



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY
13TH ASSEMBLY
SELECT COMMITTEE ON A NORTHERN TERRITORY HARM
REDUCTION STRATEGY FOR ADDICTIVE BEHAVIOURS

Public Hearing Transcript

1.00 – 5.00 pm, Monday, 5 November 2018

Karguru Room, Barkly Education Centre, 65 Staunton Street, Tennant Creek

Members: Mr Jeff Collins MLA, Member for Fong Lim
Ms Sandra Nelson MLA, Member for Katherine
Mr Paul Kirby MLA, Member for Port Darwin
Hon Kezia Purick MLA, Member for Goyder

Witnesses:

Kellie Thackeray	– Central Australian Health Service
Ruth Preuss	– Central Australian Health Service
Gail Tyler	– Central Australian Health Service
Laine Dumny	– Central Australian Health Service
Billy Walker	– Anyinginyi Health Aboriginal Corporation
Dean Gooda	– Anyinginyi Health Aboriginal Corporation
Linda Turner	– Anyinginyi Health Aboriginal Corporation
Stan Stokes	– Anyinginyi Health Aboriginal Corporation
Patricia Franks	– Anyinginyi Health Aboriginal Corporation
Toddy Miliado	– BRADAAG
Alan McGill	– Julalikari Council Aboriginal Corporation
Clarence Satour	– Julalikari Council Aboriginal Corporation
Maisie Floyd	– Tennant Creek High School
Shirleen Alum	– Tennant Creek Women's Refuge
Ronnie Staunton	– Tennant Creek Women's Refuge
Moira Skinner	– Barkly Regional Council (Barkly Youth)

The committee convened at 2pm

TENNANT CREEK PUBLIC HEARING

CENTRAL AUSTRALIA HEALTH SERVICE – CONFIDENTIAL

The committee suspended.

ANYINGINYI HEALTH ABORIGINAL CORPORATION

Mr CHAIR: Welcome, on behalf of the committee I welcome everyone to the public hearing into reducing harms from addictive behaviours. I welcome to the table to give evidence to the committee Dean Gooda, Linda Turner, Stan Stokes, Patricia Franks and Billy Walker. Thanks for coming in and meeting with us. We appreciate you taking the time to speak to the committee and look forward to hearing from you today.

This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee applies. This is a public hearing that is being recorded. A transcript will be made available for use by the committee and it may be put on the committee's website.

If at any time, you are concerned that what you will say should not be made public, you may ask the committee to go into closed session and take your evidence in private. Can you each state your name and the capacity in which you are appearing?

Mr WALKER: Billy Walker, Acting Team Leader at the Men's Centre, Anyinginyi.

Mr GOODA: Dean Gooda, Acting Section Manager of Piliyintinji-ki Stronger Families.

Ms TURNER: Linda Turner, Cultural Facilitator, Anyinginyi.

Ms FRANKS: Patricia Frank, Female Team Leader, Anyinginyi.

Mr STOKES: Stan Stokes, Mental Health Educator.

Mr CHAIR: Would anyone like to make an opening statement?

Mr GOODA: If you do not mind. I thank the Chair and I thank the committee for this opportunity to have a yarn to you today about this harm reduction. We spent a bit of time putting together a presentation for you. You can all see the presentation in front of you and what we have up is the best practice model about how we are starting to do business and how we think that can reduce the harm that we see in Tennant Creek.

If you are okay with that, I will speak to one or two words from our statements. Be free to ask any questions any time you want and we will start off with Linda Turner, LT.

Mr CHAIR: Thank you, go ahead.

Ms TURNER: Tennant Creek is the regional centre for the Barkly region and the administration of government services is currently its main economic function since the demise of the mining industry and the mechanisation of the pastoral industry. Tourism is not strong, apart from through traffic, and about two thirds of the 1536 Aboriginal inhabitants are unemployed. That is from the 2016 Census.

Poverty is widespread with its associated unemployment, low income and social problems. Substance abuse problems are mainly excessive alcohol consumption and ganja cannabis consumption. These too often in combination, and ice and K2 synthetic cannabis also is coming in but gets nipped in the bud quite quickly with people being frightened about it.

Mr KIRBY: Is that because of a police presence or community pressure?

Ms TURNER: Yes, community pressure because it could be that families are scared. Alcohol and ganja leads to that associated violence and health problems which is quite a bit, especially mental health problems.

The overall cost of government services, including justice and correctional service—we all know the response to these problems is complex—it is immense. This is a daily problem front for Anyinginyi workers who are dealing with bush people and town people, but we all experience these problems within our own families—we live with these problems and that sometimes destabilises employment for us too.

I have some dot points—lack of housing is a number one priority—we all know in the Barkly region, which then leads to overcrowding, especially when bush people come in to town to visit. That leads to overcrowding that then causes fights, houses damaged, then tenants come under threat of eviction.

Then with unemployment, poverty, the social problems, of course the alcohol and ganja abuse—kidney, liver, heart, diabetes—the Barkly region has the highest end stage renal in the whole wide world—people with end stage renal per capita. It was also the highest alcohol consumption area per capita per person.

FASD is an undiagnosed problem that has not surfaced because of very few diagnosis of FASD—the diagnostic tool, apparently in Alice. We believe that causes a lot of the problems that we have now because of the lack of support for education in schools.

Children go in to the schools—they are not on the same level as normal kids because the message takes a few seconds extra to reach that FASD affected child. Of course they seem to be naughty kids and playing up. We have been pushing for diagnosis of that so that those kids can get the support in the classroom—one on one.

Lateral violence which affects governance. There is a lot of that happening. Violence includes spousal assault, same gender violence and, at the moment, inter-group violence, child neglect, child sexual abuse—Tennant Creek has been in the spotlight but as a result of that, because we as an Aboriginal community controlled organisation, we have a half full glass not a half empty—trying to use what we have, otherwise it gets overwhelming.

We have to look at the strength in each of our community to try and support our people to move on but the main problems we see like the two drugs, alcohol and ganja... FASD is a big problem that has to be yet uncovered and the lack of housing in the Barkly region, especially Tennant Creek.

Mr GOODA: Thanks for that LT. I am sure that you fellas will understand and know that the number one priority in Tennant Creek is the housing—the Prime Minister, the Chief Minister and everyone recognises that and that affects so many things from employment to education—everything.

The main message we want to get across to you guys is about the best practice model that you talked about in the flyer we saw. Where we are saying our best practice model is around Anyinginyi cultural framework and that includes recognition, knowledge and compliance with local cultural protocol—the language, the Aboriginal kinship system to engage with clients—that is very important.

It does not necessarily have to be a blood relative to be a carer under those things. Awareness of cultural practices and understanding and adherence of cultural security and safety. That will make sense in a little while how we have put that together at Piliyintinji-ki and what we do with Stronger Families on a daily basis.

They have adopted that cultural framework as a basis for working with Aboriginal people from not only Tennant Creek, but the community living areas, and also within the 100 kilometre radius of Tennant Creek. It is in this framework Anyinginyi designs and delivers services through us, Stronger Families, to work with Aboriginal staff and put family support measures in place to reduce harm.

As part of this cultural framework, Anyinginyi looks forward to the coordinating role that the cultural authority group, which is currently being developed, will play in that implementation. Anyinginyi has a key role in fostering within this group and in the community governance council gap left after the winding down of the council of elders and respected persons.

Stronger Families staff are positioned to—this is very important for us; this is a new model for us. We are working towards a case management model where the client's needs are identified, documented, and an individual plan developed to address identified social and community needs. We do that in a lot of ways.

People come in and use our facilities and we are now saying to them, you cannot come and use our facilities like the laundry without giving us back something. That is actually participating in the case management so we can identify those issues that affect and then some alcohol and drug measures that we can identify abusive areas in.

One of the things we say to them is, 'you have to do a medical health check'. They have to go to the clinic and do that check so they can identify any underlying physical illnesses that Aboriginal people have. That is starting to work and starting to kick in. People are quite happy to do that. We thought there might be a bit of pushback on that but there has not been. They are quite happy for us ...

Mr KIRBY: Do they normally present pretty proactively?

Mr GOODA: We did say that if you want to keep using this place, we are happy for you to use it, but you have to give something back. That giving something back is for yourself. We have a men's clinic that we encourage the men to go to and use and the other clinic for the women to use as well. We identify that and that becomes part of that case management plan.

While we have a white male counsellor for instance, we have Aboriginal staff that work with that counsellor to talk to the individual. That is that language barrier. The two counsellors talk, if they have any programs to present, they will present it to the staff and the staff can give them ideas about how to present it and stuff like that. That is what we are talking about with that cultural framework stuff.

We also have five sections to Anyinginyi. We have a very strong internal referral system: public health, allied health, podiatrist, dentist and all these different areas. Public health at the moment are tackling Indigenous smoking program. It is a four stage program where we are doing all this business in public health and healthy lifestyles. It is working with people to encourage them to change that lifestyle and tackle the big one, the alcohol and other drug stuff. We can have that conversation and engage with them.

On 3.1 of your terms of reference, you talked about a medical response for ongoing treatment. We are going to give a comprehensive report to you fellas about the health side of it. In 3.3 with the adoption of culturally relevant health and education interventions, I have talked a little bit about that time. We are saying the Stronger Families is a culturally safe place and people feel safe coming there.

One of the new things we have there is that we have made an agreement with the Central Australian Women's Legal Service. We have that CAWLS legal service there for women and the Aboriginal women feel safe to come in and get legal advice because it is in our building. The usage of that program is very strong.

We operate the separate Anyinginyi house and women's program as well as the outreach stuff and the outreach we talked about - we are looking at going back. We have been informed from the CLA, the Community Living Areas leadership team that Anyinginyi used to run programs out in those community areas and they want to go back and do that again.

Not only do we have the (inaudible) that we could also go out to the areas to deliver all the messages. One of the bigger messages that we can give is to the younger people and we are looking in that space, particularly about the damage of alcohol does to the body—around sport and recreation—and what ganja does to you. We have some really good promotional material that we got from the remote AOD workforce mob in Alice Springs and we are working closely with them in getting training and that.

I have the other staff—Patricia—you will talk a little about that support for affected families in community.

Mr KIRBY: It is the information and the casual sharing of information that we need—not for it all to be prim and proper. Just feel free to speak freely.

Mr CHAIR: Speak in your own words.

Ms FRANKS: 3.8—Support the effect of families and community.

Anyinginyi operates for cross agency combined approach to harm reduction. Piliyintinji-ki Stronger Families provides potential support for families during sorry camps and ceremonies.

Mr GOODA: When we talk about the average, I touched on quickly before, we met with the Community Living Areas leadership group and we talked about how we can do business in those communities that need support and we are going to get advice from them on how to do that.

But we also support clients to attend appointments with clinics, Centrelink and other services. A couple of quick things I am going to tell you about is because some of the people (inaudible) this affects that. We actually collecting firewood for elders in winter time. We are also carting water on a daily basis to the Kargaru Top Camp because they have no running water connected to their tin sheds.

We advocate for our clients with other services. We are really starting to work well with all the other services around town at the minute. Supporting clients with families needing at home. We go to the homes and meet with families as well—and that family violence stuff. We are funded under one of the PMC programs—that is the Indigenous family safety program and that funds a part-time position to work in the domestic violence area.

There are all these other programs that Billy and Stan are going to talk to you about.

Mr STOKES: Yeah, we target education like legal, BDR and make them understand. Our mob cannot even read or write literary or numeracy but you go there and all the family can have legal aid, some education courses, health, relationships, financial, alcohol and other drugs sessions, programs, activities.

Mr GOODA: Also with our Men's Centre, it has changed a lot over the last few years. We have a certain amount of people who are actually harmless who are living out in the bush in town camps where our services are a place where they can come and wash their clothes and somewhere dry and out of the heat.

We used to have a TV set up there but the people would just come and sit and watch TV. But, as I said before we were just probing them now and ask them how do we move forward? What can we do with them? Check their Centrelink, ID and that type of stuff—all these things that we need in today's society in Tennant Creek instead of just coming in and just sitting down and watching TV.

We are trying to move forward but we are also trying to motivate. We are coming up with these other ideas but in a culturally appropriate way. That is what is important. If we have not got the right people—I wrote some stuff there about having the right people there because it does not matter who has the best doctor in the world sitting there, but if you cannot approach him it is just not going to work. You have to have the right people, different language groups coming in, you have to have people that can talk to them.

Mr CHAIR: How many language groups do you have around?

Mr WALKER: 12 to 14.

Mr GOODA: We work because we have those staff with us that have been around, that have that historical connection to the community and also that family connection as well. That is what we pride ourselves on in that cultural framework that we say we work under.

Just quickly to finish off, if we could just mention some of the challenges. Many Aboriginal families in the Barkly region are living with multiple and complex mental and physical health needs, often without inadequate and appropriate support. Again we go back to what LT was talking about with FASD. The diagnosis of FASD is a huge problem not only in Tennant Creek but every Aboriginal community that you would know. The undiagnosed stuff which causes other problems...

