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SENATE

SELECT COMMITTEE ON REGIONAL AND REMOTE INDIGENOUS COMMUNITIES

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

THURSDAY, 15 APRIL 2010

BRISBANE

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SENATE SELECT COMMITTEE ON

REGIONAL AND REMOTE INDIGENOUS COMMUNITIES

Thursday, 15 April 2010

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

Senators in attendance: Senators Adams, Boyce, Crossin, Furner, Moore, Scullion and Siewert

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

Terms of reference for the inquiry:

To inquire into and report on:

a) the effectiveness of Australian Government policies following the Northern Territory Emergency Response, specifically on the state of health, welfare, education and law and order in regional and remote Indigenous communities;

b) the impact of state and territory government policies on the wellbeing of regional and remote Indigenous communities;

c) the health, welfare, education and security of children in regional and remote Indigenous communities; and

d) the employment and enterprise opportunities in regional and remote Indigenous communities.

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Committee met at 9.00 am

REDDEL, Dr Tim, Executive Director, Indigenous Reforms and Strategy Branch, Aboriginal and Torres Strait Islander Services, Department of Communities, Queensland

CHAIR (Senator Scullion)—The Select Committee on Regional and Remote Indigenous Communities is holding this public hearing as part of its inquiry into regional and remote Indigenous communities. On behalf of the committee I would like to acknowledge the traditional owners of this land on which we meet and pay our respect to elders past and present. The committee is due to report to the Senate on 13 May of this year and it welcomes submissions from interested people and organisations. Before the committee starts taking evidence I advise that all witnesses appearing before the committee are protected by parliamentary privilege with respect to their evidence. Any act that disadvantages a witness as a result of the evidence given before the Senate or any of its committees is treated as a breach of privilege. However, I also remind witnesses that giving false or misleading evidence to the committee may constitute contempt of the Senate. These are public proceedings, although the committee may agree to a request to have evidence heard in private, or may determine that certain evidence should be heard in private.

I welcome Dr Tim Reddel from the Department of Communities. Information on parliamentary privilege and the protection of witnesses has previously been provided to you. As a departmental officer you will not be asked to give opinions on matters of policy, although this does not preclude questions asking for explanations of policy or factual questions about when or how policies were adopted. I now invite you to make a short opening statement and at the conclusion of your remarks I will invite the members of the committee to provide questions.

Dr Reddel—Thank you. I would like to commence my short presentation by acknowledging the traditional owners of the land on which we gather today and the elders past and present. I thought I would make a very short opening statement. Firstly, I would like to explain to the committee the role in which I present today and then outline, in very simple terms, an overview of some of the challenges facing remote Indigenous Queenslanders and some of the priority initiatives that the Queensland government is currently undertaking.

As I stated in my opening comments, I work for the Department of Communities in the Aboriginal and Torres Strait Islander Services area, which is one of the branches of the department that now has many responsibilities across human services in Queensland. You will hear later today from some of my colleagues regarding other matters before the committee, particularly around the criminal justice issues impacting on Indigenous Queenslanders.

ATSIS, the acronym for Aboriginal and Torres Strait Islander Services, has a unique whole-of-government role facilitating and driving work to close the gap on Indigenous disadvantage, with a mandate to drive whole-of-government Indigenous reforms, coordinate improvements to services for Indigenous Queenslanders, gather and facilitate access to Indigenous information, provide expert advice on Indigenous engagement and demonstrate leadership and vision on Indigenous issues.

In terms of the Queensland context, I thought it might be important to place some relevant facts for the committee's consideration. At the time of the 2006 census, 127,600 people, or 3.3

per cent of the total Queensland population, identified as being of Indigenous origin. Of these, the majority were Aboriginal, 77.4 per cent; 14.4 per cent were Torres Strait Islander, and 8.2 per cent were of both Aboriginal and Torres Strait Islander origin. The Indigenous population increased by 3.3 per cent between the 2001 and 2006 Census. In terms of the committee's scope, regional and remote Indigenous communities capture some 72 per cent of Indigenous Queenslanders.

In the Queensland Indigenous policy context, Queensland has started and driven strategies aligned with Closing the Gap and implementation of many of the COAG strategies over the last number of years. For example, in terms of service reform, Queensland developed partnerships with Indigenous communities, such as the Queensland Indigenous Partnership Agreement was signed with the mayors of the 19 discrete Indigenous councils in July 2007, providing a framework for the development of local Indigenous partnership agreements. These agreements were to develop and identify agreed local priorities between the two tiers of government, local government and also local communities.

As part of the roll-out of these local and strategic initiatives there was a commitment to more transparent and inclusive reporting. The Queensland Premier tabled the first quarterly report on key indicators in Queensland discrete Indigenous communities two years ago, with the eighth of these reports released recently. The most recent report highlighted some good news for a number of communities, showing a decrease in the level of some key indicators, such as hospital admissions for assault related conditions, and there were some other notable issues in terms of improvements in school attendance in communities such as Aurukun.

Queensland has also recently produced its second annual *Queensland Closing the Gap* report, outlining progress against the key national Indigenous reform indicators. The report, in summary, highlighted there have been some improvements in key areas, but deterioration in others, but predominantly no significant changes across some of the key national Indigenous reform agenda performance measures. However, as stated, there were some notable improvements in some areas but decreases in other areas.

I will go to some of the challenges and issues facing Indigenous Queenslanders in remote communities. As I stated earlier, more than a fifth of Queensland's Indigenous population live in remote and very remote areas of the state. These include locations such as Mornington Island, which is accessible only by plane, with food delivered weekly by barge, or Aurukun, often only accessible by plane in the wet season. Freight costs to remote locations are often very high, especially during the Queensland wet season.

Diversity in life is important, but in the service delivery context it is challenging. There are a number of discrete communities diverse in history, location and composition, meaning that our service delivery response cannot work on a one-size-fits-all approach in terms of how we deliver initiatives to Indigenous Queenslanders.

In terms of some of the key initiatives within the Queensland context, I will just run through a number of those very quickly and allow the committee to ask for further information. We have established the Queenslander Aboriginal and Torres Strait Islander Council to advise the Minister for Aboriginal and Torres Strait Islander Partnerships on key issues and initiatives. We have regular ministerial Indigenous roundtables bringing together ministers, senior public servants

and the mayors of the discrete Indigenous communities to address issues such as housing, child safety, education, sport and recreation, and other communities-related issues. We provide support for government champions. Government champions are chief executive officers of Queensland government departments who work directly with one or two discrete communities to provide support and leadership to help break through some of the bureaucratic silos. We have expanded the program recently to include a non-discrete community such as Cunnamulla in western Queensland. We have established the Remote Indigenous Land and Infrastructure Program Office in Cairns to drive land reform with discrete communities and to facilitate the roll-out of social housing, improved town planning and land administration and, ultimately, home ownership.

We continue to manage the implementation of the Cape York Welfare Reform trial in the four communities in the cape of Aurukun, Hope Vale, Mossman Gorge and Coen. The Cape York Welfare Reform trial is a whole list of community and social development initiatives to address passive dependence on welfare and to assist Indigenous communities to resume responsibility for community wellbeing through school attendance, child safety reforms, alcohol and drug abuse, gambling addiction, family violence and tenancy management.

The trial has a wide ranging program of work across four streams of activity: education, economic opportunity, social responsibility and housing. The Family Responsibilities Commission is a key component of the trial and aims to restore social norms through a process of conferencing with people that have been notified to the FRC because of breaches of tenancy agreements, lack of school attendance, child safety notifications and convictions in the Magistrates Court. Importantly, local elders and community leaders hold critical positions as local family responsibilities commissioners and work with individuals that come before the FRC and refer them to relevant support services for assistance in addressing these behaviours. There have been early successes of the FRC, including local authority through the local commissioners and improved school attendance rates particularly, as I mentioned earlier, in Aurukun.

Aligned to this has also been the recent commitment with the Australian government, as is the Cape York Welfare Reform trial, to the remote service delivery National Partnership Agreement. This will operate in the four communities in the cape that I have mentioned, but also Doomadgee and Mornington in the gulf. I am happy to explain further the important role of these reforms in terms of aligning both Queensland government and Australian government initiatives. As part of this we have been developing, with the Commonwealth government, service investment reform strategies including mapping of services, both in terms of opportunities and gaps, in discrete Indigenous communities as well as opportunities where we might align programs better to deliver more holistic programs.

We have also introduced the Queensland Reconciliation Action Plan. This initiative is across government, setting goals on reconciliation for all government agencies. We have also adopted an amended preamble of the Queensland Constitution which recognises Indigenous Queenslanders.

I have mentioned many of our current priorities. I think it is important to continue rolling out these service delivery reforms in the remote communities. The National Partnership Agreement is a five-year agreement only signed last year and commits us to working in those six communities, providing better delivery of services, senior people on the ground to deliver a one-

stop shop for government activity, better engagement processes, better service mapping as I mentioned, as well as better engagement with communities. I should also mention—which we can discuss later—that we also have responsibility for the roll-out of the remote Indigenous housing priorities which integrate the work of the Remote Service Delivery Strategy and the Remote Indigenous Land and Infrastructure Program Office. I will conclude my comments at this point.

CHAIR—Thank you. You touched on what I think is one of the most fundamentally important trials happening around Australia, the Cape York Welfare Reform trial. You are 18 months down the road and you have touched on some of the statistics. In a more general sense, are you gathering data in a way that will enable this to be measured in one year, two years or at the end of the trial? Secondly, what areas are showing indications of clear positive benefit?

Dr Reddel—In terms of the data question, it is a tightly managed program. There are four streams of activity and 15 projects under those four streams of education, housing, social responsibility and economic opportunity. Each of those streams and projects has performance indicators and time lines on how we want to address them. The governance of the trial is a way of illustrating the oversight of the trial. The governance of the trial is monitored by a board that comprises the Director-General of the Department of Premier and Cabinet, the secretary of FaHCSIA, Jeff Harmer, and Noel Pearson, the Director of the Cape York Institute. It meets quarterly and reports are provided to the board on the roll-out of each of those 15 projects. As part of that there are mitigating strategies undertaken to ensure that if those performance indicators that have been agreed to at the commencement of the trial are not being addressed, in terms of particular issues, then we put in place mitigation strategies.

I should also mention that the trial is being independently evaluated. The first stage of that evaluation is an implementation review of the Family Responsibilities Commission. That is being finalised at the moment by the consulting firm KPMG that has been engaged to undertake that implementation review. That will be reported on shortly. There will be further reports with an ultimate report at the end of the trial at the end of 2011 or early-2012.

Data is gathered where there are gaps in the roll-out of particular programs that might have been affected by some seasonal factors or some of the issues. There are still some policy matters under consideration, for example home ownership, in terms of resolving some of the policy issues between ourselves and the Australian government. That is being worked through with Cape York stakeholders.

There are areas where we have certainly made positive attention. Fundamentally, the focus of the initial roll-out of the trial was the establishment of the Family Responsibilities Commission, which is a unique initiative in terms of matching, if you like, a legislative and statutory authority, through it being an independent commission, but also as part of the trial's key objectives, local authority and leadership by the role of the local commissioners. The first annual report of the FRC, which is publicly available, highlights some of the improvements in service delivery, improvements in school attendance, for example in Aurukun, but also in the other communities, and also highlights the role of the commissioners in working within their community, often both in the formal process of the commission but also outside the commission to resolve issues between families and individuals. I think that has been a fundamental improvement.

In some of the areas that need particular focus, we have invested in service delivery, in terms of the support services, to assist people with some of their behavioural issues. For example, the Commonwealth and state have funded wellbeing centres located in each of the four communities to address alcohol abuse, substance abuse and other behavioural issues. We are also rolling out intensive parenting programs in the four communities. Those services are now available. We have increased our child safety presence in those communities to address some of the issues around child protection.

The area we need to focus on now, on which all stakeholders would agree, is the opportunity side of the equation: economic opportunity, employment and issues such as home ownership.

CHAIR—There was some commentary when the responsibility for much of this work went from the Department of Premier and Cabinet to the Department of Communities. I think the concern focused on where everybody was hoping that the Department of Communities had sufficient overview and capacity to be able to ensure that other departments that were outside could pick things up. For example, Aurukun is terrific, with almost 30 per cent increase in attendance. As a measurable thing we are all saying, 'Absolutely crack on', but on the other side of the equation we have a 33 per cent attendance. That demographic of 33 per cent is not characterised by an ease of process into the school system. We have had evidence that many have been recidivist offenders in terms of just not attending. They are very dysfunctional. These people are not the low-hanging fruit. Obviously, we need either special curriculum for re-entry; you need more resources. We have had evidence from schools that are doing their best. I take my hat off to them. They are finding from the budget somewhere else and moving things around to ensure that there is some sort of seamless transfer. Given the numbers that we are talking about, and hopefully that continues, what sort of communication do you have with organisations like the department of education, and do you have the purview to simply pick up the phone and say to the director of the department of education, 'This is what's happening. You're going to have to pick up the slack. We need more resources in this area'? How is that working?

Dr Reddel—I will answer that in two ways. You have my colleagues from the department of education appearing after me, so you can ask them that question as well, if they feel that we are sufficiently authoritative.

CHAIR—We will.

Dr Reddel—In terms of the movement of the function from the department of premier to the Department of Communities and ensuring continuation of the strong oversight and leadership, in my view that has continued. That was certainly a direct commitment and priority for the new Department of Communities after the last state election when it was created and became a mega-department from a range of former departments. The implementation and continued leadership of the Cape York Welfare Reform trial was a priority of the Premier to Minister Boyle, the new Minister for Aboriginal and Torres Strait Islander Partnerships. We are monitored regularly on our performance around that commitment through various mechanisms.

I should also refer to my earlier comments about the governance of the trial. We still provide the secretariat and policy advice to the director-general, Ken Smith, of the Department of the Premier and Cabinet and to the other members of that board. Our place at that table continues as is and, in terms of seeking advice, that relationship continues.

I should also mention that beneath that structure, at both state and Commonwealth level, we have a very effective arrangement of senior executives that meet around various reform agendas, this being a key aspect of that, including people at the assistant or deputy director-general level, where we seek advice and highlight issues of concern. At the Cape York Welfare Reform board level, education for example is an issue that you mentioned and housing would be another one where those relevant directors-general have appeared and met with the board to discuss particular policy issues. School attendance and some of the reforms that no doubt my colleagues from the Department of Education and Training will talk about later are around particular reforms in those cape communities, in terms of the Cape York Aboriginal Academy, which has been an initiative to try to address some of those, and other initiatives that I know have been rolled out in each of the schools and more broadly around addressing those kids that have been disengaged from the system who have now been brought back into the school and how challenging that can be. I will leave it to those colleagues to spell out the detail.

