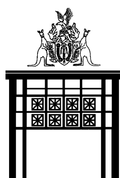

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

12th Assembly

Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder

Public Forum Transcript

5.05 pm, Wednesday, 30 July 2014

Civic Hall, Barkly Town Council

Members: The Hon. Kezia Purick, MLA, Chair, Member for Goyder
Mr Gary Higgins, MLA, Member for Daly
Mr Gerry McCarthy, MLA, Member for Barkly
Mr Gerry Wood, MLA, Member for Nelson

Witnesses: Ms Pauline Davenport, Tennant Creek High School
Ms Victoria Davenport, Tennant Creek High School
Ms Eleanor Difh, Tennant Creek High School
Ms Jacqui Lyster, Tennant Creek Primary School
Ms Nicola Norman, National Disability Insurance Scheme
Ms Tracey Chaplin, National Disability Insurance Agency
Ms Carmel Edwards, Department of Prime Minister and Cabinet
Ms Neroli Raff, National Disability Insurance Agency
Ms Jennifer Kitching, Department of Health (Northern Territory)
Mr Paul Phillips, ARC
Ms Georgina Bracken, Tennant Creek Women's Refuge
Mr Ray Wallis
Ms Lorraine Baer, ARRC
Pastor Mike Baker, Tennant Creek Christian Family
Ms Meg McGrath, Department of Business
Dr Stuart Philipet, Australian Red Cross
Ms Barb Shaw, Barkly Region Council
Mr Peter Cain, Barkly Youth Services
Ms Jenni Kennedy, Child and Family Health Nurse
Melanie Baldwin, Stronger Sisters, TCHS
Mr Eric Brace, Australian Literacy and Numeracy Foundation

Mr Tony Miles, Anyinginyi Health

Ms Valencia Pratt, BRADAAG

Ms Lyn Andrews, Tennant Creek Women's Refuge

Ms Kate Brookman, Midwife TCH/ASH

Ms Carol Enthoven, Foster Carer

Mr Kevin Jones, Foster Carer

Ms Wendy MacTaggant, Department of Health

Ms Ann Hallett, Midwifery Group

Ms Becky Hallett, Student/Youth Parliament

Mr Martin Power, Tennant Creek High School

Ms Leanne Shaw, Anyinginyi Health

Ms Linda Turner, Anyinginyi Health

Ms Laura Wu, The Australian Literacy and Numeracy

Madam CHAIR: Welcome everyone, this is a public forum. My name is Kezia Purick I am the chairperson of the select committee inquiring into foetal alcohol spectrum disorder.

We had full day public meetings in Darwin a couple of weeks ago. We were in Katherine yesterday, where we had a public forum like this at the end of the day. During the day we had people who came to talk to the committee and we asked questions in regard to different areas that they talked about.

We have four committee members here. One had to go back to Darwin who will fly to Alice when we go tomorrow. They will introduce themselves. I am the Chair and member for Goyder, in the rural area of Darwin, which takes in the Humpty Doo, Noonamah, Bees Creek area. For those who do not know I am also the Speaker of the House – for what that is worth. On my left is Gary Higgins.

Mr HIGGINS: I am the member for Daly, my electorate goes from Kezia's out to Wadeye to about (inaudible) past. I will say that Tennant Creek looks a lot better than it did 10 years ago. My son started his policing down here. Ten years ago when I drove into the town it was not very good.

Mr McCARTHY: Gerry McCarthy, I am the local member. For those I do not know here and do not know me, that is a bit scary sitting in the town hall of Tennant Creek as the local member. That is not good politics. But, there are people here I do not know and people who do not know me. We are in the middle of an electorate one-and-a-half times the size of Victoria. I have just had five days in the bush. Thank you for turning up because, yesterday, I left from the Roper Gulf to Katherine and joined the parliamentary select committee which is researching a very important issue on behalf of the government.

The government has commissioned this study. The government is awaiting a report, and that report will then determine government action into what is a huge issue across the Northern Territory and Australia.

Once again, thank you for turning up. It was a great turnout in Katherine yesterday as well. It is a bipartisan effort. We are all working together and we really want to hear from people in the field. Madam Chair said not only are we going to research at a very high level academic and medical authorities and agencies, but we are also going to take this on the road and talk to the people of the Northern Territory. This is our brief - a very important opportunity here in Tennant Creek.

Mr WOOD: I am the other Gerry; just so you do not get mixed up, I am sitting over here. I am an Independent, so we are actually a tripartisan group. I come from the Nelson

electorate which is south of Darwin. It is, in most cases, 2 ha or 5 acre blocks. It is a rural area. It also has some horticultural development, so it is that part of the rural area of Darwin.

My connection with Tennant Creek is that I had my honeymoon between Katherine and Tennant Creek in 1973. I can remember when the town was a lot smaller and a lot quieter, to some extent, although the pubs were there even in 1973.

Also, I was with local government for a long time and I visited Tennant Creek many times on local government matters. I have always loved Tennant Creek. My brother-in-law used to build units down here many years ago. So, yes, I enjoy getting out of my comfort zone coming down here.

I am also interested to see what people have to say. I am really ignorant about FASD. Until I was asked to be on this committee I would have thought it was an acronym for a new jet fighter - FASD. What it was did not make any connection with me. But, since I have started on this committee I have learnt a lot but I have a lot more to learn. I will certainly listen to what people have to say in today's meeting. So, thank you for all coming.

Madam CHAIR: Russell.

Mr KEITH: I am Russell Keith. I am with the team supporting the committee. We are doing both the logistics and research. It is myself, Jennifer, and Leigh. If you want contact information or any background information on the committee we can help you out.

Madam CHAIR: I have a few notes here. This is an informal discussion - questions, comments, stories. While it is open and informal, it is still a formal parliamentary committee. We are recording it and we will transcribe it and place it on the government website. We will send a copy of what is said tonight to all ofyou to make sure that if you say something specific it is correct and we have not misinterpreted. Maybe we should have a quick whip round for people to say who they are and why they are here (Inaudible).

Ms P DAVENPORT: Pauline Davenport, Assistant Principal at Tennant Creek High School. I am here with my daughter.

Ms V DAVENPORT: I'm Vicki and I am a teacher assistant at the primary school and a foster parent.

Ms DIFLO: Eleanor Diflo, a retired teacher.

Ms LYSTER: Jacqui Lyster, I am a teacher at Tennant Creek Primary School.

Ms NORMAN: Nicola Norman, (inaudible) National Disability Insurance Scheme (inaudible).

