LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

12th Assembly

Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder

Public Hearing Transcript

8.35 am, Thursday, 31 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: Anyinginyi Health Aboriginal Corporation

Ms Linda Turner, Piliyintinji-Ki Stronger Families Section Manager

Ms Leanne Shaw, FASD Officer

Ms Clarissa Burgen, Director of Corporate Services

Mr Tony Miles

Ms Sarah Watkins

Barkly Region Alcohol and Drug Abuse Advisory Group Inc (BRADAAG)

Mr Andrew Scholz, Operations Manager

Tennant Creek Alcohol Reference Group

Ms Barb Shaw, Chair

Tennant Creek Women's Refuge

Ms Georgina Bracken, Manager

The Patta Aboriginal Corporation

Mr Richard James, Chairman

Mr David Grant

Julalikari Council Aboriginal Corporation

Mr David Grant, Director

Mr Richard James

Central Australian Health Services

Ms Anne Hallett, Senior Midwife

Ms Hallet tabling the Birthing on Country Workshop Report and Maternity

Service Delivery Module.

Tennant Creek Liquor Accord

Mr Jordan Jenkins

Foster Parent

Mr Kevin Jones

Barkly Youth Services

Mr Peter Cain

Madam CHAIR: On behalf of the committee I welcome everyone to this public hearing into action to prevent foetal alcohol spectrum disorder. I thank you for coming to give evidence and talking with us. We have Linda Turner, Piliyintinji-Ki Stronger Families section manager and Leanne Shaw, FASD officer, Anyinginyi Health Aboriginal Corporation. Thank you for coming, we appreciate you taking the time.

This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead applies. A transcript will be made for use of the committee and may be put on the committee's website. If at any time you think there is something you do not want to be made public we can ask the committee to go into a closed session and take your evidence in private. For the record, could you state your name and the capacity in which you appear today.

Ms TURNER: Linda Turner, section manager of the Piliyintinji-Ki section of Anyinginyi Health.

Ms SHAW: Leanne Shaw, project officer for Anyinginyi for FASD.

Ms WATKINS: Sarah Watkins, the intensive family support service team leader for Anyinginyi Health.

Ms BURGEN: Clarissa Burgen, acting general manager of Anyinginyi Health.

Mr MILES: Tony Miles, grants officer for Anyinginyi Health.

Mr JONES: I will speak later. Kevin Jones, foster carer.

Madam CHAIR: Yes you are later.

Mr CAIN: Peter Cain, CEO Barkly Youth Services.

Madam CHAIR: Thank you. Is there an opening statement or are there any comments you want to make which might follow on from last night?

Ms TURNER: One of the important aspects of the effects of FASD on Indigenous people and Aboriginal people in the Barkly, and anywhere else, is the fear our knowledge is passed down orally - traditions and stories - and FASD-affected people cannot retain knowledge. A

big fear for the Aboriginal community is what happens to our stories and knowledge that is passed down if it cannot be retained. That is a really important issue.

Madam CHAIR: Both for men and women?

Ms TURNER: Yes.

Madam CHAIR: You are obviously a dedicated person looking after FASD, where did that originate? Is that something your organisation thought up or someone came to you?

Ms TURNER: Yes, it was inspired by the Fitzroy Valley study done. June Oscar and Emily Carter were invited to talk about alcohol restrictions and issues they were dealing with at Fitzroy Crossing. That got the ball rolling further, and I was inspired by going to a mental health conference and a birth mother talking about the effects of alcohol on her baby with just a glass of wine. I thought of our communities and the alcohol consumption, especially Tennant Creek. I thought it must be huge if that is the effect one glass of wine can have. You can imagine all the other glasses our young people and mothers drink.

Mr McCARTHY: For the committee, and being cognisant this is a select committee of parliament tasked with reporting back to government, this is a really good opportunity having committee members here and having the *Hansard* record which will formulate the research for the report, it would be great to hear about Anyinginyi's programs and some of the leading work you are doing in the Northern Territory. Also, give the committee the brute understanding of what it will take to continue; what it needs as an initiative within the Barkly and how it can be applied to other areas of the Northern Territory.

What has come through in the initial research we have collected, and a lot of the experts we have interviewed, have acknowledged what Anyinginyi Health Congress is doing. You feature a lot. The very high levels talk about what you are doing. This is a great opportunity this morning to give us the story of what government needs to do to keep this going, develop it and look at the outcomes we are after.

Ms TURNER: There are two things - dedicated FASD funding, because the FASD project that Anyinginyi has been operating with bits of money from different buckets, which ran out on 30 June of this year. The board of Anyinginyi has decided to support the project with self-generated income until the end of the year while we seek funding elsewhere. So, that is important to keep it going.

Madam CHAIR: That FASD funding, was that a combination of NT government money and Commonwealth money, or more Commonwealth?

Mr MILES: It was a combination of some funding from FaHCSIA …

Madam CHAIR: Okay.

Mr MILES: … of $100 000. Then, more recently, just last year, we got $100 000 from the NT government, Department of Education …

Madam CHAIR: From Education?

Mr MILES: … and that was more around continuing on our promotional and educational-type role.

Madam CHAIR: So it is a bit of a scramble trying to get money?

Mr MILES: It has been very difficult. It has been a real struggle to get any funding for FASD, going back a lot time. It was only 2011 that we started getting funding for it. But, the history of Tennant Creek and the grog wars going way back to the 1980s, the community recognised the damage alcohol was doing and continued on out of that struggle.

Madam CHAIR: Okay.

Ms SHAW: From my point of view that means that my position is really tentative. So, my focus is that everybody seems to have all they need in academia. All that you need to know about FASD has already been researched and done. So, I am hoping that I am doing it well. I feel I am doing the right thing by own mob. It is the people who are on the ground. Right?

So, the approach I have tried to take is not just educating in silos, because silos do not work with Indigenous people. I know from my own upbringing and my own family that if I am on the same level or page as my partner, then I can have an informed conversation and look at an issue and work it out together. So, working in silos and saying it is just the women or just the men, it has not seemed to work with FASD.

With FASD, if everybody has the same education, are on the same page, and work as family groups, then if you are educating mum who is carrying the baby, but the people around her

too, they know the same story, it seems to have a flow-on effect. So, we cannot just say that it is this girl's fault.

Madam CHAIR: Yes.

Ms SHAW: Yes. We need to be saying, 'Okay'. Recently we have developed a men's PowerPoint. It has ratified first. But, what it is, we have gone to different language groups. The men themselves have decided what questions – because it is very difficult. I did not realise it was really difficult for men to ask questions, but I suppose it is. There are no carry babies, so, for them to actually know what question to ask to get the right answer is very difficult.

I feel the education for our particular mob, like Indigenous peoples – and I figure that in a non-Indigenous role it would be the same - if we are empowered or at the same level and our young men are given - how would you say? - the same empowerment, then we might be able to address an issue.

Madam CHAIR: Is that the basis of your Stronger Families program?

Ms SHAW: I am fortunate that I work with Piliyintinji-Ki, with some of the programs they have because they have men and women. S some of the men have actually taken active interest in FASD. So, getting that word out to the level where it impacts most, I feel it builds it up. We actually have people - not just females, but males too - saying, 'I think my child was affected by this'. Now they have the knowledge and power they are actually asking the physicians and things like that, 'What do I do now?' So, the next stage is trying to put that into clinical forms.

Mr McCARTHY: One of the acknowledgements that Anyinginyi Health Congress is getting from the high level researchers right through is your all-of-community approach to this problem. Can you tell the committee about the all of community approach and what you have been doing on the-ground?

A WITNESS: Initially the project started working with the Stronger Sisters to develop that DVD that came out; that came out and was really popular and it caught the attention of young people, which started the conversation about FASD happening then.

Then there were the puppets, Ntias and his family who are the story behind the FASD affected, Ntias and how you could tell a story about FASD using these puppets. They were very popular - even feedback from the Pitjantjatjara lands, young children are talking about

FASD down there, which was very pleasing. At the moment there is the picture, the movie or the ads that have been put onto the television that have been translated into four languages, local languages around here, so they will be aired soon.

We have had a forum here, our forum on a Sunday many months ago when Nadelle was still here. We thought about the wisdom of having a forum on a Sunday when people want to relax, and over 100 people were there. A lot of people turned up because a lot of people have an interest in it, because of the effects of wherever there is alcohol consumption there is the likelihood of FASD. Just before you asked about stuff that we have done; I guess on a national and international level, there was a FASD conference in Vancouver in 2013. The FASD project team did a 90 minute presentation to groups of whoever - it was a breakout session. We have a lot of connections with Fitzroy Valley people and have discussions with them down there, and so by just going to the first ever national conference - we presented the FASD conference last year in Brisbane

We have been out there - not only locally - in our community working with people. There are conversations in people's homes now and down in the town living areas there are conversations about FASD. I have been part of it and I have been privileged to be invited to sit around and talk about FASD, around the fire at night, so, yes, the education has really started.

Madam CHAIR: Tell me do you have any data like the number of children or teenagers that have been affected or are FASD in the Tennant Creek – just say the Tennant Creek township area?

A WITNESS: Just in the Tennant Creek township area there is very few that have actually been diagnosed and the same with Ali Curung and Elliott, because they are the main centres. There are 26 for the Northern Territory, that is the whole-of-the-Northern Territory.

Madam CHAIR: That have been officially diagnosed?

A WITNESS: Officially diagnosed, they have whole pieces of paper to say, 'This child has FASD' - 26 for the population; it is not much.

A WITNESS: But we believe that it is in the hundreds.

Madam CHAIR: I would suspect that it is hundreds, but we have heard this on our travels that there is the issue of getting formal diagnosis because you have to get doctors, paediatricians and psychologists and all that sort of stuff, so they have got to be very careful

not to misdiagnose. The kid might have autism, or be on the autism spectrum or might have some other behavioural issues and that has been part of the challenge I think.

A WITNESS: The importance of having a diagnostic tool and clinical pathways is important because the earlier that these children get diagnosed the earlier they get help,

Madam CHAIR: Specific to their problems.

A WITNESS: The better – yes, specific to their issues and whatever support can be put in place, then they have a better chance of having a better life.

MS TURNER: Early intervention is the key and - you asked before, it is going backwards a little bit. What sort of things that we – who do we go and educate? When I started, I started with basically the women down at Pirlalinji to get to know people around here and then from there I got invited to the schools. I went into the schools and did an education-base with the teachers first and then Stronger Sisters and then from that it was a relay effect - out in the community I have been doing night patrol, so the people have got the knowledge of what could happen to a woman and her child so they can convey that, not necessarily when that person is intoxicated but later on. They are still family and can still tell that story - night patrol, women's groups, schools and police. Recently we were invited to CARTS; they are the people who educate Indigenous health workers, and we are going there for an education session.

Mr McCARTHY: While we are on that theme, the discussion on FASD started in this assembly and there was a lot of lobbying of government. The first funding we saw was the education crossover with health, which was $100 000. You guys were doing a lot of work before then which was promoted in the assembly as well. Can you tell the committee about the work with Stronger Sisters?

Ms TURNER: It is not just the Stronger Sisters; the shire invited Piliyintinji-Ki and Anyinginyi to deliver. I was with the shire worker for sport and rec and we went to Ali Curung and had a women's group and a men's group. I got one of the elders to help present to the men - he did the presentation. I gave him the information so he was empowered to give that education to younger men, which I cannot do.

By empowering him they asked if I could do other work so the night patrol started to come on board. One of the most powerful things I have heard is people sitting around fires and little kids saying, 'You must not drink'. These are tiny kids of three and four.

Remember how the smoking message got through - little kids know smoking is bad. You cannot smoke in a car - the same theory for FASD. If you empower younger people to educate older people and be their little Jiminy Cricket in the ear, 'Don't smoke in the car mum, it is bad for our lungs'. If you use the same theory with FASD our older people will get the same message.

Madam CHAIR: My question last night, and what we followed up from Katherine, is we are inundated with anti-smoking messages as a community, which is fine because of the cost personally and the cost to the community. However, there does not seem to be as much promotion saying we know alcohol is bad if you drink too much. The message is not out there that it is not good for pregnant woman to drink.

Ms TURNER: I have been given a lot of leeway and we have developed quite a bit within Piliyintinji-Ki and with the help of Adele and her research, which is really a good base and trying to get that …

Madam CHAIR: Do we have Adele Gibson's research?

Ms TURNER: Yes, we have the red education box and the Northern Territory government is putting them into schools. The linkage to get that academia to people at the grass roots and have that understanding and the ways to go around that - being female I cannot talk to men, so empowering the men to be able to talk for themselves. Different strategies like that seem to be catching on.

Mr McCARTHY: This is what I am trying to get out because I want to go in to bat for this. When you think of a report with a list of recommendations for government, it would be really powerful if you guys hit it home that is what we need.

Ms TURNER: If you want, some of the stuff I have leeway to develop which has yet to be ratified - it is up to the bosses whether you can look at it. The work for men - going into community and asking how they see their education to be put out and what they would take notice of - I have done a lot of research with that. I go to Red Cross or anywhere that invites me and ask the questions in a way people feel comfortable. Sometimes you do not have the language to articulate these things. It is not that you do not want to know …

Madam CHAIR: It is the line of question.

Ms TURNER: Yes. It is not that you do not want to know the information, it is just that some people do not have the language to articulate.

Madam CHAIR: To get it out.

Ms TURNER: Yes.

Madam CHAIR: Just a slightly different tact. I am interested to hear your views. We heard in Katherine - and it must be a club that is in a community - that if a woman is known to be pregnant, she will not be served alcohol. She can go to the club and, obviously, have soft drink, water, or a cup of tea, but if she is known to be pregnant, the club will not - that is one of their rules - serve a pregnant woman alcohol, which I thought was good, clearly. Is there any scope for that within the town? I do not know how you would do it because you do not have clubs per se – well, you have, but you have pubs. Is any …

Mr MILES: There was a liquor licensee's accord for a little while that helped put up the posters and stuff. It tried to show a bit of support in a way, but it was a …

Madam CHAIR: That is probably a bit tricky. This must have been an Aboriginal run or owned club somewhere, as opposed to a commercial - Kalkarindji was it?

Mr MILES: They do the same at Peppimenarti too.

Madam CHAIR: What? A pregnant woman will not be served?

Mr MILES: Yes, will not be served until the baby is three or six months old.

Ms TURNER: When I was working for (inaudible) in Mount Isa, we used to do all that out of communities. There was an initiative to tap into the football. We empowered the men to take their strength back. The initiative was that if there was domestic violence or if your woman was pregnant, if you did not support her in a proper manner, you may not be allowed to play football. That seemed to work a treat.

Madam CHAIR: Yes, yes. Well, use something that is very near and dear to them.

Mr MILES: On Peppi they actually stopped the father from going to the club as well, to try to involve the family in the support.

Ms TURNER: A woman may carry a child, but that child is a community's. Once we keep on recognising that our children are not ours, they are the community's once they are outside, because I have never seen an Indigenous man not stoop down to help a child. We are really proud of our kids. We love them to the point, most of the time, we spoil them too much, but, aah!

Madam CHAIR: What does it matter?

Mr WOOD: On the question of getting the message out. Television does not discriminate whether it is a man or woman speaking and giving that message. On a personal perspective, you have to be careful who you speak to. What is the main media that people in the community watch?

Ms TURNER: The television ads seem to be very powerful and they reach everywhere. Now, we are working on developing the next stage where Clem, the dad, is actually supportive of Lila, and he is going to Lila, 'Lila, I am …' Have you see the first ad?

Madam CHAIR: No.

Ms TURNER: In the first ad, Clem is 'Here, woman, drink with me. Come on, you got to drink'. Nothing. 'No, I do not want to drink, Clem', she talking like that. But, in the next ad I am hoping for – that is if I am here - Clem actually says - I have typed it up and it is called Clem's reflections. He is actually reflecting on Mathias' birth, on the trouble they have had with Mathias. He is looking at his woman and he is going, 'Lila, I am really proud of you for standing up for me', and he is taking that power. 'I am going to help you not to drink, Lila', and giving that power back to the fathers in a gentle, warm way saying he is proud of her.

In one scene we have done with the high school and the kids - we have done plays, acts over last term with kids and we were hoping to put it all together. But, I am only one person so it is a bit difficult. So, Clem is actually that supportive, solid role for Lila and Mathias, and then, the new baby. At the show, we had the puppets set up and Lila the puppet had the new baby. I was asking the kids 'What do you think we should call this new kid?' I got a few names, yes.

Mr WOOD: I am wondering - we are not just dealing with the Barkly, we are dealing with the whole of the Territory and probably a good part of Australia. Not only from an Indigenous point of view, but a lot of people follow sport. Sport is an avenue also for alcohol to be advertised. It is NRL, AFL and even Cricket. They are all nearly sponsored by grog, by big alcohol companies. Whether governments need to look at - or even coming from you -

saying we want time on those television stations to promote something that is a bit more positive ...

Ms TURNER: The AFL has actually been supportive in Elliott. The people I have been working with in Elliott have actually been supportive and asked how they can support us. I jumped on board and said FASD, FASD pick us. At the moment I am talking to them and then I will take it back to my bosses and ask them what we could actually do

Mr WOOD: I suppose it is trying to send your message which might have to be broader than just here because the message is not going to discriminate whether you

A WITNESS: Imparja goes to a lot of places though and the impact - everybody I know, every household I know watches television

Madam CHAIR: It is all the Territory except Darwin.

A WITNESS: That is it, except Darwin.

Mr HIGGINS: It is also South Australia, New South Wales, Queensland.

Mr WOOD: (inaudible) You can also watch the footy. This is not a race-based problem and you might be the one who can lead the bigger picture. Your example …

A WITNESS: The message is the same whether it is for black, white, brindle or anything in between; the message is the key thing.

Mr WOOD: Sometimes pictures speak louder than words and I know you are saying it is four different languages, but if it is something that is done in a picture form it does not know matter whether you cannot (inaudible) language barrier

A WITNESS: The work that I have been doing with the shire - they have put a song together and they have plasdough people. The kids and the ladies decided these little plasdough people would be made out of rubbish and for rubbish people that are drinking, they are the little rubbish people. The plasdough people are people that are trying to keep focused and holistic and look after their families and the rubbish people are the ones - I am waiting to see how that comes out that, that is not actually saying it is race, creed or colour it is actually just saying this is the message, this is how we have put it in a different form and different forms

like that seemed to work very well with Indigenous and non-Indigenous it is about the message.

Mr McCARTHY: Are Imparja a sponsor?

A WITNESS: No, we are paying for the air time and that is broken down over different time groups.

Madam CHAIR: Yes, time slots.

Mr McCARTHY: Have you asked for sponsorship?

A WITNESS: Imparja is generally pretty good with that sort of stuff; if you use them as part of the production they will match the air time dollar for dollar. They are generally pretty good with that kind of stuff, especially supporting Aboriginal organisations.

Mr McCARTHY: So government could play a part in this surely, could it not?

A WITNESS: Yes, absolutely.

Mr WOOD: The industry - because you asked the question about community and had a meeting on Sunday - is there a Chamber of Commerce in Tennant Creek?

A WITNESS: Yes

Mr WOOD: Did they come to the meeting?

A WITNESS: Yes

Mr WOOD: Did they see there is an issue that is just not about health, but that the effect of having FASD kids in a community can affect anything from break-ins to violence to all those other …

A WITNESS: Everybody is really proactive within this community and I feel really privileged that Anyinginyli has scraped up money to keep my position going. I feel really privileged and

proud that I can be a part of that. Everybody in the community is very proactive, they are very supportive - you have been to a lot of things that we do. The next step is probably government saying. 'Okay, these things are being done and a bit of funding (inaudible)'.

Mr WOOD: The AHA - I do not whether they have a branch here but did they come to the meetings? Was there a representative from the industry?

Madam CHAIR: Hotels Association.

A WITNESS: Yes, I do not know if they actually came; there were two representatives of pubs and clubs around here.

Mr HIGGINS: The Liquor Accord.

Madam CHAIR: The Liquor Accord.

Mr WOOD: I suppose I still feel that there is a certain group that needs to take some responsibility. I am not saying they are to blame for all of the woes of the world because they sell alcohol, but they do sell a drug that causes …

Madam CHAIR: Problems

Mr WOOD: … not only this problem, but other problems, so it would be nice to see them taking some role in turning some of that around because it is financial, so you do get those ads out sponsored by - you do not have to say it is sponsored by the AHA say …

A WITNESS: At a meeting I was at not long ago they said that there are 10 licences for the sale of alcohol within Tennant Creek itself (inaudible) the outer areas.

Madam CHAIR: Sorry, could you say that again?