Mr WALKER: The generational stuff.

Mr GOODA: All the generational stuff. Anyinginyi has limited resources to address widespread poverty and the associated disadvantage in the community. Community Support Workers are critical to outreach programs however they are also part of the community and therefore subject to the impacts of disadvantage of their own families.

That is where we talk about that vicarious trauma; that transferred trauma. Our staff are living that as well so it is happening to them twice. It is not only coming from clients but clients they live with, family mob. It is a challenge for us to work with and we certainly understand it is a challenge for the workers as well. We recognise that and they do a wonderful job under those circumstances.

In this context, Anyinginyi has distinctive and extreme challenges with developing strategies for harm reduction. All the time we are looking at how we stop that. You talked quickly before about the Banned Drinker Register. We all made sure we went to training on that as well. We have been talking with Ruth about if there are ways to get off the Banned Drinker Register.

They may be able to do a course with us from our set up programs and get points towards getting off the Banned Drinker Register. All that training and stuff that we are putting together as well... Other community organisations access those programs that we put together.

Mr CHAIR: Are there any programs that you have been associated with or that you know of that are more successful than others in terms of helping people avoid getting onto the BDR or get to that endpoint that we were talking about before.

Mr GOODA: You might think this is callous but I think we have to start with the younger ones now, the teenagers. We have to extend the message about how bad this stuff is to them. As I said, we have the resources from that mob in Alice Springs and they have some really good programs where we can talk to the young ones.

The ladies before mentioned it, the people that go through the rehabilitation, they come out looking good as gold but they go back into that overcrowded house, the unemployment, the violence, the alcohol. So that cycle of poverty and all those issues need to be addressed as one.

Mr WALKER: You are going to make someone going back to that environment—he is different. If he is different he is going to stand out so you have to make him the same.

Mr GOODA: We have hope. We work with what we have. We have a very close contact with all of our clients and relationships with all of our clients. That cultural side, we have seen men who would not talk two words in front of you, out in the bush around the campfire or the dinner plate, all sitting around talking. They come back into town after three or four hours out in the bush, happy. They fill out their survey forms that it was good and they are telling us about where they want to go for the next trip.

That is a way we can get to people, to men and women. Every fortnight the men go for a trip out bush, the next week the women go bush. When that happens, you can see and feel the change. Once they have been on country, talking—as I said, half of them would not say two words to us in town but out there, sober, have a feed and they talk about their country.

Ms TURNER: That is sort of the long-term sustainable getting people strong. I want to talk about media and the BDR because there are huge challenges for that. People that are on the banned drinker are getting access to alcohol and they humbug too from family—if someone has an address.

Looking for support for someone who wants to stop drinking now today while they have it their mind is very difficult. I cannot just ring up somewhere and say this person needs help. I am talking because that is from a grandson's point of view who is a promising footballer but he cannot stop drinking. He says, how can I stop drinking? I said, I am going to look for help for you. But where?

I am working in the sector but I could not even find the appropriate help for him. They are the challenges as well. Good stuff working in the long-term but just not in the immediate.

Mr KIRBY: How do you stop those influences?

Mr GOODA: There are some things that happen up at Mount Theo in Yuendumu, a property that people go to as an alternative to detention and there is a program in the Kimberly's called Yiriman that take the young kids to bush with the old people. They are alternatives to detention for these young ones that actually works.

Again, they come into that environment where they have left but they have a taste of education and work and the value of work is immeasurable.

Ms TURNER: That is another thing with the grandson I was talking about—there is no job opportunities either. I could not see—I went and asked is there any traineeships because he came from Victoria six months ago. We wanted to get him away because he might be sliding into ice. So I tried to move him from one situation and bring him here—from the frying pan into the fire maybe. This is pretty raw with me at the moment because this had just happened last week. That is my little personal story to add.

Mr GOODA: Our big message is that cultural framework because it needs to be specific to that country, and the people on that country are the ones that should be consulted and that is how it works. That is how

we say we develop a model around that framework, around the language, around the protocols and around the ceremonies that those traditional owners from that area own.

Mr CHAIR: Any other questions? We did not really follow any of our questions. Do you have anything Sandra?

Ms NELSON: No, I do not, thank you.

Mr CHAIR: Before they go away to say the camps or the one in Yuendumu or Kimberly's or whatever and come back are there any programs that we could help you with or get you to develop that would be culturally relevant and sensitive program because they are going to come back in to that same family situation, as you said ...

Mr GOODA: I think there are opportunities there for all those employment programs to go there and meet with them—have it set up. There is accommodation for it and all of that sort of support around education. They have to be educated the young ones—no two ways about that—then the employment opportunities and for that to work.

We are looking at a program that Anyinginyi call Aboriginalisation policy and that is about getting young people involved in the health system. There is an absolute dearth of Aboriginal health practitioners out there.

There is a career in this health system that we want to get out there and promote and say to the kids at school there is a career in this place—there is a career at Julalikari, there are careers at all these organisations around the place—but that is not spelt out but those services are here waiting for those kids to come back.

There is a chance there, the basic stuff, the education and training, job opportunities.

Mr CHAIR: Yes, it is opportunity, it is re-engagement.

Ms TURNER: I just want to back that Mt Theo one. At one stage they were just taking Warlpiri kids because they did not want to take kids from other languages. I do not know if it has changed around or not. It was that cultural safety if anything happened. It would be deadly to have a Mt Theo in the Barkly.

Mr GOODA: We had a conversation with a young guy who came in from Wunara, they have a property out there. They want to look at doing something similar to that; getting young kids out to those properties and working, getting trained up, having the education content out there. They could be referred from the courts as an alternative to detention.

Ms PURICK: Who established and runs Mt Theo?

Mr GOODA: It was Yuendumu first. It was set up for petrol sniffing. They wanted to get the petrol sniffers out of Yuendumu and keep them away from the source.

Ms PURICK: Community council?

Mr GOODA: Warlpiri people. Yuendumu is all Warlpiri. So that was set up then and it developed from there to run programs and other stuff, all that education stuff. Originally it was to get the Warlpiri kids out of Yuendumu away from petrol so they were not sniffing.

Mr CHAIR: Thank you very much for your presentation. Thank you for your submission as well.

Mr GOODA: Thank you for the opportunity to have a yarn with you.

The committee suspended.

BARKLY REGION ALCOHOL AND DRUG ABUSE ADVISORY GROUP

Mr CHAIR: Welcome, I am Jeff Collins, the Chair and Member for Fong Lim. We have Paul Kirby, Member for Port Darwin and Kezia Purick, Member for Goyder and Speaker of the House.

On behalf of the committee, thank you for coming along today and presenting at this public hearing of the select committee into harm reduction strategies for addictive behaviours. I welcome you to the table to give evidence to the committee. Thanks for coming in and meeting with us. We appreciate you taking the time to speak to the committee and look forward to hearing from you today.

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Ms MILIADO: Toddy Miliado, I am here to represent BRADAAG and my CEO Pauline Reynolds is away on leave currently and she was not able to attend so I was chosen to attend.

Mr CHAIR: You got the short straw.

Ms MILIADO: Yes.

Mr CHAIR: We will be gentle. Is there anything you would like to say? Do you know much about the process?

Ms MILIADO: I have one question. I got a call from the ABC this morning, asking if they could do an interview with me at 4 o'clock this afternoon regarding what was discussed here. I said at this stage, no, I have to get authorisation from my CEO to do that and I did not know what the process was in here.

Mr CHAIR: Was this ABC Drive in Alice Springs?

Ms MILIADO: I would say so.

Mr CHAIR: I think I probably have a phone call with them at about 4:45pm so we will see how that goes. I will give them a rundown on what we have been talking about; not necessarily the evidence but just a general interview about what we are looking for, who we are talking to, and that sort of stuff.

Ms MILIADO: Okay, I will refer them to you. That is the easiest.

Mr CHAIR: That is right. Pass the buck. As you may or may not be aware, we are select committee of the Legislative Assembly of the Northern Territory. The Assembly agreed to set up the select committee to look into harm reduction strategies or a harm reduction strategy for the Northern Territory and we are looking at issues like drug use, alcohol abuse, gambling, tobacco, addictive behaviours generally and what we can do to try and minimise the harm to individuals and the community that these addictive behaviours cause.

You have an alcohol and drug abuse background obviously so we might ask some questions of you, if you like, and we can start a conversation and see how we go from there. We have some draft questions that we have not necessarily been following... we might not necessarily follow beyond the first one or two, but we will see how we go.

Can you tell us what the main substances used by the people seeking treatment through your services are?

Ms MILIADO: Alcohol is the main substance in Tennant Creek. As BRADAAG, we take other people and over the last 12 months, we have received several Top End VSA clients and one local methamphetamine user. Methamphetamine use is not a big problem for us yet. Cannabis is usually the drug of second choice after alcohol.

Mr CHAIR: We have heard that a bit from some of the other groups before you, that it was alcohol and cannabis. How is the cannabis issue presenting as a particular problem?

Ms MILIADO: With the alcohol reductions that are happening, there are some people who second drug of choice is cannabis so if there is no alcohol available they will turn to that.

Mr CHAIR: What effects is that having in the community?

Ms MILIADO: Similar effects that alcohol has. The group of people that BRADAAG deals with, in that the family income, where on occasions it is spent on alcohol it will be spent on cannabis. So there are all the social problems that follow on from that with the family members that are not using whether it is a spouse, uncle, aunty, grandma, children, all those other people in the house would have less money to spend on...

Mr CHAIR: No money to spend on food and everything else.

Ms MILIADO: Yes.

Mr CHAIR: For the user, particular health problems that are manifesting?

Ms MILIADO: I do not really have enough information to discuss that. I think that the health problems associated with cannabis that we know of, mental health problems are greater with greater use of course.

Mr CHAIR: Do you provide residential rehabilitation?

Ms MILIADO: Yes, so there are 20 residential rehab beds and 12 beds for COMMIT. The 20 residential rehab beds could be filled by self-referrals, referrals from corrections or referrals from other agencies right across the Territory. The COMMIT beds are exclusively for corrections.

Mr CHAIR: What sort of treatments do you offer?

Ms MILIADO: Programs? The daily programs are a variety of AOD and health programs. There are programs relating to drinking—what is safe drinking, a lot of information about that—and there are non-smoking programs and basically a variety of health programs.

Mr CHAIR: Do you have any programs or involvement in programs or knowledge of programs that are aimed at, not so much diversion, but avoidance; programs that are aimed at education or avoidance or re-engagement type programs as opposed to rehabilitation treatment?

Ms MILIADO: All clients that are living at BRADAAG are case managed. Part of that is the rehabilitation side of it. With certain clients, they will want to do training, other clients will want to do work or various activities. As part of their case management, it is individual, it is not one size fits all.

There are a number of BRADAAG clients that as they are well in to their rehabilitation program have actually gained work—we have helped a lot people gain work—and they are still living at BRADAAG and they are going off to work from BRADAAG, so they remain within the safety of the BRADAAG environment and go off to work and come back. A lot of clients find that very helpful

Mr CHAIR: Somewhere safe.

Ms MILADO: Yes.

Mr CHAIR: How many of your people are mandatory as opposed to voluntary?

Ms MILADO: There are 12 committed beds, so they would be mandatory and the clients that come to BRADAAG from court orders—they will be in most cases, as far as I understand—there is an agreement made so that that particular person will come to BRADAAG and do a program for two or three months or whatever the designated time is instead of going to gaol—there are always those people at BRADAAG.

On occasions if the clients that are living at BRADAAG that have come from Corrections in that capacity they normally have an ankle bracelet on so that if they decide at some time that they are going to leave and do leave then they breach their court order and they are picked up and taken back to gaol.

Mr CHAIR: Are you able to comment on the success or otherwise of the mandatory as opposed to a voluntary approach?

Ms MILADO: Voluntary does appear to have a slightly higher rate of success but there are successes with the mandatory clients as well. There are clients that have come to BRADAAG rather than go to gaol or may have been released from gaol early to come to BRADAAG that are now working, and they say that they want to stay at BRADAAG as long as they possibly can because while they are in this environment they are comfortable to go off to work, they do not have the pressures of going back to their family and friends and drinking and smoking cannabis. On both sides there are successes.

Mr CHAIR: I have a question if you could provide an overview of the services provided through the sobering up shelter—that is your other 20 beds, is it?

Ms MILADO: The sobering up shelter welcome all clients at risk of harm associated with alcohol or other drugs. We offer a non-judgement service without bias. On a lot of occasions we will get people attending the sobering up shelter—it is known locally as SUS—to escape from other people that have been drinking.

In other words to leave their home or where they are staying because everybody else there is quite drunk and so people will often come to the SUS. They may not necessarily have been drinking that much themselves but they want to escape that environment, so it is very good.

The other people that use the sobering up shelter on a regular basis and there are different variations of regulars—some regulars come once a week, some come a couple of times a week—and that is to do with they know when they have been drinking they know their own problems.

They know that when they have been drinking there is always a risk that they might get themselves into trouble or if they go back to their family home they could make trouble for the others there so they come and sleep at the shelter and sleep safe and return back to their life the next day.