Ms CHAPLIN: And I am Tracey Chaplin, also here for the National Disability Insurance Scheme launch just to (inaudible).

Ms EDWARDS: Carmel Edwards, Department of Prime Minister and Cabinet. We are heading up the remote school attendance strategy so I am interested in looking at FASD and the effects on the children and their attendance and so forth.

Ms RAFF: Neroli Raff, also from National Disability Insurance Agency.

Ms KITCHING: Jenny Kitching, I work with NT Health, predominantly in Health Promotion. I am quite interested in the FASD and, yes, where we go from here, how it is going to improve and look and what the strategies will be to really have some hard action, to have some inroads into this really (inaudible 17:11:41) issue affect the families.

Mr PHILLIPS: Paul Phillips from Red Cross.

Ms BRACKEN: Georgina Bracken, Tennant Creek Women's Refuge.

Mr WALLIS: Ray Wallis, just passionate interest in primary health care.

Mr BAKER: Mike Baker, Senior Pastor, Tennant Creek Christian Family.

Ms BAKER: Lorraine Baker, I am a registered nurse. I work for PPK here in Tennant Creek.

Ms McGRATH: Meg McGrath, I am a regional training coordinator for the Department of Business.

Dr PHILLPOT: I am working on behalf of Red Cross at the moment to assess – to provide a situation assessment of child safety and child protection in Tennant Creek given the recent scores on the early development index.

Ms SHAW: Barb Shaw, Council President.

Mr CAIN: Peter Cain, I am CEO of Barkly Youth Services. We have worked with a range of people around the region for the last five years and we worked very closely with Adele Gibson who was doing the FASD study in Anyinginyi in 2011.

Ms KENNEDY: I am Jenni Kennedy. I am the only Child and Family Health Nurse involved with all babies born in Tennant Creek and any from outer communities who may stay here after. The service provides Health & Developmental assessments, and parenting information. The client range is 0-shool age.

Mr JONES: Kevin Jones, I am a foster parent with my partner Carol (inaudible). I am just come to see what is on tonight and also to talk tomorrow just on the foster care side of things.

Ms PRATT: Val Pratt from BRADAAG.

Ms ANDREWS: Lyn Andrews from the Women's Refuge.

Ms BROOKMAN: Kate Brookman, midwife, mainly in Alice Springs but here at the moment.

Ms MACTAGGANT: Wendy Mactaggant, Outreach Midwife for the Barkly Region and remote communities.

Ms HALLETT: Ann Hallett, midwifery group practice midwife starting a partnership between the Aboriginal Medical Service here and the Department of Health, and we are currently building a midwifery group practice.

Ms HALLETT: Becky Hallett. I was in a youth parliament and I did a bill on FASD.

Mr POWER: Martin Power, I am a high school teacher.

A WITNESS: I am here with the stronger families program

Ms SHAW: I am Leann and I am from FASD

Mr BRUCE: Eric Bruce, Australian Literacy and Numeracy Foundation visiting the schools.

A WITNESS: (Inaudible).

A WITNESS: (Inaudible)

A WITNESS: (Inaudible).

Madam CHAIR: So it is a cross section of NGOs, health professionals and schools. What we learned in Katherine was that these issues with a lot of the young (inaudible) high level (inaudible) into the mother's condition when she is pregnant, but they also did not have a grasp on how big an issue it was it was and they didn't have any data to tell authorities these children had been born – if they did not have facial features to indicate then they were not really sure. We have heard elsewhere there is a clear need for some diagnostic tools, but once you have your diagnostic tools, whenever they are developed, what will that do in regard to management of the issue. Will it help? Does anyone have any comments on that? They said the number of children presented in the wards has been lower over the last five years. The healthcare of children in hospitals (inaudible) presented (inaudible).

A WITNESS: I would not have thought that. This was more about looking at not necessarily numbers but preventative strategies.

Madam CHAIR: You are not sure what preventatives strategies or what management programs you need to develop or resource if you do not know how big the problem is. I do not think we know how big the problem is. We have heard information from the experts Gerry talked about, who have done research in the Fitzroy Valley area, and she gave alarming statistics – I think it was 50% (inaudible) children have FASD. Of course, we have not even broached how big an issue it is in urban settings.

A WITNESS: Our problem with schools is - in the early childhood areas in schools we are coming across children with lots of problems and we do not know what these problems are caused by. Are they foetal alcohol? We do not know. I know one case where the grandmother would say, 'Yes the mother was drunk most of the time after this child was conceived'. Nine years later we are still having problems and they have now diagnosed the child as ADHD. Is the child ADHD or is it foetal alcohol?

Madam CHAIR: That is also a question. How many children have been misdiagnosed? They are misdiagnosed early in the piece and again later on.

A WITNESS: We get no help unless there is a diagnosis. We do not mind if they make a diagnosis, but we would like a proper diagnosis.

Madam CHAIR: Yes, because that would be linked to resourcing – a special needs child.

A WITNESS: That is right.

Mr McCARTHY: That is a really interesting point and this is huge issue. If we think of it on a spectrum, when we started the committee's research we dealt with very high level medical professionals. From a lay person's perspective and my opinion speaking to this audience, they were very focused on diagnostic tools, identifications and then interventions and treatments. They were really focused on that and it became a very common theme.

Having researched the Anyinginyi Health intervention through the FASD project, it was all focused on prevention. It was all focused on education and awareness, the young people around town and the Stronger Sisters program. It had that balance, but it has been interesting to see the medical professionals who have not been willing to diagnose this over decades - they have really stayed away from it. When you talk to the professors they give the explanation, in broad spectrums, of behaviours and syndromes. They are therefore unwilling to really diagnose it because they are purists in their field and do not have the diagnostic tools to do this and are asking government for the resources to participate in very intensive high level medical research to get these instruments - to get this nailed down.

I am saying we have to teach our kids and our families how to prevent this. I think Leanne said at an alcohol meeting recently - very strong statements come out in the evidence we have heard - FASD is a preventable spectrum disorder and syndrome. It is completely preventable. That is where we are at and we want to hear more. Please continue to discuss.

A WITNESS: I would like to pick up on the school teacher. They get a problem child and do not know whether this person was drinking or whatever. As a midwife, I do not have a specific - I know the woman who have been drinking, pregnant or not, but there is no real avenue for documenting that necessarily in the antenatal period. That is a big gap in then making the diagnosis.

A WITNESS: We do not really know how it is affecting the child. So, therefore, we do not know how to treat the child in an educational sense. If this committee can do anything and at least see what the results of some of these problems are, so that we can actually then, when we are faced with these children, know what to look for.