A WITNESS: Ten licences, there are 10 licences for this small area. You have a look at the ratio of pubs and clubs, then you have a look at how many fuel stations we have and then you have a look at how many shopping centres we have.

Madam CHAIR: Are those licences all takeaway or just licenced? Probably just licensed, it is a mixture.

A WITNESS: I presume both.

Mr WOOD: The restaurant licences would not necessarily be the major cause of the problem, would they?

A WITNESS: No, it would be your takeaways.

A WITNESS: But for impact - when the rodeo or the show - the impact of other places selling alcohol - I think it might boost a bit, don't you think?

A WITNESS: As part of the alcohol management plan for Tennant Creek, the discussion paper - FASD has a dedicated spot in that, and on that alcohol reference group the Liquor Accord is represented. There are four members of the Liquor Accord who sit on that who are concerned. Obviously they run businesses and want to make money, but I found it encouraging that they have the voluntary restrictions and display the posters. That is a step in the right direction for all of us to head for FASD prevention in the community. I was pleased, in my role on the alcohol reference group, to see the liquor outlets wanting to work together to do something about it.

Mr WOOD: Do you have plastic bottles here? There was discussion in Katherine that there are no plastic bottles in Tennant Creek yet.

A WITNESS: Yes, they are here.

Mr McCARTHY: So are glass bottles, which are cheaper and are being sold.

Madam CHAIR: I have never seen one. Are they like a normal wine bottle but plastic?

A WITNESS: Yes, and they bounce.

Mr McCARTHY: Last night we heard a really powerful point from a health practitioner who said it would be a good idea to invest in patients in the maternal health stage because that is when they get to see the women and the families and it is a logical time for government to invest. That is a very powerful suggestion for government. I also get the feeling the high

level researchers will be going for a serious grab of any funding to develop diagnostic tools and really load those resources into the medical research side.

I would like Anyinginyi to put a bid in for a whole community approach - the education, awareness and the prevention side needs to be equally supported. There is a balance starting to emerge already, in my opinion, between the high level medical researchers, the health practitioners - the health practitioner side of Anyinginyi as well and the logical resourcing of the maternal health area - and then also the prevention program – the educational awareness.

Mr WOOD: Leanne said we do not want to spend - I am not saying we should not have the scientific knowledge, but the reality is without having to say X, Y and Z we know if you drink alcohol when you are pregnant there is a very good change you will damage the baby. I would like to see a lot more money put into prevention and a lot more work done in that area because we know that already. The science is important because you need to get a diagnosis. FASD gets funding for FASD, which is fantastic, but we know we need to get the message out.

Ms TURNER: That is a good point. From the business perspective of Anyinginyi we are concerned both by the mental and physical effects of FASD. We believe it will increase business for us. Not only do we deal with massive amounts of chronic disease in this area, but the cost of FASD will increase in what we can achieve as an Aboriginal medical service. We are concerned about dementia and the amount this will contribute to in the earlier ages this dementia will come in to. Our aged care facilities in the region will not cope with potentially more children diagnosed with FASD. That will apply across the Northern Territory where there is high drinking.

The goal of Anyinginyi, not only here on the ground but the larger picture, is research into FASD in the Barkly region - get the diagnosis. We want to be part of a better process or a shorter process for diagnosis of FASD. I do not know how much the committee knows about diagnosing FASD, but it can take anywhere between three and four months.

Madam CHAIR: Yes, we do.

Ms TURNER: Australia needs a clinical diagnosis tool for that. We want better prevention programs, we want to target both areas to limit it now and not contribute to what we will find in the future. I appreciate this costs a hell of a lot of money – FASD - and I understand, in part, the reluctance by government of thinking how much is out there, how much it has to deal with? However, the flow-on effect, whether dementia, early kids schooling – all of that - is going to cost a hell of a lot more than starting this process now.

So, those are the areas we would like target, sinking money into our own prevention programs and how we can deal with it. But, if we can get research into the Barkly, as well as being part of the poach centre and everything else in that diagnosis tool for consideration, then we would be really happy. There are a lot of selling points about the Barkly. We are a very small, 8000 community. You can get to us within everywhere. The research, the area, and the people - there is enough of a dynamic to be able to gather that data straight up. There is enough support in the town for it. I just think – pardon?

Mr MILES: Telehealth.

Ms BURGEN: Telehealth. We are starting that project with Telstra. There are a lot of innovative things that Anyinginyi is doing in areas to deal with all our other health problems, but for FASD, for a research ability, there are a lot of selling points about the Barkly in that. Yes, prevention and diagnosis is definitely something we want to concentrate on. I guess LT can talk about discussions she has had with the poach centre and that type of stuff.

A WITNESS: Just following on from what Clarissa said too, in terms of once we get that diagnosis then it becomes about how do we actually support the family and the child who has been diagnosed with FASD. That is something we would focus on at Piliyintinji-Ki from a non-clinical perspective as well.

You also have all the medical stuff that needs to be dealt with from a diagnosis, but then it is the non-clinical stuff of how we support that family, the social and emotional wellbeing of that entire family, schooling and all the other behavioural things that go with it. So, that is a big focus from the intensive family support services and Piliyintinji-Ki as a whole.

A WITNESS: Fortunately, we have a psychologist at the moment, so we have forethought as a community and got the supports there. They are happening. With the diagnosis, what I have witnessed myself is that our children are born underweight, so they actually go and see the clinician who deals with that. They are born with mental issues because of their lack of nutrition and dietary needs, and things like that. They are seeing a large number of these specialists anyhow. To me, I do not understand why there is not a tick and flick there for the clinicians to check into this, because they are going to see those specialists. It is all covered under Medicare. They are flying out. A majority of the kids are actually being seen by paediatricians, nutritionists, and psychologists. They are all playing the game already. Is it just that we need another tick and flick to pull it all together?

Madam CHAIR: I do not know.

A WITNESS: Because a lot of our kids get flown out. Hey? A lot. Our children …

Madam CHAIR: To Alice Springs?

A WITNESS: Yes. The birthing here is all recordable. They are seeing these specialists, so how hard would it be to actually get the data from that?

A WITNESS: One of the strategies at Piliyintinji-Ki is also just working with the health centre to set up a focus group to look at where to, from the clinicians point of view. With their networks and their knowledge we are hoping we can start influencing the timeliness, I guess, of a diagnostic tool nation-wide.

Madam CHAIR: I am just conscious of the time. We are over a bit. Last question, Gerry.

Mr WOOD: I will ask my hard question. What we are really trying to do is to protect the unborn child. The government is asking what its role is to play. If you have a woman who continues to drink, even after being advised not to drink, is there any place in the Barkly - if you even got a court order that said that woman has to stop drinking - that the community could take her to until she had the child, where she would not be able to drink? In other words, it is a form of mandatory rehabilitation. But, does the community have a place where she could feel comfortable with her own people that allowed her to not drink, and take her away from the temptation? So the child was born without that …

Ms SHAW: Most people that have addictions continue their addiction. So you are talking about a safe haven until that child is born?

Mr WOOD: Yes.

Ms SHAW: Just for that period?

Mr WOOD: Well, yes, in the sense that if you believe that the government has a role to protect the unborn and a person has had every opportunity to stop drinking and it could be because they are addicted. The question I am putting to the government is, what is the priority, the rights of the woman or protecting the unborn? Once the unborn is born - if someone damaged that child they would be immediately charged with assault or hurting that child, - if someone is drinking and we know it is hurting that unborn child, what is the role of government in that?

Ms TURNER: The community has lobbied and dreamed of having a rehab place out bush on one of the homelands - we still lobby and advocate for that whenever we can - but at present the only place I guess is places like BRADAAG, the …

Mr WOOD: Like a healing place or a place like you say where – is that – would that be something that would be realistic if we get the money for it, would it help?

Ms TURNER: Well, that is the only place where they could go and be looked after and not have access to alcohol. That is the only place in town.

Mr WOOD: You, as a community, would support that type of thing to help that mother, because it would need the backing of …

Ms TURNER: Yes.

Mr WOOD: If the government said, 'We will give you funds and we will issue out a court order that that is where that person is going to go,' but you want that in a compassionate way, not a punishment way.

Mr MILES: You do not have to answer any of this either, by the way.

A WITNESS: It is very contentious, I think.

WITNESSES: (Inaudible)

Madam CHAIR: And that is why we are trying to explore it.

Ms SHAW: The past history of the Stolen Generation and things like that is very contentious, but if you are doing it in a holistic view and to protect that child and that mother, if it has the wrap around services to support the families and they have access to their family and stuff then maybe it is a way to …

Madam CHAIR: There are ways to explore it. There is …

Ms SHAW: But not just taking that person and isolating them.

Mr WOOD: Compassion has to be part of what you are doing, but the unborn has to be also protected.

Madam CHAIR: It is interesting – and we ask everywhere we go and get people to think about it.

A WITNESS: You would almost sort of open up that can of worms that went behind …

Mr McCARTHY: Gerry asks that everywhere we go.

Mr WOOD: I ask …

Madam CHAIR: (Inaudible) everywhere we go.

Mr WOOD: Because I do think it is important.

Mr MILES: I see where you are going there, a community type of outstation, an outreach place where it is a bit away from the pressures and dramas of what happens in town. The Tennant Creek shire owns the old Juno, which is where they called for community submissions for community use for that 20 ha or whatever it is out there and that is within reasonable distance. There are also other outstations where we have run alcohol rehabilitation, but the facilities are not there and they might be just that little bit too far out, because we are talking about 24-hour care.

The other point I wanted to make, you need to be careful – and I am sure you are – FASD is not taken in isolation. We heard about all the social determinants last night, but the single biggest thing that has happened is all the social barriers and morals have come down that used to be seemingly there about not drinking when pregnant. That is something that has sort of gone by the wayside and economically, when you take into account jobs, health, education, all of that - the baby bonus, childcare money is a way of extra income in a place like Tennant Creek. Think about that. If you are struggling for survival that additional money comes in that way. I am not saying take it away, by no means, but this is the struggle of everyday life here.

There are no jobs, no education, so that whole picture has to be looked at together, but the instant thing that can be done by government is to support programs, health promotion and education in the community to get those barriers back up that used to be there, because they do not exist anymore. It is frightening to see young pregnant girls intoxicated, so that is the instant.

Madam CHAIR: Thank you. We had better wrap up. Thank you very much for your time. Could we visit you at your complex some time? I am not sure when we can do it, but if we could contact you because I would like to find out more about your programs and where you are if that is possible.

Mr MILES: Yes, that would be good.

Madam CHAIR: Thank you.

Mr MILES: CatholicCare has a block of land in Smith Street, Tennant Creek. They are looking at the home based child care centre too.

The committee suspended.

BARKLY REGION ALCOHOL AND DRUG ABUSE ADVISORY GROUP INC (BRADAAG)

Madam CHAIR: On behalf of the committee I welcome everyone to this public hearing into action to prevent foetal alcohol spectrum disorder. We appreciate you taking your time to talk with us today. This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the community apply. A transcript will be made for use by the committee and we will send you a copy too and maybe put it on a committee's website. If at any time you think there are things you do not want made public we can go into a close session and take your evidence in private. I can see your name, but in what capacity are you here today?

MR SCHOLZ: My name is Andrew Scholz, operations manager at BRADAAG, the Barkly Region Alcohol and Drug Abuse Advisory Group. We are a residential rehab facility for people with substance and misuse problems. Can I give apologises straight up to for my CEO, Stuart naylor. Unfortunately Stuart was called away to an important meeting and could not make it today.

Madam CHAIR: No worries.

MR SCHOLZ: He wishes to make it clear to the committee he would like to have been here.

Madam CHAIR: Thank you.

MR SCHOLZ: I represent BRADAAG, and also as a person who has been working as a nurse in the Territory for the last 20 years in Alice Springs, here and out bush as well.

Madam CHAIR: Is there an opening statement or a few comments you want to make up-front?

MR SCHOLZ: Listening to Anyinginyi's comments, they have brought up some excellent points and it is great that we have such a dedicated organisation working creatively. It is great to see Leanne's work too. She has shown a lot of creativity and dedication to that job and is a very intelligent young lady who is getting good support from the organisation. We need more people like her to continue working at a local level and, from the organisational point of view, at a more public health and wider level. Good gains wwill be made.

Madam CHAIR: Who is involved with BRADAAG?

MR SCHOLZ: We are essentially a non-government organisation and have been in town for about 30 years now. Initially we started by running the sobering-up shelter operating out of Thompson Street. We have now moved that facility, as you may be aware - it has gone to alcohol mandatory treatment - and the residential facility itself started in the mid-1990s. In the last five years since Stuart has come on board it has grown quite dramatically. We have quite a few more resources now and staff.

Madam CHAIR: Is it predominately NT government funding or Commonwealth and NT?

MR SCHOLZ: NT government funding particularly. There is some Commonwealth funding attached to some of the Indigenous positions and programs that run within the organisation as well.

Mr McCARTHY: Both mandated and self-referred clients?

MR SCHOLZ: In the last five or 10 years a large number of people have come through the court system, either community corrections based, people on court orders or people probably put in a situation where they have had to make a choice between whether they wish to be incarcerated or come to treatment. They make that choice known to the magistrate and the magistrate directs them if he feels that is a reasonable thing to do.

We will have mandated clients through the alcohol mandatory process when we open up. Some of those people we were directed by the tribunal to undertake community treatment orders and some will go to the mandatory secure facility when that is established.

Mr McCARTHY: Do you see a percentage of women come through BRADAAG?

MR SCHOLZ: We do. At the moment we have six beds for women and we have a family program as well, which is one house out of about five houses we have there. It is a four-bedroom house which could either accommodate two single women with their children or a husband and wife with children.

The scenario you might see for that is it often might be a referral from Department of Children and Families which might be working with that parent, that mother often. They have recognised there is an alcohol misuse problem there, so they have probably put the woman in a position where they have suggested to her that she really needs to get treatment before she actually can have access to her children. A lot of the children might be in the process of being removed or relocated with other family. She is directed to come to treatment, I think, as part of that process of gaining her children back.

What you often see is, sometimes, the partner is absent. The father might be in gaol or not interested in engaging at that stage. What does happen, which is good to see is sometimes when they are released from gaol, the man might join his wife in the program. The program is for three months, essentially.

Madam CHAIR: Okay.

Mr SCHOLZ: It is a very trying process for the parents because, often, they are in the house with their children for the first time, 24 hours a day. They are very stressed when they first have to be with their children. They say 'Do children always make that much mess? Do they always pooh that much? Are they always so naughty?'. The parents often have been absent. We work on helping them develop those coping and parenting skills as well. It is very important they do that because they have often been absent drinking.

Mr McCARTHY: Anecdotally, have you had pregnant women in …

Mr SCHOLZ: Yes, we do. Yes, and that came up about the secure facility that Gerry might have raised about how you can do that. I know in Alice Springs - have you been down to Alice Springs yet?

Madam CHAIR: Not yet, we are on our way today for tomorrow.

Mr SCHOLZ: ASYASS, the youth accommodation service there, has a place called Ampe akweke which is a house which is dedicated to young women between 14 and 23 who can say there for several months during their pregnancy. They are often young women at high risk of an adverse pregnancy. It seems a way as a safe house but, also, sometimes emergency youth accommodation for them as well.

Mr WOOD: Voluntary?

Mr SCHOLZ: It is voluntary, yes. Agencies might suggest it when you sit there, but it is not a mandatory thing. There is some way forward around that idea of providing a safer place for women.

BRADAAG's family program generally has a waiting list. We would always like to see a long waiting list, although sometimes there is not enough agencies referring. So, when you talk about this issue in general, FASD, you really need to see an inter-sectoral approach. You need to see all the government agencies working together. I am sure Housing is aware of young mothers who are struggling. I am sure police get their fair share of women who are pregnant come through their cells. The schools would be aware of the young sexually active women. (inaudible) as well has a key part in that.

I see part of the solution is those agencies collaborating together very closely, because what we want to see is people who are at risk already of an alcohol-affected pregnancy being identified very early in the piece.

One of the highest risks of having another foetal alcohol syndrome child is you have already had one before as a mother. You have already had one child affected by alcohol; there is a very high risk you will have another child affected by alcohol.

Women's prenatal drinking behaviour is very closely related to their behaviour during pregnancy too. Often if women - and Leanne made the point - often are addicted; they have quite a dependency problem. It is very difficult to change that behaviour, even though they, at one level, are aware they are pregnant and might be causing harm to their child.

Madam CHAIR: The addiction overpowers ...

Mr SCHOLZ: Yes, it does. It really does affect their ability to make rational decisions around their substance use.

Mr WOOD: Which is part of the reason I raised that issue of if the court says you must stop. From the point of view of your advisory group. Is that advice just to clients or are you an advisory group back to the government?

Mr SCHOLZ: Stuart Naylor sits on the Alcohol Reference Group. He sits on lots of groups. He is the chairperson of the ADANT, which is the alcohol and drug peak body in the Northern Territory as well. We feed back a level. On our board, we have people who work in the women's refuge as well. We have quite a few people on the board who are from local churches in town. At one level we are feeding back a lot to government and to Barkly committees here in town that deal with alcohol-related problems.

Mr WOOD: Do you have enough funds for what you are trying to do? Enough facilities? We are here to help; we only heard yesterday from the group that obviously alcohol plays a big part in this community but I would hope that in proportion there is also a big effort to turn that around. So you are part of that I presume.

Mr SCHOLZ: Oh, we are part of that. I think the amount of resources - there is always going to be a limit on resources. I think we have been pushing to try and get a larger out of town facility. Gerry is well aware of that pushing and batting over the years to try and get some suitable land which is based out of town. I think the best residential facilities are not based in the suburbs like we have, they are half way to a town camp. We get people going past our facility, and it is quite distracting for people who are in there seeing intoxicated people go past, as it is a dedicated (inaudible).

Mr WOOD: The open sky and space helps a lot.

Mr SCHOLZ: Absolutely, I think that is therapeutic in itself, just having that space and connect with …

Mr WOOD: So what is this facility you are looking at further out? Is it feasible?

Mr SCHOLZ: It generated - the park, I think, the horses. It is very feasible.

Mr WOOD: It is out near the new work?

Mr SCHOLZ: Heading east here from town, about 10 km out there towards the golf course, way out there.

Mr WOOD: I remember some of the political discussions in local government days. So that is where you are looking at? Just far enough out of town?

Mr SCHOLZ: Yes, I think so. The Barkly work camp is half that distance and I think that has some geographical barrier around it, so I think that would be an ideal, a solution for treatment services here. It gives you - it may allow you the expansion to be able to specify a women-only based treatment for pregnant women and young people - you can actually diversify the treatment more when you have more space.

Mr WOOD: I am diverting here a little, Madam Chair, but where is the intention to put the mandatory alcohol rehabilitation centre? Is there one coming here? And where will that go?

Mr SCHOLZ: Yes, that is being located in what was previously the brand new sobering up shelter that was built here.

Mr WOOD: Whether we have open space and blue skies a bit it would be more suitable.

Mr SCHOLZ: It is the size of a house block. It is very limited space. You will find it on the alcohol website.

Mr WOOD: Who selected that site?

Mr SCHOLZ: The government.

Mr WOOD: We also heard the one in Katherine is going to next to a Mitre 10 more or less.

Mr SCHOLZ: Is that right? Yes.

Mr WOOD: That is alright. I am just getting a better feel for the whole picture.

Mr SCHOLZ: Yes, and naturally places like CAAAPU in Alice Springs they have more land, more geographic land and that does help for making clients feel at ease, more-so. Yes, when you are in a closed place it does not get …

Mr WOOD: I get a little bit worried that we are looking at one particular aspect. Whether (inaudible) is associated with alcohol over here, you have one bit and another bit over here and you have a bit over there.

Mr SCHOLZ: Sure.

Mr HIGGINS: In terms of BRADAAG and the rehabilitation programs, do FASD education programs feature in those?

Mr SCHOLZ: It has a part in it and certainly we get somebody like Leanne to come down; it is nice for an outside agency too. We try not to be the sole source of education for clients in their (inaudible) bits of two closed shops. We encourage clients to be exposed to outside services who are offering special services. People like CatholicCare might come in and supply services and we get people who are looking at chronic disease - FASD would be a part of it, especially with Leanne's work now. She has done some great work. We give general education about the dangers of alcohol to both men and women at the physical level and I think that is an important part of it. It is a small part in terms of prevention overall, but I think it is important.