Mr CHAIR: What do you think the key barriers are to reducing harms from substance misuse in the Barkly?

Ms MILIADO: Local community members often return to homes where alcohol and drug use is commonplace and they can quickly return to their previous lifestyles due to peer pressure. Tennant Creek itself offers little in the way of social activities during weekends or evenings.

There is nothing like cinemas or bowling. There is a few recreational activities but not very many. Other service providers work Monday to Friday so apart from BRADAAG shelter there are not many other places people can go if they have had problems out of business hours on week nights or weekends.

Mr CHAIR: Is there anything else that you feel we could benefit from knowing?

Ms MILIADO: We are engaging with other providers in Tennant Creek. BRADAAG has become really involved with all the other providers in Tennant Creek—women's refuge, Catholic Care, Stronger Families and any other services that we can join up to create a coordinated approach with we do.

That is with everything. We have had trainers come from Alice Springs that have provided training to BRADAAG but also other places while they have been in town. Wherever anything is available BRADAAG tries to link up with it.

One of things that was really noticeable two years ago when BRADAAG went through the changes and we got our new CEO was that there was not much communication with all the other services, so we have tried to create a coordinated joined up approach where possible. Even with local gatherings sometimes we will put on events in Peko Park or something which might just be a barbeque—the thing might be quit smoking or something but we invite all the other service providers and get everybody and all the locals there.

I think it is really important that Tennant Creek works on coordinating well. There is not much here so what we do have we have to really coordinate and share.

Mr KIRBY: If funding and resources were not a problem is there a clear direction that we should be heading in, from your point view? Are there key things that we are missing at the moment?

Ms MILIADO: The goal for BRADAAG is to become a community onto its own—just like the out of town—not too far that it is too far for people to come in for work. A lot of the people that have been in and out of BRADAAG over the last two years enjoy the fact that they are slightly separated from their family and friends so the idea that BRADAAG will be a separate community then will create a huge want in the community.

BRADAAG already has 50 people on the waiting list and that is quite normal. We just cannot take everybody, so when BRADAAG becomes a new facility and it is a place to go, a refuge as well as a rehab then I think the demand is going to be very high according to the local people that are in BRADAAG now.

A lot of the local people that come in and out of the sobering up shelter I sit and chat with off and on a couple of times a week. I am the manager of the sobering up shelter so I will often sit down in the morning—we provide breakfast every morning for the people that have slept there—and they say that the harms of having one person in the family that is using a lot of alcohol or drugs affects the whole family—we understand that.

I have asked a couple of people, what do you think if alcohol was completely not sold in Tennant Creek and some of the people will say yes and some of the people will say we would like to see it happen but we are afraid for the people, the alcoholics. The women will just say to me, those people will go crazy if they do not get a drink.

If it comes to the point where Tennant Creek gets greater alcohol restrictions then the services for people that are abusing alcohol need to be greater. There needs to be more facilities for medically assisted ...

Mr KIRBY: More support services.

Ms MILIADO: The first week, two weeks and even three weeks of a person stopping drinking are obviously the hardest. In Tennant Creek I believe that there is one bed for medically assisted dry-out. It is very sought after.

The people want to see the alcohol stopped but at the same time they are afraid of what will happen if it did happen. It is very challenging. In Fitzroy Crossing when I worked there was when the elders and the senior community people decided to work with the government to stop the alcohol there and it was the start of the time when people could only buy light alcohol as takeaways and when I was speaking there speaking to the elders and the community people they wanted it, they drove it.

It is the same in Tennant Creek. A lot of elders and senior community people in the Aboriginal community want to see alcohol reduced further but like I said before unless we have the services to help the people that were abusing alcohol when that starts it would be ...

Mr CHAIR: It would be a big fall out.

Ms MILIADO: It would be a big problem. There would be a big flow on effect and it would be pretty hard to handle. A lot of the local people say that the sales of rum should stop because a person can buy one bottle of rum per day six days a week. That is a lot of rum and people do buy that.

Conversations from the senior Aboriginal people and the elders—the ones that want it to stop want to see it reduced further—but at the same time we do not have the support networks to support all the people who would then need to give up alcohol.

Mr KIRBY: There have been some similar themes about what you mentioned before about sharing of support services, some of the other ladies mentioned almost through necessity they just had to at different times share their services.

Ms MILIADO: As far as funding and services the hospital needs to take a greater role. They need to have more funding, they need to be able to have a greater role because there are many people that cannot go in to BRADAAG. They cannot stop drinking one day and go in to BRADAAG the next day. They need to be medically assisted to get off the alcohol before they can go in to BRADAAG.

For that to happen there are a lot of cases that will have to go to Alice Springs or Darwin and people from here will not—so we have that.

Mr KIRBY: You are saying that you thought there would be 50 people on the waiting list.

Ms MILIADO: There is. Yes.

Mr KIRBY: How many in the program all up at the moment?

Ms MILIADO: We have 20 residential beds—plus 12 for commit for the Correctional clients. We have 13 transitional after care units, so there is all of those people—sometimes there are two people in the unit—it varies there—so I could say 13 but on occasions there will be 26 ex-BRADAAG clients living in the units.

At the sobering up shelter we have anywhere between 16 down to one person a night and if some of those people could get in to residential rehab they would, but they cannot go straight from the shelter to the rehab because they would need to have a medically assisted dry-out from alcohol—they would not be able to manage.

There just is not the services for alcohol rehabilitation. There are services there but they are not big enough. If the hospital could play a greater role—they have to have the funding—so there are all these problems.

As I said, the senior people in the community would like to see the sales of rum stopped and things like that. The alcohol restrictions while they seem like a good idea if a person really wants to drink, one bottle of rum a day is still quite a lot.

Ms PURICK: Could I make a comment? I know the old expression is there is a fight in every bottle of Bundy, but if Bundaberg was taken off the shelves would there not be a disposition to just transfer to another spirit like Jack Daniels or some other rum? Or is it just that particular rum because it is very sweet?

Ms MILIADO: Rum is what is locally called the hot liquor of choice but if all spirits were taken off the shelf that would be ...

Ms PURICK: The ideal situation.

Mr CHAIR: Rum historically has a bit of a name for encouraging violence.

Ms PURICK: Yes, a fight in every bottle.

Ms MILIADO: Clients often speak to me and they will tell me—I am okay while I am drinking beer but as soon as I drink rum I get in to trouble.

Mr CHAIR: Thank you very much for that. It has been informative.

Ms MILIADO: Thank you.

The committee suspended.

JULALIKARI COUNCIL ABORIGINAL CORPORATION

Mr CHAIR: Welcome. I am Jeff Collins, the Member for Fong Lim. I am the Chair of the Select Committee on Harm Reduction Strategy for the Northern Territory. This is Paul Kirby, the Member for—I was about to say Fong Lim. Our seats are next to one another. Normally, I do mix up with me. He is the Member for Port Darwin. Kezia Purick is the Member for Goyder and the Speaker of the Legislative Assembly.

On behalf of the committee, I welcome you here this afternoon to this public hearing. Welcome to the table Alan and Clarence. Linda could not make it, is that right?

Mr SATOUR: She was here previously, so she thought she would leave two of us.

Mr CHAIR: Oh, was she? Right, there you go. Now let me see if I can get this right as well. Julalikari? Is that how you say it?

Mr SATOUR: Good.

Mr CHAIR: I am getting there. Thanks for coming before us today. We appreciate you taking the time to come and speak to us and look forward to hearing from you.

This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee apply. It is a public hearing and is being recorded. A transcript will be made available for 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 will say should not be made public, you can ask the committee to go into closed session and we can take your evidence in private. That being said, can you introduce yourselves for the recording please.

Mr SATOUR: My name is Clarence Satour and I am the manager of the Day and Night and Youth Patrol for Julalikari Aboriginal Council Corporation.

Mr McGILL: I am Alan McGill. I am CEO at the moment until they find a new person.

Mr CHAIR: Okay.

Mr McGILL: Linda was to be part of the group, but seeing she spent time with Anyinginyi Health, she thought she would leave it to us to ...

Mr KIRBY: Fair enough. There you go.

Mr CHAIR: So you two have drawn the short straws?

Mr McGILL: We have done this time.

Mr CHAIR: Would you like to make an opening statement?

Mr McGill: First of all, we apologise that we have not been able to put in a written submission. It is just that under the circumstances of the organisation, there are no resources to have done that.

Mr CHAIR: No, that is fine. We understand.

Mr McGill: Julalikari is a service provider and it provides services ranging from housing to aged care, to youth and children's services, including the community patrols—Day Patrol, Night Patrol and Youth Patrol, which is the new one. Julalikari had the first Night Patrol in Australia, so they are experienced.

We run those patrols and, because of that, our people are front line when it comes to dealing with some of the consequences of this addictive behaviour—whether it be Night Patrol or our tenancy officers who visit houses, they are the ones who see it. We are not involved in treatment or anything as such.

Clarence is the manager of the community patrols and has the frontline experience, so I will ask him to give us his experiences in a moment. Before that, I have another observation, having been here a bit over the last three years. There is no collaboration—despite what people say—between the government agencies and NGOs. That is my opinion and I will stick to it.

There are silos everywhere in Tennant Creek. If there is one place that that should be able to be overcome it is in a small place like Tennant Creek. An example would be if I worked for—I will just say Department of Housing. I was the CEO of that department for a while, so I can slap myself for what I am about to say.

I might be a person who goes to a house to look at a maintenance issue. I go into the house and I notice the toilet needs fixing or whatever. I also notice in the corner a kid who should be at school, or people on drugs or drunk or a sick person in the corner of the house. I go back to my office and I fill out the order for a plumber to go and fix the toilet. I have no other contact with any other agency.

The local Chief Minister's department guy is Craig Kelly and I have been talking to him. There is an idea as to how they—the worst 20% of the houses for example—might be able to be case managed in a better way to get better outcomes by a lot more sharing of information, collaboration and so on.

I know it is a bit different to what the previous witness had to say but there is still a big gap between collaboration and cooperation.

Mr CHAIR: I might be wrong but I understood that that was what she thought needed to be improved. She said that if there is one thing that needs to be improved ...

Mr McGill: Okay, that is good. We are on the same page then.

Mr Kirby: For me living in Darwin what was reasonably well reported through the year was some of the issues that have happened down here; that information just had not been readily shared between departments.

Mr McGill: My understanding is people—this is my language—hide behind privacy and there is no hiding place in certain circumstances. It is not a barrier, it can be overcome.

Ms Purick: Can I make a comment? What you are saying, Allan, is not new. I was on the Select Committee looking into Foetal Alcohol Spectrum Disorder. We had public meetings here and we had them over at the Council Chambers, some we had in Alice Springs.

The groups that attended—this is Tennant Creek—some of the groups who dealt with youth services - children and others - and that kind of stuff did not know what the other groups were doing. When we got to Alice Springs when you added it up the number of groups that had some engagement with young people, whether it be Anglicare, the churches, the NT Government agencies, the NGOs, the land councils and whatever they had there, they did not talk to each other.

Nothing has been learned from previous Select Committees when it comes to what you are saying—sorry, they are all competing for funds from either NT Government, Commonwealth Government or special programs—and I was not so sure about the hiding behind privacy but that is obviously one of the reasons they would give—but they are not sharing.

You have these multiple agencies—we will call them agencies—private sector, government sector, churches all trying to do the same thing and I bet you the same thing has happened with what they are doing here. Multiple agencies but they are not sharing resources and not sharing Intel, like you said. Why can it not be?

Obviously, you would have to have a series of protocols developed and established probably by governments and agencies but that is where people slip through the cracks and that is where so much money gets wasted.

Mr McGill: About six years ago I was CEO of Barber House and the Department of Local Government and I had the other 30 CEOs at the time agree to a project at Maningrida where we were going to case manage the worst problem houses. So at the CEO level a big sign off.

By the time it filtered down to regional operations—‘sorry, I work for health’, ‘I work for education’, ‘I cannot share that information with your or whatever.’

Mr Chair: I am a former lawyer and it is one of my bug bears over the years that people hide behind privacy as a reason for not doing anything, and they misquote the privacy legislation and they misunderstand it and a little bit of information gets mixed up and the wrong message gets outside. I fully agree with you.

That difficulty of getting the message down to the lower levels must be mind boggling.

Mr McGill: That is just getting off my chest, my pet little issue with all this sort of thing.

Mr Chair: I have an asterisk against it now.

Mr McGill: Clarence is the man in the frontline who can share his experiences.

Mr Chair: Away you go Clarence.

Mr Satour: We will start with our day patrol. At day patrol we have a girl that worked for us that what we did with her and how she worked with the other teams was that if we had a problem, whether it be with a child, with a youth patrol or an adult, the message would be passed on to her next morning after one of our meetings. She would then go and have a chat to this person and see if they wanted help, see what sort of issues, what the home life was like, all that kind of stuff.

We would then make a referral then if that person took that option up then that person should take care of the booking and everything else ...

Mr Chair: So they follow through?