A WITNESS: Those children need to have a referral through the medical system to paediatric assessment, then, if they are confused with whether they are across the autism spectrum with includes ADHD and all of those other similar kinds of things, it can take – I have children at the moment.

One boy is (inaudible) and he still has not been able to get an assessment. He will have to go to Adelaide to see a specialist team down there to have an assessment. We do not have any resources in the Northern Territory to do that. So, that is one thing.

With the alcohol issues we have - and I have been here for six-and-a-half years and I believe the drinking problems in Tennant Creek are actually worse than when I came here. We do not have resources. I cannot make referrals myself, I have to send them to a normal GP practice service, and parents and families are disinclined to engage with those services when they do not see the children are medically sick. So, it is a massive problem.

Mr McCARTHY: Madam Chair, if I can just jump in. Madam Chair and the other parliamentary members here, we have Melanie Baldwin and representatives of the Stronger Sisters Program who are here. Melanie and the Stronger Sisters Program with Anyinginyi health congress have been very much at the forefront of the FASD project in the Barkly that you have already heard about, you will hear about it tomorrow, and features in the research already collect by the committee. I just wanted to throw that in.

A WITNESS: Could I just add on to that last speaker, Madam Chair. She touched on a very valid point; that is, that you cannot just refer somebody to one person or a specialist - it is actually a team. In 2011 when we were working with Adele, the only assessment tool we could find was a Canadian model. The guidelines in that - and I am sure some of the experts here would understand this – is you need a range of people on that team. It is such a difficult thing to diagnose and, as has already been touched on by other people, the danger of misdiagnosis is huge. You need a doctor, psychologists, speech pathologists and a range of people with very specialised skills.

At the moment, we have sent one of our participants off to three different child psychologists, and three of us in the office have worked on him. Every one of us has a different opinion on what is driving this young fellow. Two of the six say it if FASD. I believe it is an acquired brain injury. One of the psychologists thinks it is Asperger's. Because we do not have that range of specialists' services here or in the Territory anywhere, it is really difficult for us to get the appropriate level of care for this young person because we do not know what he has.

A WITNESS: I understand there is a tool being developed by a university in Western Australia, but I am not sure which university it is.

A WITNESS: Yes, it is online at the moment.

A WITNESS: Is it?

A WITNESS: Yes.

Madam CHAIR: Which one is it? Is it NDIS?

A WITNESS: I can send you the link if you like.

A WITNESS: Well, they are negotiating with NDIS to trial it in some way, or have some link or something like that.

A WITNESS: Madam Chair, to bring it back to what Gerry was speaking about, we were talking about the diagnostics of FASD but it is a whole public health approach. That is at the tertiary level. When you look at your primary healthcare settings - it is dealing with things like housing, all those social determinants of health that contribute to alcohol misuse and consumption. So it is the whole of civil society now, and unfortunately with stuff like this we tend to compartmentalise how to solve it. However it goes right across civil society, primary healthcare, secondary healthcare, tertiary healthcare, health promotion, health education providing those social determinants of health or needs which actually help people maybe consume less and minimise harm, so that is just what I would like to add to the copy.

Mr WOOD: We have heard about harm minimisation, but in the case of a mother drinking, my understanding is the word is do not drink, full stop.

A WITNESS: Correct, however I think we still think – I understand it is a dose response so the more alcohol you have, even though we do not have the research that more affected - it is like most medications, when you up the level of the dose the more effect it has on the body. That is presumed because we do not have a data set.

Mr WOOD: One of the problems in saying that is that - we heard it yesterday that some physicians are saying, 'Oh, I am not sure whether you could or could not'. We heard from midwives yesterday in Katherine - and I have heard also on television – that it is best not to go down that path after all because you send out a mixed message, and it comes out as a mixed message, because what we heard yesterday is that it is better to have a uniform message across the Territory or Australia that the safe way is no drinking at all.

A WITNESS: That is correct.

Mr WOOD: And I get worried hearing that you can have one or two, and yet I have seen statistics the Senate put together. They did a report on FASD and they showed the effect of alcohol on the unborn child at a very early age - you have to wonder whether anyone can say what a safe level is. Maybe there is but I think the message …

A WITNESS: I do not think the harm minimisation concept is actually saying there is a safe level of alcohol. It is just that sometimes that term allows people to cut by half and then cut by quarter and work on - the ideal situation would be that a woman would come to you and say, 'Well, I am now pregnant and this does happen with us, I am now no longer able to drink'. However, many women - it is about can you limit the number of serves of alcohol, and the next time you engage with them can you limit it again? So, idealistically, no alcohol is the best situation, however, practically it is a process for many women.

Mr WOOD: Can I just ask you - I know that the ladies in the back obviously have been running the program about FASD - how widespread is the knowledge that alcohol should not be consumed? We asked in Katherine and I think there were some areas where they just do not know or have never heard of it. How widespread is that knowledge?

A WITNESS: My name is (inaudible). I work for Anyinginyi and I am a projects officer for foetal alcohol spectrum disorder. Since I have come on board a lot of ground work has been done by Adele Gibson, doing great work, but since I came on board it seems to me, because I am out and about a lot to all of the communities, that what is happening at this point is that parents, not just the mothers or – especially for Indigenous people because it is a holistic view of the child, it is not just FASD. The holistic view is the second mother and father, the grandfather - a mother may be going into Anyinginyi and saying, 'We believe that a lot of our children or a lot of our young adults may have FASD', and it is the actual recording of those interviews saying they believe, after gaining the knowledge that we are imparting through Anyinginyi - the knowledge is out there and we have a true worry about this, so my understanding of FASD is that no alcohol is best in pregnancy and it depends on how much alcohol, how good the nutritional intake of the mother is at the time that will get the foetus at different stages. So the baby's brain starts that clock and then it curls. During that period it affects it curls up into a brain. In between that time if you are drinking alcohol or during different times it affects different areas and that is why it is a spectrum. I think the knowledge is getting greater. People are going to the clinics, to the midwives and speaking the truth about it, so that is a good start.

A WITNESS: It is a good start. Leanne has developed a little bag that is given to women, which we regularly run out of because they like it. If women are carrying that bag they come under some community pressure not to drink. It identifies they are pregnant and that has been a really successful tool. We seem to go through them quite regularly.

A WITNESS: The focus is not just on the pregnant girl or woman, it has the focus on a holistic model of educating parents - mothers and fathers – and that goes through to grandfathers and stuff like that - so they have the same knowledge base. It is not just educating the person who is pregnant, it is educating the family so everybody has the same knowledge base and when granddad sees the young one drinking, 'Hey, come on. We know you are having our tomorrow', - we call it 'our tomorrow' – our tomorrow is keeping a healthy (inaudible) and they can promote it that way to family members.