I think the whole notion of the total lack of awareness might ring true for very young people. I think that there is an increasing amount of knowledge out there that alcohol does not play a part in a healthy pregnancy and I suppose it is more about identifying the people who are at risk of being sexually active and drinking at the same time and at risk of not getting to antenatal services early in their pregnancy. If we can pick up people who may need contraception early - this is where I think schools might work more closely with health to, for example, provide contraception. It might be controversial, but I know in certain Aboriginal communities that young girls from the age of 11 onwards will be encouraged to use contraception, usually a long-acting implant of some sort, because the girls are dropping out of school, so literally their educational future is also greatly diminished. The chance of those girls coming back to school after their pregnancy is reduced, so we lose those girls to the education system. Having schools which encourage pregnant woman or single mothers to come back is a part decreasing those social determinants which might keep people stuck in that cycle of being under-educated, not getting work and not being exposed to good information.

Madam CHAIR: Thank you for coming today. We will send you a copy of the transcript so you can check everything is correct and we have not mucked it up.

Mr SCHOLZ: Yes. At BRADAAG we would love to see more family programs. Family programs are a successful part of our treatment program and it seems the families stay. Where individuals may take off sometimes, families tend to stay for the whole and complete

the program. We have an assertive follow-up team as well follows up with people. That is why the points made about intensive visitation support services are very important. Some of those things have a very good evidence base that they reduce the long-term harmful effects for children when they are in their teens and twenties. Later on they are less likely to go to gaol, more likely to finish school, the mother's substance abuse problems are much more likely to be minor than major.

With the diagnosis, often you need a team of professionals. You need neuropsychologists and occupational therapists to deal with the disabilities these young children might have. FASD-affected adults come through out service - not often very pronounced people. Sometimes a couple might come who are clearly affected, but getting that history is quite a shameful thing for mothers. You often have to look back at what the mother was doing at the time of her pregnancy because you are looking at the offspring who are five, 10 or 20 years old. You have to see if the mother was using alcohol at the time, which gives you a clearer diagnosis, but the special education services and the occupational therapy to help parents and kids get through the really critical time of schooling is important.

Mr WOOD: I do not know if it feels like you are battling uphill all the time. Do you have some good stories about families who have gone through your system and stayed sober? I am not saying they never drink again, but are a good example in the community to say the changes are permanent?

Mr SCHOLZ: We have a reasonable strike rate with the family program. Generally in treatment AOD outcomes are pretty modest. We are talking 10% to 20% of people – gold standard - might make significant recoveries. If you look at the long-term recovery for people who go through treatment, the more they persist with treatment, the more they go through treatment, the more exposure to treatment the greater their long-term outcome of eventually winning the battle over substance abuse is. Yes, we have examples of couples who have gone back to communities who seem to be working together more closely as a couple, taking more care of their children.

Mr WOOD: Do they have an impact on their own community? Will they try to impact?

MR SCHOLZ: Ideally we would like to use those people to be champions within their own family. If you can get that ripple going out initially, yes. People like Leanne would try to utilise those people in a very creative way to do more public health and promotion of people who have recovered from drinking. I think they are an underutilised group of people. The people who have made it through are walking the talk out there, living and have recovered.

Mr WOOD: Positive peer group.

Mr SCHOLZ: Yes, and we need that. We need to get all different age groups and different genders and those people, when they recover of course, then start to feel the burden of responsibility to take on other things because they are sober. They are already starting to look after their sibling's children and other people's children. We do not want to put too much pressure on people who have recovered initially because they suddenly think, 'My God, now I have this pressure to suddenly be the perfect role model'. We know people relapse so we have to go gently on people who are recovering. Support them, encourage them and, in their own time, sometimes they back into the industry as workers. You find sometimes people come back to the AOD industry because they have their own story of recovery. You find many people who work in this industry have successful stories or their own recovery.

Madam CHAIR: Thank you Andrew, we will be in touch.

The committee suspended.

TENNANT CREEK ALCOHOL REFERENCE GROUP

Madam CHAIR: Hello Barb, welcome. Thank you for appearing at this public hearing into action to prevent foetal alcohol spectrum disorder, and taking the time to be with us here today to talk with us and answer any questions.

This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee apply. A transcript will be made for use of the committee and may be put onto the committee's website. If, at any time during the hearing, you are concerned that what you may say should not be made public, you can ask the committee and we can go into a closed session and take evidence in private.

Could you state your name for the record, and your capacity in which you are appearing here today.

Ms SHAW: Barb Shaw. I am the President of Barkly Regional Council. I am also the Chairperson for the Alcohol Reference Group to develop an alcohol management plan for Tennant Creek.

Madam CHAIR: I wrote a note about alcohol management plan for Tennant Creek. I am looking at my notes here. We need to get a copy of the plan. Do we have a copy of the actual plan?

A WITNESS: The Alcohol Management plan?

Madam CHAIR: Yes.

A WITNESS: No, it is still being drafted ...

Madam CHAIR: Oh, okay. We might have a copy of that. What do you put in an alcohol management plan?

Ms SHAW: There have been a couple of processes before in Tennant Creek to develop an alcohol management plan, so there has been a number of alcohol management plans. Even after the first alcohol management plan, Menzies was engaged to actually do a review of that first plan.

I guess we are now at the point where the government wants to develop a new alcohol management plan. What they have done is set up these committees in the major centres throughout the Northern Territory. Damien Ryan chairs the Alice Springs one. Minister Tollner has appointed people across from sector representation - certainly to the Tennant Creek one - so people are not there necessarily representing an organisation. It is about getting that cross-sector community mix, if you like.

Our job is to consult with the community and develop processes to how we do that consultation and then pull out from that what are the things that people are saying that they want sitting in an alcohol management plan for Tennant Creek. We will then produce a draft discussion paper which we are in the throes of doing now. We are on our third draft and we have a meeting in a couple of weeks where we are hoping then to finalise that discussion paper and that discussion paper will then go to Minister Tollner and will then form the basis for the Alcohol Reference Group to work off with the community to finalise an alcohol management plan. That is basically the process.

Mr WOOD: I suppose I am going to ask, do you think this will make a difference and what difference are you expecting it to make?

Ms SHAW: Gerry, look, I think the big thing that is going to make a difference out of this is the process, how this reference group actually manages in talking and engaging with the community. I think if you have the community behind it and the community support for the

final alcohol management plan then I think it is probably more likely to have success. I do not think a management plan can be developed and adopted without the full support of the community and when I say the full community it has to be everyone across the board. It is not just about NGO service providers, I think it is about the whole sector of the community, which includes the licensees and the businesses. So I think it is getting that process right and then getting everyone behind it and to make that commitment.

In saying that, I think the government of the day has to make that commitment to it as well, in relation to monitoring and compliance and whatever is required under legislation. The reference group has a two year lifespan and part of its responsibility is also monitoring the process, but then once the plan has been adopted as to how that group then monitors the play out of that plan. I do not think the community can necessarily make the plan work on its own. I think the government has to back it up and …

Madam CHAIR: Have a role.

Ms SHAW: … stand behind it as well.

Mr WOOD: I have not seen the plan. I have heard about it.

Ms SHAW: No we have not got the final one yet, but you will get to see it.

Mr WOOD: That is right, but what is the goal then? Why is it being set up? So what are we aiming for by having this plan?

Ms SHAW: Well, certainly the supply and the reduction of alcohol, harm minimisation. They are certainly the two main goals and so what are the strategies or action we put in place that is going to allow that to happen. The interesting thing is the makeup of this group actually includes the licensees. So they are actually at the table as well, which is good, and so far they have been really engaged and participating in these meetings. They have actually – like a whole lot of other regions throughout the Territory – they have adopted a local accord and that accord is an agreement not only between those licensees in Tennant Creek, but it actually includes those surrounding licence holders as well, like Wycliffe and Wauchope and Three Ways, which makes sense.

Mr WOOD: Does the accord have any legal binding or is a voluntary sort of an accord?

Ms SHAW: At this stage - because that is one of the things that I want to present today - is that the accord is a voluntary agreement between the licensees. When I say that if there is

going to be any good come out of this and we are going to have a really good strong management plan with government support, think in the end the accord itself, we need to move where the accord actually gets adopted and becomes part of

licence conditions.

Madam CHAIR: Assuming the government is happy with the plan and it comes back to the reference group, is there staff underneath you or people to make it work or monitor it, or is back with your group still?

Ms SHAW: The group will monitor it; that is part of the terms of reference. I should have brought a copy of the terms of reference with me, but I can certainly get that to Gerry to distribute. The way we are working is government has allocated an administrative project officer, so that person pretty well works full-time in supporting the group, but it has also engaged a consultant who works very closely with the reference group. It is then up to us as to how we get community feedback. Part of it was the consultant did a lot of community consultation and between us we organised a public forum which Gerry was at. We had a large number of people at that …

Madam CHAIR: Was that the big one on a Sunday?

Ms SHAW: No, it was on a Wednesday evening just a few of weeks ago. It was part of the consultation so we decided to - apart from all the individual consultations with all the agencies and individuals and service providers, we ran advertisements in the paper and they went around. The members themselves pulled people together and spoke to them. Working with a consultant we designed some really key questions so it was really targeted and structured. We allowed flexibility so the discussions and conversations could be really loose, casual and …

Mr McCARTHY: Madam President, Madam Chair was referring to our community FASD forum which was mentioned by Anyinginyi Congress previously. This is another initiative.

Ms SHAW: Yes, and getting back to that community consultation with the public forum, members of the Anyinginyi unit was really well attended. Tennant Creek is not really a place where you get a whole lot of people turning up for a public forum. I was really surprised with the numbers we had last night; it was fantastic.

Madam CHAIR: Yes, so was I. I thought it was very good.

Ms SHAW: Yes, it was really good. We set up a booth at the Tennant Creek Show and put up butchers paper with a lot of questions we had asked from the consultation, again to get community feedback. All that will be captured in our discussion paper that will inform the plan. Also, some of the interesting things people are saying are - this goes back to the wellbeing of the community, people's relationship and the economy. The government really pushes regional economic development which is fine, but when you live and work in a place like Tennant Creek, it is not so straightforward and simple.

Going back to some of the queries you had last night, Gerry Tennant Creek is a welfare town. To develop an economy from where the majority of people are disadvantaged, low income earners, on welfare and being a welfare town you have other sectors which rely on that money generated from all that welfare. That, in itself, is really difficult.

Getting the stuff from the butchers paper exercise will really inform what we need to have in the plan. People are very clear about stricter rules around supply and access to alcohol. People still remember Thirsty Thursday. People talk about the old days, how Sunday was the family value day and there was no grog sold at all. People talk about how it worked when Centrelink did not process any money payment on a particular day and people did not have money on a day to buy and …

Madam CHAIR: So those kind of things could be in the plan, at the end of the day?

Ms SHAW: That is right. Absolutely. Recommendations will go as part of that plan. But, at the end of the day, the minister signs off on the plan. But …

Madam SPEAKER: It would be a brave minister to go against what a whole town wants.

Ms SHAW: That is what I would like to think.

Mr HIGGINS: But you are not convinced otherwise?

Ms SHAW: Yes. If people in Tennant Creek say 'We want one day where there will be no sale of alcohol', you have the vast majority and, so far, a lot of people and saying that night patrol has to be reviewed to play much more of a participatory role with the people in government. You hear a lot of negative stuff. I have been exposed to it in this role. Night patrol does not work in this town. And so …

Madam CHAIR: We heard the statistic last night that it was 2000 pick-ups a quarter.

Ms SHAW: Yes. Where this conversation is coming from, people have lost the insight to Night Patrol. Those stats would clearly show how night patrol has become a pick-up service …

Madam CHAIR: Oh, okay.

Ms SHAW: There are a whole lot of other complementary rolls the night patrol could do that could really fit in with an alcohol management plan and their relationship with the police. There is an MOU that exists between the Tennant Creek night patrol and the police. But, then, how do we get some of that synergy between the police and night patrol relationship through local government out in the bush, as well to control all of that out there?

Madam CHAIR: Who runs the night patrol?

Ms SHAW: Julalikari Council.

Madam SPEAKER: Okay.

Mr WOOD: The other question is how do you show which plan is actually being effective? Do you have some baseline data you will start from that you will be able to compare before the plan came into place as to whether there has been improvements or not over the next few years?

Ms SHAW: Yes. One of the things we have talked about is that we just cannot put a plan together based on community consultation. That is a big part of it; to hear what the community has to say they want to see in a plan. We also have to look at the stats that have come out from all the harm that alcohol does, and look at it over a period of time. That is informing how we design such a plan.

The other thing is we are also looking at what the things are we need to look at that is going to help us to evaluate if a plan is working or not as we travel this journey - whatever those key things are.

Mr WOOD: Would you be able to monitor key economic data - for instance, as you said, the town, to a large extent, is on welfare – and where money is being spent? Also, I am not sure whether the licensees or the hotel association would give it to you, but will they give you the data of how much alcohol is sold? You can get something from the Licensing Commission. Can you get it specific to licences?

Ms SHAW: Direct from the licensees, no. The data we have been able to get so far, basically, came from the commission and government data - getting it direct from the licensees - no. But, that could be something we could challenge. When you look at the dynamics of the way people talk to each other around the table, having the licensees is quite interesting. I thought there would be a real split because you have got a lot of NGOs. But, people are coming to realise this is everybody's responsibility and you have to be transparent and share the information, whatever it is, to make a difference. The other thing which came up last night was about a whole-of-community approach. Sometimes, that whole-of-community approach thinking gets a bit lost. I think because it is a social issue, then that whole-of-community approach is around NGOs and community service providers, rather than the whole community and it is not only about Aboriginal organisations or BRADAAG. It should actually include the business sector, the pastoral sector. I think sometimes when they look at developing something for FASD - that will be the NGO sector to work - but hang on, you have businesses who operate in this town who are part of the community, so I think that whole-of-community has got to include all those other people as well.

Mr WOOD: I agree, I think it is good, but my concern is about welfare and unemployment as part of the big – one of those bigger issues that we cannot obviously handle here, just this little group - is it overlying other effects that are also part of the reason that some of the problems existed, not only in Tennant Creek, but other places? I do not know whether your reference group would deal with that sort of thing or you want it specific to alcohol; is that the only point that you discussed?

Ms SHAW: Gerry, look, my view as the Chair of that committee - and I have shared it with the group - is that I do not think we can just look at it from an overindulgence of booze and what booze is doing to people. I think with anything, if you are looking at the wellbeing of a community, the economy of the community or whatever it is, I have got to the point where you cannot separate anything, particularly in the regional areas.

You have got to look at it holus bolus, because everyone somehow has some linkages, particularly in the bush, particularly in the regional areas. I do not think if you want to look at regional development or developing something for FASD - you cannot look at it in isolation. I think that is where government loses the insight in coming up with how we move forward. While Tennant Creek has got a history of doing a lot of good stuff in the early days, we are over that, we are over talking about this being where night patrol was born, this is where Thirsty Thursday was born. It was a fantastic era of Tennant Creek, but we are over it.

We have got to set an era for some more ground breaking, new stuff and maybe push the envelope and come up with something new again. My personal opinion is that when we look at banning people from buying grog, I think there has to be a ban on pregnant women. No pregnant women should be allowed to be served alcohol. That should be law, because it is

not only FASD, it is about all the other health conditions that a newborn child has been born with. Either it is a lack of nutrition or continuously being kicked in the guts by a drunken husband, with alcohol on top of that. I just think that pregnant women should not be allowed, by law, to be served alcohol.

Mr WOOD: Can I just ask you the reverse of that then? Should pregnant women not be allowed to drink if that is the case?

Ms SHAW: Absolutely not. I have got a very strong opinion …

Mr WOOD: Yes, I know, but I am talking legally here. Are you saying from a legal point of view a person should not be able to serve that person because that person is pregnant?

Ms SHAW: Yes.

Mr WOOD: On the reverse side, from a legal point of view, does that mean that a pregnant woman should legally not be allowed to drink, because of the consequences?

Ms SHAW: I personally would go that far. The problem that you would have with that then is how you control and monitor that, but the fact is while you may not be able to control and monitor it you have got the message there loud and clear saying you can't drink and there would be – and I have thought about this – there would be criticisms about the rights of an individual allowed to be doing whatever. But I think sometimes, again, when it particularly comes to Indigenous people, that becomes a block from Indigenous people making a difference for themselves and being accountable for themselves to make those changes.

Mr WOOD: If you said a woman should not drink, would you consider the government having a role in providing a place where that person had to remain, in conjunction with the community - a place that may be away from town which would have services for treatment? It might be run by women in the community, but would be a place where that woman would not be allowed to drink until the baby was born. We have alcohol mandatory rehabilitation centres now, could we have something similar? I stress it has to be done on a compassionate basis not a punishment, but it has to be with the intent that the government would be saying it also wanted to protect the unborn. I know it is controversial and I raised it with people before, but do you think the government needs to look at something like that?

Ms SHAW: There is room for those conversations regardless of the fact they may be contentious. I do not think, because it might be contentious, we have to stay away from having the conversation; it still needs to be had because if you allow the conversation to go

ahead then you could look at models to deal with supporting the young person without it being set up as a big stick thing from government. We could have some really good discussions about how that can be modelled, but modelled on compassionate grounds. You would run a whole lot of education and family support. You would put in the Piliyintinji-Ki's Stronger Families program from Anyinginyi, which would work the way it is working with families. There has to be support from government.

Again, I go back to towns such as Tennant Creek, which does not necessarily have the choices or access to resources and finances. That is the downside for Tennant Creek and the Barkly. We cry that we are the poorest part of the Territory for funding support and resources to get stuff happening. A lot of that has to do with poor data collection because government and agencies rely on data to make a decision. 'This is showing up here so we will put a lot of money there'. Of course, this region has a history of poor data so the data is not there to justify putting $2.4m in whatever. That certainly is a constraint for this region to move ahead and do a lot of things.

The other thing for me too is - it comes out very clearly with members of the committee, it comes out very clearly at regional council meetings - this is a long journey and we have to look at how we put the energy and resources into kids, so school attendance is important. A lot of money goes into all the drinkers who are in that 45-year age group and up, but they will not shift the future for particularly disadvantaged people; it is that younger aged group. Perhaps we should look at resources being channelled back to this age group because they will make the shift in the future.

There has to be a system in the government attached to school attendance and grog. This is not the position of the committee or council, but it is certainly a conversation I have put on the table. If we can look at how that - going back to data, if we share data between the education system and the police with the licensees, where you can get to the point if a mother or father goes into a bottle shop to buy their slabs something pops up to say, 'You have not sent your kid to school for five weeks so you are not going to get this carton of beer'.

Mr WOOD: Is that a form of the Banned Drinker Register? I am not making comment on whether that is good or bad at the moment. Would that be something similar? If so, you would go to the pub.

Ms SHAW: It could be part of the Banned Drinker Register. Let me tell you that from a lot of the community consultation, from the Alcohol Reference Group work, that is something a lot of people support. They want to see the Banned Drinker Register come back. A lot of families are supporting the police beat outside, even though people feel for the police having to stand outside those bottle shops. But, you have people who are sensible who might be just going in for a six pack. They have no one there to hassle and humbug them, so they are

going in, they are only spending whatever that amount is for the six pack, and not for the six pack plus two other cartons for someone else from family who has humbugged them there. That is some of the things we have been hearing as well as to why people think having the police there is also a good thing.

Generally, this includes, out in the bush, that people are looking for something to happen. You know yourself that local government is not the traditional local government; it has really done quite a major shift. It is not the three Rs anymore. To me, that has made it a lot more exciting working with communities because you get engaged in part of that whole-of-community approach, if you like. Plus, the Commonwealth still contracts local government to provide government programs without the financial assistance.

Mr WOOD: By the way, I still support the three Rs.

Ms SHAW: I am not saying do not do the three Rs.

Mr WOOD: No, but I have also supported them being a deflective body in the community. My argument has been that they have had to take on other tasks that may not have necessarily have helped the core functions and the community aspect of being a local member, that is all.

Ms SHAW: Yes, and taking on other functions. That does happen to us, where there is a bit of - probably the story of cost-shifting where we will get other tiers of government which want to shaft stuff to local government, but without the resources to support that. That is the story of our life. But, we have actually made a policy decision that we will not enter into any agreement if it is not financially viable - part of our financial sustainability tack.

Madam CHAIR: Fair enough too.

Ms SHAW: Yes. We are just going to say no. If the Commonwealth and NT governments offer a service agreement and we do the sums and that is going to cost us three times the amount of dollars, well we have to find those dollars to do that, so we are not going to do it.

Mr WOOD: Deloitte just said that in their report.

Madam CHAIR: You need the person and the position, plus on the on-costs and you might look at it.

Ms SHAW: Yes. The Commonwealth has just stopped the financial - and we have actually written to our local MLA a letter on that seeking your support, Gerry.

Mr WOOD: We can elbow him.

Madam CHAIR: I am conscious of the time. Thank you for coming here today. That was very interesting. We will send you a copy of the *Hansard* transcript, so just go through and check that everything is all correct.