Mr SATOUR: What we have found is that the people we were sending off and referring to other organisations to get the help and everything else, one of the biggest problems we find is that—we used to send them down to either CAAAPU or up to Darwin, I cannot remember the name of that place, but CAAAPU has just recently changed. Now they are accepting only women down there instead of blokes. They do not take blokes any more so we started sending the males north to Darwin.

What we found was that they are in there only for a period of six weeks. If they are a chronic drinker they are not going to change anything within 6 weeks. They come back here and one of the biggest things we found was the social aspect of things when they get back here. It was very easy for them to fall back into what they were doing before.

That is our day patrol that works with our night patrol. With the youth, it is the same sort of situation but we found with the kids that once we picked the kids up from off the street, we take them back home and make sure that it is a safe home environment that they are going back to. We found a lot of kids were hungry.

We only started the youth patrol in March, roundabout 12 March. We have decided, with our stats, to do a check on the kind of numbers we were sitting on around the 33rd day. In that period we picked up something like 2500 to 3000 kids in that period. All of them were hungry.

Halfway through that we got a budget so we could supply the kids with a sandwich, piece of fruit and juice and that kind of thing. It was a pilot program so what I decided to do with our youth patrol was, I said we are going to sit in the grey area and I explained to them what that grey area was.

We had departments on the left, we had departments on the right, the grey area was that area where the kids were not being picked up, fed or being checked at home to see whether they had a safe home environment to go to. I said 'right, that is where we are going to sit.' That is the area that is not being catered for. We became the link between these other organisations.

We had a case where we picked up a couple of young fellas who started a bit of a ruckus because one of those was about four years old, 1:30am, starving and he was with his older brother who was only a couple of years older. We took them back to the place and sat with them for a couple of hours and we rang Territory Families to come and pick them up. That took about an hour or two. We passed the kids onto them and that is basically all we could do at that stage. We were building this program up and I said that was where we were going to sit, in that grey area.

Once we got ourselves established there and the kids started knowing the bus and the people that were working—it was basically a new service that got started this year—so the kids got to know these fellas and started getting used to them and the bus and one of the reactions we got, and this was only about a month ago, where Territory Families were out and they had a bus out or something and they all jumped out of that bus, jumped on our bus and one of the lads asked the kids why do you mob not stay with them? The kid just told him straight out 'no they take kids away.'

Once we got the youth patrol established, we started working closely with Youth Links and basically we do pick-ups and drop offs and that kind of thing, and working a lot more with them. But like I said, that is a grey area where we picked up the kids, made sure they had a feed and that kind of stuff.

Mr CHAIR: Yes.

Mr SATOUR: And it was something so simple. We are getting to the point now where, right, we need to start looking towards the future and said, right, we need to see if we can offer these kids a bit more. One of those things we proposed was a safe house where we can actually have a place where, right, if there is not a safe home environment or if there is no one home at all, we can take these kids and look after these kids for the night—wash their clothes, give them a feed and send them off to school next morning with clean clothes and something in their bellies and stuff like that.

Mr CHAIR: Yes.

Mr SATOUR: Then our Day Patrol works better with going to look for the family and find out, basically, where they were currently.

That is the future plan with the Youth Patrol and basically what the Youth Patrol and where we sit at the moment. It does not sound like much, but in the grand scheme of things, there was not a service that was there before.

Mr CHAIR: Yes, that is right. And it is still operating?

Mr SATOUR: It is still operating there, yes.

Mr KIRBY: How many patrols, Clarence?

Mr SATOUR: We have 16 on the books. Each night they will vary as far as numbers go, but we like to put four in each car. We have two, what they call yellow cages, which is the Night Patrol. We have a blue cage, which is the Day Patrol and we have a 13-seater Coaster HiAce bus for the youth. We have a few years on it now, so we have had a PM&C evaluation a few weeks back now and we are waiting for the recommendations on what will happen there and that kind of thing. We put in our wish list. One of those was a bus.

Mr CHAIR: Yes. How are you finding your interaction with kids on the Youth Patrol? Are you getting to them?

Mr SATOUR: It has been great, yes. But I have got a bit ahead. It is not down on paper, I have yet to put it down. We are sort of working in phases where the first part was a month or two just to build that rapport with the kids and that kind of thing. We let them get used to us ...

Mr CHAIR: Do you find they come looking for you now, for a feed?

Mr SATOUR: Yes. They are lining up and all that kind of stuff. But there are times when our food order has not come through yet, so we have to lose a couple of days with their service, but they still pile on—do you know what I mean? They have gotten used to it, to make up for it. The lads might just take them for a little burn around and then take them home and make sure everything is right.

Yes, we have about 16 on staff, but we are in the process of we need a lot more females to expressly work with the youth. Instead of kids coming along and looking at all these hairy-faced blokes, we need to get some females on board. So, we are working towards that. But the rapport with the kids is great at the moment.

The next step is now that I have to go out and build a rapport now with our stakeholders—that is the police, NT Education and that kind of stuff—to see what we can do or how we can help them with some program they may already have going or something like that. But we try not to commit too much to that because we still have the other job of core watchers of kids in the main.

We have a major highway through the centre of our town, so we always have to monitor that, which leads on to the Night Patrol, which picks up drunks all the time laying near or on the highway, in the middle of the highway or across the highway. They are constantly up and down picking up those sort of people.

Mr CHAIR: What do you do with them? Where do they go?

Mr SATOUR: Normally we take them home. The boys who work with us now know the majority of these people, so they know where they live and that kind of thing. Our main concern with them is making sure that we pick them up, take them home, make sure they get home safely and that is basically all we can do.

The police may call them if they need assistance. If there is a domestic violence case going on, we would normally send a yellow cage and the youth patrol, just in case there are any kids involved. They will normally double up on that. They have radios in the car and there are phones and everything else. They work as closely as they can with police.

As I say to them, if you see an ambulance and they are dealing with something, just pull up and hang around there because the last thing we need is people attacking ambos who are trying to do their job so we watch all that sort of stuff as well.

Mr KIRBY: Has the hunger issue escalated over the last year or so do you think?

Mr SATOUR: I think it has always been there but it is only noticeable now that a lot more people are security conscious at home, so they put up cameras and kids who break into the houses or go into the fridge that is at the back, they are looking for tucker and stuff like that.

There are a lot of other things that they could steal but they are just taking food. Who looks after that, I do not know. They are school aged kids so I gather the parents are getting a payment of some sort to send these kids to school and also to feed them but from what we gather, it just is not happening.

Mr KIRBY: Without any data or stats to back it up, we just had some conversations recently around payments being stopped and children being hungry. I was just interested to know if you had seen much of a correlation between those things.

Mr SATOUR: When we first started the youth patrol especially, at least 95% of the kids that we were picking up were starving; not hungry, starving.

Mr CHAIR: Do you have a core group of them that you deal with?

Mr SATOUR: We have about 15 that are regulars, picking them up and that kind of thing. Not so much hungry but just picking them up, taking them home and 20 minutes later they are picking them up again.

Mr CHAIR: In those particular families is alcohol the issue?

Mr SATOUR: Yes, I say it would be. That would be a majority of cases. There are not too many things you can do in Tennant Creek. That is why I was saying that one of the biggest things that is missing is the social aspect. We try every day to put people into these sobering-up shelters and that kind of stuff but you cannot force them, so we have figured we will just go and visit them every day and badger them to make them want to go in.

Mr CHAIR: Have wet shelters been tried down here?

Mr SATOUR: People like BRADAAG but normally BRADAAG gives us a bell about whether they have got beds available.

Mr CHAIR: Is BRADAAG wet or is it dry?

Mr SATOUR: It is dry.

Mr CHAIR: We had a submission from one guy about wet shelters where you go in, you are allowed to drink a small amount, so it is not an abstinence approach to rehab.

Mr SATOUR: Me personally, I do not begrudge a bloke having a drink but you get those chronic drinkers that if they do not have it they will start shaking and carrying on. Here for instance, you have BRADAAG but three blocks away there is a bottle-o. If the clients there can come and go, go to work like the lady was saying, it is nothing to pull them in. It sort of defeats that purpose.

If anything, probably one of the things I have just suggested before in talking to a few other people is that if something was built, say, 20 kilometres out of town and was longer than a six-week program, because that is the attitude you need to take in order to make real change. That is especially with chronic drinkers. But then again, there is a bit of a homeless problem around here.

Mr CHAIR: Yes, we have heard that.

Mr SATOUR: But as far as trying to get people to go into rehab and that kind of stuff, it does not happen if you have people like—say a made-up name—Bruno selling grog over the back fence, or you have grog runners running from here to Mount Isa and back again.

The other one that has come here is where you have Christmas coming up, because I have been working in the Night Patrol for about two years-plus. One of the things I pointed out to one of the supermarkets down there, 'Well, you have Christmas coming up'. He said, 'Yes'. I said, 'You get a lot of orders. You are one of the drop-off depots for Chrisco'. He said, 'Yes'. 'How much of that is alcohol?' He said, 'There is quite a bit.' 'Where is it going?' I pointed out a lot of this will head out towards the communities. He said, 'I could lose my licence over this'. So, there is a bit of a mad rush going on that.

It happened when it came out here a few years ago. A lot of people ordered a lot of alcohol. The 'coppers' said, 'Well, it ain't going back to the community', so what they did, they had a seven-day bender down the road—to fix that problem. Then they came up and got their food.

But you will never stop it. Basically, it gets to the point where the majority is getting punished because of the minority. Like I say, it is only a certain group. How do you fix that, I really ...

Ms PURICK: A complex problem.

Mr CHAIR: Yes, I think that is the ...

Mr KIRBY: We are here to get the answers. It is not what we want to hear.

Mr CHAIR: That is part of the process, the idea behind all that shelter is, rather than trying to stop people cold, that you cut them down and help them learn how to live with having a couple of drinks rather than a bender.

Mr SATOUR: The other thing is too, if I could get a roster so every time they get their Centrelink payments or whatever, one lot buys and this next lot buys tomorrow, and the next day and that kind of thing ...

Ms PURICK: And they share, obviously.

Mr SATOUR: Yes. Then you have others who save.

Ms PURICK: It is complex, that is for sure.

Mr CHAIR: It is, indeed. Gambling problems? Have you noticed any gambling problems in your communities?

Mr SATOUR: We have not noticed it that much, but probably on a Thursday or Friday, you do have some who go for a few hours on an afternoon ...

Mr CHAIR: What is there?

Mr SATOUR: Playing poker, that kind of thing.

Mr MCGILL: There is not a lot of card playing, though, like the top.

Mr CHAIR: Okay.

Mr SATOUR: No. One of our biggest problems is, if you are looking at say, the alcohol and drugs and that stuff, we have a bit of a problem with K2.

Mr CHAIR: Okay.

Mr SATOUR: With the job the police are doing at the moment busting a lot of drugs around the place, which is taking the marijuana of the market, but for some reason this K2 seems to be sneaking in. I have spoken to blokes who got on that and just went absolutely loco.

Mr CHAIR: Yes, I have heard that.

Ms PURICK: Is that a synthetic what?

Mr CHAIR: Yes, a synthetic cannabis.

Ms PURICK: Oh, yes, that one.

Mr CHAIR: There is another one called Kronic, but K2 is the one that ...

Mr SATOUR: Yes, it is K2 at the moment. But we have not really had any dealings with that sort of stuff. We have only come across one case of petrol sniffing. Our boys were watching a couple of blokes fill up a couple of jerry cans for a couple of girls who were about 14- or 15-years-old. They phoned the police straightaway and got the blokes straightaway, got the jerry cans back.

Mr CHAIR: Is the ...

Mr SATOUR: We have only come across that once.

Mr CHAIR: Has a low aromatic fuel stopped the petrol sniffing then?

Mr SATOUR: I suppose I would say yes it has. We have not come across any inhalant use but we have smelt glues on a couple of the kids that we were referred to—I think they referred it to Territory Families or actually took them to the hospital to get them checked out and that kind of thing, and they took it over from there.

They're ones that we tend to refer to other organisations; once that organisation takes over then we, so to speak, wash our hands of it and continue our service.

Mr KIRBY: I am just taking on board your point about not sharing resources as well as we possibly can.

Mr SATOUR: With us, as far as the youth go we have the youth service providers network which is dealing with just the youth stuff and that normally involves the schools. We have been to a few of their meetings but normally it is just talking about activities, school holidays for the kids and that.

The last one I sent our team leader to they pretty much had a shot at him about mandatory reporting because you sing out to a kid and the kid bolted and then they all had a go at him—did you do mandatory reporting? I said, what for? What are you going to report? The kid running away from you? Well, then we had better write down a few hundred names and give it to Territory Families and see what they want to do with it.

We went through that argument with them. Then I said, we will leave it at that for now—and we get all the emails and everything else.

Our next step now is to build a bit of a rapport with all the stakeholders, with the police and everything else to see how we can work with them a lot better out in the field and that.