Madam CHAIR: Just two things we have had in our travels, - I am sure the answer is no - a young girl in Katherine said she sees no information, no ads in the paper, nothing about this where you see lots about quitting smoking and the evils of smoking. She said there is very little of that. I have seen a sign in your window Gerry, but I have never seen that sign before, so is there a need for that?

A WITNESS: The stuff Anyinginyi has developed targets – we work with four different language groups, and the four different language groups have put it into language so people do understand. If you put something in somebody's language they understand.

Coming from two languages - if someone says something in English, sometimes they get it, sometimes mums tell them and they get it because that is the language they understand.

Putting it into the four different language groups - we have done like a PowerPoint. At the moment - have you seen the puppets? That has been going in four different languages on Imparja and all our – we are trying to put leaflets, pamphlets and things like that out not only in English, but in four different language groups and everybody says it may not work because not a lot of people read, but there is somebody there that can read that language and deliver that.

The theory is we get mum, dad, uncle - the whole family on the same page so everybody knows that story one time, so there is no gammon they do not know. They know because, mum, dad - the young father knows the story so they cannot pretend they do not know. Everybody in the family has been educated and given the same knowledge base so they can talk backwards and forwards.

A WITNESS: The puppets are amazing. Put the television on Imparja tonight and you will probably see them. They are so engaging because they are so neutral and there is no blame game. They are really engaging and it is all over the place. Everybody knows the Muppet puppets. If you talk to people in Alice Springs and all over the place, everybody knows the Muppet puppets from FASD. If they do not know anything else about FASD - the Muppets - they are great.

A WITNESS: On the back of the work Nadelle did prior to Leanne joining the team and following on, Anyinginyi provided a framework for students at the high school to create a very student/teenage friendly hip-hop rap song about FASD. The Stronger Sisters were involved in Clontarf and most lessons when we had health and physical education, the majority of our students log on to Indigy tunes - great health messages covering all spectrums from fantastic programs done across the Northern Territory. Those kids click on to the hip-hop song regularly. In fact, I and my colleague, Renee Webb, who cannot be here, were thinking we needed to redo it and make it an app so it can go across Australia, so you can take it to that newer level that taps in with younger people who are not speaking the language as much as at home. So, there is another resource ...

A WITNESS: We also have another project too, with the shire. They have been really proactive too. I am sure from the shire - just thinking about the app, we actually did some work with Ali Curung and Elliott. That has gone – I do not know – there are little plasdo people, and a new song has been developed from the women. The young women and the men's group are having input into it too. So, that is coming soon.

Madam CHAIR: Let us go back to the question of whether you think it is worse now than six years ago. How are we going to tackle the supply issue? (inaudible) Anyone can drop their drinking (inaudible). That is obviously …

A WITNESS: Stop selling it!

Madam CHAIR: It is obviously a culture issue with our country, we know that.

A WITNESS: I do not know.

Madam CHAIR: I do not know either. (inaudible).

A WITNESS: Stop selling it! There would be $248 000 a week flowing into the shops and into children's bellies rather than ...

A WITNESS: If you have alcoholism, then you have people who are addicted. So, stopping the flow may only hurt a bit, but if you stop the quantity and then you stop - how would you say? – lights. You can get light rums, light beers. If you cut people who are addicted you are going to cause issues. But, if you cut it back, then do like a staging back, then you will see a difference, maybe.

A WITNESS: I am not going to bang the drum, but you asked a question to which you already know the answer. The floor price for alcohol has been pushed, and pushed and pushed, and denied, and denied, and denied by various governments over the last 10 years. But, there is the answer. You asked the question; you know the answer.

A WITNESS: There is some preliminary analysis - and it is very preliminary. I will know at the end of this assessment. It is very clear there is a pattern to alcohol consumption in this town. The evidence is with Anyinginyi and hospital recievals and in the Night Patrol data. It is also in the school attendance levels and incidences of absenteeism. This is very preliminary, but it looks like maximum consumption occurs around special events such as the football carnivals and weekend other events. It seems to peak – again, this is very preliminary stuff - around welfare payments.

Welfare payments seem to - and that is working primarily off night patrol data in which the number of people and children taken into care increase in May/June and again in September to November. I do not have those figures yet, I am reporting on what I have been informed of. I am hoping to get them so I can correlate them to other evidence to see if that is confirmed. It is certainly supported by anecdotal descriptions but, as yet, we do not have the facts ...

A WITNESS: DCF notifications would probably add to that data as well.

A WITNESS: What I want to do, if we can get to the Red Cross study - reasonable access to that data - so we can identify the patterns. If there is a congruence and a correlation between all of that evidence then, perhaps, we have an argument - or perhaps the town has an argument - to take to the land councils and say, ‘Either spread it out or do it in the school holidays, or in a period where the rest of the town is not disrupted’.

Madam CHAIR: (inaudible)

A WITNESS: Yes, I have come from the foster care side, and I agree on the prevention from now on. But, I also have a two-year-old, coming up to three, and we are going to be battling to get that disability – it is a disability - actively documented. Mum was on the grog, we know that. Doctors and nurses are very reluctant to actually diagnose FASD. So, a lot of education has to be put in, a lot of services have to be put in. I am going to throw something right out of the ball park: 5% of alcohol goes towards FASD. Fund a safe development. People will know about FASD because they are going to be paying 5% on every unit of grog. I would like to limit the grog as much as possible but if they are going to be buying that grog they are going to have to pay. It is going to cost a fortune for these kids coming up now. I want to stop it. I do not want one more person to be born with FASD. The ones that are - the studies say that it is costing $1m a child. It might sound corny but 5% - if government

can do it, they can sell off whatever, they can change laws. Five per cent on alcohol price towards FASD.

Madam CHAIR: Those who have been around long enough (inaudible) there was a wine cask levy in the Territory. So it has been done. Those were before the GST days, so I am not sure of the rules about that.

A WITNESS: People are going to have to know about this. Five per cent to fund a safe development.

MR WOOD: The industry has to take responsibility as well, the supplier. He is not crying poor, otherwise there would not be all the ads on TV.

A WITNESS: We can put ten cents on a can for deposits and that sort of thing. The money - governments are crying poor but money has to be thrown at it. We need education, and in the end we are finding out what is happening and I am very thankful that that is happening. I think Tennant is leading the Territory. Western Australia is doing things. I have been searching the Internet, but I think Tennant is leading the Territory and that has got to be spread out, but that is going to cost money too.