Ms SHAW: I just want to emphasise that whole-of-community approach. This is in the context of everything, including FASD. Anyinginyi is doing a fantastic job in this region, but that holistic approach has to be right across the board. It is not just the NGOs, the service providers.

Madam CHAIR: Yes. Thank you.

Mr McCARTHY: In relation to some of the questions you answered, the minister in the parliament, when commissioning the inquiry, said he was interested in the inquiry providing advice around his statutory authority in relation to the woman and the *in utero* child. The committee's terms of reference does not reflect that. We decided we would not be looking at that area, as it is a completely separate area. So, you can read in the parliamentary *Hansard* what the minister said, but the terms of reference for this committee do not reflect that.

Mr WOOD: Except I would say that the terms of reference do ask what the government's role is and it is fairly broad, I would say.

Ms SHAW: But it does not stop you guys from asking questions outside the terms of reference either.

Madam CHAIR: No, not at all.

Mr McCARTHY: Well, actually, in terms of the committee we had that debate and Gerry has taken upon himself to ask those questions and I just wanted to make sure you were aware of that, because …

Ms SHAW: No, I was not, but thank you.

Mr McCARTHY: … the *Hansard* transcript will come back and you may like to look at that.

Ms SHAW: Yes.

Madam CHAIR: Okay, thank you.

Ms SHAW: Thank you.

The committee suspended.

TENNANT CREEK WOMEN'S REFUGE

MADAM CHAIR: Welcome. Thank you for coming to the public hearing into foetal alcohol spectrum disorder and taking the time to talk with us today to answer our questions or ask questions. This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee apply. A transcript will be made for use of the committee and may be put on the committee's website. If at any time you are concerned what you say should not be public we can go into private session. For the record, could you state the capacity in which you appear today.

Ms BRACKEN: I am manager of Tennant Creek Women's Refuge.

Madam CHAIR: Thank you. I have been to the women's refuge. Is it as busy as always?

Ms BRACKEN: We are always busy because there are a lot of homeless and vulnerable people and people at risk of violence in the Tennant Creek region.

Madam CHAIR: Are they referred, do they come of their own volition, or both?

Ms BRACKEN: The majority of our clients self-refer. We get referrals from police, hospital and various other agencies, but the majority of our clients press the doorbell or ring us and say, 'I need to come there'.

Madam CHAIR: It is a well-known place for women in trouble to go.

Ms BRACKEN: Absolutely, yes.

Madam CHAIR: Many pregnant women come in?

Ms BRACKEN: It is a bit hard to tell sometimes; you do not know sometimes. We have a staff member who also works with the midwife at the hospital who does a lot of our night work. She is pretty cluey as to whether women are pregnant or might be pregnant. It is a good relationship when staff work in other areas of the community as well.

Madam CHAIR: If the woman is obviously pregnant is there anything to help them if they have been involved with alcohol or drinking? Does your centre give any guidance or advice?

Ms BRACKEN: It is not just pregnant women. A lot of women in our service or who access our service have a wide range of problems, many of which are alcohol-related. Because of the intergenerational nature of disadvantage and poverty, a lot of associated symptoms go with that and violence and alcohol use are just a few of the problems.

Madam CHAIR: Okay.

Mr WOOD: This might be the million dollar question, but do you have enough resources and enough accommodation?

Ms BRACKEN: There is never enough of anything in Tennant Creek. We make the best use of what we have. One problem we really struggle with is exits for our clients. We are the only short-term crisis accommodation for women and children in Tennant Creek and there is nowhere else we can place our clients. We have a revolving door respite policy and, in fact, that is the way it works because we have had clients waiting for 10 years for public housing. I have a client who has been on the waiting list for 10 years. They have now made her a priority, but it could still be years before she is housed. The housing situation is absolutely critical. There are no hostels, there is no transitional accommodation and there are no places where we can easily place our clients. It does not matter whether they are elderly or young, there is a whole lot of supported accommodation needs that are urgently required for Tennant Creek.

Madam CHAIR: So, if they have been in your centre for a period of time and get all settled and sorted, basically, the only avenue is to go back to their community or wherever they came from.

Ms BRACKEN: And most of our clients are so used to being homeless, to being in this transient, moving cycle, they are just in this permanent state of moving. They do not know what it is like to be in a city home. Often, the refuge is home.

Madam CHAIR: Is their steady home.

Ms BRACKEN: It is a steady place for them. It is a place they come when things have really gone pie-eyed outside. They need a break from the grog, they need a break from living in overcrowded situations or moving from place to place. They know they can get a comfortable bed, meals, their medication in place. Most of our clients have really complex and high medical needs. They often have not been taking their medications. They are often not very good at complying with their medical needs and attending their appointments. There is a whole range of things they need help with.

Mr WOOD: But there is room in Tennant Creek. Gerry knows more than me. You have the new subdivision. I do not know how much of that …

Ms BRACKEN: That is not going to help my clients.

Mr WOOD: No, no, from the point of view of the government supplying housing, there is no shortage of land where the government could build accommodation. Would that be right?

Mr McCARTHY: That is correct. There was 8% of every land release that was reserved for public housing, and that was the next step. I believe that decision has been reversed by the new government, but we will test that. Have you had any luck with the Blain Street complex and the NGOs with transitional accommodation?

Ms BRACKEN: I have on occasion. The refuge has a very good working relationship with BRADAAG. I have been able to refer some clients to transitional accommodation through BRADAAG. It is often a very limited amount and it is basically for their clients when they are coming out of rehab - those who are deemed suitable for that kind of accommodation.

We do refer as many of our clients as possible to rehab services all around the country. Many of them want family rehab where they can take children. They may be deemed as poor mothers or not terribly – but they still really worry about their children and do not want to leave them with other dysfunctional family members. It is often a barrier to a woman going into rehab that there is not the appropriate supportive facilities for pregnant women, for women with young children. They just do not want to abandon the children in order to go into rehab.

Once again, we are short of appropriate facilities in Tennant Creek. There are not enough appropriate facilities all around the country. You can look at …

Madam CHAIR: Even the ones in Darwin are full.

Ms BRACKEN: They are all full. I have sent people up to CAAPS. Part of the problem with programs like that is they are family programs which require a criminal history check for a woman before they will accept them into a family rehab program. If a woman has been involved in alcohol abuse and violence for a long time, chances are she probably has …

Madam CHAIR: A record of some kind.

Ms BRACKEN: … an activity there. She has assaulted someone or been in a fight, and that will preclude her from being put into a family program. There are some real barriers to people accessing rehab that would do them well.

Another issue clients have brought up, time and time again, is the length of rehab. Many people who have been caught in this cycle for a long, long time need a lot more than three months support. That is a classic rehab length of support, which is three months. I have had women through the refuge who have been through rehab and are looking for another rehab because if they really want to beat it they really need a much longer length of support.

MR WOOD: That is interesting because the government's mandatory rehab picked three months which I must admit I thought was too short but whether ….

Ms BRACKEN: People are asking for a year and ongoing support after that. If you can put someone through rehab, whether they are pregnant or not pregnant, to spit them out at the end of the three months back into the same situation of a lack of housing, a lack of job etcetera, etcetera - it is asking them to fail. The peer pressure there is just extraordinary to drink and if you are not employed and you are living with 15 other people who are drinking,

that is what happens. People get bored, they get disheartened and slip back into the same old cycle.

Madam CHAIR: Do you have any comments like who determines three months? Is it a money thing? Three months is enough for one person?

Ms BRACKEN: I have no idea. I have learned a lot about rehab and rehab services, but that is just a classic amount of time that has been set by somebody in some historic past. Out here people are asking for a much longer support period. We have got to be able to change their circumstances when they come out of that rehab. They have got to have some big changes in their lives.

Madam CHAIR: It is almost like you need it longer and then you need a step down process.

Ms BRACKEN: Absolutely. You need outreach and follow-up support afterwards as well. They need to be able to get a job, they need to have somewhere to live. They need to have a whole lot of supports like that.

Madam CHAIR: Is there much outreach work that would be done from your clients or other associations, outreach programs I might say?

Ms BRACKEN: I think we all do outreach really. It is the nature of the work that we do and the clientele that we have is that we are often running around looking for very vulnerable people who we are worried about. Depending on our funding levels and the number of staff we have got; it is quite time consuming going out and looking for people who could be at one of five addresses.

Madam CHAIR: Is your funding predominantly Northern Territory government, Commonwealth or a bit of both?

Ms BRACKEN: We are mainly Northern Territory.

Madam CHAIR: Through Health?

Ms BRACKEN: Through Department of Children and Families. DV Shelters fall under Department of Children and Families - health Children and Families if you like - but it is Children and Families who we have basically fallen under. Other homelessness services are under Housing, so there has been a bit of a divide between different types of services.

Madam CHAIR: Yes, ok, thank you.

MR WOOD: Is your clientele Indigenous and non-Indigenous or is there a proportion similar to the population?

Ms BRACKEN: No, not similar to the population. Our services are available to anyone in need in the community. However 97% to 98% of our clients are Aboriginal people, mainly from the Barkly region. We do get women from other regions who have married up with local blokes but the majority of our clients would be from the Barkly region and often they are from other remote communities because of the cyclic nature of people travelling in to town to access services. Often people will get in strife when they are in town because there is the access to the grog and anti-social behaviour and they are living with other people.

MR WOOD: On some communities they also have a men's refuge. I know Bathurst Island has a men's refuge. Is there a men's refuge at all?

Ms BRACKEN: There are no men's refuges anywhere within the Barkly. There is no men's crisis accommodation. There are no facilities for men generally.

MR WOOD: Is that a gap that needs to be looked at?

Ms BRACKEN: It is definitely a gap that men have been talking about for a long time.

MR WOOD: I know it does occur in some communities in the north.

Ms BRACKEN: Yes, it does.

MR WOOD: They have set up facilities for men but I just thought I would ask that because sometimes they are …

Ms BRACKEN: The only kind of facility for men is the sobering-up shelter.

Mr WOOD: Yes.

Ms BRACKEN: That has always had more male clients than females, although I think that is changing slightly.

Madam CHAIR: In the Top End - in Palmerston and the rural area they are building men's sheds where men can go for – it is basically a mental health type of establishment and they are growing in - popularity is not the right word – but they are becoming increasingly important for the mental and social wellbeing of men.

Ms BRACKEN: I think the Anyinginyi Stronger Families men's program is very popular, but it is only a day program for support for men. I cannot speak on behalf of the men in the community, but I know many of them have expressed a need for a place they can go with some kind of accommodation facilities.

Madam CHAIR: Okay.

Mr McCARTHY: How long have you managing the Tennant Creek Women's Refuge?

Ms BRACKEN: Seven years now.

Mr McCARTHY: As a frontline service seeing lots of women and kids, and you have a bit of a perspective on FASD, have you seen evidence of FASD in kids coming through?

Ms BRACKEN: As we know, there are no diagnostic tools. The children we see coming through the refuge are victims of violence and have often been exposed to violence. We know, from the statistics of alcohol consumption and violence in Tennant Creek, that many of those children will possibly be affected by alcohol before birth, after birth, and violence before and after birth. I do not know if we can tell what symptoms belong in which basket. Those children have probably had poor nutrition, poor health, often neglected or are not well looked after and often have attachment issues with parents and parents often have very poor parenting skills.

A whole range of issues affect those children. You see quite clearly in the primary school in particular, and the childcare facility, some very difficult behaviour teaching staff are finding hard to deal with. They are not equipped, do not have the resources and often do not understand the life patterns which have caused that kind of behaviour in the children. They might simply think they are bad kids.

Madam CHAIR: That is right, naughty kids for whatever reason.

Ms BRACKEN: Or naughty or inattentive kids. I have spent quite a lot of time at the primary school this year and it has really opened my eyes to the effects of that intergenerational poverty over a long period of time affecting the next generation. It is a pretty scary thought. With our demographics, 25% of our young people under the age of 17 and are the future of our community. It is really impacting on the thoughts of a lot of agencies …

Madam CHAIR: What was that statistic you gave?

Ms BRACKEN: About a quarter of the population of the Barkly are very young people.

Madam CHAIR: Under 17 year you said?

Ms BRACKEN: Yes.

Madam CHAIR: Okay.

Mr McCARTHY: What you just outlined is reflected in a lot of comments by medical professionals …

Ms BRACKEN: Yes.

Mr McCARTHY: … and it seems to be a link as to why they are reluctant to diagnose foetal alcohol spectrum disorders. It is a broader spectrum of behaviours …

Ms BRACKEN: It is a very broad spectrum of behaviours …

Mr McCARTHY: … that they talk about.

Ms BRACKEN: … and issues and effects that have played out over a number of generations.

Mr McCARTHY: Yes.

Ms BRACKEN: Obviously you can pick up the extreme examples, but the effect of all those things in between will be pretty hard to diagnose as such. But, I do not think there is any doubt that, without alcohol consumption and our demographics, we are in for the future generations going to be affected by all of these things. If we are looking to the future, we have to change that by education prevention. We have to change those young people's lives and their attitudes to alcohol and violence. They need education. We need to put a lot of effort into making the changes at that young age. They are the future for this community.

Madam CHAIR: Georgina, thank you. I am conscious of the time and you need to go. Thank you for coming here today. We will send you a copy of the transcript so you can check it out and make sure it is all okay.

Ms BRACKEN: Okay.

Madam CHAIR: Thank you very much.

Ms BRACKEN: Thank you.

The committee suspended.

THE PATTA ABORIGINAL CORPORATION

Madam CHAIR: Morning. On behalf of the committee, thank you coming here today. This public hearing is into the action to prevent foetal alcohol spectrum disorder. We appreciate you taking the time to be with us today to talk with us and perhaps answer questions.

This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee apply. A transcript will be made for the use of the committee and may be put on the committee's website. If, at any time during the hearing, you are concerned that what you say should not be made public you may ask the committee to go into closed session and take your evidence in private.

For the record could you state your name and the capacity you are here?

Mr JAMES: My name is Richard James. I represent the Patta Aboriginal Corporation which is the native title group in Tennant Creek. For the moment, I am the chairperson. We have an AGM next month. I am here, I suppose – well, we are not really a funded body in regard to any health outcomes or any outcomes in the community. We try to be more working on self-sufficiency for ourselves at the moment as Patta. I have something I could read out, I suppose ...

Madam CHAIR: Yes, please, that would be good.

Mr JAMES: … that came from our group.

The Patta Aboriginal Corporation was invited to assist the committee in its inquiry to look into action to prevent foetal alcohol spectrum disorder, particularly evidence relating to the prevalence of FASD in the Northern Territory, the effects it has on sufferers, and what actions the NT government can take to reduce the disorder.

The corporation is a prescribed body corporate as identified in the Native Title Act. In 2007, the Patta Warumungu people was the first group in Australia to negotiate a consent to termination and sign an Indigenous land use agreement which recognises their native title rights and interests within a township.

The Patta Aboriginal Corporation does not run any programs or provide a funded service for its members or otherwise in Tennant Creek. However, the corporation supports the work being undertaken by other Aboriginal organisations dealing with FASD, either delivering programs or dealing with issues relating to FASD. We are of the understanding that these relevant Aboriginal organisations will be appearing before the select committee to provide relevant information regarding programs they deliver.

In providing evidence to the committee, the corporation is only able to provide anecdotal information on how FASD has affected individuals and families, and how it will affect Tennant Creek and the Barkly region within the next 10 to 20 years, including the demands on government and non-government services and resources, the effects on the health and education systems, the need for specialised accommodation, and the effects on employment, particularly employers having to accommodate behavioural and learning issues.

Over the past 25 years, the Tennant Creek community has attempted to deal with the volumes of alcohol consumption in Tennant Creek and surrounding communities. One way of dealing with this issue has been to introduce restrictions on the purchase and sale of alcohol. A notable restriction measure was Thirsty Thursday.

The abolishment of Thirsty Thursday saw the introduction of other restrictions and more recently the NT government's push to establish an alcohol management plan for major towns.

The corporation is a member of the Alcohol Reference Group in Tennant Creek. Therefore we will use forum and document to implement measures in an attempt to deal with the consumption and the sale of alcohol in Tennant Creek.

In relation to the FASD the member of the corporation - that was Shirley, she is not here - has had firsthand knowledge of the effects of FASD on individuals and families particularly when dealing with the day to day interactions and family life, participating in the local education system, venturing into employment opportunities and the inability to deal with independent living and capabilities of bringing up their own families.

In dealing with the individuals with FASD the corporation envisages that there will be an increased demand on government and non-government services with a possible change in the way services are delivered. The corporation also envisages that there will be an increased demand on the health and education systems delivered by the NT government. The accommodation provided by the government and non-government providers may include more supported accommodation for individuals with FASD. Employment opportunities available to individuals with FASD and the delivery of training may identify skill shortages in Tennant Creek community over the next few generations. A more concerning issue for the corporation is the ability of these individuals to participate in the cultural life in Tennant Creek and the surrounding communities. So I suppose that is from us. Like I said we are not in the field, but we can talk about our own personal experiences if there are any questions.

Madam CHAIR: You said you are a prescribed body under the Native Title Act, and I know what that means, but how many are in your organisation or how many people do you cover or include?

Mr JAMES: Just the Warumungu people and particularly the (inaudible) group, which is one of five family groups within the Warumungu regions. I think we might be just the five within the (inaudible) group, five family groups, and so we are one of many clans within the Warumungu group.

Madam CHAIR: I get you. So in your going about your daily business obviously you must come in contact with adults and children who might be FASD affected?

Mr JAMES: Yes.

Madam CHAIR: This is one of the issues that we are finding there is no real data for. Apart from the fact there is no diagnostic tool where you can say, 'Yes, this is the test' and 'Yes, you have got FASD', or you have not', we are getting a lot of feedback that it could be bigger than people think.

Mr JAMES: I did come across it. It is actually from you guys as well, I think – 'Foetal Alcohol Spectrum Disorder-What is FASD, Signs and Symptoms' - so I think to say there is no diagnostic tool is not entirely correct. We use stuff here that reflects that there is some form of diagnostic tool. A lot of the stuff here we have seen in our kids sometimes - a lot of us guys in our age group were asking the same question of ourselves. Some blokes are lucky, some guys were not so lucky.

Madam CHAIR: Do you think there is a particular age bracket? Like for people over 40, it is not an issue or people over 50. It does not seem to be an issue there, or is it?

Mr JAMES: When I was a kid growing up here, even though a lot of our mob use to drink, I do not think it was as prevalent as it is today. A lot of us were still living on stations back then. I grew up on a station so ..

Madam CHAIR: Less access to alcohol probably.

Mr JAMES: … we were only coming in once a fortnight, a lot of the families from the stations. That was pension day or pay day so back then it was a little bit different and your focus was different too because when you lived out bush it was tucker first. A lot of that has changed and people come to town to access alcohol. One thing we see – reduction in supply needs to be looked at properly. Sure, everyone in the business of selling alcohol needs to make a dollar, but in the end if the community is saying it only need one, not 10 – there are only 8000 people in this community, in the Barkly we do not need all these alcohol outlets.

Madam CHAIR: We were told there are 10 licences in Tennant Creek.

Mr JAMES: Let alone Wauchope, Wycliffe, Three Ways, Elliott and Renner Springs. It is up and down the road and you can tell by the road accidents we have in the communities - they are pretty high.

Mr McCARTHY: That was a good summary statement, Richard. Thank you for that. It was good to hear because it really give people a perspective about the Patta group and putting

that on a public record is a good thing. One of the points I picked up is the group has involvement through various agencies, but one important agency is this alcohol reference group. Bringing a cultural perspective to the debate and the plan is really important. The point I picked up is we really need, in this exercise to provide a report to government and then government will then look at the report to formulate actions - it really hits home there has to be a continual reference to cultural input and cultural sensitivities, accepting that this is the big picture, this is a problem across the country. The opening statement was important, and thank you for putting it on the record.

Mr JAMES: It is happening in front of our eyes. Alcohol is destroying our culture more and more every year. Less and less cultural knowledge is passed on due to alcohol.

Madam CHAIR: That is what the first group - the ladies were saying if a person is affected by FASD as an adult, there is the inability to retain the stories or to pass the stories on, so they are starting to break and get lost.

Mr JAMES: It is my age group now that are becoming the senior people and we were affected by alcohol whether we knew it or not I suppose.

Madam CHAIR: And you cannot pass it on.

Mr WOOD: I spent a fair time at Daly River and a lot of the young people died very early. They lost a generation between the old and the next generation - they are not there - very few of them. Gary would know not a lot of that age group remain. You have a community to the north of Tennant Creek, the one just past BP, what is the name of it?

Mr JAMES: Mulga Camp.

Mr WOOD: I am not a great fan of the camps anymore, it is like a suburb. Are the people who live there from this area or is a mixed group of people who have come to live in Tennant Creek?