Mr CHAIR: Going back to what you were saying, Allan, about when you were in housing and somebody goes out and has a look at the broken toilet and observes something and then try to deal with the different departments. If there were a sort of a standard form—I can image some of the staff going out to those places, different levels of commitment to the job or to the broader good of the community and some of them just want to go back and get their job done—broken dunny, fixed it, out of the way.

If there was a standard reporting form across the different groups that go out to these houses and the like so that they could just tick off that yes did see something and that then gets put in to some sort of standard so then it would go off to Territory Families or to Health or to whatever so that they could then ...

Mr McGILL: Yes, that would be better than what is there at the moment. The model that was being looked at was: 'cannot solve everything in every house'. All those agencies know which are the real problem houses so let us take the worst 20 just in Tennant Creek's case, for example, and case manage them so there is a group that meet every day and look at what has been going on in that house.

The police say, probably the people will move to another house, so you sometimes shift the problem but then you find out where they are. In a house—I might be completely wrong—but in a house six or seven agencies might visit them in a day all with one thing in mind but do not take any notice of what else is going on so the sick person in the corner may never get any help because no one has reported it to anyone.

Whereas, if there was one of those worst 20 houses ...

Mr CHAIR: Targeting the worst 20 houses, not perpetuated but if what you are doing is concentrating on those 20 houses then the sick person in the corner of the house next door does not get reported on but somebody still goes in there and fixes the toilet and observes something ...

Mr McGILL: If that is your sheet, if they had that anyway. That is the general one.

Mr CHAIR: The information can get passed around because ultimately these problems grow. There are problem houses undoubtedly.

Mr McGILL: I know we have people waiting behind us to take their seats but 12 or 13 months ago, in August, just before the school holidays were due, there was a group called the Community Safety Committee that

was chaired by the police superintendent. She was there but there were not too many high level public servants at that meeting.

I was there as CEO of Julalikari and we were talking about the youth problems and so on. I said 'school holidays are coming up, is it going to get worse?' Oh yes. Well what are we going to do about it? So a similar thing, our department finishes at 4:15 or 4:21 so the discussion then took place, I am not sure whether it is Barkly Regional Council behind me or not is it? They were there with their recreation officer who was passionate and had all the problems.

We kept saying what do you need to help you? After a bit of discussion, Julalikari provided a bus and a driver to take kids to and from the activities they were running and they also ran a disco, completely funded it and run it. Not a lot of money but suddenly a contribution from a couple of groups provided a part of a solution there.

Mr CHAIR: Thank you for that. We do have to move on but it has been a pleasure.

The committee suspended.

TENNANT CREEK HIGH SCHOOL

Mr CHAIR: Welcome. Jeff Collins, Member for Fong Lim—I am the Chair of the Select Committee on Harm Reduction Strategies for the Northern Territory. Paul Kirby, the Member for Port Darwin and Kezia Purick, Member for Goyder and the Speaker of the Legislative Assembly.

On behalf of the committee, welcome and thanks for coming along to talk to us today. Maisie Floyd, Principal, Tennant Creek High School, thanks for coming. We appreciate you taking the time to come and talk to us.

This is a formal proceeding of the committee, so the protection of parliamentary privilege and the obligations not to mislead the committee apply. It is a public hearing that is being recorded. A transcript will be made available 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 anything you say should not be made public, you can ask the committee to go into a closed session and we will take your evidence in private.

That being said, can you state your name for the recording please, and the capacity in which you are appearing.

Mr FLOYD: Maisie Floyd, I am Principal at Tennant Creek High School.

Mr CHAIR: Thank you. I am not sure how much you know about the select committee, but we have been set up to look into harm reduction strategies for the Territory for various addictive behaviours, drugs, alcohol, gambling, tobacco—all sorts of addictive behaviours and how they affect individuals in the community.

Would you like to make a statement?

Ms FLOYD: I am here representing the student voice of the school as well because I think that students—I have a perception about what happens in Tennant Creek and I deal with young people on a daily basis and I think sometimes we forget to ask the young people about how it is for them.

I have been at Tennant Creek High School since 2011 and I have been the principal at the high school since 2013. In my time, I have seen a bit of a shift in things; the way in which young people—it is pretty hard living in Tennant Creek. I noticed there has been a deterioration for young people in Tennant Creek considerably over the last year and a half or couple of years.

At the start of this year, when there was a community meeting held after the unfortunate incident that occurred here in Tennant Creek, the school went about trying to look at experiences with family violence. I have a couple of things here that I can share with you. This was our starting point around gathering up student voice.

What was happening was we tended to have a lot of adult talk; a lot of people at the community meeting were there as younger people and find it hard to actually get up in a forum like that and put their voice forward.

We went about gathering up some information just from the school point of view from people who are at school.

Of course, there are a number of people that do not make it to school every day so they are not necessarily captured in here but it gave us a good starting point to see what is going on with young people and what are they experiencing at home and the flow-on effect from that.

Here, I can pass it out and you can have a look. I have two copies, we will have to share. Looking at this whole document, there are some key points within it. What causes violent behaviours? Drugs and alcohol are listed by a big portion of people on the second page. This is a big problem for young people in Tennant Creek. They believe that is one of the key issues for them.

Also looking at how can we raise awareness to stop family violence? In the snapshot here, people are saying we have to call 000. What actions should an adult take when they see family violence? Call the police. Which services in Tennant Creek should we involve in our plan? They have said police. That gives you an indication that there is only one way in which people think things can get resolved. That is not a good thing for young people to think.

It is about how we then empower other people in family to actually know how to help, where to go for help and all those sorts of things. This is just a snapshot of where people are at based on that—down here, who needs to action? They know everyone should but unfortunately we are saying we think police are the only ones that can help us.

The other thing, back on page one, where it says do you think you will be violent in the future? Some people say no, some hope not, then maybe, not sure, or possibly but not with family. Someone has said yes. This also does not capture the snapshot of people who do not recognise what violent behaviour is. This is people who recognise what violence is. Whereas you have a whole lot of people who are maybe not treating a person very nicely at school, they are bullying or picking on them, but that is not violent.

So we have tried to raise student awareness about what it is. We are starting to get to a point now where students are understanding that certain behaviours that they are engaging in or what they are seeing at home are now 'hang on a minute, that is not actually alright.' They are starting to think what do we do next?

From this we then—I have another thing I will pass onto you—we put in for a Haywire grant which is about developing a domestic violence action plan. It tells you in there our journey and what we have been trying to do as part of the plan to try and support getting students educated in terms of this particular issue. The violence comes from the alcohol and the drugs and those sorts of things, from student voice.

Mr CHAIR: So, that is what they are observing in their home life?

Ms FLOYD: Yes. So, we need to—and through the work from gathering up where we are, then we have this grant. But we do not just have the grant, we have been doing things. It tells you there what we are up to. We are at a bit of a crossroad now in trying to engage community in how they get an understanding about how they can help, and how other agencies help support a real understanding about how young people in Tennant Creek are feeling and what is going on at home.

We can talk about it at school all the time. We can do all that, but unless the next action happens, students are feeling very disempowered. Slowly there is more of a disconnect between their relationship with their family because when they need to call on them, it is very difficult for that connection and relationship people have and need.

For example, at school, if we need to have someone come up to have a talk about some things that are going on at school, then there is no relationship with that family member in terms of they are the family members, the person who is the go-to person, but there is still that disconnect between, 'last night you were this' or 'last night you were doing that', then that is that unfortunate situation that can play out. It can lead to a real mistrust of adults and it is really hard to resolve things.

Young people are pretty much on their own in many cases and are fending for themselves and are doing it pretty tough.

In response to being requested specifically about drug use, this is a very small snapshot. This is what we have started. This is students' perspective on community drug use. This one, we asked, 'Do you think alcohol restrictions have made a difference to alcohol use in Tennant Creek?' Unfortunately, a big portion say no.

Mr CHAIR: Right.

Ms FLOYD: Then it is here that tells you why—what some people's responses were. There is a conversation there about they find private sales and ask people with an address to buy grog. A lot of people are really crazy and start fighting as a result of the restrictions. It has done some good—a bit less violence related to alcohol.

There is a range of different takes on it, which also shows where to next, I suppose, from the student point of view ...

Mr KIRBY: Sorry, how many? Was this across the school that people ...

Ms FLOYD: This was just a small snapshot we got. There are ages from 11 to—there are 20 people or more on this list, just to start off with. Within that small snapshot, they are open to talking about what is going on.

We only did this, I think, last week for only a couple of days. We have only had a short time to ...

Mr KIRBY: Yes.

Ms FLOYD: We did not pick a group, a staff member said, 'I will run a quick thing to do a demo with my students and we will get some feedback there'.

'Do your parents use drugs at home?' Yes there.

'How often do the adults in your house use drugs?' Again, it is telling you here what type of drug. Alcohol is across there and there are some averages there.

Then, this is also concerning what people are saying. 'What do you think about their habits?' 'We are used to it'. 'I do not care'. 'It is adults being adults'. It is like there is that disempowerment again going on. That is what is happening.

Then, as we move over the pages—this is just our data, just the school stuff ...

Mr KIRBY: Just for my benefit—sorry—back to that page before that has the bar graph on it, that first ...

Ms PURICK: 'How often do adults in your house use drugs?'

Ms FLOYD: Yes.

Ms PURICK: So, that means you have 25 respondents ...

Ms FLOYD: Yes.

Mr KIRBY: Or is that ...

Ms PURICK: Oh, I see. No, it is 25 respondents, zero ...

Ms FLOYD: Zero for marijuana.

Ms PURICK: Yes, yes. It is all right. I know where we are at.

Ms FLOYD: Sorry, does that make sense?

Ms PURICK: Yes, one day a week. That is ...

Ms FLOYD: No one is using marijuana there. In the households, that is what they have said. They are not using it there. In days per week, seven days, there are at least five kids there who said they use alcohol seven days a week ...

Ms PURICK: In the household?

Ms FLOYD: The grey area, tobacco is seven out of ...

Ms PURICK: Every day they smoke?

Ms FLOYD: Yes. Seven days, this many people—15 people, seven days a week using smokes. Does that make sense?

Ms PURICK: Yes.

Mr KIRBY: Yes. I was reading it the wrong way around to start. Thanks

Ms FLOYD: There is a sort of blasé attitude to what is going on yet it has a huge impact. We have a bit of a disconnect there.

Have you ever used drugs?—53% said yes. Do your parents know?—only 1% said yes. Those people that are dabbling in this they are saying that family, yes know about it. Of those who said yes, have you smoked cigarettes, have you had alcoholic drink—that is huge, alcohol is a big problem.

Mr KIRBY: The majority of these kids are 13, 14 years old?

Ms FLOYD: Yes. Then on the back page it gives you an indication—we have some 17, 16—as I said, it is a bit of a snap shot but much more to look at.

Ten years or younger drinking alcohol—that is when they first tried it. There were five people that said they had drunk it them from that age. Then there is a drop off up here and we start to dabble in the marijuana—so 14, 15, 16—it is a bit of an indicator about what might come out in the next part that we are looking at.

That is a snapshot that we are looking at to build on what we are trying to ...

Mr CHAIR: What is the next step that you are looking at doing?

Ms FLOYD: In terms of the domestic violence action plan, that is there and makes some videos and different things that are going up in the IGA on a big screen—that is looking at that. Engaging hopefully with some other key stakeholders because there are a lot of people with domestic violence action plans.

We need to get some kind of coordinated approach to it because the school cannot just do its thing, we cannot have this person doing that thing—we have to get connected as a whole community of Tennant Creek.

There are lots of meetings and lots of people talking but here is what the kids are saying and this is what I think we need to look at strategically—how we actually bring it all together without agencies thinking that someone is trying to take their bit of ...

Mr KIRBY: Piece of the pie.

Ms FLOYD: ...that kind of thing. We have young people here—this is what is happening for them. It is important that we put that aside and try to see what we can do for young people because in my time here it is not getting any better.

Ms PURICK: Would you say it is getting worse?

Ms FLOYD: I would say for certain people it is—the distance between where you have like drop off sale people where you think they are still going to go okay, we still have them, we still have them engaged with things—there is more disengaging a lot earlier and a lot quicker. A lot more helplessness, a lot more feeling out of control because of the things that are going on outside of school and in family and that kind of thing. That is what I have seen. That is what I believe.

Mr KIRBY: We have had some people explain that overcrowding and behavioural and alcohol and ganja—mainly are issues at home—what else do you see contributing this helplessness, that feeling that you are talking about?

Ms FLOYD: Housing is huge. This is another thing that we had a look at. This was Year 12 Aboriginal Studies class sent this one off to—none of yourselves by the look of it—around like housing and the average people in the house—so what the stats are saying and what the truth is in terms of I should not say the truth—but

there are big disparities. They've done a bit of number crunching and sent off this letter specifically about housing.

There is an opportunity for some of our students to talk with the Chief Minister on a Skype session and the people that I actually spoke to who said they wanted to be involved—I said, what do you think you might talk about? Youth issues, housing—they are already across that.

I think that housing has a—once again this year, I am not sure if housing got mentioned—but it is huge—the violence. There is no escape. There are more people coming in and that kind of thing. Housing is a massive problem here for people.