Madam CHAIR: We have asked people a couple of times (inaudible) that FASD needs to be declared - I'm looking at you two ladies - a disability. How does that happen? Is it a national thing?

A WITNESS: I will just start because you are the kid specialist. The National Disability Insurance Agency does not require a diagnosis. What we require in order to make people eligible is a significant and permanent reduction in functional capacity. To us it is immaterial whether the person has autism spectrum disorder, FASD, acquired brain injury. It is about how much their lives are disrupted by whatever the disability that they have is. For us that is how we sit.

A WITNESS: So how is that measured?

A WITNESS: We have planners who go out and measure each person, and that is why our organisation is in negotiation with that university about the screening tool, just because we will have a population of people. We do not actually need the person to be diagnosed one way or the other. We do need specialist assessments as backup for evidence of the disability. For example OT assessments, neuropsychiatric assessments, things like that, but they do not actually need to be able to say why that person cannot do those things.

Madam CHAIR: So if a FASD person reaches adulthood, they could be covered by your scheme?

A WITNESS: We have a number on our list. We are only in week three at the moment. We only started on 1 July. We already have a number of people who are on the sheet that we have got from the Northern Territory government from the Office of Disability.

A WITNESS: What we are doing is seeking assessments, language, if that's the issue, whatever the issue is for the child that results in significant (inaudible). That is the evidence (inaudible) for NDIS.

MR WOOD: I was going to ask the lady who (inaudible) Barkly region's midwife - have we got figures to say it can relate to areas in the Barkly that do not have - they might be dry, and how many numbers in those areas actually drink compared to Tennant Creek, where you have an alcohol culture, I suppose I would say, and how many women drink in comparison with other areas of the Barkly?

A WITNESS: Obviously there is a community just north – Elliott - which has a pub sitting in the middle of the community. People do not have to go anywhere to drink, you are right there. It is pretty evident in that community there is quite a lot of drinking. Communities further afield, where grog is not available, I mostly find the few women who drink while they are pregnant are drinking in town and then they go out to the community to get away from the mayhem of drinking. I find they try to get away from the drinking that occurs in town. The communities - the far out ones - are safe havens for women to go when they are pregnant and bring the new baby back to.

Mr WOOD: A woman in Tennant Creek will come under a lot of peer pressure to drink simply because it is …

A WITNESS: Yes, I am sure a lot do and that is the problem. Women come under a lot of pressure from their husbands, family members or whatever to drink. In Elliott it is the same. There would be a lot of women in Tennant Creek as well who are totally responsible, do not drink …

A WITNESS: Have an addiction.

A WITNESS: … families, but then there are the others that …

A WITNESS: There is some crude data informing practice or informing programs, but it gives us some indicator. The Australian Early Development Index identifies that in north Barkly children's general vulnerability from ages 0 to 5 increased by between 16% and 20% between 2009 and 2014. In Tennant Creek between 2009 and 2014 the rates have been pretty stable. In other words, Tennant Creek seems to have been treading water with a couple of areas where there was some significant improvement, particularly in physical safety of children between 0 to 5, but in other areas there were increases in vulnerability, particularly in language and communication.

In the south Barkly there has been significant improvement between 2009 and 2014 but we have no explanation why. The question to be examined - it is not part of the Red Cross study, that was purely on Tennant Creek - but it was interesting to see there are differences and that some things have happened in south Barkly which appear to have reduced the vulnerability of children 0 to 5. In Tennant Creek it is seriously well above the national level and in the north Barkly there have been significant increases which (inaudible).

Mr WOOD: Are all the good programs people are putting together winning the fight against the alcohol industry?

A WITNESS: We can only plant a seed and hopefully that seed will grow into a tree.

Mr WOOD: The alcohol industry is also very powerful.

A WITNESS: Very much so.

Mr WOOD: It has a lot more money than Anyinginyi and they are must more subtle; the advertising is subtle. I hope that is to change, but I worry whether alcohol is the other side of prevention we, as a committee, have to look at and its effect on the community.

A WITNESS: I would like to comment that our alcohol statistics are related to our assault and domestic violence statistics. There is also well-documented evidence of the effects of violence on young developing brains and developmental needs of children. Along with the complex issues of FASD often comes the exposure to violence which is also associated with the alcohol and the effects on developmental needs of children - attachments and all that other stuff that comes along with that. As someone pointed out earlier, there is that holistic view that we have to look at in dealing with these problems, and the preventative and educational stuff is really important ...

Madam CHAIR: Much drugs?

A WITNESS: … on all these fronts. On the other needs of families like housing, when people are living 30 to a house they are going to be affected by peer pressure, alcohol, violence - all of that stuff – and nutritional needs are all affected by the poverty and living conditions of most of our clients.

A WITNESS: Therein lies a problem for national policy formula, which should be noted by this committee. The ABS figures for this region place Indigenous housing numbers of people per house at about 4.4. That is absolutely incorrect. It is incorrect based on Housing Department figures, and based on Julalikari figures of three years ago. Even if it was partially true, it does not capture the transient effect of people moving from communities out bush to town for events and back again. Yet, at the moment, those figures will be informing both Treasury and the Department of Finance in the calculation of Grants Commission allocations. So, there is an issue in the databases that needs to be noted by this committee.

A WITNESS: During the Census of 2011, I had a team member go to the community living area in Tennant Creek, three nights in a row to one house with 57 people in or around it. The Canteen Creek Football Club was in town for the weekend - 57 people.

A WITNESS: Kezia, I would just like to add onto what GB and Dr Phillipa were saying about those spikes in figures. We see exactly the same thing with volatile substance abuse. Whenever there is a spike in drinking and in violence, we get a spike in volatile substance abuse. There are a number of reasons for that, but there is a real issue around volatile substance abuse with FASD ...

Madam CHAIR: As in petrol or paint …

A WITNESS: The three most common are butane, deodorant, and petrol. There are a number of other things they will get into. We do not get paint. We have had one paint sniffer in five years. We had a glue sniffer two weeks ago, and that was the first one we have seen in more than five years. It is mainly those other substances.

We currently have 34 of what we term chronic volatile substance abusers across the region. More than half of them are female, and they are all aged between 13 and 15.

Mr WOOD: Do you still have unleaded and Opal?

A WITNESS: Opal does not work.

Mr WOOD: Is there any reason why Opal …

A WITNESS: You have been sold a pup with Opal.

Mr WOOD: Why do you say that? BP owned Opal (inaudible).

