sorts of issues but also then go into how you think we should be delivering joined-up services to the community.

**Ms Cameron**—I heard some of the last presenters’ comments to you with regard to the kind of silo mentality that exists. It is very difficult in all service delivery by government to avoid a silo mentality, but it is particularly bad in Indigenous affairs. You have a lot of argy-bargy

between the state and the federal which results in a lot of lost opportunity and lost resources, but then the whole delivery to Indigenous remote communities is really submission based delivery, so it is stop-start delivery. There is not a continuity there. It is based on 'This is the framework that we are providing and the funding to you' rather than 'What is the framework that suits that community?' It is homogenising Indigenous communities. Whilst there is an Indigenous element there, the communities can be quite different and there can be quite different dynamics working there. So the silo mentality that drives Indigenous submission based funding does not help deliver the services in a consistent and a productive way into remote Indigenous communities.

The baby bonus issue is driven by policy. I guess that is the thrust of my submission. I think the policy that is driving so much of the submission based funding is antiquated, it is out of date and it is based on some false premise. It is based on a premise that there is actually now in those communities quite a functioning, established community. There was, but sadly a lot of that has now been lost. The capacity and capability in those communities have been lost, through poor service delivery, inappropriate service delivery, stop-start service delivery and then the tragedy of colonisation, loss of culture, substance abuse, the breakdown of civil society and the breakdown of culture—and we have not put anything else there in its place.

As Vicki said, still most of these remote communities do not have an established law and order process. It has become survival of the fittest. It is tragic. To survive in that environment, a lot of functioning behaviour has become corrupted. The tragedy that I see in these communities, through substance abuse, through young girls selling their bodies for marijuana or petrol, results in a lot of children being born. This to me is one of the fundamentals that I spend a lot of time thinking about in my experience in remote communities. I have a psychology background, and I notice a high degree of failure to attach. I do not know how many of you are aware of the significance of a child's attachment to its primary caregiver in the first two years of its life. I notice a lot of that not occurring because these children are born not necessarily because they were wanted. They have arrived.

The wonderful grandmothers, who are still the glue in the community, try and pick up the pieces. They cannot. They are wearing out. They cannot keep that going. We are getting to the end of the line where those overworked women can do that. So we have young children arriving for many reasons. They arrive because of poverty. If there is a \$4,000 bonus out there and you are desperately poor or your family desperately wants a new car or you desperately need a new washing machine, it does not take much to realise that your way to get some money is to have a child, whether that child is wanted not. You then have multiple partners, until children in the community actually lose track of what their family unit is. I see that repeated in remote communities.

Mind you, I do not only see that in Indigenous communities. I have also seen it in lower socioeconomic areas in the rest of Australia. So I think it is a very damaging piece of welfare. I have had young women say to me, 'I'll just go and have another baby.' They see it as a way of getting out of their town. I have lived remotely and I have seen young women get their baby bonus, leave the baby and disappear into town for six months. And we were left looking after babies. The grandmothers, who are also doing most of the work in remote Indigenous communities, cannot come in because they now have the baby to look after. It is overwhelming. I do not think people realise the significance of the impact it is having on the quality of life of people in those communities, and the long-term damage to that child.

**Senator SIEWERT**—Has it changed much since the baby bonus system went to fortnightly payments?

**Ms Cameron**—It is a lump sum of money. If I might say, the ‘Rudd money’ is being used in rather the same way. When people are in extreme poverty, you provide them with a short honeymoon period in which to escape the drudgery and the awfulness of their life. It would happen anywhere in the world. I think every Indigenous child should have a whole-of-life plan from its conception through to employment or active engagement, because there are places where we should be intervening in that child’s life, making up for what we know are the things that are going to pull that child away from a functioning life. And the baby bonus is not the right one. That money needs to be appropriated for early intervention in that child’s life to ensure that it does become attached to a primary carer, that it has adequate food and shelter and that it is loved and nurtured. That is basic stuff all around the world—Maslow’s hierarchy of need or anyone you talk to. A person has to have shelter and to be fed but they also have to be loved and nurtured or they cannot grow up properly. And on top of that, as presented by people earlier on, you have foetal alcohol syndrome. You have all sorts of things that are impacting on that child from the time it is conceived. That money would be better allocated to ensure that we can begin to alleviate the problems that come into that child’s life.

**Senator SIEWERT**—You touch on foetal alcohol syndrome. We have had some evidence to suggest that foetal alcohol syndrome is not as significant an issue here as it is in WA. Given that you have worked in Western Australia and now you are here, has that been your experience?

**Ms Cameron**—Yes, that is correct; it has been my experience. There still, I think, needs to be a lot more investigation on the impact of alcohol and marijuana on the foetus, but it was certainly very evident in the Kimberley—and you would have seen what is going on in Halls Creek and Fitzroy Crossing. It is certainly very evident in an increasing number of children, and the tragedy on top of that is that the schools and the facilities are not able to cope with it. We had FAS kids—foetal alcohol syndrome children—at the school in Kalumbaroo and there were no resources to deal with those children, none whatsoever. So, despite the poor level of education that may have been provided through the school, it was further circumvented by the fact that we had these children that no-one could manage. And their families cannot manage them.