Mr KIRBY: Is there any ability to tell any of your senior students, from those 14, 15 and 16-year-olds, how many of them would actually either perform better or would like to be in a different space where they can do some homework and they can get some rest. Would it be a significant majority of your students?

Ms FLOYD: I think everyone just wants to be a young person and just have a chance to be a person who can have fun with their mates and not have the level of responsibility and see the things they have to see. Because of everything that is going on they do not get the chance to have a relaxing moment. There is a lot of pressure on everywhere.

In schoolwork and homework and that kind of stuff, we have facilities at school from 7 pm to 9 pm at night, Monday to Thursday. People from senior school come in and can access our staff, who volunteer to go. They come in and get some help with their work and that kind of thing. We have a great pool of people who go above and beyond. It does make a difference—it absolutely does. Good relationships make a difference. But we feel sometimes in education we want learning but there are a lot of things that cause a disruption to learning along the journey. It is really tricky.

Ms PURICK: What is the percentage of Indigenous students versus other Territory students?

Ms FLOYD: In our school?

Ms PURICK: Yes.

Ms FLOYD: There are 85% Indigenous, a multicultural mix, then a little snippet of people left over from the mining days and people who have been in Tennant Creek and grown up and their families have grown up here. We are a big proportion. That dynamic has changed since I have been at the school. It has always been that kind of mix, but before that it was very different. The access to education was slightly different in the past. In my time, it is a different dynamic.

I guess the other thing is with the high percentage of Aboriginal students, it makes me feel really sad when they fight with each other because it is about inter-cultural bullying. It is very sad because people need to unite together and be a powerful force to try to empower each other. I know that is very hard to do when there is a lot of other things happening.

Trying to give voice to students and know we have a voice here from a good portion of the people we are trying to connect with, is where I would like to have so many more parents come in to the school who are from our cohort of 85% Indigenous. A lot of the students are in the camps. They are the people I want to hear from. It is really hard to get connected because of—education might not have been the best experience for people in the past, so it makes it hard to make that connection, or know how to connect.

Ms PURICK: You probably cannot see a tangible outcome?

Ms FLOYD: That is right. And that is why we, in Tennant Creek, I believe, really need to get connected with each other so we can tell each other's stories. I can say I know what this agency does and this is how they support us and this is what—no, the high school, they are doing this. Probably not many people would know this is what we are doing, apart from the people who have been the key players in it.

I shared this one—'your experience with family violence'—with the Liquor Commission, because that happened fairly quickly after the issue in March or February, when they came down to try to see that the legislative support was happening with the rules. I said, 'Have a look at that there'. I shared it with the police as well. If I can share it, I will share it, because it is a message from the students ...

Ms PURICK: The students themselves.

Ms FLOYD: As you were saying, 'What are we doing next?', we are putting it into place, we are not forgetting about it. We are trying to say, 'This is what we are doing next'. So, this matches with that, and then this one here, that drug use, is about looking at the key areas we need to tackle in education on these sorts of things.

Most students know, 'I should not be drinking alcohol at 14, or 10, or whatever'. They know that. But it is how you get the change you are looking for by a whole voice, not just a teacher or an agency coming to share that. It is how, as a whole community say, 'What will we do about ensuring we all know the impact of these things on our young people?'

Mr CHAIR: Have you had any programs that have shown success?

Ms FLOYD: How do you mean?

Mr CHAIR: In getting the message through to the kids and ...

Ms FLOYD: Having the school-based nurse in the school really helps, coming from a health background. Engaging with agencies that are up and about and have key roles to play in that education realm without feeling that someone is trying to tell them what to do or get them to do our work.

We are not saying, 'Come in and do this' because it is easier for the school. We are saying 'We want you to come in because it is better for the kids so they get the messages. You are the people they need to go and see when these things get outside of 8 am and 4 pm or whenever the times are. They are the empowering agent because they are the connectors for a whole range of things.

When you get the right people in those roles, making sure that they are on-board with what the greater picture is. I will just give an example. Along with our school-based nurse, we have a former student of ours who is working alongside her at the moment. She is a health promoting nurse and she has also come on board and she has been great. She is young and a real go-getter and it has been great for other students in the school to see her come into the school doing that role.

That is really empowering to see that happening. She has been in the school, she has been a young person that has grown up in Tennant Creek and she knows where we need to start to tackle things. It is about becoming a bit more strategic; getting a bit more structure around the key issues for Tennant Creek. Is it alcohol, is it marijuana; whatever it is let us get a plan of attack around it for everyone.

It should be the same messaging. That is how I see it.

Mr CHAIR: Are you getting a school-based constable?

Ms FLOYD: Yes, I was just having a chat here before saying we have a school-based constable. She is funded directly out of the Tennant Creek police station, so she is one of their normal crew but she has the role of school-based constable. It means it is not an extra position. That can lend itself to other obligations if they are short staffed. It might mean that she has to go back and be engaged in regular routines and that sort of thing.

Mr CHAIR: But generally she will be ...

Ms FLOYD: Generally she should be around and she is the right person.

Mr CHAIR: It is working well?

Ms FLOYD: Yes. We have always had a good connection with a person who has been working with youth diversion or something like that but it extends beyond the people who are already in strife with the law. It is about having that connector. Most people in the school have had a bad experience with police unfortunately so it is good to have school-based... and the faces who are the go-to people who they can talk to and they know if it serious enough, it can go further.

Just to air it off to someone different, someone wearing the uniform helps the kids; they get empowered by that because they clearly place a lot of value on what police can do. If the police saw that, they would be thinking 'wow, they think we have all the magic wands in the world to fix it all', but there is another side of it where people are very anti-police based on what goes on.

Mr CHAIR: How does your constable work? Does she interact with the kids generally?

Ms FLOYD: When she comes into school she has a spot where people can go and have a chat to her if they want to but she goes into class and helps out just like a support person.

Mr CHAIR: It humanises the position I suppose.

Ms FLOYD: She gets involved. Earlier in the piece before she was even officially with us, she taught at one of the Read-a-thons that we had after school. She comes along to those sorts of things so it is a good way of getting the positive side of policing out there. It has to be right person. She is new into town as well but she has come from Katherine so she knows the dynamic of how it plays out. She has been really good.

Mr CHAIR: Did you have much of a problem with kids at school generally?

Ms FLOYD: No. Generally it is just young people in pretty tricky circumstances. All these things we have spoken about are going to lend itself to maybe trickier days than others. Hopefully when young people come to school, they know that school has to be about learning but it is a good place to be and hopefully for that moment in time they can just be young people and have some time for themselves.

There is no need to have a school-based person there, but that is how it rolled out.

Mr CHAIR: That is right. That is working for you.

Ms FLOYD: Basically, for us, it is another extension of a good partnership with police. Hopefully, that gives them an opportunity to get a bit of a different view on the kids as well.

Mr CHAIR: Yes. All right. Anyone else have any ...

Mr KIRBY: A few themes that have come up with other people—kids being hungry. I guess you would see quite a few kids turn up to school, not being able to concentrate because they are hungry?

Ms FLOYD: Yes, there is a lot of young people who do not get anything at home at any time. So, it is up to a matter of where they go. If they are coming to school, obviously they will get some food there. A lot of families actually pay through a CentrePay-type arrangement into the school canteen so they can get food. But we often have to chase them up and make sure they do not cut the payment off or anything along those lines.

We try our very best at the school to ensure everyone is covered by the family, to pay for their own children. Then if things go missing in action, we obviously follow up. But no one goes hungry. If someone comes in and they have not had anything and no one at home is responding, they will not go hungry. We help them out.

Also, we have Stars and Clontarf. They also provide lunch and those things as needed. We have our own breakfast program we run. If people want to come and have a bit of toast, that is okay too. There is plenty of opportunity for people, generally speaking, yes.

Plus you have fairly savvy people from this age up, who can probably fend—a mate will get them something. They have access, they know how to work it if they need to. Whereas, probably for a lot of the younger people, that is very different and they are very dependent and reliant on other family members to support them. I suppose from high school down, they tend to look after the next one down, share a sandwich or whatever the case may be.

There is a real survival mode around food. They do not know when the next meal will come. They know if they come to school ...

Ms PURICK: Catch it while you can.

Ms FLOYD: Yes, a 'get it while you can' type thing. It is a big problem for a lot of young people. It is not like, 'I will go home and I know I have something in the fridge. There will be something there'. There will be no guarantees here for a lot of people.

Mr KIRBY: Yes. Have you seen that increase over your time here? It's been a pretty constant thing?

Ms FLOYD: It is fairly consistent from a school point of view. We have done a lot of work in making sure people are responsible for putting money in. We have probably seen an increase in people having an opportunity, if they come to school, to come to the canteen and get some food—the Stars and Clontarf and that kind of thing.

From a high school point of view, there probably has not been a huge difference, but it will probably be around the same, though. There is still that general feeling that people are in survival mode when it comes to food, not knowing where it will come from next. Yes, breaking-in and that kind of thing—for people looking for alcohol or food, that is it, especially in this age group, because it is alcohol then the food, generally speaking.

If people are breaking in, from the people I know who, unfortunately, it has happened to—I do not know if you can call it respectful breaking in. They are going in for a specific purpose and not smashing stuff up. They are just going in and getting what they want and out. That is from an education point of view.

Mr KIRBY: Yes, we have heard a few reports from the regions recently about, yes, people going into a shop taking bread, cheese, things like that and then just leaving.

Ms FLOYD: The IGA might have a different take on the amount of food that is going missing. I am sure there would be plenty that is taken.

From the school point of view, we have a way in which we can try to support the students and follow up and try to make families accountable for food for their young people coming into school.

Mr KIRBY: Yes. We were talking to one of the Clontarf lads I knew through footy in Darwin from years ago. He was saying a program where they have to try to come into the primary school and try to help make that connection ...

Ms FLOYD: What? Clontarf?

Mr KIRBY: Yes.

Ms FLOYD: Yes, it is going ahead.

Mr KIRBY: Yes?

Ms FLOYD: Yes. It has all been formalised now, which is fantastic. I am really hoping that helps the young people be connected early on in the piece because there is a lot of young people—fellows and girls—who are doing it tough. But Clontarf gives a real purpose to some things for a specific group of people, which they are probably really looking for at the primary school.

Mr KIRBY: Yes. Hopefully, it works well.

Ms FLOYD: Yes I hope so. There is no reason why it should not. It works well at the high school. The earlier the better for any of these things we talk about. The earlier the interventions, the better for the young people.

Mr KIRBY: Anything else you wanted to say to us?

Ms FLOYD: I appreciate the opportunity because it is another chance for me to share student voice.

Mr CHAIR: Thank you for the information you have provided with it as well. It is really helpful.

Ms FLOYD: It is all starting points and capturing what is going on and it hopefully then gives a sense of direction about where to next. You could take on a whole lot of these different things but a lot of it is interconnected.

From a school's point of view, we are trying to do what we can to make sure young people know they are not alone and we are here to help on the journey, but with an understanding that on a daily basis there is a lot happening in young people's lives that is making it pretty hard for them.

Mr CHAIR: Thank you very much.

The committee suspended.

TENNANT CREEK WOMEN'S REFUGE

Mr CHAIR: Welcome. On behalf of the committee I welcome everyone to the public hearing into reducing harms from addictive behaviours. I welcome to the table to give evidence Shirleen Alum and Ronnie Staunton. Thanks for coming in and meeting with us. We appreciate you taking the time to speak to the committee and look forward to hearing from you today.

This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee applies. This is a public hearing that is being recorded. A transcript will be made available for use by the committee and it may be put on the committee's website.

If at any time, you are concerned that what you will say should not be made public, you may ask the committee to go into closed session and take your evidence in private. Can you each state your name and the capacity in which you are appearing?

Ms STAUNTON: Ronnie Staunton, I am the Domestic Violence Counsellor at the Tennant Creek Women's Refuge.

Ms ALUM: Shirleen Alum, Acting CEO at the Tennant Creek Women's Refuge.

Mr CHAIR: I should have started by saying that I am Jeff Collins, I am the Member for Fong Lim and the Chair of the committee; Paul Kirby who is the Member for Port Darwin, Kezia Purick who is the Member for Goyder and the Speaker of the Legislative Assembly and on the line we have Sandra Nelson, who is the Member for Katherine.

Would either of you like to make a statement?

Ms ALUM: Going on from what Maisie said, everything has a flow-on effect whether it is AOD issues, domestic violence, homelessness; they all have a flow-on effect and none of us can help support a person with any one of those issues without addressing all of them together. Our clients just have so many complex issues. We are a specialist domestic and family violence service but we cannot address that issue alone without looking at all the others.

Mr CHAIR: One of the things I have been raising with some of the others as well is that we constantly hear about the problems of dealing with the end result effectively. What part of this process is about is trying to look at it from the beginning and see if we can come up with a strategy that tries to deal with the problem before they become a problem so that you are not actually putting the Band-Aid on or trying to fix the broken leg at the end, that you get to it beforehand. We would really like to hear any thoughts you might have along those lines.