A WITNESS: There is Opal at BP here, and I think Central Service Station has it also. But the Mobil and United do not.

Mr WOOD: Alice Springs do not have it there …

A WITNESS: Yes, we do, we have unleaded.

A WITNESS: Sorry, Gerry, that was another initiative of Anyinginyi Health.

Mr WOOD: We had a committee about six years ago and the council and BP were the ones that instigated it themselves. This was before communities got off the ground. They actually did it themselves. I am surprised, when I came through Katherine that Opal is not in Katherine, and surprised considering the number of (inaudible) a lot of (inaudible) especially in Central Australia that petrol sniffing was out of hand I would have thought. I am interested to know why Opal is not just taking unleaded out of the picture.

A WITNESS: I am happy to sit down and explain it all to you. But, even if there was only Opal available at the service stations here, we would still have a major problem with petrol sniffing because the main points of supply are not the service stations in town. In nine of the past ten years we have always had a spike around April/May through here, in petrol sniffing. It coincides with boat loads of Victorians and South Australians coming through to fish the runoff and kill some barramundi and they have all got jerry cans in their boats because their dealer or their boat mechanic has told them, 'You put in Opal anywhere near that motor, it will blow up. Take your own petrol from here.' They stop by the side of the road, they stop in the caravan park, they will leave the next morning one jerry can lighter and a lot of the caravans carry jerry cans as well. Most of our roadhouses do not have Opal. Again, it is a supply reduction problem that you cannot get around.

Mr WOOD: A bit of politics in there within the industry?

A WITNESS: Gerry, I am (inaudible). Even the service stations that sell Opal instead of unleaded, still sell premium unleaded and various other octane rated, high octane rated fuels

that are Opal related. Even down in Alice you can drive into the Shell on Larapinta Drive and if you do not want Opal you buy premium unleaded because it is not – (inaudible) we only talk about people who need a bloody Coke bottle full.

Madam CHAIR: How long does a Coke bottle last (inaudible)?

A WITNESS: Excuse me, I cannot actually statistically quantify that for you, but I have seen …

A WITNESS: (Inaudible) Coke bottle (inaudible).

A WITNESS: But I have seen kids in communities walking around with them for days.

A WITNESS Usually (Inaudible) to sniff.

A WITNESS: I mean because he can put the top back on.

A WITNESS: One of the things that (inaudible) education around (inaudible) there is a significant correlation of the stuff that I have read from Canada about nutrition, so one of my biggest concerns, and with the ladies that look after local girls and women that are pregnant, is the nutritional value of foods within the Barkly. It is very difficult for people, so that drives people – if you are hungry and you have got enough money to drink or you have got enough money to eat - in the shops, the food itself is very dear and for a person that is addicted to alcohol they are going to choose – if it is cheaper to drink you are going to drink, so maybe we should look at it maybe in a different way and try to put some food safety in for people to – so they have healthy choices.

We always preach on about healthy choices and things, but …

A WITNESS: You do not have choice here.

A WITNESS: There is no choice?

A WITNESS: No.

A WITNESS: There is poverty.

A WITNESS: You are on a limited income, the fuel is high, the tyranny of distance. You have got one shop really. There are how many outlets for grog and only one shop.

A WITNESS: We do have income management in Tennant Creek, so 50% of their Centrelink payments have got to be gone into there, so you do see a lot of Indigenous families at the supermarket buying food with their Basics card.

Mr McCARTHY: The youth service provider in Katherine yesterday who has had a lot of experience and works with disengaged youth and volatile substance abuse users over a long period of time - anecdotally he said that his belief was that foetal alcohol affected kids, because of the cognitive disorders and the trauma that they have suffered, and the lower educational achievements, are led into substance abuse in the teenage formative years. He felt that was a really strong correlation and we have not heard that before in terms of the committee hearings and I accept it to be high level medical, professional and then from organisational perspectives across the Territory, but it was a very powerful comment and I thought once again it takes us back to that prevention is better than cure.

A WITNESS: I think there is plenty of evidence that people who have lived intergenerationally in poverty and trauma have a high incidence of their children also living in the same situation. There is nothing new under the sun about that at all.

Mr McCARTHY: We talked about that, but this was specifically about going on to volatile substance abuse – a specific link, and that we had not heard before.

A WITNESS: I was reading that today. I will bring the report in tomorrow. Western Australia did a report in 2012 and has reached the stage where grandparents, parents and their kids are FASD affected. It is a big problem and I hope this committee gets the education out. The problem is a lot bigger than people realise.

Everyone has to own up to the problem. My child's report - on the medical records there is not mention of FASD so he would not be counted as statistic. We need something - a red flag. We know our child has ticked the boxes, we have looked at all the reports. It is also a matter of the hospital healthcare workers having time to do it. They are flat out just looking after the kids so we need a task force to help the health workers. They are doing a fantastic job but we need an additional task force. I hope you can take that to government and say we have to own up to this problem. We have to prevent it and that is the scope of your committee, but I want to go to government and say we need a task force out there. We are not going to send the army out there but we need a task force of professionals and pay them properly.

We had a DCF worker who is currently working in Melbourne but she had a Churchill Scholarship - Prue Walker. I do not know if you have heard about it, but she has done a lot of work and we lost her from the Northern Territory. We are losing people. We have to get this task force going, pay people good money and keep them in the Territory to look after our Territorians.

A WITNESS: One thing I ask you to note as part of your research priorities - it is preliminary days, but if the numbers starting to emerge are anything to go by the multiplier effects of these children make it highly likely that Justice department costs, Health department costs and youth program costs will go through the roof. Their employability will be seriously undermined so there are costs attached to not addressing this issue.

A WITNESS: This is where the schools come in. We are struggling with a lot of the children with no help. There is no diagnosis and no research or trained people to deal with children with the problem.

Madam CHAIR: This is part of my question. If FASD is considered a disability then you have something to – that would enable the school to get special education resources because that child is on a disability list.

A WITNESS: It takes a long time to get a diagnosis even if the child and the carer/parent agree to the referral to specialists who can do the diagnosis. The need has to be seen by and agreed to by the parents. Then the diagnosis takes months …

A WITNESS: Years.

A WITNESS: …then the school has to apply for the funding to get the extra person in to support that child. Meanwhile a year or two years have passed.

A WITNESS: Might the solution be something like the national insurance disability scheme approach? The children who have a preliminary assessment or indication of meeting FASD are then assessed for their functionality or their disability and then the triggers come into play. While the medical diagnosis issue can continue to be researched and aggregated, a functional assessment of ability may, in fact, be a more appropriate tool for …

A WITNESS: That is what I was talking about psychological assessment.