It is little understood. Although we keep talking about it, there is still not enough emphasis being put on what we are going to do to remediate the impact of marijuana and alcohol on these newborn children. And some of them now are teenagers and in adulthood. I could follow the path of some of them. They end up incarcerated. We are not getting any better at doing this; that is what I am saying. We are not improving things, because we are looking at the band aid end. Our policy is driven by putting more police in Alice Springs or putting more police in Kununurra. It needs to be driven by finding out what is causing these people to end up here. If we do not start dealing with education and with foetal alcohol syndrome and marijuana addiction, incarceration is going to increase.

**CHAIR**—Ms Cameron, thank you very much for your submission and for the answers you have given to questions today. I suspect there will be other questions we have, given the time, but we will provide that if necessary through the secretariat on notice.

[3.15 pm]

**GRANT, Ms Laurencia, Life Promotion Program Manager, Mental Health Association of Central Australia**

**KIPPS, Ms Christine, Clinical Psychologist, Mental Health Association of Central Australia**

**MANU-PRESTON, Ms Claudia, General Manager, Mental Health Association of Central Australia**

**NOONAN, Dr Anne, Consultant Psychiatrist, Central Australian Mental Health Service**

**TABART, Dr Marcus, Consultant Psychiatrist, Central Australian Mental Health Service**

**CHAIR**—Welcome. Are you all from the same organisation?

**Ms Manu-Preston**—We come from two separate organisations within the mental health sector. I am here on behalf of our non-government organisation.

**Dr Noonan**—I am here on behalf of the Medical Specialist Outreach Assistance Program, which is a joint initiative by the Northern Territory government and the federal government for servicing remote communities for mental and physical health.

**Ms Kipps**—I come up from Sydney for a week a month to help the child and youth team in Alice Springs. I sometimes come with Dr Rosemary Howard, who is a child analyst and psychiatrist, who has made a submission. I am speaking for her as well because she cannot be here today.

**Dr Tabart**—I am the clinical director of the Mark Sheldon Remote Mental Health Service and I appear on behalf of the Central Australian Mental Health Service. I would like to extend the apologies of our acting manager, who would be here but she is indisposed. I would also like to provide the apologies of our Aboriginal mental health workers, who would have liked to have appeared before the committee today but they are also not available.

**CHAIR**—Information on parliamentary privilege has been provided to you. I now invite you to make a short opening statement and then I will invite members of the committee to ask questions. We have 45 minutes, and I think some of the benefits are really within the questions that can be asked. But by all means if you feel the need to all make a statement or if something else has been arranged, now is the time to do it.

**Ms Manu-Preston**—We were alerted to come along and invited to speak to you. Dr Rosemary Howard provided a detailed submission. There are a range of issues for the mental health sector in broader terms. Laurencia and I are in an environment where we work in the community sector and work in close partnership with the clinical team, but clearly we have seen from the policies of the government that there have been some systemic failures in terms of



broader issues relating to housing, education, employment and meaningful activity, and particularly around how all these issues relate to mental health and one of the key points highlighted by the terms of reference, the wellbeing of our community. We have a key role, we believe, in responding in terms of support but also providing capacity to our community to increase social capital and therefore enhance mental wellness.

Some of the systemic failures are, as I broadly said, related to the key areas of education, housing, employment, law and order and health. If they are improved, ultimately you will get improvement in mental health. I draw your attention to housing in particular. There is clear evidence that suggests that if you give somebody a home then they will get better mental health outcomes.

Drilling down to mental health and our service support, clearly there has been a lack of coordination in services across the board, and that has an impact on the supports that people receive. There is also a fundamental lack of coordination in care planning. I think the recent tragic case of the young woman in Mutitjulu is a clear example of how a lack of communication has impacted—government agencies and non-government organisations not talking to one another. We see that as a systemic problem.

I might call on Laurencia to talk more about suicide and, of course, on the psychiatrists in relation to Dr Rosemary Howard's submission, but there are a range of lacks in training and education. For us and the community sector, it is fundamentally about supporting people, particularly people with a mental illness, to have some power around their recovery through better education about what illness and wellness are about, what the treatment options are, whether there is access to them and to respite for families and a raft of strategies that are really needed for the Territory.

One of the other systemic failures is the lack of accountability and clear process for mental health. We have had a COAG rollout of a range of initiatives and money. There is quite convincing recent evidence about the uptake of some of these services; we just do not have the services here. So that is an issue, and there are also our workforce and retention issues. I will not take up any more time; I will hand over and then we will take questions.

**Ms Grant**—I want to highlight that our organisation is based in Alice Springs. While we have one worker in Tennant Creek, it is a small organisation of about 15 staff and our capacity to work in remote communities is very limited. So the service is generally supporting people in Alice Springs, although some of those people come from remote communities—while they are in town we provide support to them. The program that I work on, the suicide prevention program, is the only specific suicide prevention program covering Central Australia, and it has two workers in Alice Springs, so our capacity is limited. We basically provide support to communities when they invite us to do so, and we also do some capacity-building work in Santa Teresa and Tennant Creek.