Mr JAMES: A lot of people are coming in due to lack of services on communities. I am not too sure how the schools are going, whether the schools are closing down on communities. I heard before they are looking at closing down secondary schools and bringing kids into town. That brings families in and all these extra people and in some houses we have up to 37 people. You have three or four generations living in one house.

Nadi would know. How many people do you reckon come in from out bush live in our communities?

A WITNESS: Now nearly every place is full. (Inaudible) Borroloola right around.

Mr WOOD: Yes, that is what I was asking. It is not just Warumungu people?

Mr JAMES: Ayuwatta.

Mr WOOD: You are attracting people from …

Mr JAMES: Borroloola, Elliott and Ali Curung. Ali Curung and Tennant Creek were always pretty close together, but Borroloola mob are coming in and staying here for years in some cases.

Mr WOOD: Does that create any tensions or is the relationship between those groups always been pretty good?

Mr JAMES: Depending on how much alcohol is in the community.

Mr WOOD: If it was not for alcohol in general, culturally do they get on or is there a historical divide?

Mr GRANT: When there is no alcohol they get on really well, but when it comes to alcohol they are always fighting and they go back to your place, you know.

Mr JAMES: Or digging up old stuff, hey?

Mr GRANT: Yes.

Mr JAMES: I remember we had a forum – Julalikari ran it. It was over internal bickering. We got both the groups in to find out that, in the end, it was something that happened 10 years ago. The group that was actually fighting did not even remember that. So, it gets carried on family to kids, to kids. Then, the telephone does not help. The kids are always on that phone and that starts a few ...

Mr WOOD: So, social media starts to come in?

Mr JAMES: It is really big on the communities here.

Mr WOOD: Facebook-type conversations?

Mr JAMES: Yes.

Madam CHAIR: Texting …

Mr GRANT: Wouldn't you say and agree?

Madam CHAIR: Richard, get you friend to come up and sit up here.

Mr GRANT: You want to sit up here, Doug?

Mr JAMES: He lives on one of those living areas so he can speak of firsthand experience.

A WITNESS: I just work on night patrol, and we see a lot of things happen every night, like kids hanging around town. Even when I was a kid, we had basketball, football - we had the whole lot. We even had CWA for like kids to go. They had trampolines and things like that. Now, kids have got nothing. So, all the kids got nothing, and the kids we pick up at night – now, we are not allowed to pick them up because the government said you have to be 16, 17, to get picked up.

Mr JAMES: That is an ongoing issue with Nigel's office in regard to picking up children. We fear that children really cannot give consent. If we know them, we try to do it, or we try to identify an older child to then be able to cover our backs. But, the biggest fear for us is we know there is a lack of housing, and half the reason the kids are on the streets is because it is safer. When it comes to night patrol being - I say being lumbered with the issue of picking up kids off the street at night, we deal with the intoxicated, the antisocial, and we drop them off to a house. Then, we are expected to drop the kids off at that same place. That is where we really fear for our safety because, if anything happens to those children in a so-called safe place or their home, it will come back to night patrol. It always does. It is mainly because of our cultural ties, as well as just our jobs.

That is one issue we are still dealing with - Nigel. We were hoping that he would - I suppose Pat will talk a bit more about that - send a task force in to have a look at dealing with the

children. You have the truancy officers, you the yellow shirts, you have all these other people who are funded to look after children and, then all of a sudden, night patrol, which deals with the antisocial and all the nasty stuff in our community, is also being lumbered with that.

We deal with up to 500 kids per quarter. But, they are usually accompanied kids. That is what we are trying to say; we do pick up kids, but it is not - for us, if we see a whole group of kids that cannot give consent, for one, our strategy is to just call the police because they are the authorised officers, not us.

Madam CHAIR: So, Richard, did you say if the child is over 16 you cannot move in and pick them up?

Mr JAMES: Under 16.

Madam CHAIR: You can.

Mr JAMES: A kid under 16 legally cannot give you consent …

A WITNESS: We cannot pick them up.

Mr JAMES: We dug up some a court finding where Northern Territory police officers were charged in regard to picking up children.

Madam CHAIR: That is ironic because you are trying to actually help the younger ones.

Mr JAMES: Yes, but there were a few circumstances in it. You pick one kid out of three. If you thought that kid was in a distressed or dangerous position, you should have taken the whole three of them, I think the argument was.

Madam CHAIR: Yes.

Mr JAMES: They just picked one out and took him home, then got slapped on the wrist for it because they left the other two kids there. If they deemed that child in danger ...

Madam CHAIR: Then the others would have been as well.

Mr JAMES: Yes. I am not too sure. Our fear was that, yes, children under 16 cannot give consent, but you could say it is a grey area, and so the Attorney-General – it is not the Attorney-General anymore, it is the Prime Minister's department – for me it was imposed, because I have been dealing with night patrol, for the last five years. I rolled it out for the shire and in that process, doing an operational plan – not the operational plan, the framework - we were consulted on all that, so there was – you had Kalano, Darwin, Alice Springs and Tennant Creek talking to the Attorney-General's office together. This time it was, 'Sign here' or, 'See you later', basically. It was this whole heap and other - with the children that we took - not offence, because we understand - we feel guilty about it all the time, but I do not think we are the right vehicle for it, is what we are saying.

They really do want to deal with the children on the streets. Maybe the yellow shirts should be – hours should be extended so they are working until nine or ten o'clock.

Madam CHAIR: Who are the yellow shirts?

Mr JAMES: Truancy officers? I am not too sure.

Mr McCARTHY: The new truancy teams.

Madam CHAIR: Yes, that is right.

Mr McCARTHY: They are federal government funded.

Madam CHAIR: Yes, they wear yellow shirts. Yes, that is right.

Mr JAMES: Yes, and they knock off at three and the kids are out till nine, 10, but then again we can pick out the difference between the kids. We know our children. They are the ones walking around with the footies, walk down the street having a stickybeak and they are walking home by nine o'clock. The other kids that are coming in from the outside communities, they are the ones that do not have anywhere to stay. They are the ones that are walking the street most nights and we do not know them; another myth is that night patrol knows everybody, but we do not.

Mr GRANT: If everyone coming in from bush, we do not really know everyone in town.

Mr JAMES: Yes.

Mr GRANT: That is everyone says, 'Night patrol know everyone.'

Mr JAMES: No.

Mr GRANT: And I have been with night patrol around eight years. I used to volunteer when I was 12 years old with my father, and it was good then, but now everything has changed. It has got nothing for kids, so they hang around the street all night.

Madam CHAIR: Is there the prevalence of marijuana or drugs with the teenage children?

Mr GRANT: Yes, they are drinking and smoking and petrol sniffing.

Mr JAMES: But then the methamphetamines too are getting about.

Madam CHAIR: Sneaking in.

Mr JAMES: Yes.

Mr WOOD: That was mentioned in Katherine.

Madam CHAIR: Ice.

Mr JAMES: And that is scary stuff. On top of this stuff here, I am not too sure where our kids would go.

Mr GRANT: My nephew found one like that, it was ice or something and took it to the police station. He found it right outside the bus stop.

Madam CHAIR: Yes, so it is here.

Mr JAMES: It is in our town.

Mr GRANT: So it is in our town.

Mr WOOD: Can I just ask you about the sporting facilities. I was talking with Gerry before, once upon a time Tennant Creek was I think the Territory's …

Madam CHAIR: Sporting hub.

Mr WOOD: Yes, the sporting hub of the Territory.

Mr JAMES: I think we used to have more – I think more Australian jumpers have come out of this town than in any of the other towns.

Madam CHAIR: Yes.

Mr WOOD: Yes. It was famous for the go-karts and …

Mr JAMES: Well, baseball.

Mr WOOD: … baseball, yes, that is right, and you have still got the facilities there. So what is not enabling that to be picking up these kids? Which end of it is not working?

Mr JAMES: When it look at it - I think it boils down to this stuff - where alcohol has taken up a lot more time and space of other individuals rather than back in the days when those things were happening and there was a lot more community involvement. But alcohol does crush it, it crushes any of that community involvement because there is – I do not know, like I say, Aboriginal people, we are in a consistent state of sorrow. It is one death after another and even for me sometimes, when I am not even connected straight up, you do feel for that family, you do feel for that old person and it affects us all every day and that is why a lot of people drink, drown out what they cannot ..

Madam CHAIR: Process.

Mr JAMES: No so much process, but what they cannot move forward on. I have always gone on about the homelands as my grandfather's movement. It was a movement set up not to fail, but over the years royalty money that was identified to go with communities is now being directed and spent on other things, maybe on larger communities and stuff like that. I know that ABA has funded the dog program – the AMRRIC guys - and to me that is a core service of the NT government – dogs - not to destroy them but to deal with them.

That is all done to the detriment of establishing and maintaining homelands. Homelands is what we are failing to look at or failing to address because that is our connection to our land, our culture, lack of alcohol - all those things happen out there. While our kids are walking around here chasing grog they are not out there sitting down with the old fella trying to help him put up the fence, put up the shed, whatever it takes on the community. I can speak because I have my own community. It takes probably a week's build up to get my own bloody brothers and sisters there to give me a hand, let alone an old man asking nicely. I have been with the shire for two years and out there all I found was old men sitting in their communities with no young fellas because they are all in town. There is nothing to keep them there.

Part of the gaol was one our strategies to get our kids back on to country. At the moment it is cutting grass for Barkly shire, which I disagree with. Gaol, to me, should be out - those men and women should be back out on community sustaining life out there. It is a good lifestyle, a healthy lifestyle, and that is where we need to go especially us dealing with our issues.

Mr WOOD: I agree. My wife's family has an outstation on the mouth of the Daly River and when my children and nieces and nephews go there for school holidays - they come back much better people. I do not think it is just for Aboriginal people. A lot of people in our society would call it a retreat, where we need time and space and I would call it fresh air and blue sky as well. Sometimes the cities are not only a problem for Indigenous people, they can be a problem for a lot of people with the rush and everything has to be done today and everything is important. It is not just Aboriginal people having that need; a lot of people need that space.

Mr JAMES: Yes, and that has always been our secret. We have always known country is good for you.

Madam CHAIR: That is right.

Mr WOOD: Or going bush.

Madam CHAIR: Thank you Richard and David, I appreciate you taking the time.

The committee suspended.

JULALIKARI COUNCIL ABORIGINAL CORPORATION

Madam CHAIR: Welcome back Richard and David. I will not go through all that other preamble because we have done it but as you know it is a formal proceeding of the committee and if you want anything in private we can do that. So for the record for Julalikari, can you state the capacity you are appearing in today just for the record?

Mr JAMES My name is Richard James and I am accompanied by David Grant. We are both directors of Julalikari Council and employees as well.

Madam CHAIR: Okay, so with the work that you do in your organisation, have you got a health component?

Mr JAMES: No**,** Julalikari's main stuff is training, housing, construction I suppose, based around housing and training. It is mainly to encourage focus. I think we have homelands, that is the other part that Julalikari takes care of. Night patrol - …

Madam CHAIR: Yes, we will come back to the night patrol.

Mr JAMES: Yes, so health we usually leave to Anyinginyi. We try not to - we have been shedding stuff over the last 10 years to say, 'That is your responsibility, that is your responsibility'. Because in the past Julalikari was - if it was an Indigenous issue, it usually came to us, where in fact if it is a community issue, the community needs to be responsible, not just Julalikari all the time.

Madam CHAIR: So how many people would you employ?

Mr JAMES: I would say we have 120 odd.

Madam CHAIR: Oh, so a big employer. Would you think some of your employees would be FASD affected do you think, knowing the bit that you know, knowing as much as probably what we know about how it affects people.

Mr JAMES: As I said, I think a lot of us have questioned ourselves, but speaking from experience is all we can do and we can see it in our families and our kids.

Madam CHAIR: Okay, Gerry?

Mr WOOD: Just a general question, how do you fit in with the council? Do you do some of Council's hard work?

Mr JAMES: Julalikari Council?

Mr WOOD: Yes.

Mr JAMES: Well, I am employed by them to manage the night patrol.

Mr WOOD: And the Barkly council, how do you fit in with them?

Mr JAMES: The Barkly shire? We count them to look after core services on community and in town as well. I am not too sure. I think there needs to be a bit more working together but we do not have a lot to do with them really, do we?

Mr GRANT: No, we try to just get them in for football and that because there are a lot of outstations coming in for football, the night patrol fellows.

Mr JAMES: But on an executive level I think they have a lot of work to do. We are working on resetting the relationship. Some money was put aside to get organisations to start getting rid of their personality problems and start working on the issues.

Mr WOOD: A few years ago I was coming down on a reasonably regular basis. I have not been down for a little while, but I remember there was an overlap of services or friction. I do not know whether it was friction, but it seemed some people were doing work you might think the council should have been or vice versa.

Mr JAMES: When it comes to that I think sport and rec is the big thing. We had to not so much palm it off but say, 'Hey, you are not part of that. That is Anyinginyi and the shire. You guys need to sort that out and look after Perkins Reserve and the facilities.' For us it is about housing, accommodating our young fellows and our young girls, jobs and training.

One thing Patta and Julalikari are working on is accommodation set up for people who want to train and they can look after themselves within the facility. That is supported accommodation with a kitchen everybody uses and everyone has individual rooms. Through the consent determination one thing we got was compensation - parcels of land within the

township and that is one of the parcels of land we have had released from Northern Territory government to have an agreement with Julalikari to build the education accommodation facility behind Nukaninu – the block there.

That is the first thing we have worked together on. Hopefully for us it is about using our lands because we have more than just one parcel. It is about setting up the things our kids can carry on with but we have not got that far yet.

Patta is still struggling just to keep a quorum. This is the first year we have been consistent. With the shire, I did not have a lot to do with Tennant Creek; I was always out bush. I ended up being a director at the shire for two years and it took me away from town. I think the other members struggled. Coming back I could keep some consistency and chase my other directors to have a meeting and get our resolutions through. The main one we pushed through was the accommodation centre for kids to do extra training. I do not think it is for the school kids, I think it is based after school. When they leave school they have somewhere to call home and concentrate on what they want to do.

Mr WOOD: Job wise, what is their future?

Mr JAMES: I do not like Tony Abbott's chance of getting 40 jobs - that is ridiculous. If he can identify 40 jobs out here I would be all for it. Even when it comes to the mining companies we might negotiate 8% Indigenous employment. That is just signed and then forgotten about. No one holds them to that. It happened in the past where they said, 'Yes, we have an Indigenous employment agreement', and if look there you might see one.

Mr WOOD: I know this would be taking young people away from Tennant Creek, but the big developments are in Darwin with INPEX, the abattoir and possibly future gas projects. Have companies like INPEX or AACo come to these areas – a lot of fly-in fly-out is interstate not necessarily the Territory - but have any of those companies come here and offered opportunities for people in the community to work there?

Mr JAMES: Not at a board level.

Mr WOOD: One of the things I see is if you have the top area exploding, from an economic point of view. High wages - people getting good pay. Then there are other parts of the Territory where there is high unemployment and people are not sharing that wealth. I hoped there would be opportunities for people in other parts of the Territory to share in that wealth, but you say no one has come here to look at pathways for young people to share in that employment?

Mr GRANT: Not at a board level. We have not had anyone come in and talk to us.

Mr McCARTHY: If I could jump in there. I negotiated an agreement through Paul Henderson with the Larrakia, and we were heading down that road to get kids from across the Territory involved in the big end of town. There was Kormilda College. Down the hill was the brand spanking new Larrakia Trade Training Centre. Then, you had the opportunities to work with the best boilermakers in the world.

You had a 3500-bed worker village, and it is still all there. But, to put it into perspective for Gerry as a visitor, we have a mine 100 km up the road here it is called Bootu Creek - OM Manganese. When Bootu Creek set up in agreement with the traditional owners, they said, 'We want 30% of our workforce from Tennant Creek'. That is 100 km up the road. How many locals do you reckon work at Bootu Creek?

Mr JAMES: Do you know anyone that works at Bootu?

Mr GRANT: I just know one, Simon. I think a couple of them doing training now I think go out there.

Mr McCARTHY: They send a bus down. That was a project that started off. When I got involved as a member of parliament, I started to talk at OM Manganese, like I talk to all these big places, about putting the focus back on to the schools and the career counsellors, and getting partnerships with 16, 17 and 18-year-olds …

Mr JAMES: They are the kids we need to focus on.

Mr McCARTHY: … to grow your workforce. I was working with alternative programs in education before I got into this job. It took about five years, then OM Manganese finally changed their MO, and they have developed closer relationships with the school here, and they have been trying to foster apprenticeships. So, we do not have to go INPEX, we already have that opportunity.

Richard summed up a very good point there when we were talking about sport and recreation and community involvement. We are continually crushed by substance abuse issues that have the habit of knocking out all the potential. What I say to the young people is these jobs - whether it be INPEX or Bootu Creek – the first thing you do, is you blow in a bag and you pee in a bottle. If you cannot pass either of those, you are not on the blocks to start. It is now quite alarming that I have ex-students who will come to me and say, 'Let us be real,

I am not going to pass the test so, therefore, I am not going to go for that line of employment'. That cycle has started. That is a bit of a reality story there.

Mr WOOD: Yes. I understand it is not simple, but we just hope the opportunities are there.

Mr JAMES: Yes, but I read somewhere that 45% of the Northern Territory economy comes off Aboriginal land. It just does not get shared back down here. We have always been the poor cousin, Tennant Creek, even though, I believe, some of the most innovative ideas come out of this town. Yet, we still are the poor cousin. I do not think we are labelled the remote service delivery site. Tennant Creek missed out on that. There was another title they had - I am not too sure what it was - but it was about remote service delivery. Tennant Creek, in the end, missed out on all that. So, the resources or the money that came with that title did not come here as well.

To me, some of that money needs to be reinvested into here. I have always believed that our land trusts are one of our ways of getting out of the cycle by having a large-scale project where we are fencing the places off, gridded up into paddocks with bores. Then, they are ready to rent. That is our background - cattle, country and all that sort of stuff. Mining, I do not know. It is a young fellow's game. I am not going to say that it is …

Mr McCARTHY: Richard, this morning we heard anecdotes of the incredible initiatives that have related to Julalikari and Tennant Creek over quite a few years. They talked about the grog wars, the Thirsty Thursday initiative, the first night patrol in Australia. Those sort of initiatives were emerging to deal with community issues. Then, it was stated that we need something new because with FASD - as one of the really radical outcomes from all the substance misuse we are seeing we need something new. Is Julalikari talking about that possible new initiative or something new you can present to government to make another milestone and, in a national sense, what you deserve credit for? You have some big runs on the board; is there something coming?

Mr JAMES: What we are trying to do at the moment is get our fair share of the cake as it today, including Prospect (inaudible) and just trying to re-establish what we have already started. Yes, in the future, that is something we could probably talk about as board members down the track. We know we need to do something, but how far out of our comfort zone do we need to go and who will support that move is where – and that is why I go on about 45% of the economy.

Madam CHAIR: Your board could look at - Western Australia was pushed because of a particular member – clearly someone had the balance of power in the state government, but in Western Australia they have the Royalties for Regions program where a percentage of the royalties from any mining - classically they go into Treasury - consolidated revenue - but they

negotiated a deal there and it had to be under legislation where a percentage of the royalties generated in that community/town went back to that town for social infrastructure, educational infrastructure or whatever.

We have talked about it in the Territory, but none of us have really pushed for it. You are quite correct because the bulk of the major mining projects in the Territory are on Aboriginal land under the Land Rights Act. I do not think (inaudible) is.

Mr WOOD: We do not know where the royalties are.

Mr JAMES: Well, that is the turmoil going on in the CLC at the moment.

Madam CHAIR: The royalties go to the NT government …

Mr JAMES: They are cushioning themselves too, which is I think – I love the debate, let us see that happen. When I look at it from where I sit in Julalikari, that is where the money is or access to the dollars …

Madam CHAIR: It is.

Mr JAMES: … to develop land and country.

Mr WOOD: Some companies do not pay royalties.

Madam CHAIR: Because they do not make a profit.

Mr JAMES: Yes, royalty is only a percentage of the profit.

Madam CHAIR: Yes. Profit …

Mr JAMES: See, the other thing that needs to be looked at is why Aboriginal people are not signing the bottom line with a 50/50 partnership. You go broke, we go broke. You get good returns, we get good returns. That stuff needs to happen and that is the fair go.

Madam CHAIR: Your board might want to look at the Western Australian example because it has – it was not popular at the time with the state government because they wanted to take all the royalties for the state government, but it has yielded dividends.

Mr WOOD: How unusual.

Madam CHAIR: Unusual for governments, but …

Mr JAMES: This is it. Briefly sitting with Maurie the other day, they are the things he is saying. 'Why are we sitting out here, why are our kids running to town and why are our communities not flourishing?' We have got all this stuff going on and nothing is coming home.