In terms of an oversight of what the issues are, that continues at that strategic level as well as having direct line of sight to how our staff are working in the communities. We have staff dedicated in each of the four communities. The program management of the trial is not only across those key program and policy areas, but also operationalising the trial to ensure that it is delivered as committed, but if there are issues which no doubt have emerged and will continue to emerge, then they are addressed very quickly.

Senator FURNER—What role did the Department of Communities have in the development and implementation of the alcohol management program?

Dr Reddel—We might elaborate on that later with my colleagues regarding the justice strategy. We have a large role in initially rolling out the alcohol management plans by working with the various agencies that have had responsibility for regulation and licensing of licensed premises in the communities and determining alcohol restrictions. That has been a joint relationship between this department in the Indigenous policy and program area and its various iterations over the number of years and the liquor licensing area, as well as police and other government agencies not only regarding the regulation side of it, in terms of setting alcohol restrictions, but also determining what appropriate support services are needed to address and assist people with alcohol related problems. We have a joint role in working with the overall policy function, but also working very closely with those liquor licensing regulation authorities, as well as the Queensland Police Service.

Senator FURNER—How do we deal with the issues that we have identified in the last couple of days up in the cape where smuggling has been an issue? People are suggesting that it is fine having restrictions, however alcohol is being smuggled into these locations. What is the solution to those sorts of issues?

Dr Reddel—I think the Queensland police and the police commissioner will be here later. There is obviously an enforcement function that is needed to identify people that are undertaking those illegal activities. In referring to some of my earlier comments, that can go so far. The role that we are increasingly seeing is not only those communities in the cape, but other communities where local people have taken up a leadership role in identifying and addressing at the local community level, through community justice groups as well as more informal groups and

leadership groups, the council and others, people who are breaking the law and having those activities addressed.

Senator FURNER—Yesterday in Cairns there was some criticism about the consultative process of the implementation of AMPs. We can always have more consultation on any new program that is implemented into communities. In your view was the consultative process a thorough exercise where people were fulfilled in regards to having an understanding of what the program was about?

Dr Reddel—Yes. In terms of the consultation process, both with the initial roll-out of the AMPs and then the review several years ago of those alcohol restrictions, there was engagement with each community. As I know with the establishment of the Cape York Welfare Reform trial and the FRC, as you mentioned, there will always be people that say that they were not consulted enough and often that might be because their views were not the views that were finally determined about alcohol restrictions. There was certainly engagement in terms of discussions with people about the restrictions but also, importantly, what the support services were. In the review undertaken several years ago that was recognised as a critical factor that we needed to address and, as part of that, in 2008 we committed $66.4 million for improved services across the discrete communities who have alcohol management plans to improve service delivery in diversionary services, which again will be raised later in the criminal justice discussion.

The discussion was not only with the communities about the restrictions, which were always contentious, but about the various balance. Some communities are effectively now without alcohol. For example, Aurukun does not have a liquor license. There is always going to be some debate about how you might have some form of licensing regime. There are other communities where the carriage limit was debated. Importantly, the discussion was: what are the things we need in your community to assist people to divert from alcohol abuse or to assist people recovering from alcohol abuse?

Senator FURNER—Thank you.

Senator MOORE—I am still struggling to see how the structure operates. The information that we have had is that your department and your agency is the coordinating body, so for the whole range of issues affecting Aboriginal and Islander citizens in the state, if there are issues the central point is Communities and that there is a cross-departmental and cross-ministerial responsibility, but the pinpoint is yours.

Dr Reddel—Yes.

Senator MOORE—If there was an issue around housing which cuts across the whole area—community housing, housing for staff, housing for people who are coming in and out of the area—how does that work? How is that handled? I do not want to talk about only the trial. I think the debate has been way too focused on what is happening in one part of the state. That is my own view. In terms of the housing issue, which is rampant everywhere, how is that handled?

Dr Reddel—Housing and homelessness services are now part of the Department of Communities. As I said, the department is now under the one director-general. Taking housing as

a point, our role would be in terms of social housing or staff housing. We have the Remote Indigenous Program Office, which operates within the ATSIS umbrella. I will answer your question in two parts, in terms of getting a better long-term plan about what is required for social housing, the roll-out of services relating to both staff housing and operating housing and accommodation that might be needed in a community, it is about getting a long-term plan, infrastructure and service delivery plan for each community, instead of as previously had been the case in some instances, where it had been an ad hoc approach where departments would singularly go into a community to try to address their staffing needs or service delivery needs without a coordinated approach. We are now looking at much more joined up approaches across all of the communities, as well as getting that long-term plan through the work of the Remote Indigenous Land and Infrastructure Program Office. That is starting to pay off by, firstly, focusing on the social housing and now it is starting to look at service delivery needs, linking it in with the remote service delivery agreement we have as part of COAG.

The second part of my response would be if a particular issue comes up in a community—and I think that is the point that you are getting at in terms of our authority—we have local people operating either at place, directly in the community, living and working in the community, or working very closely with that community. If a particular issue comes up we have a senior officer who can attempt to broker a solution at a local level and, if that is not possible, work with us centrally so that we can work with our colleagues, whether it be our housing colleagues, the Department of Public Works colleagues or other agencies that have a role in housing.

Senator MOORE—Could you provide an audit of current housing in every community in Queensland and also a plan for the future with a needs analysis of what is required?

Dr Reddel—That plan is being developed. I would have to take advice on that in terms of its current status, but that plan is certainly being developed.

Senator MOORE—We have just come from Bamaga. Using it as an example, it is not peculiar to Queensland, it is just about everywhere we have been. Coming from Bamaga, in all the discussion we had—and it was a discussion about community housing necessarily, which is very critical—every service provision agency had an issue with housing to the extent that they could not recruit staff. I am struggling to see whether that is a health issue, an education issue or whatever other agencies there are, whether that is their responsibility or it is now being effectively coordinated. There is also the critical issue of maintenance and safety of staff who are in those areas. We know we had media on that a couple of years ago and my understanding is that there has now been a governmental response. I am not decrying it. Would I have to go to health, education or public works? Where would I go to find out what the housing situation is in Bamaga?

Dr Reddel—There will be a plan about the roll-out of social housing for Bamaga, for example.

Senator MOORE—That is community housing.

Dr Reddel—For people in social housing.

Senator MOORE—That would come under communities because that is where housing is.

Dr Reddel—More broadly, as I indicated before, as these plans develop, and as you would be aware the priority at the moment has been the roll-out of the social community housing, but part of the plans will include the service delivery needs for each community and therefore the relevant staff housing that would be required for each of those communities. That would be coordinated through the Remote Indigenous Program Office in the Department of Communities. That plan will be developed over time.

Senator MOORE—What about a community such as Dalby? It worries me. When we are talking about what is happening in areas the discussion seems to focus exclusively on the trial in the north. You said in the discussion with me that you have now included Cunnamulla, but there are significant Aboriginal communities in many other local government areas. That is my issue.

Dr Reddel—I can only answer this in the broad. Part of the commitment, again under COAG but also part of the work that our minister has asked for is the development of an urban and regional strategy. The scope of that is currently being undertaken and some initial engagement has occurred. In terms of the regional, remote and urban continuum, that is part of the work that has been undertaken. The development of the urban and regional strategy is not meant to be a South-East Queensland strategy per se, but would be looking at regional areas.

Senator MOORE—Where does Mount Isa fit in?

Dr Reddel—Mount Isa would be within that context.

Senator MOORE—I have another question about staffing. What is the current status of Aboriginal and Islander staff across all agencies and particularly in your agency? How many of your staff members are Aboriginal and Islander people and at what levels?

Dr Reddel—I will have to take that on notice.

Senator MOORE—We will put that on notice. Thank you.

Senator ADAMS—I would like to come back to housing. At Napranum they have 15 community houses which they assured us are going to be completed within 10 weeks, by the end of the financial year. Could you comment on that?

Dr Reddel—I have not got the specific plan for Napranum with me, but I can take that on notice. The intention, across the board, is that the targets that have been set will be met by 30 June.

Senator ADAMS—That is 10 weeks to build these houses. We have a terrific shortage of houses. You have houses planned for practically every community. If it only takes 10 weeks to build them, why have they not been built now?

Dr Reddel—Some of the issues relate not only to the construction of housing, but there are also some land tenure issues, which are very complicated.

Senator ADAMS—The land is ready to go.

Dr Reddel—As I said, I am not commenting specifically on Napranum, but I know generally across a number of communities the survey work as well as addressing other land tenure issues has taken some time and that is why the establishment of our Remote Indigenous Land and Infrastructure Program Office has now got people on the ground working with mayors and the community to address what parcels of land are appropriate, as well as the location of the housing. That is occurring now. That is the target we have set.

Senator ADAMS—In that same community the school was closed down because it had a problem with asbestos. There is some of the best land in the community sitting vacant with buildings that are being trashed all the time. It has got asbestos, which probably is a danger to those people who are doing the damage. Is there any reason why that asbestos has not been cleaned up and why a community working party with experts to remove asbestos could not have done it? It just seems ridiculous.

Dr Reddel—I might defer that question to discuss with my colleague from the department of education.

Senator ADAMS—We were told about a proposed alcohol and drug rehabilitation centre to be built at either Weipa or Cooktown. Could you tell me if any decision has been made on the location of that facility?

Dr Reddel—Both sites are under consideration and there are currently discussions to occur between the Commonwealth and state ministers around the location of that facility.

Senator ADAMS—When do you think that decision will be made?

Dr Reddel—We will be discussing that further with our Commonwealth colleagues very shortly, given that the Commonwealth minister for health has the lead for the construction of that facility.

Senator ADAMS—Yesterday we had evidence from a gentleman from an outstation. It appears—and I come from Western Australia where it is much the same thing in the Kimberley—that children are getting into quite a lot of trouble being in the mainstream or larger communities. There is quite a move for people trying to take family back out into their country. I just wonder if these people have been encouraged to do that and how they can expect 20 people to have all the facilities of a gazetted town? Can you tell me what move has been made here in Queensland about that situation?

Dr Reddel—In terms of outstations?

Senator ADAMS—Yes. It is about people trying to go back and live on country, but then expecting all the services that go with a normal town.

Dr Reddel—Yes, that is right. The policy of the government is that services will be provided, as close as possible, to people living in community, but the establishment of outstations in a formal way is not government policy. We will provide support to people through a hub and spoke approach in terms of services that would be required for people living in outstations.

Senator ADAMS—Thank you.

CHAIR—Just in terms of clarification with Napranum as the example, I understand everything is ready to go. The sites have been selected.

Dr Reddel—Yes.

CHAIR—They are cleared. There is nothing on the ground, not a peg in the ground, and you are going to build 15 houses in 10 weeks. Is this the new benchmark? When all other impediments are cleared you can build 15 houses in 10 weeks in a community. I am just getting it clear that that is the new benchmark of achievement.

Dr Reddel—No. In clarifying my comments, the intention is to meet the target of 30 June with the targets that have been set. What will be required are some further discussions with communities about how we might involve better design of housing—that might take a bit longer—but to involve the community more directly in the construction and design of housing.

CHAIR—Basically when we kick off and you say, 'Rock 'n' roll', when we have all of that stuff done, we can achieve 15 houses in 10 weeks in the community, which is commendable.

Dr Reddel—I could not comment on that specific time line for every community, but in other communities there is already construction underway of housing to meet that demand.

CHAIR—Thank you.

Senator SIEWERT—I want to go back to the Families Responsibilities Commission and the discussions that we have been having on it. One of the issues that came up yesterday is education, and we will go to that with your colleagues from the education department, but the other issue that came up was the lack of some support services in some of the communities and the fact that some of those support services are only just being provided now. My question is: how is the decision-making carried out about where the services would be provided and when? I also want to go to what was discussed yesterday with them being provided two to 2½ years down the track, so there is only another 18 months ago; where to from there?

Dr Reddel—In terms of the decision around support services, as I outlined before the governance of the trial has local, regional and central governance for determining priorities and needs. As I mentioned before, we have rolled out and continue to roll-out new parenting programs across the four communities. I would like to make the point about the Cape York Welfare Reform initiative that it is a trial. Part of it is about how we learn as we go around some of the key reforms that are needed in each community.

Senator SIEWERT—With all due respect, it is not rocket science to know that parenting programs are required if we are going to see the changes that we want. That is one of the key things you do in communities.

Dr Reddel—They were some of the givens in terms of the things that were already agreed that we would implement. In terms of working with the community to make sure that it is the right program for that community, that is where it takes some time. It is fine to say that we need

to develop and implement. One of the challenges put to us was that some of our service delivery that we provided in the past has not been the correct service delivery for communities. We all know we need to address parenting and alcohol and substance abuse and to provide family support programs and alcohol and drug programs. It is ensuring that they are the right sort of programs that are being delivered on the community, and that is where we have spent some time making sure we work with the community to make sure it does not have the perverse effect of not addressing the behaviour or issues that people present.

Also, for example, we are trying to address some of the issues where we do not necessarily have an immediate response. Gambling is one issue. We are trying to work with communities around what are some strategies to address gambling problems in the community. There are some immediate programs that are going in, as well as programs around domestic violence and family violence, but we are trying to examine and explore new programs and new initiatives that we can implement in those programs. There are some things that are obviously given, parenting being one, but we have spent some time to ensure that we have the right parenting program being delivered for the community.

Your second point was about where the trial will go. Both Queensland and Australian governments have signed up to a four-year trial. The Family Responsibilities Commission legislation is sunsetted to finish on 1 January 2012. The intent of the trial was to be a time limited response to the needs in those communities. That being said, as I mentioned earlier, there is an evaluation underway of the trial. Initially the FRC and then subsequently the other elements of the trial are to be concluded at the end of next year. At that point in time governments will make a consideration about how they might take further the learnings from the trial into other communities or beyond.

Senator SIEWERT—Can I have one more question?

CHAIR—A very short one.

Senator SIEWERT—I know we have the Department Justice and Attorney-General coming later, but I would specifically like to know how you interact with those departments? Yesterday we heard from the Cairns Community Legal Service that they have had some cuts in funding, which means that they have had to cut some Indigenous liaison officers, but it also means that they cannot necessarily get out to all communities. I am keen to know how you interact with the department of justice to work out who is getting services and what services should be out there? The particular example I am looking at is the issues around domestic violence. It seems to me that you may have similar sorts of issues here, as we have found in South Australia, where women that have been subjected to domestic violence are not getting adequate legal representation. The perpetrators are because they can very often access legal aid. The victim cannot go to the same service to get support so, in other words, they are not being supported. I know you will say this is a justice issue but, as far as I am concerned, it is a community issue. How do you interact with that agency and work out what services are needed from a holistic approach?