What I am alerted to from my work in suicide prevention is that mental health is not just about the crisis end of work. Services that promote resilience and strengths within community can produce positive outcomes, of course, for mental health. So of course all of those things related to adequate and safe housing—as Claudia referred to—counselling, support, employment, training, meaningful activities, work in domestic violence, school attendance, relationships,

family support and all the things that the woman before was talking about as well are going to contribute to good mental health. We recently received funding to look at a strength based program. We worked in partnership with Waltja, who work in the Western Desert, to look at supporting the things that protect people from suicide, largely.

There is a lack of capacity to deliver training and education around mental health, mental illness and suicide awareness in communities. We do a limited amount of that. There is a lack of support to address grief and loss—an ongoing trauma that requires culturally appropriate responses. Narrative therapy work is being done in Central Australia. There is a lack of appropriate resources in mental health and suicide prevention for Indigenous communities. Currently, we are developing a culturally appropriate resource which uses language and has Aboriginal people speaking, but that requires a lot of time and funding to do that. I think it has also been raised about the Indigenous mental health workforce and we cannot do the work that we do without those people. Cultural consultants and interpreters need to be paid to help us do our work.

And then getting onto the specifics of suicide risk, the system of support for people at risk of suicide in remote communities relies largely on families. Most of these things occur after hours. Night patrol workers, and sometimes police and clinic staff, are called on. And all of those people require training in ASIST, which is Applied Suicide Intervention Skills Training, or other appropriate models of support to be better prepared, to know when someone is at risk, and to support people when they are at risk. I have just been up to the Top End to hear what the Yuendumu people are doing. The women in the community were asking for torches and good shoes because they follow men in the community and try and track them down when they know that they are talking about suicide. The strong women in the communities are doing a lot of the support for people at risk. Communities need a model of support to focus on how the community follows people who are at risk. Yuendumu has a good model, the Mount Theo program. We are trying to support other communities to set up something similar, so they can know who to go to for support when they know someone is at risk.

All serious attempts need to be reported to the NT government. They do not always get into the system and that can be problematic. It means that we do not actually collect the data. We do not know the scale of the problem and we do not get the proper support and follow-up. When people are discharged from the hospital back to communities, they need follow up support as well. The clinicians can only do so much. After a death by suicide, people are at risk again—the people who have been impacted by that death. We do provide a coordinated response but it is fairly limited in what we can do for communities that are out on the border of Western Australia.

The other issue that I want to raise is that suicide is a threat. People are actually threatening to kill themselves for things that seem very minor, like a Toyota or money or food. It is very common and it is prevalent in this part of the country. It is a complicated issue that needs a specific approach and a special focus. We did run a workshop on just that issue in Alice Springs, but communities talk about it all the time. And because those people are threatening, they are not taken seriously and sometimes they do kill themselves. But the family is also humbugged and stressed by that issue.

**Dr Noonan**—I would just like add something to that. People tend to think that the precursor to suicide is depression. But I think exactly the point that you are making about lack is probably

much more important, particularly in younger people, in Central Australia. Not having a car, hanging around, and just not having enough resources really—which makes them angry and frustrated. Suicide is a way out. You cannot really predict via depression whether someone is going to commit suicide or not.

I think I will just limit myself to a few things. I am from Sydney. I have worked in the hospital here. I have been coming up here for about nine years. And presently, I am part of this MSOA program and I go to Mutitjulu, Harts Range, and Utopia. They are all quite different communities.

The matters which have already been raised about lack of education, job possibilities and safe transport are part of it. Some of the communities which are closer to contact with Yulara or Alice Springs have a big problem with alcohol. I think there is an almost endemic problem around all the communities with cannabis. With some of the more afflicted by alcohol, there probably should be a drug and alcohol counsellor constantly at the communities but I think it is a public health issue. Just as smoking was reduced by big media blitzes, I believe there should be a big media blitz around what drugs do, particularly alcohol—I saw the previous speaker talking about foetal alcohol syndrome—through Indigenous radio and television. It should be done in language because people, honestly, do not have a clue. As you know, it was only after contact with whites that alcohol was brought in and Indigenous people just do not have the history or the way of managing it. I do not think a lot of them would know the connection of drugs with foetal alcohol syndrome. It could be very useful to concentrate on drugs and alcohol.

A number of the psychiatrists who work for MSOAP are aware of the new bill on the care and protection of children, which the Northern Territory government has brought in, and we are going to write a letter about that. We are very concerned about confidentiality. The most outlandish thing you hear is, when a 15-year-old boy goes into a chemist shop to buy condoms, the chemist is obliged to report that. We are worried that, if our patients, who may be underage and involved in sexual practices—not necessarily intercourse—will not tell us stuff, this will be driven underground so that when there really is exploitation and violence we are not going to know any of this. There will be an increase in STDs, unwanted pregnancies and no contraception—those sorts of things. From my experience—and I am dealing with this this week—we report people to FACS whom we know are at risk. If they do not fit into fairly tight boxes, they will not follow that up.

Already in the existing section 26 there is everything you need, except that it is not mandatory to report if you are feeling that that person is not at risk. I think our federal senators should be really listening to what people are saying. I understand that congress, which is the Aboriginal health service here, if there are not some changes from the Northern Territory government, will be asking the federal government to look at the implications of this. We psychiatrists and some of the psychologists are writing this letter. With your permission—if you want—we will send you a copy because it really is serious.