I remember an old fellow I was watching who came from the Pit lands area, he was one of the founding fathers there and he said, 'I look around today and see land councils, the government and I see that. I can see clearly now, but I do not know where I stand.' That sums it all up.

Madam CHAIR: There was a suggestion – just to change track a little – at the forum last night that the royalties from whichever projects, companies or activity come in certain times of the year. I think it was April/May and then November/September - twice yearly - and there was …

Mr JAMES: You know more than me.

Madam CHAIR: There was a suggestion that because the bulk of the money comes in at one hit it creates spikes in alcohol consumption and spikes in problems. Perhaps there could be some discussions with the land councils to flatten out the royalty payments so you are not getting a big pot of money …

Mr JAMES: I believe ORIC should be on – distribution day should be on site. How they run that I think is a sham and I am a traditional owner who receives – I do not receive it personally because I do not think – for me it is my elders I take care of or my community gets the money first. It is never in my pocket and that is the stance I have always had. However, you are always up against it because it is like feeding the chickens and everyone is having their piece of the pie. It should not be like that. ORIC should be there to say, 'That step is done, this step needs to be done'. I think the department that looks after the corporations and the payouts really does us an injustice.

Mr WOOD: Ask my wife about royalties and she will say the same thing. Some people are winners and a lot of people are losers.

Mr JAMES: To me it is the young fellas doing all the drinking that are winning because they can stand over the old people.

Mr WOOD: Women sometimes do not get the royalties – if you are from that line and money does not go to the community, it goes to a new Toyota instead of the benefit of everybody. We cannot handle that here, but the issue of how royalties are paid out for the benefit of the bigger community needs to be looked at.

Mr JAMES: Most definitely, and the white Toyota - for me transport is always part of a community and it is part and parcel. A lot of people have issues about white Toyotas and stuff, but in every community transport is part of it, especially for us out bush. I can remember the ABA buying LandCruisers and everyone got their back up about it but that was our obligation - our money and our obligation to our community. Sure they drove them into the ground, but you do not have a community if you do not have transport.

Mr WOOD: I know money goes to waste. It would go into grog, gambling or something else. I am not saying they did not need transport, but some of that money was frittered away

Mr JAMES: Most definitely. After a royalty payment here our streets are littered with broken toys.

Mr GRANT: Like the land council they should be helping, like opening up an account. I asked if I could open up an account and half of the royalty go in there. That way it will go straight back to my outstation but it never happened. Now I do not get picked up or sent letters because I am trouble to the land council. I do not get letters anymore. Everyone else gets them and everyone else gets the money, but me and my nephew live out there and go out every weekend - my nephew lives out there but I will get the money for the place and everyone else living in town gets it. If you talk to the land council, that is what they say. I do not even get a letter from that place.

Mr JAMES: That is what I am saying. It boils down to how the corporation is dealt with on the day. Instead of this cowboy style it should be run by or monitored by ORIC so steps take place. When one committee is disbanded the new one has an opportunity to be voted on rather than asking if everyone agreed with last year's mob? A tick yes, and you say, 'No, I wanted to be on it'. That type of thing really bothers me - the corporation side of that is run like a cowboy show. It needs to be clamped down on and money has to stop being put into

people's pockets because then the whole community suffers because of the alcohol that can be purchased through it.

Madam CHAIR: Can I ask some questions about your night patrol? Obviously it has been around for a long time. What was the original intent? Was it to care for people in trouble at night or just to make sure everyone was at the right place, or was it to pick up young people in trouble?

Mr GRANT: The old people put it because family was getting into trouble, sleeping everywhere and no one helping them - they get run over. The old people put it on. When the night patrol first started they used to walk everywhere and help people home. They use to walk around with a torch and a couple of years later they got a bus I think it was …

Mr JAMES: Was it Poseidon that bought it? A mining company or something.

Mr GRANT: That was the tray back wasn't it?

Mr JAMES: Yes, before my time I think I was still at Romano then.

Mr GRANT: Yes, but in the 1990s I think we started getting paid CDEP. It started with all the old people - everyone was getting drunk and sleeping everywhere. So, it was just safety (inaudible).

Madam CHAIR: Are there issues if the Night Patrol person is a man dealing with a woman, or a night patrol woman dealing with a man? Are there those issues or do you have men's ones or ladies ones?

Mr JAMES: We have multi-gender teams.

Madam CHAIR: Okay.

Mr JAMES: We did run a full girls team and a full boys team but, in the end, it just loaded up one team than the other. In the end, we just put two boys and two girls. They travel together so, if there are ladies to be dealt with, the women do that, and if there are men, the men can deal with it. But it is a thankless job and we are always struggling for staff.

Mr WOOD: What other areas do you cover? Do you have childcare?

Mr JAMES: I think Julalikari has a play group. It is a play group, not a childcare.

Mr WOOD: I am just wondering whether they see any children in those play groups that might have FASD or other issues?

Mr JAMES: That is another department of ours that is run down in front of Mulberry Camp there. Sherry runs that, so we really could not tell you.

Mr WOOD: Do they look after many children, do you know?

Mr JAMES: Yes I think so. Aunty Mary is down there now, hey? She has been there for a while. Aunty Mary is the carer of the year, that old lady just never stops.

Mr GRANT: She is still doing it now, looking after little ones.

Mr JAMES: She goes down here and looks after kids, then goes home and looks after her grandkids.

Mr WOOD: How long has that program been going for? As long as Aunty Mary?

Mr JAMES: No. Playgroup probably 10 years.

Mr GRANT: Something like that. I am not too sure.

Mr JAMES: We work at night - sleep all day and work at night. But it is mainly the distress, the inebriated. If you are passed out on the road, you are usually priority. The distressed women and children - for us, the guy coming out of the pub at 12 o'clock at night yelling out night patrol - we would rather he walked home because, by that time, he would have sobered up a bit.

It is still our duty of care to make sure you do get home safe. Even though we are trying to change behaviours because, in the past, the police rang us up at midnight or one o'clock and say, 'Can you come down here and get all these people away from the pub?' Why? It is not my issue. I did not feed them alcohol. Where is the courtesy bus? If you have problems with that fellow falling out of the pub, lock him up. Why should it be put down to our team an hour before knock off to go and do the pub run?

Madam CHAIR: Their taxi.

Mr JAMES: Yes, and that is where the behaviour has put us. We are trying to change it now. That is what I say to my guys, 'One power you do have is your discretion. If you can read that that person is okay to walk home, make him walk home. If you have women and children walking home, they are our priority. The people who have passed out in the street, they are our priority'. The people walking out of the pub at one o'clock in the morning we really do not feel it is our responsibility. But, we cater for it.

Mr GRANT: Now, they got to the police station and hit the button there.

Mr WOOD: There is that pressure to be a taxi service?

Mr JAMES: Yes, it is consistent.

Mr GRANT: Yes, every night.

Mr WOOD: If they know the people driving the night patrol - a cousin with all his groceries to take home – is there sort of pressure all the time?

Mr JAMES: We do not mind taking home people's food and stuff. I think the Katherine guys do that too, the supermarket run. At the end of the day at five o'clock they are there if you want to go home back to Kalano. That is reasonable.

I do not say we do it every day. It is one of our priorities, but women and children, we always pull up and ask them if they want a lift home. Like I say, our kids and our mob usually are quite happy to walk home. It is just the guys coming out of the pub, and all they are here for is their charge-up. We watch them at the bus depot. During the day, they are all piling up, waiting for two o'clock. Two o'clock comes along, and they are gone. Then, they are back out. Just before the bottle shop shuts again, they are back in to get their second round of supplies. Then, when it comes to midnight, it is on, especially on Thursdays and Fridays. Well, actually it was getting busy all week – wasn't it? - there for a while?

Mr GRANT: Especially with the football starting, it will get more busy because everyone who comes in for the football and that, do not go back. Most of them stay here …

Madam CHAIR: Stay in.

Mr GRANT: … all through it makes it worse for us.

Mr WOOD: What do you think of the idea mentioned before about one day no sales?

Mr JAMES: That has been the dream of our old people and that is Thirsty Thursday. I support anything that went on back there because it was closer to what our old people wanted. Today we are so polluted by everything.

Mr WOOD: I think they were talking about a Sunday - going back to that day of no sale.

Mr JAMES: Thirsty Thursday for us. Thirsty Thursday came about so the old ladies and the old men could spend their pension on food. People say that will not work because Centrelink allows you - what would happen if you went back to Thirsty Thursday is the old people would go back to Thursday.

Mr GRANT: Yes, they would like that.

Mr JAMES: That is the day they get their money where there is no alcohol and they can do their shopping. It will provide that opportunity.

Mr GRANT: That is how it was when they had Thirsty Thursday. You would see all the old people all walking to town and doing their shopping - everyone sober. Everyone with a car always go to Three Ways or Renner Springs or somewhere like that. Yes, it was good because you go to the shop and the old people do their shopping. That is when everyone would get money on Thursday.

Mr JAMES: It did not quite get to the point the old people wanted of no alcohol sales. In the end you could still go to clubs and stuff like that.

Madam CHAIR: Yes, it was just takeaway, wasn't it?

Mr JAMES: Yes, it was just takeaway. Publicans can go on about costing us money and all that sort of stuff, but in the end it does not matter. All the profits in the whole of Australia will not cover the health bill in the next 20 years. Our health bill will surpass any profit any liquor accord can put together.

Mr WOOD: I sat at those hearings. I was here when John Maley was the Liquor Commissioner and had the hearing at the old court house. The licensees were complaining about loss of revenue.

Mr JAMES: Yes, well they had better go somewhere else that is what I say.

Mr WOOD: It did come in then.

Madam CHAIR: That is their job. I am conscious of the time. Thank you again for sharing your thoughts with us.

Mr JAMES: You are busy people.

Madam CHAIR: Yes, and it is much appreciated. Thank you, Richard, thank you, David.

The committee suspended.

CENTRAL AUSTRALIAN HEALTH SERVICES

TENNANT CREEK HOSPITAL

TENNANT CREEK COMMUNITY HEALTH CENTRE

Madam CHAIR: Thank you for appearing before the committee which is inquiring into action to prevent Foetal Alcohol Spectrum Disorder. I appreciate you taking the time today to talk with us. This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee apply. A transcript will be made for use of the committee and may be put on the committee's website. If at any time you feel something should be said in private we can have a private session and share your evidence that way.

For the record, can you state your name and the capacity in which you are appearing today.

Ms HALLETT: My name is Anne Hallett. I thank you for the opportunity to appear before the select committee on action to prevent foetal alcohol spectrum disorder. I am a midwifery

group practice midwife in Tennant Creek. The aim of midwifery group practice is to provide midwifery-led continuity of care by a known midwife to the women of the Barkly region. This care model is considered appropriate to the socially and economically disadvantaged groups, including the world's first nations people. It is a partnership approach which involves the Department of Health and our Aboriginal medical service, Anyinginyi Aboriginal Health Corporation.

Madam CHAIR: Who wants to start?

Mr WOOD: I was just going to ask about that partnership. Anyinginyi has their own midwife?

Ms HALLETT: Anyinginyi pays my salary and we work as a partnership.

Mr WOOD: So, you are the midwife for Anyinginyi. Are there midwives for Central Australian Health Services? How many midwives in Tennant Creek?

Ms HALLETT: There are two currently practicing in Tennant Creek in the midwifery group practice.

Madam CHAIR: Two of you?

Ms HALLETT: Yes.

Mr WOOD: Who does the other one work for?

Ms HALLETT: She is salaried by the Department of Health.

Madam CHAIR: Based at the hospital?

Ms HALLETT: Yes. Maybe if I read?

Madam CHAIR: Do please. Sorry.

Ms HALLETT: It may make things a bit clearer.

Mr WOOD: So we can get an understanding.

Ms HALLETT: The background: the maternity service in the community of Tennant Creek has struggled with capacity for some years. The lack of ability to meet culturally appropriate maternity care is a complex social and cultural matter for the women of Tennant Creek. This is well documented in the grey literature.

To provide culturally appropriate maternity care women need access to a fully, informed, inter-professional healthcare team who are clinically and culturally competent. Recently, a partnership between the Department of Health and Anyinginyi Health Aboriginal Corporation was formed with the aim to build capacity in the field of maternity care. This is a work in progress.

The attention demanded by emerging knowledge regarding the incidence of foetal alcohol spectrum disorder in the community of Tennant Creek is becoming an oppressing social and political matter. Reducing the social disparities which affect the health and disability of the individual begins with a public health approach.

The social determinants of health include adequate housing and food security, decent employment and working conditions, and clean and running water and sanitation. Improving the social determinants of health requires political will, but also the cooperation of the whole community.

Child survival, particularly those with FASD depends on government action and improving the living conditions in which people are born, live, work, and play.

Literature from the Inuit communities in Canada suggests that a birthing on country model with locally-trained midwives is associated with a positive effect with the Inuit people. This emerging evidence also suggests reductions in domestic violence and alcohol consumption.

In a recent discussion with a consultant to the Australian health ministers around birthing on country models, the consultant suggests a submission of the following articles to the Senate. The first article is on country maternity service delivery models, a review of the literature - which is that one. The second article is birthing on country workshop report Alice Springs. Please note I am handing the articles to the Senate for anyone who would like to read them.

Recent evidence from the Cochrane review suggests that when women receive maternity-led continuity of care by a known midwife, there are positive outcomes for women and the infants.

The above birthing on country article provides evolving evidence about the reduction of alcohol and domestic violence that is associated with maternity-led continuity of care and birthing on country.

One important effect with the evidence emerging is that there is also an incidence in the reduction of preterm birth, which is 20% less likely. So, if you get 100 women, if they have access to a known midwife, 23 of those women will not give birth prematurely, which is really important in a community like Tennant Creek because they are not displaced off country. When you look at healthcare costs, they reduce each day a baby is not in a special care nursery, therefore, savings will be made when this model is adequately resourced.

Looking at the history which you were just asking about - at present, Tennant Creek has the capacity to provide Level 1 maternity service, which is antenatal and postnatal care. In reality, this midwifery group practice is providing a Level 2 birthing service, which adds low-risk labour care and birthing. However, a significant amount of this birthing care in Tennant Creek is for women who are high risk, which requires immediate transfer to a regional facility.

This maternity service is grossly under-resourced due to the lack of a capacity which is associated with midwives carrying above the recommended caseload of women with complex healthcare needs. When the caseload of women has complex healthcare issues, the recommended number for the caseload is 30. Currently, it is projected that each midwife will look after a caseload of 65 women and their infants this year. The current number of the caseload of women and their infants risks burnout in the healthcare professionals providing this maternity care.

The second challenge is the inability to access timely transfer to the regional facility. This is due to the competing priorities for the RFDS service, which has led to the delay of transport for four women in labour who were high risk since February this year.

Bringing it back to the committee and the FASD topic, addressing alcohol use in pregnancy which results in foetal alcohol spectrum disorder becomes a secondary pursuit rather than a primary activity for the midwives currently working here. To build the ability to make this a primary suite of the midwifery group practice requires adequate resources. Healthy-seeking behaviour increases with pregnancy and the midwifery group practice is the point of entry. All the other agencies in town are referring to the practice. The Anyinginyi health organisation will refer someone who is pregnant to us. The GP clinic is the other place where women and clients come from, and the incidental findings in pregnancy in ED, when someone presents with something else and it is sort of found, refer right in to that midwifery group practice.

That puts the service in a prime position to promote health to women. This includes the reduction of the use of alcohol not only while pregnant. There is no one magic solution when addressing the socially complex matter of foetal alcohol spectrum disorder. However, an adequately resourced midwifery group practice with a projected budget of $1.3m per year and $330 000 in set up costs would be considered appropriate. This maternity service would include four Strong Women workers and the ability of midwifery group practice midwives to train local midwives, plus two extra midwives.

The redesigning of maternity services is shown to lower the cost of delivery of maternity care, and a service designed and delivered for Indigenous women, encompassing some or all of the following elements, is essential. It will be community based and governed, it will allow for incorporation of traditional practice, involve connection with land and country, incorporate a holistic definition of health, it will value Indigenous and non-Indigenous ways of knowing and learning, it will provide risk assessment and service delivery, it will be culturally competent and it will be developed by or with Indigenous peoples.

Currently the midwifery service in Tennant Creek has two midwives and one Aboriginal health professional. One midwife position, as stated before, is supported by the Aboriginal medical service Anyinginyi Health Aboriginal Corporation and the other two positions come within the Department of Health. The midwifery group practice is grossly under-resourced and under budget to cope with the caseload of women with complex presentations who present for antenatal birthing and postnatal care.

My recommendations would be that the political will to address foetal alcohol spectrum disorder include the provision of adequate maternity care service which can follow a woman's journey across the interface of the healthcare system. This includes a primary healthcare approach in which health promotion activities are a large component. That would be educating women about the effect of alcohol on the foetal brain particularly. It also includes secondary and tertiary services when the need for accessing this level of maternity care occurs and, importantly, timely transfer of women and their healthcare needs.

I thank the committee for the opportunity to present, and I look forward to hearing the outcomes and wish you well with your inquiry. I hope that gives a brief overview of where we sit in Tennant Creek.

Madam CHAIR: Thank you. That was a very comprehensive opening statement.

How many babies would be born a year at Tennant Creek Hospital?

Ms HALLETT: With the midwifery group practice now building capacity the uptake of people choosing to birth on country is increasing. Typically, 10 to 15. We have a policy that women do not birth in Tennant Creek.

Madam CHAIR: Okay.

Ms HALLETT: The policy is they go to Alice Springs and sit down once they get to about 38 weeks or they go to Katherine. Women go – it is such a melting pot. We have women birthing in Sydney, Cairns, Adelaide and foetal medicine units all over Australia. It would be 10 per year. This year we have had five so far, but numerous presentations with women in labour who have been transported off to Alice Springs.

Mr WOOD: What do you mean by on country?

Ms HALLETT: Birthing on country is the concept women are not displaced off countryto birth - not removed from their own communities to birth in a community. In this case for Tennant Creek it is usually Alice Springs, 500 km away, for the period of birth.

Mr WOOD: Alice Springs is not country. That is what I am having a bit of …

Ms HALLETT: Correct. Women of this area have wanted birthing in the Barkly to return for a significant period of time.

Madam CHAIR: It is not home birth.

Ms HALLETT: No.

Mr WOOD: No, I did not mean that.

Ms HALLETT: The term is birthing on country.

Madam CHAIR: Gotcha.

Mr WOOD: The facilities are not adequate here - is that what you are saying - or they have been withdrawn?

Ms HALLETT: Yes, they were withdrawn, I think about six years ago, if I …

Madam CHAIR: They were withdrawn. You need certain doctors to be around.

Mr McCARTHY: No, longer than that.

Ms HALLETT: Is it longer than that?

Mr McCARTHY: Yes, a lot longer than that. That is an interesting presentation. As the local member, I have had a lot of pressure since coming into parliament about the re-establishment of birthing services. Did that model incorporate, particularly around that budget figure, the surgical nursing teams, the specialists, the anaesthetists, and all those other medical professionals …

Ms HALLETT: No.

Mr McCARTHY: … that the department told me we have to have? It did not?

Ms HALLETT: That model is based on the Inuit model. The debate and the forum is still out on whether we need those services. What happened on the Inuit communities in Canada that are similar with the whole tyranny of distance was that they brought low-risk birthing back to the country within the Inuit communities, without those services you are referring to. That budget figure is based on the primary healthcare level of low-risk birthing on country. The women in the Inuit communities, if they need surgical intervention, again are transferred out.

Mr McCARTHY: The latest lobby - there is a new emergence of this lobby and I have been dealing with some constituents - is this concept of low-risk birthing. In opposition I still have to deal with this, but in government when I was lobbying the department through the minister's office, and researching this, not only did they tell me I had to have that team, I had to duplicate that team because everybody is on a 24-hour cycle and babies do not tell you when they are coming. So, they doubled the budget, then they crunched me on the numbers and basically said that in the Barkly we were looking at, possibly, 100 births per year. So, the numbers were really difficult. What is the definition of a low-risk birth?

Ms HALLETT: Low-risk birth is where women do not have any other compounding factors medically themselves – so, they are well women - and their pregnancy is moving along without any complications of pregnancy. Raw data looking at the caseload I have, it seems like this year we will have 120, maybe 150, women come through the midwifery group

practice. They are not all Tennant Creek women because of the transient nature of women in and out. Fifty percent of that caseload have co-morbidities which require significant medical specialist intervention, be that by Telehealth or they would still need to …

Madam CHAIR: Go to Alice Springs.

Ms HALLETT: Yes. But, there is 50% that do not.