Dr Reddel—At the whole-of-government level the mandate for the agency is to provide that overview. We have a mandate under the leadership at cabinet level of Minister Boyle. We work very closely with agencies. I think this will be discussed later in terms of the development of a

justice strategy for Queensland. That will be part of the presentation later today and that is under development. That is where we would work with those police, justice, corrections and other agencies, as well as our own department in its broader role, to ensure that there is a holistic approach to that particular issue.

Senator SIEWERT—If I want to know the details of what is or is not being done, should I ask the Department of Justice and Attorney-General?

Dr Reddel—Our role will be as the strategy evolves to provide that overview. As you said correctly, you need to understand how the various elements of the strategy connect.

Senator SIEWERT—What would you be doing as part of that whole-of-government approach? How do you respond to that situation?

Dr Reddel—Taking it more at a place based level, part of what we are trying to achieve in each of the communities, commencing with the six that are part of the remote service delivery reform, the four in the cape and the two in the gulf, is to have senior people on the ground that can understand how those various elements and programs work together and, if there are gaps, feed that up the line. In addition, at a strategic level we are establishing a senior executive group that includes those key agencies, as well as boards of management with senior representatives to oversight what is going on in those relevant communities so we can start to see how those various elements connect together.

Senator SIEWERT—You do it at that community level?

Dr Reddel—At the community level, as well as at a more strategic level. That will be further fleshed out regarding what is required, particularly in the justice domain, as the work progresses on the justice strategy.

Senator SIEWERT—Thank you.

CHAIR—Thank you very much. If there are further questions on notice from the committee they will be provided to you through the secretariat. Any issues that you may wish to correct the record on, you can again put that on notice through the secretariat. We much appreciate the evidence that you have provided to us today.

[9.49 am]

FLETCHER, Mr Ian, Chief Executive Officer, Department of Employment, Economic Development and Innovation, Queensland

HART, Mr Norman Warwick, President, Queensland Association of State School Principals; and Indigenous Education Alliance

MACKIE, Mr Ian Fraser, Assistant Director-General, Department of Education and Training, Queensland; and Immediate Past President, Indigenous Education Alliance

McKAY, Mr Peter, Executive Director, Employment and Indigenous Initiatives, Department of Employment, Economic Development and Education, Queensland

POTHIN, Ms Ellenah, Senior Policy Officer, Department of Education and Training, Queensland; and Indigenous Education Alliance

CHAIR—I welcome the representatives from the Department of Employment, Economic Development and Innovation, the Department of Education and Training and the Indigenous Education Alliance. Information on parliamentary privilege and the protection of witnesses and evidence has previously been provided to you. Departmental officers will not be asked to give opinions on matters of policy, although this does not preclude questions asking for explanations of policy or factual questions about when and how policies were adopted.

I now invite each organisation to make a short opening statement. At the conclusion of your remarks I will invite members of the committee to provide questions.

Mr Mackie—With the indulgence of the group, I will start. I want to acknowledge the traditional owners of this land and elders past and present. Thank you for convening this process.

I wear two hats, so with your agreement I might present both in a succinct timeframe and then invite questions from that omnibus presentation. As an opening comment I would like to remark that I have personally got a lot of skin in this game. I have been the principal off Indigenous community schools, most recently the principal of the Western Cape College. I understand you visited Napranum and Weipa and saw the best and the worst of the facilities there. I am happy to take questions about that.

The education alliance presented a submission to senators and I understand that is part of the reason that we were brought here. I just assume that it has been read in detail and you might have questions about that. With respect to my role as the Assistant Director-General of the department of education I will give a brief synopsis of the landscape, a brief synopsis of the strategies and initiatives, briefly refer to the paper and then take questions.

There are 40,000-odd children in our public schools and roughly 44,000 in public and non-government schools. We believe that is the largest number of any state in Australia, but we would stand corrected when the enrolment data for other states come in this year. We do not

have the consolidated data for 2010. But in Queensland that is roughly eight per cent of all students and that figure is increasing and has increased fairly dramatically over the last few years.

The bulk of those students are in non-remote locations: 80 percent in non-remote and 20 per cent in remote. The bulk of the students are in the far north of the state: 40 per cent in the far northern region and the northern region. By deduction therefore it would be reasonable to assume that the large number of children in the remote locations are actually in the north and very north of the state. A number of the towns and communities that you have referred to are those particular communities.

We have an omnibus or overarching strategy called Closing the Gap. We believe that has eclipsed our previous strategies, Partners for Success and Bound for Success, because they were very much targeted at remote communities. The Closing the Gap strategy is very much about everyone must do the heavy lifting. The children are right across the state and if we are to close the gap between Indigenous and non-Indigenous outcomes, it is the business of every school. Ninety per cent of schools have at least one student and over 200 schools are identified through the Indigenous action plan process through the national partnerships. There are a significant number of schools in a significant number of locations, many of them provincial.

I was really keen to report to you that I was in Bundaberg West yesterday where the Indigenous children of that school are doing significantly better than the non-Indigenous children of the school, so for them to close the gap we would have to ask them to slow up a bit. I was really buoyed by that. It was largely around the things we know work for children which are consistency, regular attendance and parental support.

To quickly run through the strategies that the department has, Bound for Success was largely about making service in the cape, Torres Strait and the gulf exclusive rather than begging for people to come. We essentially put up a barrier and said, ‘You cannot come into these locations unless you are the very best teacher or the very best graduate.’ We did say to some people, ‘Nobody is preferable to you.’ That created an aura of exclusivity and allowed us to pick from a much richer group of graduates and recruits. We believed that was a particularly good strategy.

I understand that my colleague Mr Don Anderson presented to you yesterday the service guarantee methodology which was developed by the alliance with a considerable amount of work done by Ellenah Pothin on my left, me and Don Anderson. We believe the service guarantee methodology is the ultimate of case, place and high expectations methodology. No-one is left behind. Every child gets a place at the table. We have 100 per cent employment outcomes for children.

As a system we have been trying to look at what that would take to make that ubiquitous, to make that a reality for every high school in all parts of Australia. I am very pleased to report to you that the Northern Territory government under the leadership of Mr Gary Barnes is looking at that particular methodology for all of the high schools of the Northern Territory. There is some particularly good work being done in the east Kimberley taking the methodology that we have been using with mining companies and with the employers to guarantee employment for all children, and the work of ERA and Jabiru area school is work that we have been directly responsible for initiating with the Northern Territory government.

The notion that we would partner across state or territory borders is particularly positive for us. We are very proud of our RATEP program where we have trained 127 teachers in their home communities to serve their children, the pre-prep initiative where we have built 25 discrete kindies for 3½ to 4½ year-olds, and we are buoyed by the national partnership's challenge of universal access for Indigenous children.

We initiated the transition support service very much as a result of the criticism of Noel Pearson some years ago saying he could not identify any children from Cape York who had a secondary education. He identified Tania Major as the standout lone person who was Young Australian of the Year and went to Clayfield College, but there were not any others. So for the past five or six years we have toiled away to build that number to somewhere in the vicinity of 400. We do not have the exact figures for this year but we now have a service to support the transitions of children to boarding school.

We are very much supportive of P-12 college models and would be happy to receive questions about college constructs because we understand education systems across the nation are working with college constructs. We have the particularly strong view that they need to be from preschool to year 12 and include one point of accountability for the life journey of children so that one person can be held to account for the total education service delivery and then employment of that particular group of children. It is case and place based management. Again I refer to that powerful concept of no child being left behind and very much tailored to the case and the place.

I alert you to the work that was done early last decade around the construction of Spinifex State College in Mount Isa which serves the boarding needs of children and the partnership that has recently become a reality for us with the Commonwealth building a 120-bed boarding facility in Weipa. That is still on the drawing board but is very much down the road and hopefully will be open to receive students in 2012. I am very keen for that to be delivered because we need year 12 horizons for children, given that the legislation in this state is for children to attend school until their year 12 learn or earn. Also, the Parents as First Teachers initiative developed in partnership with the alliance is getting momentum around the country recognising the need for support in the early years of development.

The alliance submission has four key organisers. The first is around recognising the realities of remote settings and the fact that you will get a lot of teachers in the early part of their careers then looking at quality orientation and induction to ensure that those people have the requisite teaching prowess, professional proficiency and quality of service delivery in order to deliver quality outcomes, really focusing on the depth and breadth of leadership. A range of strategies was put in the submission for your consideration with respect to the development of leadership. A strong focus on shifting the demand is a difficult concept to understand but when it is explained it is pretty straightforward.

We offered P-10 schools in a lot of our communities but not universally—P-7 in some; P-10 in others—but we have an expectation that year 12 will be offered to all children, so it is very much around looking at ways of transition support and boarding that shift the demand, in other words shift the service provision, to provincial and urban settings requiring the children to move to complete their post primary education and looking at how effective our service delivery is in the post-primary years 8, 9 and 10.

Finally, in trying to shed some light on what works around remote incentives and what really makes a difference, I noticed in the weekend papers Apunipima, the health council for the cape advertising a job based on Weipa with a quarter of a million dollar starting salary and then up from there—that is with the super on top—for a doctor to serve the communities of Napranum and Mapoon. I think there was also one in the weekend paper for the Northern Territory, but I would need to be corrected if that is not so. That is a significant salary and I think recognising the demand for health professionals in the bush, but what is going to be the future for getting young people and not so young people into the service of teaching in remote locations is a particular challenge for us. The submission sets out a range of strategies. I am happy to address questions.

CHAIR—I might just go to Mr Fletcher. Would you like to make a brief submission, particularly focusing on some of the connections between employment and education?

Mr Fletcher—The Queensland government starts from a premise here that opportunities to participate fully in the economy is the most effective way for people to close the socioeconomic gap. Having a job is the best way in particular so a sustainable one is the best insurance against exclusion. We have taken that as a sort of axiomatic thing to say but I think it is an important starting point.

As you have heard, Queensland has made substantial investment over the past decade in improving educational attainment in skills, development and in the kind of wider work readiness question for Aboriginal and Torres Strait Islander people with the objective of increasing their economic opportunities. How have we done? This is not meant to sound complacent at all because there is a great deal more to do, but our Indigenous unemployment rate has fallen from about 20.1 per cent in 2001 to 12.7 per cent in 2006 census figures. The latest ABS data is clearly not comparable strictly with the census numbers but it is worth mentioning a further fall to around 8.6 per cent. That is higher than it ought to be. There is more to do but we would argue that the trend is certainly an encouraging one.

What have we done? One of the themes I think in what I am going to say today is a longstanding, strong and, so far as we are concerned, positive partnership with the federal employment portfolio to try to maximise the benefits that we can gain mutually from investment in these programs. Secondly, we have tried to mobilise whole-of-government procurement policies in Queensland to directly and deliberately promote employment and training opportunities for Aboriginal and Torres Strait Islander people and we have set out to widen that as far as we can.

Finally, last but certainly not least, we have been growing formal partnerships with industry and employer groups. One of the encouraging things from our perspective is that employer groups and industry groups have become increasingly excited and positive about the opportunities that this raises for them. They clearly recognise that they need to join in this really important kind of community effort and I am delighted to say that I am certainly detecting that that engagement is a wholehearted one.

We do this through clearly some of the kind of intragovernmental stuff that you have been hearing about. We also have what we think is the most extensive network of regional employment officers in Australia. Engagement occurs from a state-wide level, regional economic

development planning, major projects, employers and community leaders and of course, ultimately in the story, individuals themselves. It is always a work in progress I think we would be the first to say. But one of our departmental commitments is to work effectively regionally across the state and it is true in this area as in many others.

We have put a lot of effort in. Between 1 July 2007 and 31 December 2009, the end of last year, the state assisted 13,000 Indigenous job seekers. That is 25 per cent of all the job seekers that we helped through our Skilling Queenslanders for Work community employment and training programs. It is a suite of programs that we offer. If you want more details we are clearly very happy to provide them. That investment included $17.7 million of Indigenous specific employment projects, just over half of it—57 per cent—outside South-East Queensland.

As to destination surveys, how well did we do? The latest numbers I have got are for 2007-08 where 53 per cent of Indigenous participants in these programs were in employment or training a year after they received the assistance. It has included 4,360-something apprentices, trainees and vocational students outside South-East Queensland. Completion rates of 50 per cent are an important measure. How does it compare to the non-Indigenous group? That was at 54 per cent. It is behind, but it is not desperately behind. Completion rates interestingly for non-assisted Indigenous apprentices and trainees are sadly 32 per cent. There is some sign there that the work that we have been putting in improves the outcomes. I think in 27 cases we helped to try to promote Indigenous businesses to grow or get started. We know of over 92 jobs that that has led to, but that may be an underestimate.

Before I come to the end of what I have to say I think we would also say we recognise that the COAG Closing the Gap targets are important ones which mean we have to be working even harder. I think that as a department, as you have been hearing, we are certainly committed to doing that.

Let me just finish with some areas where we believe the federal government could do more. Two big points here, Queensland's Indigenous population is more youthful than the general population. In the decade 2006 to 2016 we think 37,000 Aboriginal and Torres Strait Islander youth will reach labour market age and these young people have to be our priority. That leads directly to the kind of connection to the education system that you have been hearing about. I think that involves the work that we have been describing to you. It involves continuing to work to raise the aspirations of young people and I think that it involves a continuous effort to enable and encourage Indigenous students to connect to Job Services Australia prior to completing their studies so we get some of this kind of connection going.

As you know, Queensland is a highly decentralised state and the Indigenous population is dispersed. But a significant proportion does live in the south-east corner and there is an urbanising drift going on. This is an important point. We have a young population and in many ways an urbanising one. That means we have to meet people at their point of need and think about what services we provide for people in urban communities as well as in the remote ones.