The only other thing is the interface with the law. Most of the communities I go to are lukewarm at best about the intervention but I think there is a general agreement that more policing is useful. Again from my own experience, quite often, because of the vicissitudes of the Northern Territory, you will have young circulating police who really are not prepared culturally. There has to be a lot more preparation of police and FACS in all these forensic areas which are

always intercepting mental health to make it so that the local people actually trust these services and are prepared to utilise them. That is about all I have to say, thank you.

**Ms Kipps**—I am a half speaking for myself and half speaking for Rosemary, who is not able to be here. I come up here largely to support the child and youth staff at the hospital and I go up and have a clinic at Tennant Creek. One of the things that is really quite difficult for people on the ground dealing with these things is that a lot of people come in and maybe do an assessment but the people on the ground actually have to do the follow-up and the therapy work. We are critically understaffed for child and youth. There are two full-time people and because we have some outside people flying in, as Rosemary says, the referrals have gone up remarkably, from 20 to 150, I think, in the last year. That really indicates that if we provide a service we will be able to access more of the people, but it is still a critically small amount of people that we are actually accessing.

The other thing with children is that they often come in under the radar. Serious things are going on, ostensibly with maybe people who are committing suicide and other things, but the children are suffering a lot of trauma and often the fact that they are at different developmental stages in their lives is not clearly understood. They are not little adults; they are at various developmental stages. If we had a good child and adolescent service all the way through, addressing issues like the attachment issues that one of the earlier speakers was talking about and at various different developmental stages, we would like to think that that is a lot of preventative work so that does not actually get to some of these terribly serious places.

As I said, I am here to a large extent to try to provide some clinical supervision for the people on the ground. But the staff conditions for people in permanent employment are nothing like as good as for the people who are coming on contacts. That means that, although we have sometimes the positions to offer, there are not a huge amount of people trying to take them up. I personally think there should be some incentives for good people to come and stay and work on the ground here because, as people have already said, people need to know people and need to feel comfortable with them before they are going to make some good progress. So that I something that I feel. I do not want to repeat everything that Rosemary has in her submission; she has delineated those quite well, and there is not all that much time.

**Dr Tabart**—I have been thinking about what I would be able to say in such a short period of time. I would thank the committee for allowing us to attend and also ask if it is possible to provide a written submission post this verbal hearing. I am very aware that this is the end of the day and I thought: what are the most important things I should really be emphasising today? I am a psychiatrist and I have been here for 12 years. I have primarily worked in the remote communities, visiting here and there, and fortunately a few years ago some other psychiatrists came to assist that process.

You might wonder that if I am a psychiatrist I might be talking about all the issues that may have already been spoken about, the clinical services in particular. I would agree with everything that has been said. But, at the risk of having your eyes glaze over, I would just like to emphasise the importance of the social determinants of health that we have already spoken about. The first is education. As you are familiar with, the federal government has a national assessment program of literacy and numeracy and it found, not surprisingly, that Aboriginals children in the Northern Territory had results that were quite low compared with the non-Indigenous, but what is

important to note is that they were also very low compared with their counterparts in other parts of Australia. So why is that? Is it because all the children here have foetal alcohol syndrome and are retarded or are just dull? It is not that. So there is also a fundamental issue with the delivery of appropriate education in the Northern Territory in remote communities.

The previous speaker spoke about that in detail, and I will not go into that, but I am very pleased that the federal government is emphasising housing, education and all this sort of infrastructure. I would only plead with you as individuals and as a government to keep your eye on the ball, because if the eye drops we will just go back to more and more chaos, disorganisation and disintegration of the race of people who first came to Australia.

We have already heard about housing. The second matter relates to poverty and the effects of poverty and ill education on health. It is quite fundamental that the education level of a mother is one of the most crucial determinants of her children's health outcomes—so again we see the importance of education. The surgeon general came to Central Australia a few years ago. He was taken around by Michael Wooldridge because he wanted to see how the Aboriginal health situation was going. He looked around and said, 'You haven't got a health problem here; you've got an education problem here.' So again we see the importance of that.

You may be aware that just recently there was the *Indigenous children's health report*. That was a comparison of health outcomes between Indigenous and non-Indigenous children in Australia, New Zealand, the United States and Canada. What they found was that the rates of infant mortality, accidental death, suicide and injury—sudden infant death—were four times higher in the Indigenous people compared with non-Indigenous. That is not very surprising, but it is the same rate of difference in all those countries. These authors conclude that the reason for that difference is not that they have biological or genetic vulnerability; it is that they have a social fabric that is disrupted. That is poverty and all those sorts of social determinants. To change the health outcomes, we really have to keep focused on these other fundamental public health issues that I, as a wealthy, middle-class Australian, take for granted. So that is the first issue.

The second issue is workforce. We have already spoken about that. Without people working in mental health, in the child, adolescent and adult areas, we cannot deal with the people with persistent and severe mental illness. I do not know how many people out in the bush have serious and persistent mental illness. I only know about the people who come to us. The people who come to us are the disruptive people, more or less. There has been no psychiatric epidemiological survey of children, adolescents or adults in the Northern Territory. I suspect that the rates are double those of non-Indigenous people, but we are struggling to have a workforce that is supported and able to be competitively remunerated and recruited to this place. Our workers cannot get salary sacrifice. They can just go down the road to congress and they will get salary sacrifice—so they do, of course. That is the workforce issue.