Mr WOOD: This might be old experience, but my wife is Aboriginal; she had her first daughter in the old Darwin hospital, and there used to be a house nearby, Tambling House. Aboriginal women, especially for their first birth, would stay there. That is similar to what they have now near Darwin hospital. They have an Aboriginal hostel for pregnant women there. Then, the second and third births were done on Bathurst Island by the local sister. They did not have surgery and all those sorts of things. But, nearly always, the first birth was done closer to a hospital.

Are you saying that in the case of Tennant Creek, if you wanted something like that to occur, you would have to have all these extra staff? So, for the first birth in Tennant Creek there has to be more than just a midwife or a GP – there has to be a lot of other back-up services for that to occur?

Ms HALLETT: That is where the debate lies. At the political level - and different healthcare groups have different perspectives because of their role delineation in providing maternity care - is where the conversation gets stalled. Some professional groups would insist that to safely birth on country or in the community of Tennant Creek you would need a surgical service, and that is a reasonable assessment. Other professionals groups would say if the woman is low risk, whether it is her first baby or not – again, that is another issue for debate. What surrounds that is the pelvis and whether babies will fit through. About 95% of babies out of 100 will. Five will not, so do you make decisions based on that kind of statistical knowledge?

That is an entirely different debate. However, what I am trying to do is put the perspective of maternity care in the concept of FASD and alcohol and deal with that. Because women seek healthcare at that time, to adequately resource health promotion - catch up with women - typically women who are consuming alcohol - there is a lot less engagement with our service. We spend a lot of time trying to find women and, unfortunately, the outcomes often - we follow women from pregnancy to six weeks, and that might all go reasonably well. We may have concerns about certain women because not all women disclose their alcohol use. We ask all woman but not all women disclose it. Some women are quite free to disclose it but I am finding - again I do not have the data - is it seems once we discharge them there is a

four-week period of vulnerability, particularly with women who use alcohol or we may suspect use alcohol, where the babies are re-admitted through neglect.

Alcohol intoxication though breast milk - I do not have data on that, just snippets of information because they are technically off our books. To address alcohol use in pregnancy a bigger team is required and it is a prime opportunity to do it.

Mr WOOD: How many doctors are there in Tennant Creek?

Ms HALLETT: In Tennant Creek we have - I do not know the number of doctors, but we have a revolving system where people come up for two to four weeks. It fluctuates constantly within the hospital system. Anyinginyi - I am not sure how they run their medical service, but I know they have a good component of doctors coming though as well and I think some are permanent and some rotate. It is the same with the hospitals. The clinical services director is permanent but he comes up for three days a week. Capacity is building and apparently we are looking better than we were 12 months ago I have been here since February so I do not have a lot of history, but I am told there is a lot more access to medical services. Not all the doctors are obstetrics trained.

Mr WOOD: Who sees the pregnant woman first, the midwife or the doctor?

Ms HALLETT: We do.

Mr WOOD: There has always been a question about -and you answered it – are patients asked if they drink. That is part of your program?

Ms HALLETT: Yes, and we do not always see them first. Sometimes women present in ED, they are intoxicated or they present with abdominal pain, assault or various conditions and a pregnancy test is done and confirmed. Depending on who is on, they will do the first lot of bloods but then it is sifted into the midwifery practice.

Madam CHAIR: I know it is not foetal because the child has been born, but when you reference the child getting intoxicated because they are drinking the alcohol through the mother's breast milk, if that went for a long period could the baby sustain brain injuries as well?

Ms HALLETT: I question that diagnosis and that admission because I have not heard of a baby being intoxicated through breast milk. I have done a little looking and apparently the

levels are similar. I am not really sure of my data so I probably should not comment; however, that was just one of the admissions that came to note and that was …

Madam CHAIR: Their little brain is still forming.

Ms HALLETT: That is right, and you would suspect – again, do we have any data on that stuff? I have not done a literature search for it because I am full up with this, but that is the kind of stuff I would like to be doing rather ...

Mr McCARTHY: What I learnt from you last night at the public forum was a pragmatic recommendation from this committee to government is a more concentrated investment in the maternal health period of the family's life. I put it on the record again this morning and told that story. I want to say to you on the record, at this stage for Tennant Creek I would have to separate out the birthing issues because that is a huge story. As I said, I went through four years of researching and lobbying. Out of that, the department's response was to look at better rotational models out of Alice Springs and more investment in the maternal health for Barkly, for Tennant Creek and Barkly mums.

If I am correct, we would be able to say to this committee that a very sensible and pragmatic investment from government would be into that same maternal phase for the family that would have an impact on the reduction of FASD. Yes?

Ms HALLETT: So, when you want to separate it out, realistically you cannot. But, I recognise the idea because woman do not separate being pregnant and whether they will choose to go into labour and birth here, and we pick up that work.

However, I agree the first starting point for me would be an extra midwife and four Strong Women workers, because without cultural competence and working with Strong Women in this community, someone like me who has a reasonable experience with working cross-culturally, still is really stuck. If our Aboriginal Health Worker is off, she has local knowledge, she knows the women, the women know her, and she is my cultural broker.

If I could get four women, particularly one from each language group, that would be fantastic because then we can start saying, 'This woman has noted to us that she uses alcohol and she is smoking'. Those investments in that primary healthcare and health promotion are what will give you your long-term reduction in healthcare costs, particularly things like smoking leads to premature birth. If people can reduce smoking and you do not have a baby in a special care nursery, the healthcare dollar is going to reduce dramatically.

That would be my first request: another midwife to divide the caseload up a bit better within the community of Tennant Creek, just for the antenatal and postnatal care, and those women's workers. I would like more, but ... Again, because the data has never really been counted, I am not sure how we will prove cost effectiveness. However, my assessment will be it is a cost-effective approach.

Madam CHAIR: Thank you. I am conscious of the time. We have others coming. That, was very good, thank you very much. And thank you also for the documentation you left with us. It is much appreciated.

Ms HALLETT: Yes, thank you.

The committee suspended.

TENNANT CREEK LIQUOR ACCORD

Madam CHAIR: Hello, Jordan, thank you for being here. On behalf of the committee, I welcome you to this public hearing into action to prevent foetal alcohol spectrum disorder. We appreciate you taking your time. My apologies; we are running a little behind schedule.

This is a formal proceeding of the committee and protection of parliamentary privilege and obligation not to mislead the committee apply. A transcript will be made for use of the committee and may be put on the committee's website. If, at any time during the hearing, you are concerned what you say should not be made public, the committee can go into a closed session and take your evidence in private. For the record, could you state your name and the capacity you are appearing here today.

Mr JENKINS: Jordan Paul Jenkins. I am the owner of the Tennant Creek Hotel and I am here for the liquor accord.

Madam CHAIR: Thank you. Are there any opening comments you wanted to start with, or …

Mr JENKINS: No, sorry, I have not prepared anything.

Madam CHAIR: No, that is okay. Some people do, some people do not. We hear about the liquor accord and we understand it is voluntary. Who does it encompass, cover, or scoop up?

Mr JENKINS: Basically, the Tennant Creek Liquor Accord is just all the licensees in the Tennant Creek region. We meet once a month. It is chaired by the Chamber of Commerce. Police come along and liquor licensing, and we discuss any relevant issues or any concerns any of the licensees have. Police present a report, licensing presents a report and we go from there. I do not think it is the whole of the Barkly region. I think the furthest we go is Wauchope.

Madam CHAIR: Wauchope.

Mr JENKINS: Yes. Other than Wauchope it is Three Ways, the other side and Tennant Creek.

Madam CHAIR: Does it recommend things like – on a past trip I went to the Memorial Club and had to provide my driver's licence. Is that something the accord recommends and then it happens?

Mr JENKINS: We recommend things. Something like that is part of their licence because they are a club. However, we trialled restrictions over the last two years until we reached the stage of the current voluntary restrictions we have. Previously we tried mid-strength Monday. We changed wine bottles to plastic only. Various issues like that, but that is just part of it. These days it is more talking about restrictions and the alcohol problems the town is facing. We also discuss things such as we have an internal banning system where if someone has played up at one place they are banned from the others.

Madam CHAIR: How do you make that happen?

Mr JENKINS: It is a process the Chamber of Commerce does and we just present the information – what the person did. They will contact the person and ask them for a right of reply. At the next meeting that person will come along. If they do not we will vote on how long to ban them around town.

Mr WOOD: We once had the BDR. What is the liquor accord's opinion of the BDR? It was only in for a short while and in that time was it doing what it was meant to?

Mr JENKINS: Yes, I was a fan of BDR. I thought it was achieving something, but it also had a scope to achieve a lot more. There are so many things you could have incorporated into that. We still use it here ...

Madam CHAIR: I know, I went there last night.

Mr JENKINS: … for certain items. For example, cask wine is restricted. From 4 pm to 6 pm you need your licence to purchase spirits or wine. We use it in a certain capacity.

Mr WOOD: Is there any real opposition to it from the community? There may have been at the beginning, but as it got going did it cause major problems in the community?

Mr JENKINS: I did not receive any overly bad feedback to it. I grew up in the Territory, but I went to New South Wales and came back. I was a bit shocked when I first went in and you had to present ID, but other than that - it is not a big deal to show ID. Now police have APOs - alcohol protection orders. Instead of using the BDR they have to go through paper and iPads to check that.

Mr WOOD: I saw a policeman outside your hotel while our Speaker was getting a drop of wine there last night. Did he have an iPad?

Mr JENKINS: Yes, they have an iPad.

Mr WOOD: Is he a human BDR?

Mr JENKINS: Yes, exactly. I am no expert. When it when out they said it was an inconvenience for people to present their ID and what not. People are being checked for ID now. You are checked and you cannot come though if you do not have ID. Police check your name off the list. It is a different system to the BDR.

Mr WOOD: You said wine was to be in plastic bottles. Not dobbing the Speaker in, but she bought a glass bottle last night.

Mr JENKINS: Sorry, I meant a certain wine came into town and started selling significant volumes so it was put into plastic.

Mr WOOD: The accord is not for all wine to be put into plastic?

Mr JENKINS: Unfortunately we cannot make every company put it into plastic for this region, but they agreed to put the one that was selling in large amounts into plastic.

Mr McCARTHY: Is it still selling?

Mr JENKINS: Not to the amount it did because there are restrictions on wine now. When it was put in plastic it was open and you could buy as much as you like.

Mr McCARTHY: How did the price compare?

Mr JENKINS: It is a cheap wine; it is $10.

Mr McCARTHY: I was told there were cheaper options and that is why people kept buying it.

Mr JENKINS: There are a few cheaper options but that is the lowest one we stock. The cheaper ones are not going to come in plastic, and we are just going to have those glass issues again. So, we try to stick to the original one.

Mr WOOD: I came back from Spain recently. I went into a supermarket in a country town there of 25 000 people, and there were fruit and vegies and, all of a sudden – bingo! - there is a shelf full of wine. A lot of that was in plastic, not in glass.

Mr JENKINS: Okay. Yes, I know they sourced the equipment from Europe. I think it was Italy. Whether they do it regularly over there, I am not too sure. They had to get the equipment to put it into the plastic wine bottles from overseas.

Mr WOOD: The only other thing I would like to say about the wine is it is a pity you cannot get the wine industry to come on board with the 10c collection.

Mr JENKINS: Yes.

Mr WOOD: There is pressure on the wine industry in South Australia not to be part of it. But, non-alcoholic wine has a 10c levy. That is another issue, but it is an issue from point of view of litter.

Mr JENKINS: Yes. Actually, yesterday, the Katherine Mayor Fay – is it?

Madam CHAIR: Fay Miller.

Mr JENKINS: She rang me. I think they are still having issues in Katherine about glass. I am surprised they do not have plastic there because it came here about a year ago, I reckon - about that.

Mr WOOD: Is there any legalities in the accord, or is it fairly voluntary?

Mr JENKINS: It is purely voluntary. Every restriction we have relies on all the licensees agreeing to it. If someone pulls out, it causes issues for everyone else. But the accord here is pretty good. We are not overly large. Everyone is on the same path of understanding that there have been issues in the past in the town with alcohol, and still is.

Mr WOOD: How many takeaway licences are there?

Mr JENKINS: Five.

Mr WOOD: Two hotels, two clubs?

Mr JENKINS: Two hotels, two clubs and Headframe Bottle Shop.

Mr WOOD: That is just a bottle shop, is it?

Mr JENKINS: Yes.

Madam CHAIR: That is good, thank you.

Mr McCARTHY: Can I just ask from a professional perspective? We have heard a lot from governments now. Is FASD discussed?

Mr JENKINS: No. To be honest, we have never talked about FASD. The first I had an introduction to it was part of the reference group. There are members on there who are, obviously, heavily involved in it. That was the first I had heard about it being an issue in the

Barkly. I have done a bit of research on it. That is about all I know about it. Personally, from the hotel I know we have women we find out later are pregnant while they are down there drinking.

We had one last week who started complaining about stomach pains, and we had to call an ambulance. She knew she was pregnant, but she was down there drinking.

Madam CHAIR: Which raises a question …

Mr WOOD: That is right. Gary raised that as well.

Madam CHAIR: Some people are in favour of - and it would be difficult for you as a licensee - if there was some law that said if a woman was obviously pregnant, then she could not be served. But, then, that would put a lot of pressure on your staff.

Mr JENKINS: Yes, it would be difficult. A lot of women we cannot tell whether they are pregnant or not.

Madam CHAIR: No, because they might be three weeks or four months and they are quite slim.

Mr JENKINS: Unless there was some kind of checking off IDs as they came in …

Madam CHAIR: Or if they presented to the midwives?

Mr WOOD: They could be on the BDR. You said it could cover other aspects.

Mr JENKINS: They could be on the BDR. But, there are ways to get around it. Even if they are on the system, they can still get takeaway. If they are on the BDR here, how far does it expand out into the Territory? Can they can still go to Alice Springs and get it? Things like that.

Madam CHAIR: I know, that is the trouble.

Mr JENKINS: Certainly, if someone came in and was obviously pregnant, we would not serve them anyway.

Madam CHAIR: Oh, that is good.

Mr JENKINS: But, a lot of the time we do not know until, unfortunately, it gets to a stage where we have to call an ambulance because they have told us they have stomach pains, and then they tell us they are pregnant.

Madam CHAIR: That is fair. Thank you.

Mr McCARTHY: At a high level, at the Australian Hotels Association, is there any talk of FASD? Do you know of anything?

Mr JENKINS: No. Once again, I am on the reference group for the AHA and, no, I had never heard of FASD until – oh, I had, we have the signs around the hotel which we were supplied. But, other than that, I had never really heard any discussions about it.

Mr McCARTHY: Who supplied that literature?

Mr JENKINS: I cannot remember who that was.

Mr McCARTHY: Was that a local organisation?

Mr JENKINS: Yes, it was local, yes. I am pretty sure it was young girls who had designed it and brought it down.

Mr McCARTHY: Yes.

Mr JENKINS: It was a while ago. It was about a year ago or a year-and-a-half ago.

Mr McCARTHY: Yes.

Mr JENKINS: It might have been from the high school – they designed it and brought it up.

Mr McCARTHY: There was a lot of promotional material circulated locally.

Mr JENKINS: Yes.

Mr McCARTHY: Are the peak bodies of the industry starting to talk about this yet?

Mr JENKINS: As I said, I have not heard the AHA talk about it and we have not spoken about it in the liquor accord. There are now three licensees on the reference group and we have certainly had some information presented about it since we have been on the reference group.

Madam CHAIR: Okay.

Mr JENKINS: I am a lot more aware of it now than I was six months ago.

Mr McCARTHY: Sure.

Madam CHAIR: That is good.

Mr WOOD: What is the latest closing time for pubs in Tennant Creek?

Mr JENKINS: It is 2 am on a Friday night into Saturday morning. Takeaways until 8 pm, and on a general weekday we have a licence until midnight, but we are never open past about 8 pm.

Mr WOOD: It is 2 am closing time on Friday?

Mr JENKINS: Yes, but even then we work in with police and what time they want to close, crowd behaviour and that type of thing. It is very much a staggered closing time; it is never set. We are open until 2 am.

Mr WOOD: Is it about the same for the other hotel?

Mr JENKINS: I think we might be the latest. I think Memo goes to 1 am. I am not too sure, but pretty much your two late ones are Tennant Creek Hotel and Memo.

Madam CHAIR: Okay.

Mr WOOD: Thank you.

Madam CHAIR: Thank you, Jordan, that was great.

Mr JENKINS: No problem.

The committee suspended.

FOSTER PARENTS

Madam CHAIR: Welcome Kevin. Kevin contacted me after my interview …

Mr JONES: On ABC radio.

Madam CHAIR: … asking if he could appear before the committee because he was a foster dad. We said of course, so that is why you are here. I do not know - do you want to tell us the story about …

Mr JONES: Yes. I am Kevin Jones and my partner is Carolyn Hogan. I work at Power and Water up here. Carolyn works at the hospital. We fostered [name suppressed] probably about 12 months ago. I will just say something that I am happy to use Kevin and Carolyn, but [name suppressed] - I do not have the permission from his parents or anything so maybe it might just be foster child if we can put that in *Hansard*. I am not sure how …

Madam CHAIR: Yes, we can do that.

Mr JONES: We do not have permission to use [name suppressed] name …

Madam CHAIR: You can say [name suppressed], but [name suppressed] will not show up.

Mr JONES: Because he has been with us for 18 months, [name suppressed] will just come through, so I will use that. We have had him for 12 months, so it has been a learning curve.

We saw a definite need for foster care in Alice. We both have kids. Well, they are still kids to us - they are 30 and 25. We have four. We have two each and there are four between us.

We have had that learning and family knowledge, and we saw an opening there. [name suppressed] came to us in emergency care for a weekend, but it has turned into an 18-month stint. But, he has been great to be there. Carolyn has the emotional side to look after [name suppressed]. We both work full-time; I am more a nuts and bolts electrician - put things together. I am really enjoying this and can my head around - I want to push it further. [name suppressed] has FASD, has not being diagnosed but mum definitely has been drinking.

Madam CHAIR: She is an Alice Springs mum? He is an Alice Springs boy?

Mr JONES: Yes, she was in Little Sisters town camp at Alice Springs. He is western Arrernte. There are other indicators. A lot of indicators do not turn up until they are five or six years old. It is very hard to diagnosis early. Going on the Canadian results, if the mum is drunk or drank heavily – does not even have to be heavily - through the pregnancy that is one big tick to start looking. That is on his sort of record, but at this stage there is no FASD put on his record.

As far as looking at the numbers, as you are interpreting it, it is very underrated. We are talking about hundreds in Tennant Creek. They are talking about 25 for the whole of the Northern Territory but there would be hundreds. Even through the foster system we know a lot that are FASD affected from different communities. They are full on. They have their own characteristics, like all kids, and they are all up and down. With [name suppressed] we find part of the FASD is routine; he loves routine. A lot of kids do. We will go bush. For the first hour last weekend he was in the car because it was routine for him, he knows his car, he did not want to go bush but after than he settled down. There are ups and downs.

Madam CHAIR: Kevin, is he on the path for proper diagnosis?

Mr JONES: Yes, we will go through the national disability. To put the application in we need a medical statement, not a diagnosis, saying he could be FASD. We are going through that. We found out yesterday a paediatrician visits every now and then so he has next Tuesday booked in. He has seen paediatricians in Alice Springs. He was very tiny born and he is still on the third percentile - 97% of kids are bigger than him. He is only fairly tiny. He was running around yesterday - he is nearly three years old but only weighs 11 kilos. Mum was pretty tiny so it meant for the first 14 months - before we got him - he was in and out of hospital every five weeks. We had him for five weeks and that was a record for not going back to hospital.

He has not been admitted to a hospital since we have had him, which is good. Some of the things are pretty well documented down the track, but even when they are young they will get chest infections or chronic medical conditions and they a lot harder to get rid of. They will hang around a bit longer and then it could only be - in the first 14 months after only five weeks he was back to hospital. He has had pneumonia, and for a child under 14 months old to have pneumonia – it affects their lungs for the rest of their life.

I can see where the health services are snowed under and some of these conditions are not diagnosed as FASD when they are. The doctors know and will mention - or the nurses - that their immune system is not good because the nutrition has not gone to the placenta.

He still will not eat. He came to us with FTT and we asked what FTT was. We had him a week and what is FTT ...

Madam CHAIR: What is FTT?

Mr JONES: Failure to thrive, so he was taken from his mum because of the nutrition and she was not producing. He missed the opportunity to eat solid foods and even now he will not eat chicken, meat or fish. He will only eat yoghurt or biscuits. We have him on egg - we introduced the white first and he will eat the yellow as well like as scrambled egg. The nutritional benefits are lacking too. That is all part of the FASD - the not eating and …

Madam CHAIR: Do you think that is a signal? Is the brain not telling the body to eat?