Ms STAUNTON: I think we all feel that the beginning is housing; it is overcrowding and homelessness. You can only do so much but you send these women back to the same environment, the overcrowding. Even if you are looking at the rehab at BRADAAG, they come in—my background is in AOD—and you do their program and then you send them back into that same environment where they are under housed.

I do not think there has been any public housing built in this town since maybe the 70s. A lot of the public housing was sold off in the 90s. It is not exaggeration that most houses have anywhere from 15 to 20 people in them—three bedroom houses, one bathroom.

And that plays into what else Maisie was talking about—no food in the house, children are hungry. What did not come up when Maisie was talking... I have not heard anything since I stepped out of AOD around petrol sniffing of the kids in this town, which has been big. That is often seen as a way to ameliorate their hunger.

Ms PURICK: What is AOD?

Ms STAUNTON: Alcohol and Other Drugs. As I just said everything has a flow-on effect. You cannot address one problem. And if you look at Maslow's hierarchy of needs our first thing is safety, food, shelter. There is no shelter for the mums; if the mums are not safe then the children are not safe; and then there is the food because you cannot protect food or your children in houses of 20 people when there is an alcohol and drug environment.

Ms ALUM: We find that especially in your service and the DV counselling it is really difficult to offer counselling to Aboriginal people when they are sitting there hungry. We have a lot of clients with multiple

medical issues and they have not been taking medication for serious medical issues for months at a time, have not been eating properly ...

Mr CHAIR: Because they are trying to feed themselves?

Ms ALUM: Yes. So to sit there and try to have a counselling session is really hard when they do not have their basic needs.

Ms STAUNTON: And in a house of 15 or 20 it is hard to keep your medications safe. It is not like anyone is stealing them but to be organised. Children have trouble keeping hold of their school shirts. They will take it off and get up the next morning and the school shirt is gone.

The refuge has gone with more of an education base than a counselling base and that seems to be having a bit of a shift we have seen—we believe. You might want to talk a little about that.

Mr CHAIR: Yes, how do you do that?

Ms ALUM: We have three services. We have crisis accommodation service, our DV counselling service and our Outreach service. We started off as the CIOS, the Critical Intervention Outreach Service, but to us it is just our outreach service and they do a lot of our education and raising awareness.

For us that service tends not to be successful—one on one, going to people's houses, knocking on doors has not been successful for us. What we are finding works for us is group sessions, group training or raising awareness.

Ms STAUNTON: It is group education as a therapy really and the women find their strength in numbers and that is when they talk. We have seen a shift in the refuge in how women are utilising that now—that is a bit different.

Ms ALUM: What we are seeing is women are not presenting with serious injuries—and they are coming more often. So I think on average a woman is presenting to the service about four times per month—not serious issues—for early intervention. They are coming because they are recognising early warning signs—he is drinking. They know what comes with drinking. The aggression starts so they are coming in early.

Mr CHAIR: Is it because of the programs that you are running and the information you are getting out?

Ms ALUM: Yes, I think it is that we raising awareness.

Ms STAUNTON: Shifting predominantly to education rather than reactive and just waiting for them to come in and do counselling because that is not the ideal—because you cannot counsel—well, you can and there are women that are ready for that, do not get me wrong, but if they are hungry and do not have anywhere to live or they are living in unsafe environments...

Ms ALUM: You think it does not look good because if a woman presents four times in the month then you do not think you are achieving anything but really you are.

Mr CHAIR: Yes, if she is coming in early?

Ms ALUM: Yes, if she is coming four times in the month. We are finding that women are staying longer. We used to have women come in—as a lot of the incidents happened after hours—at night so all your day staff who do a lot of the case management—then the clients are leaving in the morning before staff come in so not a lot of case management happens.

Women are shifting away from just staying in overnight and leaving early. They are averaging probably up to three to four days stays now, so four times a month.

Ms STAUNTON: They are creating their own early intervention through the education. That is where the education being with the outreach teams—these are the early warning signs, what is domestic violence. It is not just violence. Now they pack up the kids and come in. They know when the escalation is—that drinking will go on for three or four days. It might be because of footy or family have come to town, or whatever the other triggers are. They come in and sit safely with the family, then they go home when they know it is safer to go.

Mr CHAIR: Yes.

Ms ALUM: So, it is a really nice shift.

Mr KIRBY: How long has that been? Over the last year or so?

Ms ALUM: In the last year. Recruitment is really hard, so I guess for the last year or two, we have been successful in having constant staff and services. The CIOS is a fairly new service. It is only three or four years old, but it has been operating very well for the last two years that we have been able to expand it.

Mr KIRBY: Has it put a drain on your resources if you have more people coming in because they are being proactive?

Ms ALUM: No.

Mr KIRBY: Or is that proactive just easier to deal with than the reactive sort? That is probably easier. It is still a strain, I imagine, but an easier strain to have than dealing with the aftermath.

Ms ALUM: We have gone away from the shift. Women's refuges used to be about women who would come there because they had been battered and bruised, but it really has changed. Women's refuges are crisis services now. Women come in. If they are presenting four times in a month, a lot of the times it is not because of domestic family violence or sexual assault, they are coming in because of homelessness and other agencies are making referrals too.

It is really hard to find people. If they have that client sitting at the refuge for three or four days, all we are doing is offering them accommodation, and other services can do wraparound support for them. They just need somewhere for them to stay, where they can find them every day and support them. It is really hard to find people.

Ms STAUNTON: Some just come in for respite, for a bit of a rest. But the grandmas want to come in and chill and have a break from raising the kids ...

Ms PURICK: The old ladies.

Ms STAUNTON: They will have a rest. They will be fed and they can sleep, watch telly and have cups of tea and sit in the garden in peace and quiet.

Ms ALUM: Or if they are on medication, just to come in and take medication and eat well if they are not feeling well in themselves.

Ms STAUNTON: Especially the renals. They will come in when they are getting really crook so they get to renal every day and get fed well.

Ms ALUM: We are the only crisis accommodation service in Tennant Creek, our little nine-bed service. We are it.

Mr CHAIR: Okay.

Ms ALUM: BRADAAG has transitional housing, but that is for the AOD clients.

Mr CHAIR: Okay. And you do not do those. You do not have substance abuse ...

Ms ALUM: We are the only nine-bed service. We do not have transitional, so, yes, we are sending our women back to what they came from.

Mr CHAIR: Right, yes.

Ms STAUNTON: And that is apparent to them too now, isn't it? That is when they go, 'All right. This will get bad so I will just avoid it and then go home later'. It does not always work like that.

Ms ALUM: We still get women who are coming because they are battered, but it is much less, isn't it?

Ms STAUNTON: Yes. And we are not seeing serious injuries like we used to years ago.

Ms PURICK: Yes. As I said, education has started to take effect. They have been proactive with the safety and wellbeing of their children.

Ms ALUM: I am the one saying that. I have been at the women's refuge for 17 years and we are seeing third and fourth generation women coming in now.

Ms STAUNTON: The grandchildren and great-grandchildren are coming through the doors.

Mr CHAIR: Okay. If it is protecting them, that is a good thing.

Ms ALUM: We are undergoing a review at the moment on what we are doing well, what the gaps are in Tennant Creek. The Barkly region itself will undergo a domestic family violence, sexual assault review for the whole of the Barkly region as well.

Mr CHAIR: Okay.

Ms ALUM: They are talking about how we can coordinate all those services. We have limited resources. How can we use these resources effectively? We are funded to support Elliott, Ali Curung and Tennant Creek, but we are just servicing those two communities at a minimum. But so is everyone else in Tennant Creek. Given that the Barkly consists of lots of communities, not just those three ...

Mr CHAIR: And your funding all comes from the Territory government?

Ms ALUM: Yes. So, we are looking at how we can all better pool our resources and services and support all of the communities in the Barkly region, rather than just those three.

Mr CHAIR: Yes, all right.

Ms PURICK: When a woman comes with children, are they big families—two or three children, or six, seven children? Or does this vary?

Ms ALUM: Usually two or three. Probably no more than four.

Ms STAUNTON: Rarely, I think.

Ms PURICK: And they usually are the smaller ones?

Ms ALUM: They are all little, yes.

Ms STAUNTON: We do not take males after the age of 12 or after ceremony.

Ms PURICK: That is like some of the ones in Darwin too.

Ms ALUM: For the Barkly region, we only have the two safe houses in Elliott or Ali Curung and we are the bigger crisis service in Tennant Creek.

Ms NELSON: Part of the services that you provide, did you say that you do not have drug and alcohol counselling services?

Ms ALUM: Not with our service, we are a domestic and family violence service. We make referrals to—we only have BRADAAG as our AOD service in Tennant Creek.

Ms STAUNTON: Or Ruth Preuss with ADSCA, the government AOD arm.

Ms NELSON: So you essentially provide crisis care for women and children of domestic and family violence.

Ms ALUM: Yes.

Ms NELSON: And you refer them to other services if needed.

Ms ALUM: Yes, that is right.

Ms NELSON: Okay.

Ms ALUM: What we are finding, because this is around AOD, a lot of our women do not want to use the AOD services locally. They want to go external, they want to go to Alice Springs. They want us to make referrals to Darwin.

Mr CHAIR: Is that to get away from...

Ms ALUM: For some reason they do not want to do their rehab in Tennant Creek where they are from.

Ms STAUNTON: I think there are a lot of reasons for that. Do you know BRADAAG and where it is?

Mr CHAIR: We have had a talk to BRADAAG before.

Ms STAUNTON: On Staunton Street. So that is old ex-housing commission housing. So you have six or seven separate houses. Clients are crossing the street, family walk past, humbug. There are a lot of different reasons for that. I believe BRADAAG has won some funding and they are building a new rehab. I have heard that. That is really tricky.

The other thing in the Territory at the moment is the waiting lists in some of the rehabs are so big they have actually stopped. You can have people in rehab here and the family will still come and they will jump fences and they will harass for the Basics card or for any of those things. That is why rehab is not very successful here. It is an eight week program which is quite a short term and limited to the services that are offered as well because of where it is and how it is set up, the actual rehab itself.

Ms ALUM: Mandated clients have priority over self-referrals but there are already long waitlists and with only one family house or family program... the waitlist is huge.

Mr KIRBY: Is that a matter of having more access to expertise?

Ms ALUM: Or residential service. It is across the whole of the NT. Alice Springs, Darwin, they all have huge waitlists in housing and the AOD or rehab services.

Ms STAUNTON: Somewhere like CAAPS in Darwin, I think the waitlist is closed until March next year. The rehab is that busy. Mandated clients do—they hold beds for mandated clients so other people in the community might miss out if they stick their hand up for rehab because the beds are held.

Mr KIRBY: Is there anything else you want to share with us? The issues down here.

Ms STAUNTON: The issues?

Mr KIRBY: We have heard a few different versions of whether any of the alcohol restrictions have helped at all, whether it has made any difference.

Ms ALUM: We were just talking before we came here about all the illegal things that happen now with the alcohol restrictions. We are hearing stories about young people breaking in and stealing and going in and selling it to people.

Ms STAUNTON: Stolen goods. I think it has been proven that prohibition does not really work. We know that there is plenty of grog running coming into town.

Ms PURICK: From Mt Isa.

Ms STAUNTON: Yes, everywhere.

Ms ALUM: Alice.

Ms STAUNTON: From what Maisie said, the kids have said it has made no difference in their homes at night. If you walk the streets at night, there are still a tonne of kids on the street which means they do not feel safe at home. I do not know.

Ms ALUM: And other towns are saying that our people have gone to Alice Springs, Katherine and Mt Isa. It might have quietened down here but...

Ms PURICK: Could have just moved the problem away.

Ms ALUM: Yes.

Ms STAUNTON: People have actually moved out of town to be where they can buy grog more freely. I do not know what the answer is.

Ms ALUM: Education and raising awareness definitely in all those areas.

Mr CHAIR: It is refreshing to hear from you about your results from getting in and talking to people and providing them with that information and the positive results. We would like to see that happen in some other areas as well.

Ms STAUNTON: The perspective moved to education.

Mr CHAIR: Thank you for your time and it has been a pleasure hearing from you. Thanks for the information you provided us with.

The committee suspended.

BARKLY REGIONAL COUNCIL (BARKLY YOUTH)

Mr CHAIR: I am Jeff Collins. I am the Chair of the Select Committee on Northern Territory Harm Reduction Strategy for Addictive Behaviours. Paul Kirby, Member for Port Darwin, Kezia Purick, the Member for Goyder and Sandra Nelson, who hopefully will ring in in a second, is the Member for Katherine.

On behalf of the committee, welcome to the public hearing. Moira Skinner, yes?

Ms SKINNER: Yes.

Mr CHAIR: Got the right name. Thanks for coming to the committee. We appreciate you taking your time to come and speak to us and we look forward to hearing from you.

This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee apply. The public hearing is being recorded and a transcript will be made available 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 can ask the committee to go into closed session and take your evidence in private.