I guess the other issue is the importance of having Indigenous people as part of our workforce, which people have spoken about, so I will not go into detail. But I have been here for 12 years and I have had three health workers. I have gone to their funerals, which is quite sad, but it may have been better if I had gone to 10 funerals because that would have represented a higher percentage of Indigenous people in the workforce. Without these people, I cannot work as a psychiatrist. I do not speak Luritja, Warlpiri and all those languages. So it is very important to

support the employment of Aboriginal health workers and to facilitate their progress not just as health workers—or professionals, as they prefer to be called—but in becoming nurses, doctors, psychologists, teachers et cetera. I know our Territory government is trying to do that, the federal government is trying to do it and there are lots of initiatives, but it does take time and effort. I just plead that we continue to make those efforts and to really listen to the Aboriginal people. See what they really want, follow some of their success stories and support them.

**CHAIR**—The committee has to suspend for a few moments as it does not have a quorum.

### **Proceedings suspended from 3.46 pm to 3.52 pm**

**CHAIR**—The committee is now quorate, so we can continue. Senator Crossin, do you have any questions?

**Senator CROSSIN**—I would not mind asking a few questions. I thank the association very much for its presentation this afternoon and the trouble it has taken to appear before the committee. I have an interest in the adequacy or otherwise of rehabilitation places in Central Australia, particularly for alcoholics or drug abusers. Do you want to make some comments about how you perceive the situation in the region?

**Dr Tabart**—Overall, there are a number of different rehabilitation services in Central Australia that cater for Indigenous male clients, Indigenous female clients and non-Indigenous clients. However, there is a significant lack of services for young people—that is, people under the age of 18—in terms of substance abuse programs. There is also a significant lack of coordination between those services. There is a significant lack of services, if there are any, in remote communities. You may have heard John Boffa talking about how we need one psychologist per 1,500 people to provide services out bush. The *Ways forward* document in the mid-nineties spoke about having one Aboriginal health worker per 500 people. These people would also look at mental health, physical health and alcohol and other drug services. We are miles behind that sort of ratio. Also, the treatment of the more severe alcohol or substance dependent person is very problematic because these rehab places are essentially non-medical. If these people require close physical and medical supervision and it is not available they will have to come to the general hospital, which sometimes is problematic.

**Ms Manu-Preston**—Could I just add a point about the relationship between different roles in terms of the treatment, which is the clinical component and the non-clinical component of rehab. As I mentioned in my earlier statement, with the coordination of that care—who provides what and who is doing what—I think there is a major flaw in the way that we talk to one another and clarify what role each one has and how we are each going to contribute to that person's outcome. As Dr Tabart said, there are non-medical services and there are services that are lacking, but a critical issue is the relationship between those services and—

**Ms Kipps**—And I was going to refer to the care of our children—very often—and what is happening to them.

**Ms Manu-Preston**—Also, the other issue we find is that sometimes there is that silo of: alcohol and drugs—'We do not want to touch it'—mental health—'No, go to alco.' You have probably heard this over and over again but, when those services are not talking and when the

client has been around the systemic maze of services, for the client on the ground and their family a critical thing is the discussion and the care planning between whoever is involved in that person's care, no matter whether it involves alcohol and drugs or mental health.

**Senator CROSSIN**—When you say that you think there is an inadequate number of places for rehabilitation of alcohol and drug abusers in Central Australia, what do you mean by that? It is my understanding that the majority of domestic violence or sexual and physical violence occurs because people are either grossly intoxicated or have taken other drugs. But there are three services in Central Australia. One deals with you and the others that I am aware of probably have fewer than 15 places, and only for six or eight weeks at a time.

**Dr Noonan**—I think the prison is often used as a de facto place and unfortunately family members often see that as a hope. One of the difficulties again is a lack of interpreters. Sometimes people who have a psychosis from drugs are interpreted as having a chronic mental illness. I have seen young people with this diagnosis who are still on antipsychotics five years later and have become enormously fat. There is a lack of precision around diagnosis in this situation, which is very disturbing. But you have got to have interpreters, otherwise you cannot find out what the symptoms mean.

**Dr Tabart**—I would agree that the main rehabilitation institution in Central Australia is in reality the prison. ADSCA has only just found its feet. It is quite a well-functioning organisation. Some of the others really struggle in terms of staff, programming and with people coming and going. The staff retention issue is quite problematic.

**Ms Manu-Preston**—Our experience is that we have not had a lot of people knocked back from those rehabilitation services when we have referred them, but I would support what Dr Tabart is saying about the fact that some of these services do not have the capacity beyond what they currently providing—in terms of it being 15 or 20 places. The staff turnover is enormous and they are not able to keep the program running.

There are two issues. One is that maybe there is a lack of rehab beds, but I could not say that outright. The other is that in the community sector sometimes there are capacity issues—that we cannot get workers to provide the programs.

**Dr Tabart**—I think the broader issue is how much of that alcohol is actually available. We have, I think, the highest per capita number of liquor outlets in Australia. It is dirt cheap. The federal government has actually just cancelled the alcopops taxation. We know that taxation and restriction are, in terms of public health practices, the most effective at reducing alcohol consumption. My understanding is that there was already a reduction in the rate of consumption amongst young people prior to the cessation of this tax. Obviously governments make decisions, but from our perspective we are still in this flood of alcohol.