Clearly the challenges of promoting economic participation differ depending on where you live. The labour market in remote areas is almost by definition smaller and more difficult to get into. But that does not mean we should kind of give up. It does mean I think that we have to differentiate the services that we offer depending on the experience that people are actually

having. I think that means that the mainstream employment and training services in regional and urban areas need to focus on improving their effectiveness in engaging and assisting Aboriginal and Torres Strait Islanders to get skills and get set to join the workforce. We think that that means in very practical terms that these groups need to be prioritised for inclusion in the many pilots that Centrelink, and the federal government generally, have got underway. That is certainly something we are doing in our own pilot work and something where we are looking to work closely with federal colleagues to share experience and see if we can develop effective models that can be used more widely. Of course we need to ensure that we have suitably qualified Indigenous staff and service providers. That is a challenge too and something that our department (a) takes seriously and (b) where the department co-leads on wider targets across the Queensland public sector.

The Queensland government supports the changes to the Community Development Employment Project's program but when it is implemented in the Torres Strait we think there will be a real challenge finding sustainable alternative employment. We are concerned that people may have underestimated the extent to which private business and council business will become frankly unviable at that point. I just thought we would make the point that we would like to see some further detailed economic and social impact assessment; we should look before we leap.

Overall, clearly this is a work in progress. I think I would highlight the growing sense of partnership across the public sector but I also want to not take our eye off the sense that I have mentioned before of the growing engagement of the private sector as well. I think that is a theme that it should be important to return to.

CHAIR—Mr Mackie, I indicated to Mr Reddel that hopefully as the expansion of all our efforts in the area of school attendance get better we have the capacity within the education system to cope, particularly recognising the demographic, the new demographics and the difficulties with that demographic that is entering. Can you tell me how both the alliance and perhaps the department of education are dealing with this new cohort, which is hopefully an expanding cohort, of those people who have not been a part of the system for so long?

Mr Mackie—Having been the principal of Aurukun—and my wife has been the principal of Aurukun—so we have shared many a story about that particular community but have a comprehensive knowledge of all of the communities. I am pleased to report to you that the hurdles of the demography, or the students whom we must attend to, are being overcome. We now know who we are talking about and common talk in schools is children born in 1990 to children born in 1993 who of course would very much be those graduating at 17 years of age and looking for employment this year. We would have detailed lists at a community level of 1993, 1994, 1995. In days gone by that was not the case. But because of our computer systems and the sharing of information across departments which has been a function of the welfare reform trials has allowed us to know exactly who we are talking about. You are absolutely on the money to suggest that as we claw into that group looking for more and more success we are tackling more and more challenging individuals.

They are challenged not as individuals but by their circumstances. The realities of those challenges have caused us to look at new ways of service delivery, particularly around the post-primary education where we know a lot of children drop out and looking at models to ensure

those children are batted back into the system as frequently as is necessary in order to get them back on the bike and riding towards a job outcome. But we have got a long way to go. We know from the cape and Torres Strait that issues of economic prospects are real. I know from my work in the western cape there was a lot of employment locally but to find the requisite employment we had to trawl through the Cairns and Townsville opportunities for children and put in place structures to support them.

But I go back to my original comments about needing to teach children as if they are your own flesh and blood and if that was your own child what structures and systems would you put in place? What supports would you deliver? That aggregated thinking needs to drive our policies.

CHAIR—There are large increases in that demographic going to schools today that were not there last week and last month. That is the evidence that we have heard. We have also heard evidence about how they have made changes in the system. 'We have taken this teacher from here and we put her in charge of the transition.' So schools appear to be making fantastic arrangements within a budget that is stretching it further. Given that this is an additional burden on the schools, has the department of education considered this and provided extra resources specifically to deal with this matter?

Mr Mackie—There are extra resources on the table and they have come predominantly from the Commonwealth government through the low SES and NPs and the literacy and numeracy national partnerships. The reallocation of resources was a feature of the previous allocative methodology. By way of example I would cite the allocation for P-10 schools where you get six additional staff to deal with the post primary students. With low levels of attendance it was a problem that those six secondary staff were underutilised, many of them expressing frustration at the lack of utility, the lack of challenge, the lack of students. Now that we have got significant numbers of students those protests are no longer in evidence—

Senator ADAMS—They have probably gone the other way, they are overworked.

Mr Mackie—But I would make the remark, having run these schools, that the notion that the schools are out of control and the children are somehow super-difficult is quite inappropriate. The children are like children everywhere and with good quality behaviour management programs they behave well and they learn well. Our challenges are the partnership ones with the community to get them to school. Once we get them to school and they attend regularly—they are not angels—but we can get a job outcome for them.

Senator CROSSIN—You have just provided me with the entree to my gourmet meal, because I want to ask you about the involvement of parents in education. Before I do I just want to recognise your eminent work in Queensland for many, many years. I know we have known each other for a long time and I think publicly that this committee ought to be aware of your commitment and dedication to Indigenous education in Queensland.

But having said that, I notice you were involved in the alliance strategy. I want to commend the Queensland government for actually having an Indigenous education strategy. I think it is one of the very rare documents I have seen in this country. I do not know too many other state governments that actually have a specific Indigenous education strategy so I want to commend you on that. But I actually want to ask you about where in this strategy I find a commitment to

the Aboriginal education goal, number one, to increase the participation of parents in a child's schooling. I say that having asked questions of the Family Responsibility commission yesterday and I look at this strategy. Beyond involving parents in the early stages of a child's education with literacy and numeracy, what is the strategy in this document to get school councils running, to get more parents involved in the day-to-day management of the school or to actually even understand what is happening in the schools, particularly up in the cape.

Mr Mackie—I, too, acknowledge our long-term acquaintance and friendship and thank you for your remarks about my personal commitment and the commitment of the department to this challenge. I believe you are in possession of the alliance submission, which is predominantly around quality teaching and leadership in schools. With the chair's agreement we will provide other documentation which is the totality of the department's policy, which is quite expansive and does cover off the issues that you address, particularly the twofold part of your question, parental engagement as well as quality leadership within schools.

I note from Chris Sarra's work in his five-point plan that two of the points are around Indigenous leadership and Indigenous parental engagement and we have been very much responsive to that. Our data, which I will endeavour through the secretariat to provide in a detailed way, will point the way forward because from an employment perspective the bulk of our employment is at low levels and very much in the far north of the state. We are currently working on a strategy to stratify the employment targets and spread them geographically so that hopefully in a few years time we can provide positive information about the number of executive principals we have who are Indigenous—we currently have only one, Judy Ketchell, in the Torres Strait—and the number of middle management principals that we have. Equally, do we have them in the south-east corner showing leadership to urban Indigenous people?

As to your question about parental involvement, I could not agree with you more. Through the alliance and the department we champion the Parents as First Teachers strategy which is very much around parental involvement on a door-to-door basis. But getting parents into the school has been a challenge. A number of the communities have active P&Cs but a number of the P&Cs are a slog. But there are some interesting strategies out there. I would point to the strategy that was in place in Aurukun for the last few years of zero suspensions and exclusions, so not suspending and excluding children, but insisting that children who misbehave—sometimes it is a bit more severe than misbehaviour—come back to school in the company of their carers. That is the ultimate parental engagement: the parent must be in the classroom with the child. Some of the interesting learnings that came from that were pretty powerful for us. We agree with you; our policies cover it. We are now at the sharp end of making it a reality.

Senator CROSSIN—Where do I find that in this strategy, or is it a separate document?

Mr Mackie—We will provide through the secretariat that particular strategy which is part of the Closing the Gap strategy which I do not believe has been provided to you.

Senator CROSSIN—Are you talking about this document?

Mr Mackie—That is the document I am talking about.

Senator CROSSIN—Where in this document do I find the strategy for getting more parents involved in a child's schooling other than in the initial years?

Mr Mackie—I did not know that had been provided to you but now I am clear on what your question is. It is very much in the area of the Parents as First Teachers strategy which we are trying to get out more widely and which is in the early years as you rightly point out.

Senator CROSSIN—With parents getting involved as the first teachers, I assume you mean from birth to early childhood. I think Gary Barnes is picking up the same concept in the territory. I am talking about a strategy where parents actually understand what is happening in the classroom and get involved in school councils. I suppose I am thinking about the old ASSPA days. It is unfortunate that the ASSPA program was abolished. Under the PSPI our government has actually rolled that into the base funding. I have seen a withering away of a mechanism to actually involve parents on a day-to-day basis. It is not just about their role in their individual child's education but their general understanding of what happens in education and their capacity to want to be involved in the school. Does the Queensland government have a strategy for that?

Mr Mackie—It would be cute to say that is absolutely the core of our plan. It is an overarching goal. We had Partners for Success, which was very much about community compacts. We recognised that it was not about the whole of the community and the Bound for Success strategy was very much about individuals and families. In this particular strategy which is the current one which rolls up all the previous work a number of the initiatives are about parental engagement. They are taken as a given. There is certainly the IESS strategy which is one that has a significant amount of parental engagement. The transition support services are very much in the area of boarding school and parental engagement. But it is an absolute overarching strategy to deliver that which you describe, and I agree with you. Through the PSPI funding it was slightly unclear but in the new PaCE funding it is writ large and communities are being challenged—

Senator CROSSIN—How much PaCE funding are you getting in Queensland and how is that rolling out?

Mr Mackie—We are not in receipt directly because of course it has to go through incorporated community organisations. That is a condition of the funding. But a good example of that would be the money that is going—well over $1 million; I could check the exact figure—through TSIRC, the Torres Strait Islander regional education council, to fund PAFT programs in a number of the communities. I keep referring to PAFT because it is an overarching strategy that involves parents at a door-to-door level in the education of their children. The success of that program is well regarded.

Senator CROSSIN—Do you know how much PaCE funding Queensland is getting because it is administered by DEEWAR and it is in response to actually getting parents involved in education.

Mr Mackie—I do not have that exact figure because clearly it is a Commonwealth department, but I am sure Catherine O'Sullivan, the state manager, would be able to provide that information. I know that we in partnership have had difficulties getting it out and the reason for that is it challenges communities to gather around the initiative that you identify. In an

incorporated organisation to work in partnership with the school to deliver parental involvement has been a new challenge because previously the money flowed through the schools and now it is to flow through incorporated organisations.

Senator CROSSIN—As to the mutual obligation of the state department in respect of the welfare trial in the cape, we have four communities working to do a whole range of things, one of which is improve attendance at school. We did hear evidence yesterday that with one particular school there is difficulty in getting some children to school because they have got a couple of kilometres to hike to get there. In that instance would the education department provide a bus for the school to do a morning pick-up run? Is there any way in which I can gain evidence that the department is actually meeting these communities half way in improving that attendance rate by the use of additional resources, not just teachers and classroom resources, but external resources such as that?

Mr Mackie—The issue of provision of buses is quite vexed. The only community that you could be referring to where the distance is beyond walking is the Mossman Gorge and the Mossman community. All of the other schools are strategically placed so that children can easily walk, but in those communities there is often call for bus provision to cover wet weather which is quite frustrating for schools because the provision of umbrellas and raincoats covers off wet weather and it is usually a short walk. I would have to take on notice the provision of transport assistance for Mossman Gorge because I—

Senator CROSSIN—We will send you the transcript from yesterday. In the territory it is not unusual for schools to have buses. In fact it is not unusual for principals to jump in them at seven or 7.30 each morning and ride around themselves and collect kids. They see that as part of their mutual obligation in meeting the families half way. I wondered if such strategies are encouraged and operate particularly in the cape.

Mr Mackie—They are, but having actually driven those buses myself I can alert you to the fact that it is incredibly frustrating. You turn up to be told, 'No, come back in five minutes. I have not had a shower yet.' You come back in five minutes and are told, 'No, I still have to have a shower.' It can be incredibly frustrating for schools, given that there is no better than a kilometre in many of the communities by way of walking distance. When we talk about reciprocity, getting the children to walk a kilometre is probably not too big an ask. But there are cases where there is a distance to homelands. I recently visited the Jabiru Area School where bussing is quite a feature. But I take your question for the import that it delivers.

Senator ADAMS—When we were over in the northern peninsula area that was something that they were complaining about, too: how do they get the kids to school? That was the problem. On wet days, they just did not go. There obviously seems to be an issue.

I also wanted to speak about the school down at Napranum. They were having trouble with getting the kids off on the bus to school to go into Weipa. There do seem to be some issues with that in respect to whether or not the bus driver turned up to work, just the usual sorts of issues. We were trying to work out who was really responsible for getting the children to school, whether it is the education department or the police and citizen's people or community people. Everyone seemed to be passing the buck.

Mr Mackie—I can be specific about Napranum but I would have to take on notice the question about NPA. In this state transport is provided through the Department of Transport and the contractor in Napranum is the council. I understand they have recently accessed some new vehicles. I am not quite sure if they are new or not, but it was a substantial grant of moneys to provide buses. They previously had buses and they were a little run down but I understand they have new buses now. But the attendance of children from Napranum to the Weipa school is generally regarded as quite good.

It is illusory to assess attendance based on bus transport because many of the children spend four nights a week in Weipa with family. We have always had the view that that is a positive thing, given that the bulk of people in the Weipa community have incomes, and good incomes, so to live in a household with a good income and people regularly attending work we have always believed is a good modelling experience and we have never sought to cut across family decisions with respect to where the children spend Monday to Thursday nights.

Senator ADAMS—How much community consultation has been done on the actual site of the proposed hostel at Weipa? We went and had a look at it while we were there. Do you know what has happened in that respect?

Mr Mackie—Yes, I do and as the previous principal of the school I was directly responsible for a significant amount of that consultation. The difficulty with Weipa with respect to the site is that there is little available land in Weipa and that site is one of only two available sites, the other one being the old hospital, which you may have driven past. The site selection is difficult because of land tenure issues in the town authority. A significant amount of consultation went on with respect to whether or not a hostel was a good idea with every level of the community, from the chamber of commerce to the P&C to a whole range of strategies that were put in place in order to apprise people of the need for a hostel. Now that the decision has been made and the money allocated we are currently in a consultation phase with respect to how the hostel will operate and the physical amenity of the hostel. It comes down to difficult questions like one of the proposals within the hostel is to have parental accommodation for weekend visits of parents. Instead of sending the children home on the weekends, bring the parents to Weipa, and there is a degree of community disquiet about that concept, but we need to work that through with the community.

Senator ADAMS—You probably heard me ask the question about the asbestos in the school that has been closed at Napranum and the land and where it is and what the community wants to do with it, but the asbestos seems to be the key problem. When you look at the number of probably very capable people around the community that perhaps with supervision in removing asbestos surely there could be something done with it rather than it just being completely and utterly destroyed the way it is at the moment. Is that school land still or is it council? I just could not quite get to the bottom of it.