A WITNESS: But it is getting them there in the first place.

A WITNESS: But, getting them there takes …

A WITNESS: Oh, okay.

A WITNESS: It is getting them there.

A WITNESS: And then that takes time.

A WITNESS: I can see kids that I think quite possibly - and going on family history - will end up with issues. But, they are not obvious enough to somebody else who has not the insight into that, or had much experience with that. Then, maybe as time goes on, there are other things happen – there are DCF notifications, they get sick all the time - somebody else will start questioning things. Then, maybe they might get a referral to a paediatrician. They might get a referral for a psychologist. But, that can take months as well. So, you have all these other impacting functional issues they are involved in with their living that adds to it. You find yourself down the track missed before the kids get some help.

A WITNESS: Just bringing it back to that primary healthcare level, the most opportune time that people have health seeking behaviour is when they are pregnant. There is a certain group of women we do know about who are drinking. However, we are so under-resourced with the maternity care sector in this town dealing with alcohol consumption, assessing alcohol consumption, is something that, rather than being a primary issue - and it should be a primary issue with these women - it becomes a secondary issue because we are also dealing with massive levels of chronic disease, and anaemia.

So, the actual whole (inaudible) of that maternity Barkly region is very under-budgeted and under-resourced when it comes to maternity care, which is at the very time women will have health seeking behaviour or are more likely to have health seeking behaviour. We know who they are. We know who drinks - a certain percentage of women who drink - however we fail to make that a primary pursuit for health promotion and health education because of the limited resources put into birthing women in the Barkly region.

That is another avenue that adds to this multilayered civil society of (inaudible) work that goes across the whole (inaudible).

A WITNESS: Then, we reach a point where we actually get a child or a young person to a position where it becomes obvious they need some help at school. Then, we have the

problem of recruiting and retaining staff who can actually provide an adequate level of service.

We have this conversation in Tennant Creek regularly about the general need for mental services which we have none of, and the level of need for mental health services. Then, with sinking hearts, we read about the loss of funding for the service provider by the Flying Doctor in Alice Springs to outstations and communities. Sometimes, it gets really hard to even find the energy to keep having the conversation. Whether that conversation be would the open-ended conversation about mental health services or whether it be about FASD or other - we end up in the same boat in Tennant Creek half the time where there just is not the provision of services.

Madam CHAIR: It is a cry that it is around the Territory.

A WITNESS: I would like to reiterate something some people said about – I have a background in educational support for severe trauma victims. When we talk about a holistic model - some of them, due to cognitive delays, in the area - a medical model does not appreciate the role that education, not of public education, but the role of schools on that formative development. There is an implied discussion around reactionary support provided to schools once diagnostics have been made. Whereas I have worked on a model in the case of specialised staff, as a preventative - sourcing and providing schools with that specialist staff as part of general staffing, not in response to needs being diagnosed, seeing schools as playing as much of a therapeutic or formative role for cognitive development as medical staff.

A WITNESS: And I happen to work closely with Eric and others across (inaudible) itself. I would like to support or see more support come that way to support the staff at primary schools in learning, conversation, supporting health and PE teachers, your English teachers. I will be honest, let us move away from this big push towards numeracy and literacy all the time, and get a big push happening about positive life skills and resilience skills because you can teach them in an English class, you can teach them in a maths class - we are talking about the nitty gritty here - and have creative programs that still teach the kids to read and write and get a buzz, still make great acts and music productions or art, but we need the extra help. We cannot keep adding on as teachers, we cannot keep scratching our heads and going, ‘Oh, yes, once upon a time I did teach that but now I am at this school I can jump on board and teach that’. We need these other specialists who can support your day to day grassroots teacher and I think all these young women here that have been very shy - I do know they are aware it is very hard as a teenager to maybe say no to alcohol, some drugs or even your first cigarette. It is really hard. We have these other teachers or supports (inaudible) saying you can say no to a cigarette, you can say no to sharing a bottle of beer or you have been passed a bottle of beer at one month old that you cannot say no, to but maybe at three and four, when that first stubby comes your way, you have the strength to say ‘No, not right’. So in combination with what Leanne has been saying, that real holistic

approach - I think that we can talk about it from the top down now but you must really also start from the bottom up.

A WITNESS: Melanie, I would like to support what you said as well, particularly from an educational point of view. If there is focus on those life resilience type skills, learning skills etcetera, you will not have to spend as much money on literacy and numeracy as you are now because it will be much easier for people to learn, for children to learn so I think (inaudible)

A WITNESS: Many classroom teachers are fakes, they go in panicking, saying 'Oh, my goodness, I have this child' - despite all the environmental issues at home, whether it be Melbourne or here, so it is not just a Tennant Creek problem; we have women who still cannot read and write, they still cannot and they do not know their sight words. How can a youngster know their sight words when they are going home, the television is blaring 24/7 and they are not sitting around the coffee table or having a nice chat at dinner? Even the wealthiest families do not sit around the tables anymore; it's like 'Here's fifty bucks, go to the takeaway down the street'. All those things, life skills, really need to be brought back onto the table - teachers worry about their little bubba knowing their ABCs by the time they are four or five. Yes, they should be part of it, but also a third of our curriculum should be about life skills.

A WITNESS: And I think that is particularly pertinent here because in a denser population area you would have specialist units and specialist schools that would deal with children who have specific learning difficulties, whereas out on communities and even in Tennant Creek you do not have the high numbers that would require a specialist facility like that. So it is almost through every classroom. I can imagine that you would have children for whatever reason, intellectual disability or any of the other things that we are talking about tonight, who would need different approaches to education.

A WITNESS: There are significant examples of discovery learning approaches, both nationally and internationally, in which literacy and numeracy can be incorporated into life skills without any reduction in achievement of literacy and numeracy. They are not mutually exclusive by any means of the imagination.

A WITNESS: Yes, and I think just with the school issue too, the teachers are doing a fantastic job, but I am hearing families are moving out of primary school and they are taking their children to get a better education, which is leaving the troublemakers, so the percentage is there; whether they are troublemakers because of FASD or environmental issues, they have no peer group to help them out so the teachers – it just makes the job even harder because other people are saying this school is a nightmare. It is not the teacher's fault, it is not the school; it is getting numbers and seeing what support that school needs.

Madam CHAIR: I am conscious of the time.

Mr WOOD: Can I ask a general question? One of the issues I have been trying to work out is why we are at where we are at. Are there any other underlying sources - we have spoken about alcohol. What is unemployment like in Tennant Creek? How many people are on welfare in Tennant Creek? I am concerned people without a motivation to live will go to something like alcohol or boredom.