That being said, welcome. Can you just state for the recording your name and capacity in which you are appearing.

Ms SKINNER: Moira Skinner, Director of Community Services.

Mr CHAIR: The committee has been established to look into harm reduction strategy for the Territory on addictive behaviours across a broad range of addictive behaviours—alcohol, drugs, gambling, tobacco, you name it—to see if we can come up with a strategy to see how we can reduce those harms for individuals and the community generally.

That being said, is there anything you would like to say to open up ...

Ms SKINNER: Where do I start?

Mr CHAIR: Wherever you like. It is completely up to you. There is no form to this. We have some questions that we may ultimately ask you, but if you want to open, then that could open the conversation anyway and head in different directions.

Ms SKINNER: I am the Director of Community Services for Barkly Regional Council. I have run six sports and rec programs in five communities and Tennant Creek. I have Night Patrol on 10 communities. I have two safe houses and five aged care facilities. I am very much across harm abuse, substance abuse and alcohol.

Mr CHAIR: Yes, okay.

Ms SKINNER: What we are finding in both urban and community settings is that the alcohol restrictions are not making ...

Mr CHAIR: Here in town or out in community?

Ms SKINNER: In community as well. They are not making a big difference. They are running alcohol from Mount Isa into Alpururulam and from Barkly Homestead into Wutunugurra. They are running alcohol everywhere still.

We are not finding a lot of difference in communities as far as stopping the abuse. The communities are supposed to be dry—they are not!

Mr CHAIR: Right.

Ms SKINNER: We have Night Patrol. Night Patrol delivers culturally-appropriate assistance to Indigenous people at risk of either causing harm, being harmed—including children after dark—intoxicated people, substance abusers, young people, victims of violence and the homeless. We are covering that in 10 communities and we are seeing the situation getting worse.

We are seeing grandmothers looking after their grandchildren because the parents are so drunk. They cannot go home or go to relatives because the relatives are normally drunk. They cannot go home in Tennant Creek. They are running the streets because they just cannot go home.

Without youth patrol here with Youth Links we have the kids running home with Indigenous transport—youth patrol through Julalikari Council. We have them picked up from 7 o'clock, 8 o'clock, 8.30, 9 o'clock each night from Tuesday to Saturday to our youth program. As soon as they are taken home they are back on the streets.

We have the police picking some of them up three times taking them back home. They do not want to be home. All they see is alcohol abuse at home. The police and youth patrol are running around looking for some parental retreat where they can take the kids. A house where they can have a bed for the night.

I am constantly saying to Territory Families, I am constantly saying to Catholic Care that we need somewhere for the kids to stay at night, have a bath, put some school clothes on in the morning and take them to school and then Territory Families can go to the parents and say your kid was last night in care again through alcohol problems.

Other areas we are seeing is we are constantly broken into because kids are bored, especially out on community. Our sports and rec facilities, our night patrol just to date in the last four months has cost us \$100 000 just in repairs through kids getting in to these buildings.

They are looking for food, looking for alcohol. In houses—I can tell you on the streets at the moment if you see a child walking down drunk in the middle of Tennant Creek during the day then then they have robbed a house to get the alcohol.

Mr KIRBY: Around about how many vehicles between the patrols and the police would you have on the road on a night time for Tennant Creek?

Ms SKINNER: In Tennant Creek—Julalikari has about three night patrol vehicles but that is actually contracted to Julalikari. We actually contract in the communities. We have 10 night patrol vehicles in 10 communities. I can certainly give you plenty of statistics of not only domestic violence but alcohol abuse in communities. I can certainly give you statistics here with alcohol related break-ins and incidences that we have to fix up.

The grandmothers in communities are complaining about how they cannot manage their own children with alcohol abuse. There was an incident in Elliott last Thursday where one grandmother broke down because

her daughter rang her intoxicated and had lost the baby—did not know where the baby was. We are constantly seeing things like that all the time. Constantly hearing about it.

We have no cultural appropriate programs out in remote. There is no early prevention programs.

Mr CHAIR: Is that because it is dry?

Ms SKINNER: There is not a lot of facilities out in remote communities. There is not a lot of interaction with communities with government services. We do not see a lot of proactive services going out into communities to deliver preventative educational courses.

We also have problems with—community people will not report on their own families. If they do something wrong then they are not going to say anything.

With our sports and rec program we actually do try to educate kids to stop copying the older kids. We are having problems with the older kids actually coercing the younger ones into stealing. They will get the angle grinder and cut a two by two piece of metal out of the window, smash the window and put the six year old through to open the door so they can get in.

This is happening in the communities as well as here in Tennant Creek. As I said, we are not seeing a lot of difference with the alcohol management plan that does not exist any longer from 2017. They say there is a review committee. I have every LA authority meeting in every community saying, 'Where is the alcohol management plan?'

These are supposed to be dry communities. It is not only alcohol, it is ganja—marijuana—and petrol sniffing. The younger kids are copying the older kids. It is through sheer boredom. There is nothing to do in the communities, so that is what they do.

They steal, yes, for food. However, in the last year I can tell you the Barkly Regional Council put \$666 000 through its sport and recreation programs on food alone. They are fed very well, but we have the feeling now that the families behind them are coercing them into breaking and entering so they are providing food on their table.

Youth Links here is basically a babysitting service and a soup kitchen. We will get up to 108 kids a night, some nights.

The safe houses are another problem. For example, if a woman is intoxicated and she has kids, they are not allowed to go to the safe house because they are intoxicated. They have to go to the health clinic and the community people are very worried about where the kids go.

A lot of the communities are telling me they want sobering-up houses that are on the back of the health clinics so the women can go to these houses to sober up with the kids, for safety reasons, before they go to the safe house. If there was a facility on the back of a health clinic where the family could go and stay until the mother sobers up, then the safe house will gladly take that family and look after them.

The elders are telling me that they just do not have any control any longer. They are not listened to. They are sometimes beaten by the teenagers, grandchildren, and there is no respect.

There is a whole lot of issues. I am constantly saying that we have to use a collaborative approach with a lot more agencies to try to tackle the problem. With Youth Links here, I got onto Youth Patrol. I have a school-based police officer. I have Youth Outreach with Territory Families and Child Protection together. With all of those, we are combining their services into the program so we can monitor the kids and see that they are safely home. Even though we do that, as I said, they are still back out on the street.

The Youth Patrol is running around saying, 'Where else can we take you? Can we take you to aunty's house? Can we take you to uncle's house?' There is normally from Thursday night... and there have been people at Centrelink... the kids are back on the street.

I have talked to a lot of those agencies to ask, 'What do we do? Do we look at a respite for kids? Do we put up a couple of buildings and find the funding for children to go when they are on the street at night?' That has been quite well thought of—there is a requirement in Tennant Creek. However, that does not help us in community.

It is an ugly problem that seems to just go around in circles. I feel sorry for the residents of Tennant Creek, how their homes are not safe from these kids who are looking for alcohol and breaking in consistently. There were 20 break-ins in the last month. It is constant. You are scared to go away from your home—it is that bad.

What else can I tell you?

Mr KIRBY: Got any good news?

Ms SKINNER: Yes. Some of them are really good kids. They can be really cute. But you look at them and think, 'Oh, my God, what will happen to you in two or three years' time?'

Mr KIRBY: Time is limited.

Ms SKINNER: Yes, the time span is very much limited. The prevention—how do you stop them? Police cannot stop them. They have no respect for police.

Mr CHAIR: You said you spent \$600 000 of the sports program just on food, apart from the food how do the sports programs go in the communities?

Ms SKINNER: Really well. If we did not have the sports program in communities then there would be riots in communities and they would just rip buildings.

Mr CHAIR: What else can we do to complement those? I am assuming that has to do with engagement—engaging the kids.

Ms SKINNER: We are engaging the kids. We do the bush tucker walks, we collect food for medicine, we do the cultural singing, we do the after-school care—we are basically a baby sitting service from 4 o'clock in the afternoon until 10 o'clock at night sometimes. They even take them home if they live out further than the community itself.

We do the sports rec competitions. We do discos for them. We constantly feed them with barbecues, food, fruit, you name it. We have health and nutritional and we have cooking classes for them. We constantly keep them busy. If we have a team leader who cannot be there or they want to shift jobs it will take us up to two or three months to find another team leader. In that time they just go berserk. They will wreck everything.

We need to provide them services out there to prevent them from stealing, from overstepping the mark. It is really hard. We do not get enough funding to do these programs. The government is always cutting back. We worked out today that a program that we are funded \$700 000 for is costing us basically \$1.4m, so that is coming out of council's money, and we cannot keep doing it.

There is no TAFE courses for kids between 15 and 24—so where do these kids go? They go off to boarding school and they come back and they might be 16, 17 years of age, they come back on community and there is nothing for them. There are no jobs. While they have been in Darwin or off boarding they have learnt to drink alcohol, use the internet inappropriately, get used to their mobile phones that they cannot use out in remote and then they get angry. That is when they start going out of control.

We need a system where we can educate kids between 15 and 24 where they can get an occupation out of training like mechanics or hairdressing. I would like to see more funding for programs out in communities where kids can learn a trade. Then we have the problem of providing employment. They have to come off community to get a job and that is where we have the problem because they do not want to come off community.

We need to set them up with businesses in community. If that was looked at that would stop the boredom through that age bracket. The kids who are eight to 15 are quite happy with the sports and rec programs that we are providing and that does seem to reduce a lot of break-ins if the programs are up and running consistently.

We have to do something about the alcohol that is getting into communities. There has to be more policing. There has to be more police on the borders. There has to be more police in Tennant Creek. We have 57 police officers, but 41 in Tennant Creek are still not enough.

There has to be some sort of place where the kids can go for their own protection. Sobering-up houses, as I said, for men and women would be advantageous. Unless we put in youth diversion—and they are talking about youth diversion.

I can give you a prime example of where the government is not thinking things through. I had Territory Families approach me to say, 'We have \$6m to do a youth diversion program. How would you like to pilot one in Tennant Creek?' Yes, not a problem. We can do that if we are getting the whole \$6m. Then their agency came along and sat down and said, 'Well, we have \$6m over 13 regions before you.' I said, 'Great. That works out to \$17 000 a community for me. I am not interested.'

That is the sort of baloney we are having put to use all the time. Territory Families come along, 'We have \$260 00 for a child welfare centre for Tennant Creek'. Yes, \$250 000 ...

Ms PURICK: That would not even get the bricks.

Ms SKINNER: We could not even get two people employed to monitor that, and they want to do a whole review. They are just not thinking things through. They do not understand how expensive remote communities are. They are not actually giving us productive well-considered ideas. They need to really come down here and stay for a while and work out the problems—would be nice.

I am constantly saying to every government person who has me in a meeting, 'Why do you not come down to Tennant Creek and stay here for one month—just one month—and then you would understand and see the problems as we see them. I can take you out to the communities.'

I am actually going to take P&C out to communities at the end of this month and take them around and show them exactly the problems we have. But as I said to them, not for 10 minutes. I am over your fly-in and fly-out. I have had enough of it.

If we are to really do something about our problem, then we have to start first with the alcohol kids and parents. Parents have to be more accountable for their children. If you are to stop harm, then you have to stop the alcohol. So far, that has not happened. It is not working anywhere. What do we do? Completely say to the hotels in Tennant Creek, 'We do not want you here anymore.' They will still bring it in.

Mr CHAIR: Yes.

Ms SKINNER: I do not know what the solution is, but I do know that the kids have to be protected, fed and looked after and their parents are not doing that. We have to have more options for children for education because, even in Tennant Creek, there is no solution for kids between 15 and 24 here. There is nothing for them. How do you fix boredom?

Mr CHAIR: With a meaningful, productive existence. But without a job or education and training, then it is pretty limited, isn't it?

Ms SKINNER: Without government actually defunding programs.

Mr CHAIR: Yes.

Ms SKINNER: I would love to answer your questions 1, 2 and 3, but when I looked at it, I thought, 'Well ...

Mr CHAIR: No, that is okay.

Ms SKINNER: ... really there are no specialist course. People do not want to travel off community. There are no remote courses for early prevention. Community people do not report family members and culturally-based addictive course in remote communities are non-existent. That is what I thought from those questions. What do I say to you?

Mr CHAIR: You have said it. It is okay. We got the message.

Ms SKINNER: I have given you all the bad news. There is some good news in there. Our programs are taken on very well. The kids love them and we do see a difference if they are not there. Our aged care people—to me it is very sad that we have a system today that prisoners are treated better than aged care.

Mr CHAIR: That is probably beyond our bailiwick but I understand what you are saying and funding has certainly come up as a consistent message that we have received today.

Does anybody else have anything?

Thanks for your time. Is there anything else you want to add?

Ms SKINNER: No. I think I have added it all.

Mr CHAIR: We have heard you and we will certainly take into account what you have said in our report, so thanks for coming along. If there is anything else you think of then you probably have Jennifer's email address.

Ms SKINNER: I think I have covered it all from youth diversion right through. Thank you.

Mr CHAIR: Thanks Moira.

The committee suspended.