**Senator CROSSIN**—Has your organisation, or have any of your members, done any research about the sorts of programs offered in the prison in Alice Springs and the adequacy or otherwise of them?

**Dr Tabart**—I personally do not have any contemporaneous knowledge, but there were programs at one stage. However, I am not sure if the Ending Offending programs are still current. I am not sure, so I cannot really answer that question.

**Senator ADAMS**—I will start with the issue of health workers. We were at Hermannsburg yesterday and speaking to the Aboriginal medical service out there. They have the older health workers who have done a marvellous job, especially doing the interpreting and doing all those sorts of things as they know the community inside out. One of their main problems is this and it is a little bit like when we lost the nursing aides and then nurses had to go to university. We have the same situation arising with the registration of Aboriginal health workers in that they are now having to do their certificate IV and then they are having trouble coping with the competencies that are required. The way I look at it, as a former nurse, is we had a huge gap in nursing—that gap between those that went to university and those that did not—where we lost a terrific lot of probably very competent people that would have made great nurses but, for many different reasons, just could not go to uni.

I know that we have to upskill everybody and do all the right things, but I still think that there is a very large cohort of capable people that we are going to lose. So when you were speaking about your health workers, I immediately thought I had better flag this to you. Unfortunately, because one of the experienced girls out there went two weeks without renewing her registration, she has now been deregistered. For her to get her registration back, she would have to go through certificate IV and the competencies but she has just said no, because she is an older woman and she just does not have that capability of going off and doing it.

Somewhere along the line, I think, there has to be some flexibility in the system. That is what you are finding with your interagency, your non-government and your government people just not communicating. Earlier, we spoke about education and the fact that, to have children really educated, you need a multidisciplinary team of everyone else including health, including social work and including all the allies. This has to go along with working out, on the primary health care scene, how to deal with a child with hearing problems. At Hermannsburg, once again, there were 150 children that are affected with ear problems and have hearing affected to some level of disability. They now have a very good room set up for students with any hearing problems, but there are very few in the school that are unaffected.

These are all the issues that I can see coming, so I just wonder, with what you were saying about your health workers and your interpreters, if you can make some comments for me on that.

**Ms Manu-Preston**—Our organisation has recently applied to DEEWR, and it is likely that it is going to be successful. We are a non-Indigenous organisation but we are applying for funds to develop an Indigenous employment strategy, primarily because we need that skill to be able to better work with our clients and because we see the importance of the local investment. We have a lot of staff come and go. We are looking at having a consultant who will do a project looking at all the different levels of what it is that we want in terms of possibly mental health workers, cultural consultants and maybe a grandmother who lives out in the camp and can come and do some of the interpreting. There are issues around that in terms of the standards and proper interpreting; however, for what the community sector needs, we are trying to be creative in identifying exactly the way we want to work with, engage with, support and employ Indigenous people. That is something that we are progressing. I know my colleagues across the road have



had mental health workers as part of their structure for a long time. This Indigenous employment strategy is the starting point for us to work out how it is we are going to access local people to better work with Indigenous people.

**Ms Grant**—A lot of us require Aboriginal people to help us out when we are in communities. A lot of the same people get pulled from pillar to post, as you are probably aware, for a whole range of services—the people who are articulate and may have a level of education and who are able to communicate well with the whitefellas as well as their own people. They do not get any remuneration for that. That has been raised a number of times—if they are going to be acting as cultural consultants, they need to have that label and to be paid accordingly. And perhaps they need to be identified in the community so that you know they are the people to draw on. I was in the Top End recently and I did see a woman training in suicide intervention skills, in language. In Central Australia we trained a whole lot of people to do ASIST. A lot of Aboriginal people were trained back in 2004. We currently have no active trainers. It is not that they are not here; they are not training for a number of reasons. I think it is all very well to provide the training, but it takes a lot of skill and confidence to get up in front of a group and deliver training well. I think a lot of people were shy in doing that. Others found other jobs and were no longer available or released to deliver that training. I just think there needed to be another step of supporting them to deliver the training and bits of pieces until they had a level of competency. It is a big issue for us.

**CHAIR**—Thanks very much. I was going to go to Senator Siewert, unless you have a small last question, Senator Adams.

**Senator ADAMS**—I have several, but anyway. I am very interested in the issue of foetal alcohol syndrome. This morning I asked Dr Boffa whether there was any incidence of it here. I am a Western Australian, and we had a number of paediatricians visit the area and they came up with some rather alarming statistic. Can you tell me whether you have looked into this as far as mental health goes, because these people would certainly be showing signs that I would think would bring your group into really looking into symptoms and what is going on.

**Ms Kipps**—I cannot answer for all that—except that, looking through the cases that we have had referred to us at the moment, there have been quite a significant number of young children who seem to have been diagnosed with this. That diagnosis is certainly there and we are trying to work out what to do about it.