Mr Mackie—The school was closed in 2006 and it was handed to the community by way of its operation. The complexity there was that the committee did not act quickly and the facility was badly damaged over a period of nights in 2006 and has remained in a dishevelled way since then. I do not have authoritative information about the asbestos in the building. It was my understanding as the principal of the school that the asbestos was removed but that was as the principal of the school and has no status more than hearsay. We will get authoritative information

to you about the state of the asbestos in the building. I have been inside those buildings. They are pretty stripped out. I share your concern about the exposure to asbestos but the only people who could possibly be exposed to asbestos were it there—and I am not convinced that it is—are trespassers because the site is completely sealed. It is gazetted for education uses but we have been in discussion with the community about its long-term use and of course funding is a particularly difficult issue. Could it be used for residential accommodation? That would be in the hands of the Department of Environment and Resource Management, I would think. I believe they would currently be in possession of the title because from my understanding it is not in the education department's hands. But it is an eyesore and we really need to act to get a result.

Senator ADAMS—Just looking at the land you would think surely something can be done with it, just knock it down and utilise it in whatever way it could be used; wherever we go, being short of land, we cannot do anything because of all the red tape. That was just one thing that I looked at.

I would like to come to hearing services within schools in the cape. We have another committee on which sit the members of this committee and we are currently inquiring into hearing services and the issue of children and education and not being able to hear right from a very early age. What exactly are you doing in the cape with the schools as far as acoustics and with the training of the teachers as to how to deal with children with a hearing impairment is concerned?

Mr Mackie—There is a significant amount of work done in partnership with the Department of Health and I am pleased to be able to report that that partnership has yielded a number of clinics and surgeries. Last year alone there were a significant number of children had surgical intervention to address hearing loss in Weipa for Aurukun children. I know that the ear, nose and throat surgeon came from Sydney on three occasions to run surgical clinics to address those surgical requisites, grommets and glue ear and the like. Many of the classrooms have sound field systems which are designed not so much to amplify the noise but acoustically enhance the room. I think from memory they are about $5,000 a go and many of the classrooms have them. There is a significant amount of training for teachers delivered through the Indigenous Schooling Support Unit and the region to appraise teachers of teaching techniques that are required.

Senator ADAMS—Have you got them in the schools up in the cape area?

Mr Mackie—It is very much the business of the principal but my understanding is that they almost in every classroom. It would be wrong for me to say they are in every classroom but they are in a significant number of classrooms across the cape, and the Torres Strait for that matter and the gulf. It has been a significant initiative of the principals to address that through those particular sound field systems.

Senator ADAMS—I know it is a really important area. For a child who cannot hear from the start of course you then go through life with all the behavioural problems and everything else through frustration and all the rest of it. I have a nursing background so it is something I am very, very keen about watching to see how that is developing because the hearing services can provide hearing aids but they cannot provide the funding for acoustics in the classroom and a lot of schools have been saying, 'We just do not have the money to do it.' That is just defeating the whole purpose of learning if a child is not able to learn properly. But while I was at Bamaga I

was able to go and talk to the people running the Deadly Ears program. They are doing a great job. They had seen 160 children in a day and a half and still had more to go. I think they were operating on 24 in the two days. It is an excellent program. I am very pleased to see that you are on top of it.

Senator FURNER—May I also echo Senator Crossin's commendations for yourself, Mr Mackie, on the services you are providing up in Weipa. I have been there twice now and am very impressed with what is happening up in there. My question is in regard to employment in the cape. What is the role of the regional employment officers up in that region?

Mr Fletcher—The role of the regional employment officers is to coordinate, lead and manage the delivery of the suite of programs that I referred to in passing when I spoke at the outset, that suite of programs that we call Skilling Queenslanders for Work. That is a kind of branding and it has got a number of more detailed programs underneath. Do you want me to go through what they are?

Senator FURNER—We do not have that much time.

Mr Fletcher—There are a whole lot of them and I could take half an hour over it. If we write to you with the kind of detail of them, how does that sound?

Senator FURNER—Particularly in that region, thank you.

Mr Fletcher—At the same time, if that is convenient to you, is also write about some of the particular work with a focus on the cape and the Cairns area as well where we have made a particular effort to get on top of a particularly stubborn kind of employment problem.

Senator FURNER—We also heard evidence in the town of Bamaga from a board up there about issues associated with the changes to the CDEP later on this year. I think in particular concerns were expressed, with those changes being imminent, about there may be the likelihood of unemployment as a result of those changes where this particular employer was topping up the CDEP with a small amount of hourly rate of pay. Are you aware of any other concerns that have been expressed by employers up in that area about that particular subject?

Mr Fletcher—As I said at the outset, we do have some concerns about the viability of businesses who have been using the CDEP program when it is withdrawn and we do think that it needs in some cases a good look of what the viability is going to be. I have not sighted the particular case that you cite but we would be very happy to have a look at it. But on the face of it there may well be a valid point.

Senator FURNER—What are the issues that you think need to occur for those employees who have particular issues associated with the changes in CDEP?

Mr Fletcher—It depends. I might turn to Mr McKay to provide more detail but it depends on whether we are talking about employers who are fundamentally in the public sector or the private sector.

Senator FURNER—The private sector.

Mr Fletcher—Again I do not know the detail of the business that you are talking about but if they have particularly high costs or a particularly fragile market then a change in the kind of terms of trade for the business that would follow the withdrawal of the funding may well mean that their cash flow frankly moves from being positive to negative. That goes fundamentally to their ability to operate. The only way you can test it is to go and look at the individual business concerned. One of the things that we are doing through another one of our state-wide programs called JobsAssist is beginning to build up a diagnostic capability to go and look at firms and look essentially in accounting terms at the way their net current assets are moving, whether money is bleeding out of the business or beginning to flow in, and looking to see if we can put assistance programs in place to help firms in that position to, firstly, manage themselves better—that can be significant—and, secondly, to access working capital if that is appropriate. But at the end of the day if a business cannot fundamentally fly then we cannot keep them on life support.

Mr McKay—Our grave concern there is that CDEP has in some instances been used as a wage subsidy for many of the businesses—

Senator FURNER—Which was not the intent.

Mr Fletcher—Which clearly was not the intent.

Mr McKay—The viability of those businesses is unknown and our regional staff are working with those businesses to try to understand what impact it might have. The impact therefore is not just on the recipient of the CDEP but those other people who are employed by those businesses as well. When you are talking about some fairly fragile businesses within very small economies across the Torres Strait, once those employment opportunities are lost there will be very, very scant opportunity in some of those places to find those jobs again.

Senator MOORE—You and Mr McKay have both addressed the issue of CDEP and it is critical but it is been under change now since it was introduced. What is the role of the state government in working with the federal government through this policy discussion? Is there a format where the issues you raised about CDEP have been raised with a number of governments over the years as people have been playing around with this process, which has just become a part of life in many communities? How do you get involved in the whole process?

Mr Mackie—That is a very fair question. I will let Mr McKay answer it because he knows much more of the details.

Mr McKay—We have worked closely with the Commonwealth agencies, particularly DEEWR and FaHCSIA, to use their acronyms, over the conversion for mainland CDEP and the National Partnership Agreement on Indigenous Economic Participation says that in respect of the Torres Strait there would be some further assessment undertaken between the two governments around how that might occur. We have started those discussions. How we might make those changes also involves the Torres Strait Regional Authority as well as the Torres Strait Regional Council. There are a number of government services that are subsidised through the CDEP process and trying to get an understanding of which of those might translate into which level of government, whether that is the regional council or the state government service delivery, is something we are working closely with the Torres Strait Regional Council about as well. But the Premier wrote to the Prime Minister recently after her visit at the end of last year to the Torres

Strait and after her first-hand observation of what this might do she expressed Queensland's strong concerns around the need for a full social and economic assessment to be undertaken before we go down the path of conversion on the basis that the issues in the Torres Strait are substantially different to those we faced on the mainland.

Senator MOORE—We could have a minimum of a full day's discussion on that one! In terms of process, that is the thing that is being done; you are concentrating on Torres Strait. But certainly the issues that are in the Torres Strait have been expressed to us in other communities, particularly the Islander communities. Senators Siewert, Crossin and Scullion have been involved in a lot of discussions in various areas on this process. The current situation for the Queensland government is that you are focusing on translation at Torres Strait. What focus have you given to the issues that Senator Furner raised with us in the Bamaga area and I know that have been raised in many other places? Are you continuing your engagement with the federal government there about how governments can support businesses and economies into the future, because economic development was one of the issues that were raised particularly yesterday from Mr Pearson and others about the element of the trial. I do not want to misquote him but I think he was clearly saying that he thought the economic elements of the area were not proceeding as well as he felt the social areas were. What is the Queensland government involvement in that area, given the fact that we have now heard what is happening with the Torres Strait? What is happening elsewhere?

Mr McKay—Elsewhere the conversion process has by and large occurred in the mainland communities. I suppose it is the mopping up of concerns as we go through, particularly where our regional staff identify by engaging with individual businesses and people who come to our attention through seeking participation in one of our Skilling Queenslanders for Work schemes and taking that and case managing that mostly locally through FaHCSIA and DEEWR but also escalating those concerns to state office where they cannot be resolved locally.

Senator MOORE—Is there a formal arrangement not to do with partnerships but a general economic relationship between DEEWR and yourselves and maybe the various economic portfolios of the federal government whose names I am not even going to try to remember. You have got the employment aspects but you have also got innovation, development of economic development process, Aus-business and all those things? Do you have a formal relationship there?

Mr McKay—There is not a formal relationship in relation to CDEP and managing issues out of the conversion of CDEP. There is a range of other formal and informal relationships that exist between those agencies, but not particularly focused around the issues you raise.

Senator MOORE—Mr Fletcher, is it possible to give us something on notice about the purely economic development relationship between the federal and state governments? Who does it? What are the agencies involved and any memoranda of understanding that are in place particularly engaged around economic processes?

Mr McKay—We would be delighted to do that. Do you want me to focus on a particular part of the state?

Senator MOORE—No, just generally. These are issues across the state.

CHAIR—There being not a lot of time and a great deal of information, I am quite sure there may well be questions on notice provided to you, and they will be provided through the secretariat. If there are any matters of clarification of evidence you have provided or further information you wish to provide you may provide that through the secretariat. Thank you very much for the evidence you provided.

Proceedings suspended from 10.53 am to 11.03 am

ANDERSON, Mr Kelvin John, Commissioner, Corrective Services, Department of Community Safety, Queensland

ATKINSON, Mr Robert, Commissioner of Police, Queensland Police Service

KENT, Mr Peter, Director, Courts Innovation Programs Unit, Department of Justice and Attorney-General, Queensland

KILL, Mrs Bette, Associate Director-General, Department of Communities, Queensland

RYAN, Mr Terry, Acting Deputy Director-General, Justice Services, Department of Justice and Attorney-General, Queensland

CHAIR—Welcome. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you previously. As departmental officers, you will not be asked to give opinions on matters of policy, although this does not preclude questions asking for explanations of policy or factual questions about when and how policies were adopted. I now invite each agency to make a short opening statement. At the conclusion of your remarks, I will invite members of the committee to put questions to you. As no doubt you are aware, there are a number of agencies here, so I will ask you to limit the length of your opening statements within your capacity; thank you. Do you have any opening statements?

Mr Anderson—I am happy to start. I thought I might open by talking a little about the size of the business of Corrective Services in Queensland. These figures are at 12 April and they move around as people are received and discharged. We have about 3,600 staff. There are 19 correctional facilities in the state, some of which are collocated; so there is a Townsville facility with two prisons on it. Two of those prisons are privately operated. We have four women's facilities and we run 13 work camps. In total, there are about 5,700 prisoners, of which 450 are women. Of that population, Indigenous male prisoners make up 1,552 and Indigenous female prisoners make up 137, which on 12 April made a total of 1,689.

The second side of our business, which many people do not know much about, is probation or parole or community based supervision. We have 34 district offices across the state. People are often surprised when they learn there are about three times as many people under community supervision as under custodial supervision. On 12 April, there were 15,979 people under our supervision in the community, including 2,663 Indigenous male offenders and 757 Indigenous female offenders.

Essentially, our strategy has been to commit to keeping people in the community and under community supervision, where we can do so. So part of the strategy since 2006 has been to locate our probation and patrol officers in remote communities, and no doubt we will talk about the success of that strategy as we go along. We are now in Aurukun and Cooktown, with Cooktown servicing Hope Vale. By the way, I am the government champion for Hope Vale, so I have a particular interest in Cooktown. We are also in Doomadgee, Mornington Island, Normanton, Thursday Island, Weipa and Woorabinda. We will continue to move into remote communities, with the next two locations being Charleville and Kowanyama.

We also provide a full range of programs, including educational programs, but specifically we have designed three programs addressed to the specific needs of Indigenous Queenslanders: an Indigenous sex offending program; an Ending Offending program, which is really related to drug and alcohol use; and an Ending Family Violence Program. They have been so successful that, in fact, the Families Responsibility Commission asked that we partner with them and provide some of those programs to some of their clients. That is not normally our type of work, but we were very happy to help out with that. So, in brief, there are more people in the community than there are in custody, and our commitment is to strengthening community supervision in the community. Thank you.

CHAIR—Thank you.

Mr Atkinson—I understand that our paper may well have been presented to you, but perhaps I could just touch on some of its key points. One of the more significant developments to have occurred in the last five years is the expansion of the number of police on communities. Compared to some other states, we are probably in the fortunate position of just about every Indigenous community having a police presence. At the larger establishments, such as Aurukun, Kowanyama, Doomadgee and Mornington Island, there are 10 police officers, with a senior sergeant as the officer in charge. At the smaller communities, of which there are only a small number—Pormpuraaw, Lockhart, Wujal Wujal and Hope Vale—three have four officers and Wujal Wujal only has two; but we think that is appropriate. In some of the communities—Yarrabah, Palm Island, Mornington and, hopefully in the next year or so, Doomadgee—we have police-citizens youth clubs and have an additional officer to run them, and we think that has been very successful. So there has been an expansion of the numbers.

Correspondingly, though, due to rearrangements regarding the CDEP funding, there has been a reduction in the number of community police and that is of significant relevance to us. Whilst the community police were employed by the council and were never under the control of the state police, the reduction in their presence is an issue. The current policing model in Queensland is a mix of sworn state officers and police liaison officers. The expansion of the police liaison officer model to the Indigenous communities to replace the community police would be a very expensive proposition, and obviously part of that would involve the provision of housing.

The CMC, of course, have recently released their report entitled *Restoring order*, and the recommendations of that report are currently being considered by the Queensland government. Without question, I think that will have a significant bearing in terms of the way forward. The alcohol management plans, in my view, have been a good initiative. Whilst there are difficulties and criticisms, my officers generally tell me that life is better since the alcohol management plans were introduced than it was before they were introduced.