A WITNESS: Yes, it is boredom. I do not know the figures.

Mr WOOD: Do you know how many people?

A WITNESS: I had it a few years ago but I do not have this years.

Mr WOOD: I am not saying that would solve the problem.

A WITNESS: To give you an indication, the number of people classified by Centrelink in Category 4 - that is people with both educational disadvantage and non-educational disadvantage or barriers to employment - is significantly higher than any of the other three categories. If I can put this in crude terms, the increasing evidence is – the parliamentary research group can validate this for you - in Australia, if you do not have Year 12 or cannot demonstrate the competence required of Certificate 4 there is no full-time employment. If you have Certificate 1 to 3 you may have part-time employment and you may be on a merry-go-round of Newstart for a time when industries change, but the first people to go are the lower skilled. There is an issue in this town because so many of the unemployed are in Category 4, and there is also a high percentage of drop outs. I do not have the latest figures, but I am sure the parliamentary research section could get them for you.

Mr WOOD: I understand what you are saying, and it would be difficult to get everyone employed in a place like Tennant Creek, a relatively small town with an up and down mining industry. Most of the other industry here is government in some form or the pastoral industry.

A WITNESS: The big economic hit was in 1992 when Warrego closed. Since then the town has basically become welfare dependent. The last big hit in impact on demography and social arrangements was the perfect storm - the establishment of the shire, the winding back of CDEP, disestablishment of ATSIC and shifts in employment policy which assumed all

unemployed people were capable of getting a job if one existed. None of those assumptions are really valid in this environment.

Mr McCARTHY: What about a general comment on the wellbeing of our town and community? Does anybody want to comment on the wellbeing factor?

A WITNESS: It has a great community background. The grog is a down on the whole of the community. I have been here since February and the people are friendly and it has good community support. We are on a roll here and we should keep on going with this type of thing. I can bring it up tomorrow - a lot of you will be here - but I think we should keep on running - apart from the parliamentary committee, just keep this on a roll. Maybe once a month everyone meets, we do not have to have parliamentarians here. We can meet, I can be the chair if you like, but let us keep this going because the community spirit is here and it is great. I was in Alice for seven years but have come here, and there is people - and we have probably have to just put our heads together and keep going to see some light.

A WITNESS: I would like to say include the young people in those …

A WITNESS: Yes.

A WITNESS: … because I only discovered this meeting was taking place - because we have had meetings (inaudible) down and all the rest of it. But, I can assure you if we would do a better youth reform - and I think Rebecca would also be testament to that, just coming back from the Northern Territory parliament – you would also gauge another way of approaching this really serious concern, from a young person's perceptive rather than a medical and a teacher. Unless we switch some staff to (inaudible). I think Rebecca included, yes, I would encourage the committee, but please encourage the students (inaudible).

Mr WOOD: Is it a good town?

A WITNESS: I just like comment on behalf of my people. My people are here as well. We are not travelling very well, social, emotionally or (inaudible). There is a lot of sickness, hurt, frustration, a lot of alcohol, a lot of despair of our young people. I guess from the 1980s to now it has gone downhill in health. That is to do with lots of issues, but I can honestly say that our wellbeing could be so much better, but it is not. We are a strong and resilient community. We have to be with all the issues that are happening. But, in general, families are not really happy at the moment.

A WITNESS: They are struggling.

A WITNESS: Yes, exactly.

A WITNESS: I am a mum of six. I have five boys and one girl. I relate to what LT is saying because, with my first three kids, I could see a future for my Aboriginal boys. I could see my young men achieving. But, with my next three and my nieces and nephews, I am scared. I am scared because …

A WITNESS: A raw figure to support our LT in your position. Night Patrol taking into care 2000 people a month, and among them are 500 children.

A WITNESS: Can I just throw something in? I have been in this town for eight years. When I first came I had four children. One was a young adult, the other three were primary, secondary age. When I first came, my four kids said they wanted to stay here forever, and my wife and I laughed at them. Nothing lasts forever, we said. It still may not last forever but, now, my wife and I enjoyed the journey and fell in love with this town and the people. The only way we are going to make it better for the kids I teach is to never give up.

A WITNESS: I do not think we …

A WITNESS: Just adding to some of the data we have had today, currently we have what we know of, 127 women who are pregnant in the Barkly. That is what we know. This is very incriminating, it is not correct, because we do not want to say there are pregnant women here. The women we do know who use alcohol, who admit they use alcohol, is 17%. There is a certain number of women who do not admit they use alcohol. You are looking at, possibly, 27 children we currently have that may be born. Often, we do not know how much people use, how they use it, are they binge drinking, are they regularly using alcohol because that stuff is really hard - that kind of history is really difficult to get from people.

But that means currently we have very, very raw, very, very (inaudible) looking at 27 children who could be born with foetal alcohol spectrum disorder and effecting them in some way. Again, you cannot really use the data because it is just such a hit and miss affair.

A WITNESS: That is similar to us. Can I have a correction? It is 2000 people a quarter, sorry - 8000 people a year. Just a correction.

A WITNESS: Just a comment. Further to what I am frightened for my younger children is that the government is bringing in new policies saying you have to look for 40 jobs. Where

the hell are you going to find 40 jobs a week – or month - here? A month in this community. Laws have been brought down on our mob that are unrealistic and they affect us directly.

Mr HIGGINS: They live in Canberra.

Madam CHAIR: They live in Canberra. It is almost like a one size fits all. The big cities that do not have 40 jobs and they put it – this has happened in lots of areas in the Territory. It is suitable for a southern city where the emissions out of industrial plants are completely different to what we have in the Territory. We will always have to fight against those things. It works down there, but it is not going to work up here and that is a classic example.

A WITNESS: What we can work on is self-esteem for our kids and know our work because here in Tennant Creek and other rural and remote areas the Aboriginal industry - I will say it, it is an Aboriginal industry - we have got all these doctors, nurses and others looking after our sick people and all we want to do is get well.

A WITNESS: They are a good industry.

A WITNESS: (Inaudible) difference (inaudible).

Mr McCARTHY: If anybody is interested the way the committee works tomorrow is that it takes evidence from organisations. So please come down, we will be here from 8.30 am to 12.30 pm, and you will get to see an organisation or a number of people, we ask questions and we have that conversation, so it is more targeted.

A WITNESS: Thank you for that, Gerry.

Mr McCARTHY: That is right and is why Madam Chair and the committee did this tonight. Thank you everyone for coming.

The forum concluded.