Mr JONES: Yes. Part of it could have been parental where he missed - at nine months they should be introduced to solid food, and he just had bottle. He loved McDonald's chips. I think he went to Maccas and had the bottle. It is also related to FASD. But, not having the support or the health services aimed at FASD, it was not really identified.

It has been a battle. He did not eat last night. It is sometimes heartbreaking that we cannot force him to eat. He had a bit of breakfast this morning, but it switches on and off. He is pretty good health-wise now, but he had a lot of sores on him that were infected and took a long while to correct. Yes, it is …

Madam CHAIR: Is he on regular medication of any kind?

Mr JONES: He is anaemic, yes. We have had him on iron. We feed a lot of vitamins into him. He still loves his bottle. With FASD, you do not take ages - it is really development. They can be two years behind another person developing - so, even things like potty training

and bottle and stuff. He still loves his bottle and it is a nightmare to try to get him potty trained. Come summer, it is probably not going to get too bad when they are running around.

We are looking at our grandchild in Adelaide. I know every child is different, but our children walked and talked sooner, potty trained sooner. So, it is not going to be a problem. The psychological problems are going to be needed to be looked at later on - whether we keep him long term or whether his family take him. He will not go back to mum. His sister is 25 and she has a three-year-old. She is also in the nursing for the health clinic. She might be a little worried. She was where he was going to go back to, but she is a bit worried taking him because he has the FASD …

Madam CHAIR: And the support.

Mr JONES: Yes. The Department of Health and Children and Families are very snowed under in Alice Springs. We are quite capable of looking after him but, as far as if the kids are identified with FASD they really should go to a stable home very quickly and stay there. They do not need to be in a foster area where they are swapped and changed. We have committed ourselves. He is very hard work. We both work full-time. To be at a stage where we are trying to wind down and retirement, we have put that aside. We have made that sacrifice. This little child is worth it. If we have to take him long term, we will.

It is very important to get that early identification that this child could be FASD-affected. Either he goes back to family fairly quickly in a stable home and is looked after, or he goes to a foster parent and, possibly, longer …

Madam CHAIR: Stays there.

Mr JONES: He has a two-year court order, so until next March we do not know what happens.

Madam CHAIR: Two years. Does that mean the child stays away from the mother, or you have the child for two years?

Mr JONES: At the moment, the court order is between the mother and DCF. That is how they word it. We are going to push DCF. We were going to move back to Adelaide, but we did not really want to pull [name suppressed] - we did not want to hand him over to someone he did not know. So, we have come up here and we can still stay in contact with the family in Alice Springs - not that they have a lot, but when we are down there we can touch base with her down there. We are hoping to get that conversation going to say, ‘Okay, if you want [name suppressed], he is going to need care, he is going to need such and such to go

onwards'. We are happy for him to go back to family but, then, we are also willing to give him that constant care because, yes ...

Mr McCARTHY: How is his hearing and vision, Kevin?

Mr JONES: Fantastic. His vision is great. Because of his chest …

Mr McCARTHY: The screening has said there are no deficits there?

Mr JONES: Yes, we have him screened for hearing. At one stage the chest infection was affecting his hearing, but he picks up pretty good sound - birds and he just loves the outdoors and he loves the vision. One of the benefits is he loves the outdoors. He climbs well and has no fear. It is a bit scary, and one of the indicators of FASD is no fear. We are not trying to push too much into it; we are just being aware of it. Yes …

Madam CHAIR: Probably more no consequences.

Mr JONES: No consequences. Even with the dog - we have a camp dog and he will push the boundaries all the time. The dog will give a yap and it snapped at him once, just broke the skin a little, but they find it very hard to learn they …

Madam CHAIR: Yes.

Mr JONES: He still pushes that, and that is part of what the kids are going through - teenagers do not learn what is right and wrong. The front part of the brain has been affected. It is the right and wrong and that is why we have a lot of kids that – I have read reports that 20% of prisoners in gaol in the Northern Territory could be FASD affected. They muck up on community too much and push the police and are locked up.

Mr WOOD: What is speech like?

Mr JONES: Speech is a bit delayed. DCF tried to get us into a speech therapist in Alice Springs but it did not happen. We probably did not push it very hard either, but I think he will need speech pathology and we are probably happy to go back to Alice Springs or even Adelaide. That is why we are going down this disability path.

Mr WOOD: We have spoken about the plasticity of the brain and whether it can be repaired. We have heard other people say, unfortunately, alcohol goes right through the brain but you said his hearing and sight are pretty good.

Mr JONES: Yes.

Mr WOOD: They must obviously be affected and the brain must be making them work.

Mr JONES: Yes.

Mr WOOD: I get the feeling we do not know – maybe there are people - a lot about the effect on the brain and what parts of the brain are more affected than other parts.

Mr JONES: Yes. I will give the committee this Western Australia report of 2012 by the parliament, a fantastic report. I can get another copy of this, but it is probably one of the best reports I have read and tells you where the frontal lobes and …

Mr WOOD: Petrol sniffing affects the frontal lobe.

Mr JONES: Yes. The thing about FASD is it is the only birth defect that is totally preventable. Carolyn works with ultrasound and is constantly scanning for birth defects. She will go through different trimesters. Tennant Creek is fortunate to have Carolyn here doing mornings, where previously they were only here every five or six weeks and the opportunity for these maternal cases was missed sometimes because they would not come into town. Carolyn has pushed and created the job here and is working mornings. The doctors and the maternity section just love - the midwife - that she can check for that.

This case - without using names, a girl was brought in who had drunk two bottles of spirits and was pregnant. Carolyn had to scan her for possible damage that – yes, alcohol is a big problem and it is even finding out a lot of – some of the cases - as Anne has mentioned, they will not present until they are ready to drop at 38 weeks and, 'Yes, I am pregnant,' and they have had no prenatal care.

It is education and people like Anne getting a team that can say, 'Okay, this grog is no good'.

Mr WOOD: Do you get affection from [name suppressed]? Does [name suppressed] show affection?

Mr JONES: Yes.

Madam CHAIR: Yes, yesterday.

Mr JONES: Yes, he was here.

Mr WOOD: I am interested because there is more than seeing and hearing. There is a human feeling, touch and hugging?

Mr JONES: Yes. Some of the characteristics are that they cannot wait. [name suppressed] is very impatient. He will bolt off to the childcare first for the sandwiches – that affair. It could be – that development ones later on ...

Mr WOOD: Cry?

Mr JONES: Yes, his cry is okay. He was very distressed when we first got him, just being in town camp. But, he has settled down now. It is going to be very hard, knowing what problems are there, to hand him over. We are prepared for that and we will give back-up if necessary because of having that affection. He knows us as mum and dad. He is a black fellow, but he just thinks they are white fellows. There are no colours to kids. He plays with black fellows and white fellows at day care. He is pretty popular at day care. One of the other things they are very friendly.

He has a brother in Adelaide who is FASD who has been helped out by disability - very popular at school but no real friends. He loves his horses. He has very good foster parents down there, [name suppressed] brother. [name suppressed] brother is 18, just getting his licence. He can function, but is very popular at school, cannot get the friends. His parents have got him into an apprenticeship of horticulture down there, so he could go through. They have been very good. We have met him. He has come up here, we have been down there. There is a different father, but the same mother. He is 18. I think there is another – no, the sister is okay. Unfortunately, it does go through different generations.

It would be very hard to pick up. We will not know until he is five or six. But, what has to be put in place is this could be a possible FASD, then, you have to look for those things in development - to give that nurturing and routine. They love routine. His brother in Adelaide loves routine too. Even moving furniture, they just do not like that sort of thing. They feel out of it.

Mr HIGGINS: Some of the (inaudible) people do not like that.

Mr JONES: Hearing this morning that tick and flick - the kids are seeing the paediatrician. [name suppressed] has seen one. It has not been bought up to the health professionals to actually say, 'Can we get a count on this FASD'. That is what you can take back to government and say, 'Okay, we do not have statistics, but we need to get some tick and flick and get in behind the scene'.

We have all the records computerised now. It mentions it here. A lot of the stuff that came up in this is in this report. It has recommendations about the numbers. The federal parliament, in 2010, did a big thing about it. It is saying the invisible disability, and that is what it is - an invisible disability.

I do not like using the word disability because they are not disabled. But, if it means to get funding to get him on the road to full employment - that is what the thing is about, to get him on the right track and get him down that way, or to blend in with his family and not be outcast.

That is what the schools are finding desperately hard up here with the amount of undiagnosed FASD. It could be these problems that are coming, and they do not have the staff to actually have special teachers to pull them aside.

Madam CHAIR: Thank you, Kevin.

Mr JONES: Thank you. I enjoyed it.

Madam CHAIR: No, it is nice to hear from a man …

Mr JONES: I will talk to Gerry about this.

Madam CHAIR: … someone who actually has a child.

Mr JONES: Yes. He is very slight. It is hard to get the basics in him like vegetables and stuff. He is anaemic and the clinic nurse said to get him to eat some more red meat, but he will not eat meat.

Madam CHAIR: We know where the iron is.

Mr JONES: Yes, we know where it is. We do a lot of mashing up but it is very hard. Peer pressure is helping him at day group because he tends to eat better at day group.

Madam CHAIR: That is probably a positive - very much so.

Mr JONES: It is a privilege.

Madam CHAIR: We wish you well with [name suppressed].

Mr JONES: I will leave that for anyone who wants to read it.

Madam CHAIR: Thank you much appreciated.

The committee suspended

BARKLY YOUTH SERVICES

Madam CHAIR: Please introduce yourself and state the capacity in which you appear. You know the other preamble.

Mr CAIN: I am Peter Cain, CEO of Barkly Youth Services, a not-for-profit established early last year in Tennant Creek by long-term residents. I do not like using the term, but we best be described as a community action group. We received funding through the Youth Justice Division of Corrections to run diversion - until 30 June this year we were funded to run an at-risk program for Police and Corrections with a primary focus on 10 to 17 year olds.

Thank you for the opportunity to say a few words. A figure that has not come up is Tennant Creek is 1.5% of the Northern Territory population. Gerry would probably know these figures off the top of his head.

Mr McCARTHY: No, not really.

Mr CAIN: Over the last decade, according the Corrections annual reports, on average, Tennant Creek supplies 17% of the prison population, both juvenile and adult. We bat well above our weight in that regard. According to the ABS, we have the youngest average population in Australia in the Barkly region. We also have the youngest average age of first-time mothers. Off the top of my head, 15.1 is the average age of a first-time mother in the Barkly.

Madam CHAIR: At 15 years?

Mr CAIN: Yes. It is difficult to put figures on it because they are not figures any department or government like to keep, but we believe we probably have well above average rates of volatile substance abuse. We also probably have the lowest school attendance possibly in Australia from figures the Education department complied in 2012. At that stage, in Term 1 of 2012, just over half school age young people in the Barkly were enrolled and the average across the region for that term was 53% attendance. Rather than getting Every Child, Every Day we were getting every other child every other day. Despite some fairly well-intentioned moves by government, we are not saying that changes a great deal. Certainly attendance is up slightly this year but we are not saying enrolments are any better.

Mr WOOD: Enrolments were about 53% and attendance was about half of that enrolment, which means about 25% of the children should be at the school were at school?

Mr CAIN: Yes, and that is across the region. Obviously some communities are better than others, and we could look at school strategies at the moment and that is an entirely different question.

The issue with us is in all the research - we have been doing this with young people in the region for a long time - FASD has a marked impact on the way we do business. The previous gentleman quoted the figure of around 20% of those in gaol may have indicators of FASD. The Barkly has the highest incidence of recidivism in the Territory. We have kept a very close watch on all of those young people who have been sent into youth detention from the Barkly over the last four years. Every one of them has had at least one of the indictors of FASD. We have a recidivism rate of 93% amongst them.

We go and visit them at least monthly while they are inside, simply to provide that routine the previous gentleman was talking about, and to try to get some through-care planning and after-care sorted out for them. The common denominator in it is pretty much all of those young people really enjoy their time inside because of the routine.

We had one last month who told us two days before he was getting out, ‘I am going to bash one of them fellows tomorrow so they keep me here because this is good’.

Madam CHAIR: Is this in Darwin at Don Dale?

Mr CAIN: No, he was in Alice Springs. The distressing thing about that was the young person in question was 12 years old and was in there for a breach of curfew only, and was in

there for as long as it took to find a rehab place for him. He had no previous convictions in the youth court, and ended up spending five weeks in youth detention because police caught him on the street at 9 o'clock at night looking for a feed.

If we think we are a progressive society when we are locking up 12-year-olds for going to look for a feed, and we have nowhere else to put them, it is a fairly sad indictment of where we are heading.

In actual cost to the community, again, it is probably figures that would have gone past Gerry at some stage when he was minister for it. But, it appears - or Corrections claims - that youth detention costs about $275 000 a year per bed. Add the on-costs to that - police time, court time, other agency involvement, cost to families to go and visit them and everything else - we work it out to between $420 000 and $450 000 per year to keep a bed going in youth detention.

Madam CHAIR: Is that 275 youth detention?

Mr CAIN: Yes. But, that is just the cost of the detention itself. That does not include the police time and the court time, and all those other on-costs.

If the majority of those going from here have FASD, that is a realistic cost to governments. We have to then look at the spiralling rates of youth detention. In 2008, the maximum number of youth detention in the Territory on any one day was 28. In February of this year, it was 74. Projections based on Corrections annual report are that by 2018 we will be looking at around 280 in detention on any given day - this is young people - and by 2023 on current projections with nothing really turning it around, we will be looking at around 660. Multiply that by $450 000 a year, and what is the cost to government?

We also have one of our young people who is on our books. He is one of those who has a letter saying he has FASD. As Anyinginyi said earlier, we do not have too many who have been completely diagnosed. He has. In the last four years, we have lost count of the number of places he has been put between foster care, state or Territory care, detention, and rehabilitation centres. In four years he has probably been put into 50 different places at a minimum.

Madam CHAIR: How old is he?

Mr CAIN: He is now 14. He was released from Don Dale two weeks ago and has case workers from every department following him around. There is still no plan for his treatment.

In the last four years we estimate the Territory has invested $4m in moving him around, putting him in care and there is still no plan for this young person. Seriously, if we are looking at $1m a year cost for the average one who is diagnosed where do we end up getting the money from?

Madam CHAIR: That is right.

Mr CAIN: You are keen for solutions. Yes, there has to be education but there has to be intensive case management working with young people and families as well. That case management has to be delivered on a constant basis by constant people. They need to be seeing the same faces all the time; it gets back to the routine factor.

We are perplexed as to why successive Northern Territory governments have placed no credence in permanency of providers and staff, particularly in remote areas. The funding always seems to go to a mob from outside who bring people in and they go and they come and they go. Gerry would be familiar with the term, 'white Toyota dreaming'. The people here are over it and try the remote communities - their eyes glaze over. They see the Toyota coming in, they see them jump out of the Toyota get the photo taken outside the art centre, jump back in the Toyota and drive out. What is the cost of the white Toyota dreaming? What has it changed?

We are very passionate about what we do and are also very highly skilled in what we do. We have largely funded what we do out of our own back pocket. The funding we get, in reality, does not quite cover our costs.

Madam CHAIR: You said Barkly Youth Services receives funding from the NT government?

Mr CAIN: From Youth Justice Division of Corrections. We get $330 000 per year, which we pay GST on, to run our office and our travel. Last year we travelled 136 000 km just on case management. We work between 80 and 100 hours per week each.

Madam CHAIR: So how many staff are based in Tennant Creek?

Mr CAIN: Five. We are all long-term residents with ties to community and ties to country. Three of the five are involved in elder groups. We know the families, we know the young people, we know the circumstances and we know the history.

Madam CHAIR: Are you involved in the reference group?

Mr CAIN: No, we were never invited, but in reality we are flat to the boards looking after the young people.

Madam CHAIR: Yes, okay.

Mr WOOD: I went to a boy's school and the priests and brothers who ran it came from an order founded in Italy and looked after what they called urchins who lived on the streets of Turin. They still exist and are one of the biggest orders in the world. Their emphasis is on the youth, especially boys, and they have a lot of emphasis on technical colleges, woodwork, metalwork, music and also recreation. If you go south and find where they are a building like this will have trampolines, basketball courts, table tennis tables and a whole range of things run by people dedicated to that purpose.

Hearing what has been said about the lack of youth facilities - it has dropped off over the years for various reasons. It always seems to be a struggle to get people who want to invest in that sort of thing. I am a great believer that boredom is one of our great …

Mr CAIN: Absolutely.

Mr WOOD: Yes. So, you are seeing youth at 14 ending up in – there is homelessness. There are other issues, obviously. It is not a simple issue. But, I do not think we are investing enough into this area. The one youth centre in Darwin is at Casuarina. What is it called? It would take up about maybe about …

Madam CHAIR: A quarter.

Mr WOOD: … a quarter of this building. I used to plead to the previous government about whether we could make something bigger. Governments do not seem to want to invest in those things. I believe very much in technical schools - the old-fashioned technical school. Of course, you will not have a job, but at least you can give a skill to someone who has a chance to …

Madam CHAIR: Of getting a job.

Mr CAIN: Gerry, one thing that comes through all of our data and research is the vast majority of those who we deal with on a daily and weekly basis are just not challenged. They are not challenged at home or at school. That is the root of the boredom. All of us here have backgrounds where we thrived on the challenge, which has got us to where we are today.

We were challenged at home and at school. That is not the case anymore. With respect to Gerry and his background as an educator, he would have seen that himself over the years.

I do not know the answer to that, but one of the things we try to do, as part of our case management, is to set the bar a bit higher for the young people. We need to know them better than they know themselves so we know where to set those challenges for them, and how to actually get them to try to rise to meet that challenge.

Our figures from last year - and it is too early to tell - we had 123 young people on our at-risk program last year. Every last one of them had significant police involvements. All but a handful of them had significant court involvement.

Mr WOOD: How many of those would have been involved in sport? A lot of emphasis today is on your Michael Long Foundation, Clontarf, people who …

Mr CAIN: Perhaps a dozen.

Mr WOOD: Sport gives you the discipline, the teamwork, the responsibility. Is it they do not want to be in sport or there is no opportunity to be in sport?

Mr CAIN: They want to play football, but that is all they see. For those who are chronically involved in volatile substances, it is a dangerous thing for them to be playing sport, even recreationally involved, and that would be probably 80% of our caseload.

Mr WOOD: In Tiwi Islands football, the Tiwi Bombers - you cannot be drinking, you cannot be on any drugs and you must have a job. I am not saying a job is easy here, by the way.

Mr CAIN: Absolutely. We actually run one of the local teams in the Barkly AFL, and we have a rule that you cannot play on a weekend if you have not been to school or work that week. None of our players are on welfare. We have organised jobs for those who are past school age. We get the attendance sheet from the high school every Friday afternoon. If they have not been to school or work, they are not playing. That is our own self-imposed rule and we stick to it.

Mr WOOD: It is only a small part of the …

Mr CAIN: Absolutely, it is a small part of the whole, but of those 123 we worked with over the last 12 months, only 12 of them reoffended in that 12-month period. So, the indicators

we have are that whatever we are doing is working. The great tragedy of it is funding for the program finished on 30 June, and we cannot get anybody to listen to us that we are saving you a heap of money here. We are doing the research. We are not operating out of the same box. We have invested years of research around the world between us into finding what might work here and we are not scared to try new tactics. If it does not work it does not work, but at least we will try. We need to find the answers to what works in the Barkly.

Mr WOOD: Are you saying you have stopped receiving funds?

Mr CAIN: Yes. We still have our diversion money, which realistically only pays our bills. We have one staff member we pay, the rest of us have not drawn a wage since September.

Madam CHAIR: Peter, I am conscious of the time because I know Gerry has another appointment in town, but thank you. Are you going to put a submission in?

Mr CAIN: Okay, yes.

Madam CHAIR: If you could do that sooner than later. They have officially closed but we will still take them because some of the information you have given today is very important and it would be good to get it in a formal submission. If you need any help talk with Russell. If you are going to put one in let us know definitely because we will know to chase you.

Mr CAIN: I will definitely put one in for you.

Madam CHAIR: It would be good to get some of those facts and figures in writing as well.

Mr WOOD: Details about lack of funding now is an urgent issue.

Madam CHAIR: It is very important. Okay, thank you.

Mr CAIN: Thank you very much for your time.

Madam CHAIR: It is our pleasure.

Mr CAIN: Thank you for coming to visit; it has been a pleasure to have you here.

Madam CHAIR: It is our pleasure. It was always going to happen. Thank you.

The hearing concluded.