We are fortunate, I guess, in the sense that most communities do have police and, generally, all the communities also have a permanent presence of education department personnel and nurses. So generally, on most of our communities, representatives from education, health and police will be living in the community, which is a good thing. I recognise though that other agencies face enormous challenges in terms of cost in order to have a presence permanently in the communities; but, of course, if that could occur, it would be a good thing.

We are committed to and want to engage in prevention rather than reactive policing—and I think that is very important. I do not think any rocket science is needed to suggest that what we need is a bipartisan approach at local, state and federal government levels. Also, it should be a long-term approach because the issues and challenges, in my humble view, are so significant and so complex that there is no single, simple, silver bullet solution to them. Thank you for the chance to be here today.

CHAIR—Thank you.

Mr Ryan—Thank you. The Queensland Department of Justice has undertaken a number of Indigenous justice initiatives. I have provided a copy of an outline of some of those to the secretariat this morning; I am sorry that it did not get to the committee for inclusion in your discussion paper, but I will speak briefly to some of those.

The department is also contributing to a number of whole-of-government strategies and national strategies that the committee may be aware of. We were involved in the Queensland Aboriginal and Torres Strait Islander Justice Agreement, which is expiring this year. As outlined earlier today, there is a new justice strategy being developed to operate after the justice agreement finishes and we are working in partnership with other agencies across government in developing it at the moment.

The Queensland government is also implementing the COAG Closing the Gap agenda. Really, the causes of poor life outcomes are the same as the drivers of crime, so achievement in the Closing the Gap targets will have flow-on effects in terms of Indigenous overrepresentation.

SCAG—the Standing Committee of Attorneys-General—which the Queensland Attorney-General participates in, is currently developing justice and community safety targets, with a view to having those brought under the COAG umbrella. They are due for finalisation later this year. SCAG, as you would be aware, has also endorsed the National Indigenous Law and Justice Framework, which provides an overarching umbrella for work across jurisdictions.

In addition to those sorts of higher level strategic commitments, the department has established a Courts Innovation Programs Unit. This basically has the overarching role in supporting diversion and therapeutic justice programs that address crime related factors.

Most of these programs have been introduced as pilots, which gives us a chance to evaluate their effectiveness. Each of them either has been or currently is being evaluated. Some of those specific programs are the Murri Court, Queensland Indigenous Alcohol Diversion Program, Community Justice Group Program and the Remote Justices of the Peace (Magistrates Court) Program. I think there is information in the material that I have provided in relation to each of those, so I will not go into any detail on them at this point; however, I am happy to take questions about them.

CHAIR—Thank you.

Mrs Kill—The Department of Communities acknowledges that crime and justice cannot be considered in isolation from other issues in Indigenous communities, such as homelessness, alcohol abuse and child safety along with domestic and family violence and family support. With

many of these issues, the need for coordinating government activity and delivering services falls within the responsibilities of the Department of Communities. I will briefly outline some relevant activities in these areas as well as highlight our role as the lead in youth justice.

A number of initiatives and services provide for viable early intervention options for children and young people at risk. One such service is the Youth and Family Support Service, which works with young people and their families to prevent a range of at-risk behaviours from escalating to offending, in order to have lifelong better outcomes. In 2010-11, the Department of Communities will invest $8.5 million in Indigenous child protection services, with a view towards increasing early intervention and family support focus. There is a trial initiative by the name of Breaking the Cycle of Domestic and Family Violence and that commenced in October 2009, in Rockhampton, for a period of 20 months. Through an innovative approach integrating human and justice service systems to better provide for information and coordination of service delivery, the trial aims to improve the safety and wellbeing of people affected by domestic and family violence. As of mid-March 2010, approximately 25 per cent of the referrals to the case coordination team were Aboriginal and/or Torres Strait Islands peoples. The South West Indigenous Family and Youth Coaching and Mentoring Service is designed to reduce the number of young Indigenous people entering into both the child protection and youth justice systems. This service, which is due to commence this month, will address the links between child maltreatment and juvenile offending at an earlier stage, through intensive family and youth coaching and youth mentoring, to improve family functioning.

In relation to housing and homelessness, between 1 February 2009 and 31 January 2010, 24.8 per cent of all of the allocations to state government managed social housing were to Indigenous households throughout Queensland. An amount of $1.16 billion over 10 years to 2018 has been allocated under the National Partnership Agreement on Remote Indigenous Housing. These funds will provide, for remote Indigenous communities, approximately 1,141 new dwellings, 1,216 upgrades to existing houses, repairs and maintenance and tenancy management, consistent with public housing standards.

There is compelling evidence that alcohol use is causing serious short- and long-term harms to Aboriginal and Torres Strait Islander families, individuals and communities. These harms are compounded in remote Indigenous communities where there are lower levels of employment and diversions from drinking. The alcohol restrictions, which the commissioner referred to, were first introduced into Queensland's 19 mainland discrete Indigenous communities between 2002 and 2006, with further substantial reforms in 2008. Over 100 services have been implemented in those remote communities to support the reforms, including health treatment services, diversionary services and sport and recreation services. Since 2002 and 2003, there has been an overall improvement in some key indicators across all communities. However, with the small populations and the quarterly fluctuations for wet seasons and community events, it is difficult to discern the long-term trends at this point.

In Queensland, Aboriginal and Torres Strait Islander young people do make up a significant number of juvenile offenders in the youth justice system; they make up 34 per cent of juvenile offenders. During 2008-09, Indigenous young people represented 53.5 per cent of all young people reprimanded in custody and 72 per cent of all young people admitted with detention orders. The number of Indigenous young people coming into contact with the police in Queensland, however, did decline by 17.4 per cent between 2006-07 and 2008-09. The

Queensland government has invested heavily in diversionary and support programs to reduce Indigenous young people's contact with the youth justice system. Research does show that Indigenous children who come into contact with the criminal justice system do so at a much earlier age than their non-Indigenous counterparts. Also, recent research commissioned by our department indicates that 29.9 per cent of Indigenous Queensland children are cautioned initially at the age of 10 to 12 years of age. Cautioning and conferencing are typically available to first-time and non-serious offenders; and we know that young people, when they do come into contact with our youth justice system, are being diverted effectively. Youth justice conferencing gives a young person and young people who have offended an opportunity to repair the harm that they have caused and it holds the young person accountable for their actions. Research does demonstrate that our Queensland conferencing efforts result in young people who participate in conferencing having at least a 15 per cent to 20 per cent less likelihood of re-offending.

Research commissioned by the Department of Communities also found that, while Indigenous young people are more likely to be remanded in custody than non-Indigenous young people, there is no evidence of a systematic bias. In addition to their current and prior offence details, Indigenous juveniles are at particular risk of being remanded into custody because of lack of supports and bail supervision in the community. As a result, the Queensland government is investing in accommodation facilities and programs designed to assist Indigenous young offenders to meet their bail conditions. For example, the Youth Opportunity Program offers assistance to young people on bail across the Far North Queensland and North Queensland regions to meet their bail conditions, thereby reducing the likelihood of their being remanded into custody. Bail support services also assist young people to meet their bail conditions and address accommodation stability for young people in order to reduce the number of young people who are remanded into custody.

A range of programs are available for young people who have been sentenced to periods of detention; these programs are aimed at reducing their risk of re-offending and include interventions that are therapeutic and that address anger management. The recognised Aggression Replacement Therapy program is an intensive 10-week program targeted at high-risk young people. This program aims to reduce offending by teaching social skills, anger management and moral reasoning. The other major program is the Changing Habits and Reaching Targets program, which also reduces the risk of these young people offending. Programs specifically designed to rehabilitate sexual offenders have also been implemented across the state and in regional and remote communities.

Preliminary Queensland data indicates that nearly nine out of 10 Indigenous young people leaving youth supervision or detention will be arrested by police after completing their order or their period in custody. This data does highlight the importance of effectively transitioning young people from supervision or detention. The Youth Opportunity Program is an example of a program delivering culturally appropriate support and intervention services for young people involved in the youth justice system and their families from across Far North Queensland. This program has achieved major successes, including assisting parents to improve their parenting skills, supporting young people to make positive lifestyle choices and engaging younger siblings and assisting them to link them with positive peer networks.

The youth housing and reintegration services will target young people who are at risk of homelessness, including those who are transitioning from a period of sentence or remand in

detention in Townsville. In conclusion, the Department of Communities will continue to work in partnership with communities, the Commonwealth government and other departments of the state of Queensland to implement best practice programs to effect positive change for Indigenous people at risk of entering or already in the criminal justice system.

CHAIR—Mrs Kill, thank you for that. You have given us a snapshot of those programs as you went through them. I am sure that the department has other, more voluminous information on how those programs are going and some other statistics within them. If you can clear it with your department, I think it would be very valuable for the committee to receive that information on notice.

Mrs Kill—We would be happy to do that.

CHAIR—Thank you. I might just start with Mr Atkinson. I think the importance of the relationship between police officers in remote communities and those communities is well know. It does not matter about ethnicity—although we are speaking primarily about Indigenous communities—the community relies on the nature of that relationship. I think it has been well writ that the relationship is generally a function of crime prevention programs, so the relationship is not always characterised by compliance; but, given many of the recent events—I suppose, not only in Queensland but around Australia—some tension comes from issues associated with attempts from police officers to ensure compliance. Can you talk to me about the sorts of programs you are stressing in terms of crime prevention to ensure that that relationship remains at the very best level? What sort of investment are you making in the crime prevention end of it; who is responsible for it and how do you think they are going?

Mr Atkinson—I am a strong advocate for the police citizens youth club model; I think there is clear evidence that that is working, although it is a very expensive investment. Probably the greatest success has occurred at Mornington Island; I can get, if you wish, some data on that. But, by way of example, I think that, in a recent Christmas school holiday period, there was not one break and enter on Mornington Island, and that was in conjunction with the programs that were being run. Currently, as well, the sergeant who is running the PCYC on Mornington is running other programs. So it is not just about sport and activities for children; they are running programs to help young women with children or who are pregnant to engage in meal preparation and nutrition and they are running programs for the elderly. So I think that PCYC model has a role way beyond the one that a normal PCYC would have in a country town or here in Brisbane, and I think that is to be encouraged. There are only three at the moment, as I mentioned: Yarrabah, Palm and Mornington. We hope, with a mix of federal and state government funding, there will be one at Doomadgee—and it looks like there will be. But I think that is an investment that is well worth considering.

I think also there is now a greater awareness by police on the communities of the need to be very, very generous, I guess, in not enforcing relatively minor legislation and in trying to avoid people being placed into custody—that is with public order, public nuisance and traffic type offences. I think that tolerance does need to exist. Certainly, though, there is a challenge with the necessary enforcement of the alcohol management plan or the alcohol restriction type legislation versus the significant degree of dependency and importance that is associated with alcohol; there is a real tension in respect of that. That links back to that relationship with the community, which is important, of course, obviously.

I think there are real challenges, though, in terms of community engagement. Currently—and I am not being critical of this; it is necessary—the police population ratio on communities is very high. In some communities there might be 800 people and 10 police; that is one to 80. I think the Australian average is around one to 430. So there is already a disproportion there. However, we are conscious, I hope and believe, of not having overenforcement because of that disproportion, and I think we have moved beyond that claim.

Policing, particularly in the context of prevention—which I believe goes back to Sir Robert Peel in 1829—only works if the police engage with the community, but that is a two-way street. So the community have to engage with the police as well and, without being critical, there are significant challenges in that space in terms of getting the community to come on board. Probably that is enough for now.

CHAIR—The other area that I am interested in—and I think you have touched on this, Mr Atkinson—is that I think most people in community accept that a police officer is at the sharpest end of the policing role and have a fair bit of discretion in taking all sorts of circumstances into account about how they should proceed. As you say, with a number of those matters, it is in everyone's interest simply not to press. It could even be part of an education process; it is very important. I am interested in how those decisions are made. Clearly you have said to everybody, 'Look, alcohol is a strict liability. It is something that we are not being tolerant about, because there is an outcome that we want.' In the Northern Territory, where both Trish Crossin and I come from—and I know that it is the same up here—one of the biggest problems we have is gambling. One of the reasons for that—this is not a criticism of the police but of the whole system—is that, in effect, we have given it tacit assent. You know, you can drive past: 'How're you going, mate?' 'Yeah, no worries.' 'What're they doing there?' 'Oh, that's a casino tree,' the policeman tells me—and we all drive past in the police car, because he is giving me a lift. That is the way it is. Yet gambling, as we know, is one of the most heavily regulated activities in Australia because of all the reasons that surround it—and one of those is that, without it being heavily regulated, there are great opportunities for mischief. So how is the process determined about what elements of unlawful activity should attract, if you like, a strict liability in terms of our policing approach to it and what should not? Is there actually a structure? I know, by convention, it has not been that structured. What happens in Queensland in that regard?

Mr Atkinson—To cut to the chase—I am not sure what the legislation is in the Northern Territory—it is simply not illegal. Any of us tonight can have a group of friends go to our homes and play poker and play for thousands of dollars and blow our wages and it is not illegal. It is only illegal if the person organising it sets the card game up as a casino and takes a percentage of the profits. It is a really appropriate topic because it does come back to the hub of just how far you try to intrude. To be quite frank, alcohol and gambling are part of Australia's way of life. So, regarding the extent to which you intrude in that in a legalistic sense, the crunch is that it is not illegal.

CHAIR—Thank you very much.

Senator CROSSIN—Thank you. Thank you for your time in coming today and particularly, Mr Atkinson, for your time. I have a couple of questions I want to ask you on a range of issues. Firstly, they go to police stations in remote communities. Can you give me a handle on the

situation here, in Queensland, and also on the numbers of police that you have in remote communities?

Mr Atkinson—Yes. In some respects—again without any criticism, because it is a different dynamic here in Queensland; it is the opposite of what it is in other states—there are very, very few isolated Indigenous communities here that do not have a police presence. In all the larger establishments, which essentially are Mornington Island, Doomadgee, Palm Island—in fact, I think there are more than 10 on Palm—Aurukun, Kowanyama and Bamaga, there are 10 police headed by a senior sergeant. On three—Lockhart River, Hope Vale and Pormpuraaw—there are four officers, and at Wujal Wujal there are two. So that is basically our structure. In terms of numbers, it is probably about right.

Senator CROSSIN—What would be the populations of those communities that have 10 police officers?