**Dr Tabart**—In a sense I agree with Dr Boffa that there has been no scientific analysis or audit of the cases to perhaps retrospectively or even prospectively diagnose this, but from my experience I would suspect that it is a matter that is underdiagnosed and underrecognised in Central Australia. There are plenty of other chronic health conditions and social conditions that may account for children's failure in school, disruptive behaviours et cetera—manifestations that could otherwise be explained by the neurocognitive damage caused by exposure to alcohol as a foetus. It would be a fascinating area to systematically look at in Central Australia. I could not see that it the incidence really would be any different from any other area in Australia with this level of alcohol usage.

**Senator ADAMS**—That was a reasonable answer. I just wanted to check with you people, too.

**Senator SIEWERT**—I want to go back to where we were talking about the WA child health study, which as I understand it made a very strong link between mental health and intergenerational trauma. It seems to me that a lot of what we have been talking about is dealing with the crisis in people presenting with acute mental health problems rather than some of the underlying issues that are causing them. Would that be an accurate reflection?

**Ms Kipps**—I feel very passionate about that because I think it absolutely is. I think that one of the things that is very difficult is having very few people actually on the ground to do the investigation. Take something like intake. I have worked in a child and youth team in Sydney for 20 years. You are on the other end of a telephone and a lot of the information just comes down. You write it down and by the time you go to a clinical meeting you have a big background. Here, if you want to have that background, you have to do some investigative stuff. You have to phone person A, phone person B, listen to what somebody said about somebody's girlfriend being in such a town at such a time. It takes a long time to get that information together. If you are then doing all the clinical work, as well, it is very difficult. You can get through a quantity of people by not asking the questions or you can do some quality work by doing it properly and hopefully, in the end, having systems that support kids through very difficult times. We just have not got enough people on the ground and we have not got the incentives to keep them on the ground. That is my opinion.

**Dr Noonan**—I add another plea around section 26. I dealt just recently with two young girls' underage pregnancies. First of all, there are a number of reasons they will not reveal that they are pregnant if you are going to get into this mandatoriness. They do not want to reveal who the bloke is or whatever. That will be an extreme stress when they are pregnant. At a physical level they will not go for help and at a mental level it will be something they are worrying about and concealing all the time. That is not quite intergenerational—but it sort of is. It is the mother and the baby and the outside stresses that will cause that effect.

**Senator SIEWERT**—There is another area that I spent some time looking into a little while ago. This whole intervention was started to try to deal with the issue of child abuse. Part of the situation we have here is that you have people being abused—victims—who then become perpetrators. It seems to me that there is a whole cycle there that we are not dealing with. I have spent some time in Western Australia looking at the safe care model. I do not know if you know about the safe care model that is operating in Western Australia to a small degree. This goes back to one of my questions and touches on your comment, too. We are not investing the resources in dealing with intergenerational trauma and the trauma caused by dysfunctional communities, with victims then going on to be perpetrators. We are not dealing with the mental health issues that come out of that. How do we deal with those issues? We are obviously not putting enough resources in now? Is it a question of first recognising it and then putting the resources in? Where do we move to so that we are dealing holistically with somebody's health?

**Ms Kipps**—If you put the resources in, then you will have the resources to find out those things, which is what I was really saying. You have to do quite a lot of detective work to find those things out. You can take a shortcut and never ask those questions so you never get to the intergenerational stuff.

**Ms Manu-Preston**—One part of it is the assessment and crisis treatment, which you are highlighting, and the gaps in services. I will take this back to Marcus Tabart's comments. What I

think you are saying—I agree with wholeheartedly—is that it is the education related to what wellness is in a community and what keeps people strong. That is our experience. Things like having a job and so on are going to make a difference in terms of people getting to the crisis end, when you do need to have treatment. Treatment should also be available. There should be information provided to the client and to the people about what behaviours are happening and what they can change. That can empower them. Prior to that crisis end is the prevention end, which is about education, good houses, meaningful employment and some self determination. Those are long-term investments. We need service responses to crisis. We also need rehab responses. Assessments are one thing. Then there is the case management support that is required. Alcohol and drug programs are needed, as are family programs. There are all these other components that will keep people strong and healthy. That is where we believe investment will really make a difference. We need a broader view than just treating the symptom of the problem.

**Senator SIEWERT**—We absolutely need to be doing that. But I am also aware that there is a whole generation of people—or numbers of generations of people—whose needs we also have to address.

**Ms Grant**—Regarding trauma and grief, the Dulwich centre have been doing some incredible work with communities, certainly in East Arnhem as well as Hermannsburg. It is time consuming. They spend a lot of time getting stories. They are trying to look at the underlying sad stories that these people want to share across communities across the Territory. They are also looking at how they can end on a message of hope for their communities. It is really important work, but it is not done overnight. We would all love to be doing some of that. We are trying to do a little bit of that through the development resource around a suicide. We are very interested in that narrative therapy approach.

**Dr Noonan**—My point is around confidentiality and mandatory reporting. If people know that you are going to report to legal authorities, they may not tell you. In fact, I have spoken to Indigenous people who were part of facilitating the *Little children are sacred* book. They felt a gross betrayal, because they thought that it was confidential. We have to have a low-key thing where we can talk to our colleagues and make sure that the wool is not being pulled over our eyes. We should not be confusing two 15-year olds having a sexual relationship with a paedophile or an abusive father or things like that. They are different issues.

**Dr Tabart**—You have also asked a similar question of Peter Yu’s investigation. There is a lot of interest in this intergenerational transmission of disorder, distress or whatever it might be in its various manifestations. There was a study done in Canada—they are 10 or 20 years ahead of us in the social integration of their First Nation peoples; I worked there a couple of years ago—where they looked at youth suicide as a mark of community distress. They looked at the variable of cultural continuity. There were a number of characteristics of that and they really pertained to governance and autonomy—that is, what degree of control does this community have over education, police and emergency services, recreational facilities, land and title, actual resources on the ground and in the air et cetera? They found that the rate of suicide amongst young people was actually proportional to the number of these cultural markers that were present in the community. So if you have six out of six—that is, a reasonable degree of control over those variables—there is virtually no youth suicide. A community that had essentially no autonomy and no control had a substantially higher rate of youth suicide. What does that tell us? It does not

tell us anything other than what you and I know—that having some sort of control over your life makes you feel better. How can that be translated into an Indigenous community, or any community for that matter, where youth suicide is a problem?

In terms of breaking the cycle of abuse, there are obviously myriad programs that have to be happening in parallel, but Ernest Hunter and others really emphasise the importance of creating a safe and nurturing environment for children, who are presumably going to grow up to become parents. If they have been displaced, abandoned and taken away and drugged like their parents, they are going to repeat the same things. So you have to do something about alcohol availability, meaning in life, having some worthwhile activity et cetera. I do not want to belabour the point.

**CHAIR**—Dr Noonan, I just thought I would make a comment and ask for a response. In regard to section 26, I understand—as does everybody on the committee—the risk you take. One of the facts—and I am not trying to mention something that is completely self-evident—is that at the end of the day the legislation will be a reflection of the community through their eyes. Tragically, they are often not as informed as they could be on these matters. But, as an individual who has lived in Indigenous communities for the last two decades—nothing to do with parliament—and seen many things unfold, I think that there seems to be this whole injustice where you find in out about something that is just unbelievable and then in isolation you ask, ‘Was that reported?’ and are told no. I can understand, and I think the wider community of Australia would understand, that there are circumstances for a 15-year-old. This is the terrible difficulty that we have. At 15, yes, there are probably circumstances we will understand and we will allow a clinician to make a judgment on that. At 14, there are maybe a couple. At 13, I am struggling. Then there is 12, 11, 10, nine and so on.

The challenge I am putting back to you that you might be able to help us with is that it is a spectrum where at one end you really have to grope to find the circumstances under which it would not be reported. Although I suspect the circumstances between the clinician and the individual victim in any circumstances would be benefited by that exposure—I acknowledge that—I think it is a very difficult circumstance and I cannot glibly say, ‘Yes, I understand you. Yes, we will be supporting this.’ I think it is a lot more difficult than that. Perhaps from a clinician’s point of view you may have some ideas about some other safeguards or some other thing we can say to the public like, ‘When they take this into consideration, it is not only going to be about: is this in the best interests?’ It is a really tough thing to do, subjectively. Whether or not the wider community—not us—have the trust in all clinicians to say, ‘Yes, we think that is okay’, is, again, something that I suspect will be a spectrum. I would like a response to some of those things.

**Dr Noonan**—First of all I will say I am a feminist. I do not like to think of very young girls, or boys for that matter, being trapped in early relationships with children et cetera. I do not think that is a good thing. One of the child psychiatrists in New South Wales said that there is a double level. There is a kind of mild report—say, two 15-year-olds—where you can put something down. If you are the clinician, you talk with your colleagues and get some advice. Then there is a heavy report, where you believe there are badies out there that are doing something. That is a thought.

Conversely—and this is under privilege—I am dealing with something right now. We have put in two FaCS reports over the last two years about an isolated girl. I will not go into all the

gruesome details. I saw her the other day. As a child, someone put her on the pill. The doctor who went to check it out was threatened with dogs and a rifle. We put in reports to FaCS. I rang up FaCS today. They did not want to hear about it, and I said, 'I'll have to speak to the minister or go to the police or something.' Happily, just before I got here the police rang me, but I think that if I had not got very heavy that would not have happened. So I take your point, but, conversely, there is a lot of stuff happening. I believe the legislation is already there. Of course, a few people might get through and they are the ones you are saying the public will be outraged about, but there is a lot of stuff where people are not acting on very serious information. That is the converse.

**CHAIR**—You have brought up something. This is an idea. A member of the public would see an individual who makes a decision. There are a couple of things. They are not audited by anyone else. They may have been having a bad hair day or causing mischief. That is one view. There could be the requirement, for example, to contact at least one other clinician and have a discussion. This legislation comes up and we are expected to say yes or no—that is not a good idea for either side. We have a job interview every three years in this whole democracy thing and sometimes it lets us down in circumstances like this, I have to acknowledge. But it is important that perhaps the fundamentals of some amendments and perhaps a more sensible way is possible than either the legislation or between it. For example, saying something to another clinician and having an obligation to simply seek advice and have a notation from another clinician may well be a way forward.

We are well over time. I thank you all for your patience. We need a day with you, I would have to say. I have so many questions. We may be able to put some questions on notice. The secretariat will provide you with those questions. I am not sure how we will work that out, but I think we will just duplicate the questions and we will receive the responses. Again, thank you very much for appearing before us today.

**Committee adjourned at 4.28 pm**