Mr Atkinson—They would be around a thousand; so the ballpark would be around one to 100. Probably our weakest station or community would be Hope Vale; we only have four police there. The population of Hope Vale is, I think, more than more than 400.

Senator CROSSIN—Has an evaluation been done about whether or not the increased number of police in those communities has led to either a reduction in crime or a different ambience in those communities in terms of people's safety and protection?

Mr Atkinson—No, not specifically. The reason they were increased followed the Palm Island tragedy and there was clearly a need. In some cases, the police numbers were doubled; in some places they went from five to 10. We put 29 extra police into the communities across the board. That was a significant commitment in terms of cost, with housing and everything else. The recent CMC report though, which I think is heartening, I think indicates that that has not resulted in an overemphasis on policing of and enforcement for minor matters. In fact, the communities do not seem to be unsupportive; they want police. Wujal Wujal is a good example of that. Wujal Wujal is a community of only 300 to 400 people. I am the community champion for Wujal, and the one thing that those in Wujal Wujal wanted was a police station there. Of course, that is at no small cost, as it costs several million dollars to establish and with the ongoing costs; and that is for a community of 300 to 400 people, which you would probably not see in mainstream Australia.

Senator CROSSIN—Do those police stations, when they are built, have to have lockup facilities and comply with Aboriginal deaths in custody requirements?

Mr Atkinson—Yes, they do, but we are really trying to shy away from that. They all do and every police station has to have a watch-house type lockup facility. But our trend has been to avoid, if we can, under any and all circumstances, the longer term detention. So what will happen now is: short-term detention is fine until things have settled down and they are realised on bail. But, if we have to keep people, we try to get them out of the community as quickly as possible and by aircraft; that is usually the only possible way to do that. So that is our sort of strategy in that regard.

Senator CROSSIN—I am not sure which one of you will be able to give me this: I want to get a handle on the interaction between the numbers of crimes committed and their being alcohol induced or as a result of chronic alcohol intake.

Mr Atkinson—Perhaps I could start off with that, and I am more than prepared to go away and see whether there is research internally in the Police Department that supports this—and I am sorry that I cannot do better than that at the moment. My sense of that is that almost all matters of social disorder, such as noisy parties and disturbances, together with violent crime—violent assaults—are probably alcohol related.

Senator CROSSIN—Do you have a handle on how many of those in your Indigenous prisoner population may have been charged with criminal offences as a result of alcohol intake?

Mr Atkinson—That would spread across property crime generally and crimes of violence. My sense of it again is that, with property crime, it is far less so—and here we are talking about break and enters, car theft and that sort of thing. But I would think, in terms of people who are incarcerated for crimes of violence—Commissioner Anderson might have more information on this—the vast majority of those matters would have had an alcohol nexus.

Senator CROSSIN—That leads me to ask you then: in the corrections area, are there compulsory rehabilitation courses or a mechanism for the courts in Queensland to refer a person to a rehabilitation program rather than to jail?

Mr Anderson—Terry will take care of the courts part of that.

Mr Ryan—Currently there is the Queensland Indigenous Alcohol Diversion Program, which is being piloted in, I think, three separate communities. That enables a magistrate to refer a person for alcohol rehabilitation on a bail based program before they are sentenced.

Senator CROSSIN—Please explain how that happens. You can say to somebody, 'All right, I'll defer your sentence for six months and you must go to an alcohol rehabilitation program'—

Mr Ryan—That is right, yes.

Senator CROSSIN—'and report to me regularly or report back at the end of the six months.'

Mr Ryan—They report during the period of rehabilitation to the court and then, at the end of that time, their efforts at rehabilitation are taken into account.

Senator CROSSIN—Is there specific legislation that allows the courts to do that?

Mr Ryan—Yes, there is. Also, there is a separate Drug Court, which is not focused specifically on Indigenous offenders but does have an intake of Indigenous offenders; that does have a legislative framework around it.

Senator MOORE—Under the legislation, do 'drugs' include alcohol?

Mr Ryan—The Drug Court does not target alcohol specifically.

Senator MOORE—I did not think it did, but I just wanted to get that on the record.

Senator CROSSIN—In the Territory, we actually have an alcohol court system; you have the drug court system. Can you can provide me—I suppose there is probably a link on the website—with the actual legislation that allows sentencing to be deferred while a person undertakes rehabilitation?

Mr Ryan—Okay.

Senator CROSSIN—Does that apply to Indigenous and non-Indigenous people?

Mr Ryan—The Indigenous Alcohol Diversion Program only deals with Indigenous offenders, but the Drug Court covers everybody.

Senator CROSSIN—But, if I am a non-Indigenous person living in Townsville and going through the courts system because I am an alcoholic, does that legislation allow me in a court to put a case that I should have my sentencing deferred for six months on the condition that I go into a rehabilitation program?

Mr Ryan—Not at the moment, no.

Senator CROSSIN—Why not? Why would you treat alcoholics who are Indigenous differently from alcoholics who are not Indigenous?

Mr Ryan—The pilot program is set up to deal specifically with Indigenous offenders; at this stage, it does not cater for non-Indigenous offenders.

Senator CROSSIN—So again I go back to: is there specific legislation that allows a magistrate to make that decision?

Mr Ryan—The manager of the Courts Innovation Programs Unit is here; he might be able to help.

Mr Kent—I might be able to respond to that.

Senator CROSSIN—Come up to the table, then, because I am keen to know about this.

Mr Kent—The Courts Innovation Programs include a number of therapeutic programs, some of which are Indigenous-specific focused and some of which are more general and focused in the community. The only overarching legislation that specifically provides for any of these programs at the moment is the Drug Court Act. Within the Drug Court Act, we have some Indigenous support officers—and that is actually using Commonwealth money out of DOHA, the Department of Health and Ageing, through our health department. Because of the length and nature of that Drug Court program—and let me hasten to add that that is an alternative custodial sentencing program and not a bail program; again it is generally for anyone, but about 15 per cent of the total numbers that do participate are Indigenous people—a person has a head sentence, which is a custodial sentence, which then is suspended for them to participate in

something that is called an Intensive Drug Rehabilitation Order. That provides, first of all, detox and then rehab services over three phases, and that ordinarily lasts for about 15 months.

But, getting back to the other programs with QIADP, there is no specific legislation in Queensland that covers those other types of programs—largely they are still being piloted and trialled—save for some amendments to our Bail Act, which allow for certain programs. They include the one that Mr Ryan was talking about—the Indigenous alcohol diversion program—but also, quite separately, the Special Circumstances Court, which is a more general court and has far more non-Indigenous clients than Indigenous clients. There are various pilot programs and they are regulated under 11(4) of the Bail Act, which is the only sort of head of power that allows those things to happen. The other thing is that the Bail Act, the Penalties and Sentences Act and the Youth Justice Act have provisions that allow judicial officers, for Indigenous offenders, to take into consideration both submissions from community representatives, such as community justice groups or elders, and also their success or otherwise under some of these rehabilitation programs.

Senator CROSSIN—So, if I am a magistrate and I am presiding over a court in Brisbane and I have before me an Indigenous person, living and based in Brisbane, on their second domestic violence offence due to alcoholism, can I, as a magistrate, hand down a sentence of '12 months suspended' on the basis that this person attends a rehabilitation program rather than send that person to jail?

Mr Kent—Obviously the discretion rests with the judicial officer, and the judicial officer could do that.

Senator CROSSIN—But I can do that under the Bail Act.

Mr Kent—No; just under the Penalties and Sentences Act. But there is a general reluctance to make specific conditions on a community based order—a probation order, a good behaviour bond or a community service order—unless, within the parameters of the specific pilot program, we know that the treatment services are there et cetera. However, in Brisbane, with the scenario you have just mapped out, I believe that the magistrate, in a general mainstream court, would be reluctant to put that specific condition on an offender, because it then puts the responsibility for monitoring that on community corrections and they are not always—

Senator CROSSIN—It does. You are right; it does.

Mr Kent—able to do that.

Senator CROSSIN—But what is the strategy in Queensland to get alcohol and drug users rehabilitated rather than sending them to jail?

Mr Kent—The Drug Court, the Illicit Drug Diversion Initiative, which again is Commonwealth funded through DOHA, and—

Senator CROSSIN—I am sorry to interrupt you, but you have told me that the Drug Court is only for drugs and not for alcoholism; is that right?

Mr Kent—That is right.

Senator CROSSIN—And the illicit drugs would not include alcohol. I assume that the majority of cases are alcohol fuelled and not drug fuelled. So, again, does Queensland have a strategy to stop filling our jails with people who are predominantly there because they are alcoholics and to rehabilitate them?

Mr Kent—I guess it does and that is why these programs are being set up. As I think some of my colleagues at this table have said, they are not exactly cheap programs to monitor. That is why QIADP is being trialled in six centres, three of which are remote centres, and that is why there is a Cairns Alcohol Remand and Rehabilitation Program—

Senator CROSSIN—But they are for Indigenous people, aren't they, not non-Indigenous?

Mr Kent—The alcohol—

Senator CROSSIN—The QIADP is for Indigenous people.

Mr Kent—That is correct. CARRP, the Cairns one, is a general program; but, again, that is only one being trialled in one area.

Senator CROSSIN—What do I do if I go to jail and I am an alcoholic? Do you have a rehabilitation program for me in jail?

Mr Kent—I think I need to throw that over to the commissioner.

Mr Anderson—Yes, we do. I think it is important to say that you will not be surprised to know that a large number of people who are received into our custody have drug and alcohol problems; that is a feature of receptions around the country.

Senator CROSSIN—Yes.

Mr Anderson—The service model is not a compulsory service model, and I will come to that in a minute. What we do is put you through assessment and then you are streamed into an appropriate program—appropriate to the criminogenic needs of your case. That means that we have developed a drug and alcohol specific program for Indigenous Queenslanders; it is called Ending Offending and is a cognitive based program. The way these programs have been tailored is to allow for co-facilitation by an Indigenous person, where we can do so; to take a bit more time over the workbooks; and, in some cases, to allow time for yarning sessions and other things to occur for common discussion about what has been learned through the process. These things are not compulsory for a reason. I think in New South Wales there is a compulsory drug and alcohol treatment facility, but the reason we do not follow that model is that, irrespective of who you are, you will be disruptive in group, in our view, if you are being forced into that treatment. We simply cannot afford to run individual sessions with everyone that we receive into custody, so the model has to be one of group work. If people are disruptive in that group work, then 19 people suffer for the want of one.

Senator CROSSIN—But it might be that not everyone will be disrupted.

Mr Anderson—That is quite true. But, with the way that we have set this model up, our staff are trained in motivational interviewing techniques. So we work on you day to day about the criminogenic needs that you have and what you need to get through the prison system. So what is the incentive for you? Parole generally. The Queensland Parole Board takes participation in programs very seriously. That means that, in Queensland, parole—even a first parole—is not taken as a given and people will need to earn it. That is an awfully big motivator for an offender.

Senator CROSSIN—What is your motivation to ensure that people do not re-offend and end up back in prison because of their alcoholism?

Mr Anderson—It is the same with all of it. The reason that we are here or the purpose of Queensland corrections is, firstly, to enforce the orders of the court; secondly, to break the cycle of re-offending; and, thirdly, to enhance community safety and confidence—and we take that purpose very seriously. We have invested in Queensland in a program called court-ordered parole. We thought we might have a thousand people on that particular program, but there are now over 3,000 people on it.

Senator CROSSIN—How does court-ordered parole work?

Mr Anderson—This is quite different to other places in the country. Somebody fronting a court—and Mr Ryan will be able to speak about the court part of it better than I can—can be released immediately by that court to parole. The administration of that order—

Senator CROSSIN—On what basis?

Mr Anderson—On the basis that it is an assessment by the court that the person can be held in the community but that the matter is so serious that it deserves more than a community based order, like a probation order. So they are saying, 'This is a serious matter and it deserves a term of imprisonment. We'll say that that is satisfied as of today. You can go straight to parole.' What makes this different is that that parole order is then administered by the Parole Board, which means that any breach or sanction can be dealt with very, very quickly and is not then returned to court and adjourned and adjourned and adjourned. So there is a very immediate kind of relationship.

Senator CROSSIN—Do they have to undergo or participate in any program when they are on that parole, if they are a drug or alcohol addict?

Mr Anderson—Yes. With probation and parole, we do exactly as we do in prison: we have a series of tools that we apply that look at the risk of re-offending and at need and we stream people into various programs as a result. There is a lot of evidence to say that, if you stream low-risk people into programs, you will do more damage than good; so these are the higher end people that we will make go into these high-intensity programs. That does not mean that we have forgotten about the churn. So increasingly we are engaging with community providers to provide programs like anti-binge drinking programs, which effectively say: 'Binge drinking is a bad thing; stop doing it.'

The reason I raised court-ordered parole with you is that, last year in Queensland, we finished with about the same number of prisoners that we started the year with. Even though we get

seasonal growth and decline and all that sort of stuff, essentially the growth in the prisoner numbers here has flattened out because a large number have been diverted to community supervision and, in particular, we think the success of court-ordered parole largely has had that impact. But, to come back to your initial point, people will be assessed and they will be streamed, but it will not be a compulsory arrangement. Even where someone goes to court, we say to them, 'Do you agree with this order?' So it has to be a voluntary agreement with them and the court that they will go on to a particular order.

Senator CROSSIN—Can you send us some information about your court-ordered parole program?

Mr Anderson—We would love to, yes.

Senator CROSSIN—What has corrections done then to develop culturally appropriate rehabilitation and therapeutic programs designed for their Indigenous clients?

Mr Anderson—I think the three that I pointed to earlier are the ones that I would stick to. The three high-intensity programs are Ending Family Violence, Ending Offending—that one being mainly about substance abuse—and an Indigenous sex offender program. The Indigenous sex offender program is a very high-intensity program and runs variously for between six and nine months. We have allowed time in that for group debriefing, which I have called previously 'yarning sessions'. Apart from that, there are a number of local initiatives. Some of those initiatives front things like the driving issue that we have up north. So, out of Weipa, there is a stop program where we have involved ourselves with other government agencies, police, communities and health to deal with the issue of dangerous driving. I think 400-odd Indigenous people went through our programs in community based corrections last year, and they are the high-intensity programs that I have described. There will be a number of other community interventions that we do not count in that, and they will be referrals to community agencies.

Senator CROSSIN—So what sort of support is given to people when they leave prison?

Mr Anderson—We have two transitional programs, and last year about 126 Indigenous prisoners took advantage of those programs. Essentially, that looks at ongoing support for mental health and health needs, accommodation and, potentially, employment. One example of where we are increasing our support is at Lotus Glen Prison, where we have started a mining certificate program. We have a group of, I think, some 24 prisoners now on that program. It is an extensive program; it runs for six months or so. They will come out with a mining certificate. Also, we are in discussion at the moment with a mining company, looking at placing them on their parole directly into employment. The theory is that, if you can release somebody with a roof over their head and some way of making money, you will reduce recidivism, and that is part of our purpose.

Senator CROSSIN—I have probably taken up enough time. I see that I am chairing now. Senator Moore.

Senator MOORE—Commissioner Anderson, I have one question on an issue that has been raised a couple of times and I just want to get it on record—as I know the answer. Claims have been made that there is no release support for when people leave prison in Queensland and

people are not provided with any assistance when they leave prison to get back to their home; particularly when their home is in a remote locality, that is very difficult. I would like to have clarified on record what the process is on release from Queensland prisons.

Mr Anderson—No, that is not in fact correct. Currently we are running two programs, and I have their correct names here: the Transitional Support Service and the Offender Reintegration Support Service. However, I think you are specifically talking about people going back to remote locations.

Senator MOORE—Yes.

Mr Anderson—There is money available, which we administer, where we do arrange transport back to home communities. What will happen from time to time though is that we will make those arrangements and the offender will choose not to take them up. Often that is then promoted back to us as, 'You see, you had nothing in place.' But, in fact, for their own reasons they did not get back to community. We would prefer that they go back to community. We would not like people to be lost in Mount Isa or in other places and then end up in trouble with Mr Atkinson's mob.

Senator MOORE—I knew that, but I just wanted it on the record. Many questions have been raised on the *Hansard* in the last couple of weeks, but I wanted to pick up on only two. The second one concerns policing services, Mr Atkinson. We have talked before about the ratio and that there is generally an overservicing model, but in both places that we have been—Weipa and Bamaga—the concern has been raised that they need more servicing. In particular, when we went to Napranum, outside Weipa, the allegation was made that there was not the flexibility of service from Weipa to their community. They did not have any on-site servicing and, when they had issues, there was a delay of up to 24 hours; with an allegation of domestic violence, it took 24 hours for someone to come and service them. Again, because that is on record already, I would like to get a response from your area.

Mr Atkinson—Perhaps just to clarify some of the earlier discussion, the model of 10, which we set up, was based essentially on the fact that we thought having a senior sergeant in charge would make it more attractive for people to go to communities in order to attain that rank; so there was that thinking behind that as well. We felt that, given that people would be away on leave and courses and all sorts of things, 10 police would give us enough presence on the ground to be able to provide an effective, consistent 24-seven police response as it was needed by the community. In fact, it is quite interesting really that the demand in communities tends to be greater than it is here in Brisbane because people will complain about more things in a much broader context, and some of those really are quite interesting at times. Napranum is one of the few places where we do not have a police presence. The jury is still out on that; that may occur one day. Probably our priority at the moment, with respect, is in the Torres Strait, where we currently only have police stations on Horn Island and Thursday Island. We are building one on Badu; but, of course, there are 17 islands where there is a community presence. So the jury is still out on Napranum, but we think we can police it effectively from Weipa; but I recognise and accept that the local community do not necessarily share that view.

Senator MOORE—Thank you.

Senator FURNER—Thank you. Commissioner, just on that final answer, this committee is heading up to Cherbourg tomorrow; what are the policing numbers there?

Mr Atkinson—There are seven officers at Cherbourg, but we have quite a large number of officers at Murgon, which is nearby—and that is just so close that we think the majority should be at Murgon. So there are seven at Cherbourg and I think Murgon would have around 20.

Senator FURNER—Is the Murgon Police Station a 24-hour station?

Mr Atkinson—I believe so, yes. I can confirm that for you, but I believe it is.

Senator FURNER—Thank you. Just going back to your introductory comments, starting with police liaison officers, can you give me some idea—I do understand that it has been a successful program and it commenced around the mid- to early-1990s, at which stage I think there were possibly 20 PLOs employed—of the sorts of numbers that are in the system now?

Mr Atkinson—There are 152 and, by far, most are Aboriginal and Torres Strait Islander members of our organisation. They are highly valued. In fact, quite interestingly, in some recent work and research we have done, our police liaison officers were found to be amongst our most highly engaged employees. Some of them are just outstanding and wonderful people who have been with us for a very long time—almost from the start of the program. It has expanded but in a much smaller way across other communities—the Vietnamese community and the Chinese community, and we have Japanese police liaison officers. Recently we moved from an ethnically based approach to trying—we now have some who are Islamic, which means, I guess, there is a religious based approach—to have an Islamic based PLO concept as well. We think it has been successful, we think it is very important and we would like to expand it.

It is arguably a little more challenging—I say this with the greatest of respect—in Indigenous communities. I want Indigenous people, whether they be Aboriginal or Torres Strait Islanders, to join the Police Department. I do not mind whether they join as sworn officers, civilian staff members or police liaison officers. What is important is to have them join the Police Department. But we do not ask them to join the Police Department to go and work in Aboriginal communities. If they choose to do that, that is wonderful; but we do not have that expectation of them. Of course, there are real challenges in someone from outside a community going into that community as a police liaison officer. There are challenges within community because most of the communities, as you are well aware, are not natural, in the sense that they were formed by missionaries years ago with different clans and tribes being brought together. So there is that conflict internally with most anyway. But then, to take someone from another family group and community entirely and say, 'Well, you go to Aurukun and be a police liaison officer,' is a big ask. We would have to be really sure that that person was up to it and wanted to do it and that we fully supported them.

Senator FURNER—Are there circumstances where there are PLOs based in Aboriginal or islander communities that are outside of those communities at this stage?

Mr Atkinson—About the only one I can think of offhand has been Woorabinda. That was not really successful and that is why we are cautious, I guess, in pushing that model. We would much prefer that people who perform that role come from within that community. So most of our

police liaison officers in isolated communities, of which there are not too many, come from that community.

Senator FURNER—If you have them available, are you able to provide the numbers of Aboriginal and islander PLOs and also a breakdown by male and female?

Mr Atkinson—Absolutely. I can get that for you.

Senator MOORE—Can you get that for corrections, Mr Anderson?

Mr Anderson—Yes, I can. I can tell you that it is about three per cent of our staff. It is just interesting to note that recently one of the things we invested into making our work attractive to Aboriginal and Torres Strait Islander Queenslanders is that there must be more support for them in the workplace and that we should not leave them 'one out', so to speak, as a cultural liaison officer in a jail somewhere without support. So we have started a network and, as we have established the network, we are delighted to find that some people now feel comfortable enough to identify themselves as Aboriginal and are coming forward. So the number is just boosting itself by simply investing in some of the good HR processes.

Senator FURNER—If we can also have those figures from justice, it would be helpful. Commissioner, just sticking with the PLOs, you have made a comment about the reduction in community policing. Has the growth in PLOs been commensurate with the actual reduction in community policing?

Mr Atkinson—No, not at all. We have very few police liaison officers, comparatively, on communities. Some communities had up to 10 community police. Now they have none and there will be no police liaison officer there, so there is a real disconnect in terms of those numbers. With respect, the community policing model had its problems: they were employed by the local councils—and that is not even, as you know, normally a council responsibility. I mean, it is not roads, rates and rubbish. Most councils are not expected to employ law enforcement type officers. But it was better than nothing, and it is a real concern to me. I know that it is not your brief, but it is a particular concern in the Torres Strait because, if the CDEP funding fails there and the community police are withdrawn, we only have a police presence on two of the 17 islands.

Senator FURNER—So what objectives are in place for the fulfilment of those community policing spots that will become vacant?

Mr Atkinson—The jury is still out on that. With the recent CMC report—obviously, this is subject to the whole-of-government response—there is an expectation that we would revisit the whole thing. Perhaps I could just say that there are four models of policing. There are sworn state police officers; there are traditional community police employed by the councils through CDEP funding; there are police liaison officers; and a trial was conducted here in Queensland of another model, called QATSIP, which stands for Queensland Aboriginal and Torres Strait Islander Police. That trial was conducted at Woorabinda, Yarrabah and on Badu Island. As with any trial, there were benefits and obviously things against the model. But the CMC have asked us to revisit the whole issue, particularly the QATSIP model, so that is still work in progress.

Senator FURNER—Turning to PCYC, I was very impressed with the person you had in Bamaga whom we met on Tuesday. I cannot think of the actual title of the person, but I do remember her name: Sonia Townsend. Are there people with her particular title, who are located in other remote communities, who have an identical vision of making changes within the community?

Mr Atkinson—Yes, I share your view; she is quite outstanding. The answer to that is yes: Richard Mazza, who is a sergeant, a sworn officer, on Mornington Island; and Dave Ives, who runs the PCYC on Mornington Island. There are some outstandingly committed people. I think one of the saddest things sometimes is the representation—whether it is about police, nurses or teachers—of a lack of understanding and sensitivity; whereas, my take on that is that it is quite often the exact opposite. But I think there are challenges here for us in terms of continuation. You can have a situation where you get that outstanding individual who does wonderful work but, unless they are prepared to stay there forever—and, in fairness, most people are not and neither should they be expected to—there is that issue with continuity of program and endeavour. I think that is something that, as a police department, we have to get better at. There have been many cases in the past where officers, who might have a particular talent for cricket or touch football, have gone to a community and introduced that but then, when they leave, it does not continue. So the continuation of these programs is important too.

Senator FURNER—Yes; and actually success drives enthusiasm, so people like her most likely will want to move on to other areas of successful projects. Do you have a PCYC in either Cherbourg or Murgon?

Mr Atkinson—There are PCYC activities there, but it is not a fully established model. Where we do not have a PCYC—I understand that Senior Sergeant David Bird may have presented to you in respect of this only yesterday—we endeavour to put police-citizens youth club type activity and programs in place; that happens, as I understand it, at Cherbourg.

Senator FURNER—Finally—and probably the most difficult one—there is the AMP. I was quite perplexed with the view that was expressed to us in Bamaga: why have AMP when there is sly grog running, whether from the Torres straits or Papua New Guinea? How do you address those sorts of issues or opinions from people with that sort of view?

Mr Atkinson—Yes, it is extremely difficult. But I think the AMPs are worth pursuing and I am glad that the government introduced them. Perhaps I could give you a personal example from Mornington Island. Before the AMP, on a Friday night on Mornington Island, there would be lots of children in the street until three, four and five in the morning. Sometimes they were in the street because they just felt unsafe. There would be noise and loud music. Now, on Mornington Island on a Friday night at 10 o'clock, 11 o'clock or midnight, it is quiet; the only thing you will hear is the odd dog barking occasionally. I think life is better now than before in almost all communities where the AMP has been introduced. That is not to say that it is ideal and there is not a long way to go, and it is certainly not to say that the problems of sly grog and home brew—which is a huge problem—are not there. In fact, there may be some consequence in terms of that; that is, those problems have obviously become worse because of the AMP. Probably, with respect, our biggest challenge in that regard at the moment is Woorabinda because that is classically a place with numerous roads running into it; so the enforcement of the Alcohol Management Plan is more difficult there.

Senator FURNER—Thank you.

Senator SIEWERT—I go to a slightly different issue, and that is around hearing. Many of the members on this committee are also members of the community affairs committee that is looking into hearing. There, one of the issues that have come up very strongly is the number of people in our prison system who have hearing problems. Do you test people when they come into the system? What is your level of understanding about those in the prison system who have hearing loss and impairment?

Mr Anderson—No, we do not have a program of testing. But, where people have a hearing difficulty and it is obvious that they do, they will be treated through Queensland Health, which provides our health service and will provide whatever support we need to. Do we need to do more work in that? We probably do. If I can broaden this issue out just a little, one of the things that we have not done well enough yet in Queensland is look at disability and what that means for people coming into jail—and that is intellectual disability, physical disability and acquired brain injury, which I think is the one that is probably very much understated. So I think this will be an area for development of further assessment of people as they come to jail. I would not be surprised, when we start to look more actively, in our finding these kinds of problems. But at the moment, if somebody clearly has a health problem with their hearing—just to answer your question—they would be treated through our Queensland Health service.

Senator SIEWERT—I would like to pursue a couple of issues there. One is: do you have the figures for those who have been identified?

Mr Anderson—No, I do not have that. I can ask Queensland Health.

Senator SIEWERT—Could you take that on notice?

Mr Anderson—I will take that on notice. But, going to the second part of that, does that mean that we have invested in hearing loops and other things? No, we are not at that level.

Senator SIEWERT—So the next issue there is that—certainly according to evidence that we have received from other states—a high proportion of people go right through the justice system and end up in the prison system without having been identified at all as having a quite profound hearing loss or impairment. Is it on the agenda to look at screening people as they come in, particularly Aboriginal and Torres Strait Islanders? I am sure that you are fully aware of the issues around hearing loss and OM—otitis media—et cetera.

Mr Anderson—Yes.

Senator SIEWERT—Is that on the agenda at all?

Mr Anderson—It is interesting that this varies from state to state. You might look at Victoria, which did a survey of Aboriginal prisoners and their hearing health; it was found to be about the same as that in the broader community. So it might be different from jurisdiction to jurisdiction.

Senator SIEWERT—In New South Wales, it is far higher.

Mr Anderson—That is right. Have we done it here? No, we have not. We are developing our disability strategy at the moment and, as I say, that is the area of the next bit of work for us. Why are we doing it? Firstly, it is the right thing to do. But there are a number of groups with disabilities that seem to be overrepresented in the re-offending kinds of figures. So we think, if we can break our prisoner population and our offender population—that is the community supervision group—down into manageable kinds of cohorts, we can probably do something about individual groups and reduce the recidivism rate. In particular, the ones that seem to be overrepresented most immediately are those with intellectual disability, but that disability framework will look at a broad range of disability. We have not specifically focused on hearing at this stage.

Senator SIEWERT—The area I want to address next is young people in the juvenile justice system. Are they being assessed for hearing loss separately from the broader justice system? Do you have any specific programs for younger people?

Mrs Kill—Yes. Young people who enter youth detention receive a full physical check-up. We have a dedicated Queensland Health team on both sites. Of course, in the juvenile detention centres we also conduct school programs through the Department of Education and Training; so we not only assess on entry but, if any problems with functional impairment arise during schooling, we follow through with appropriate treatment through Queensland Health.

Senator SIEWERT—Is the percentage of Indigenous young people in the juvenile justice system with a hearing impairment different from the percentage of those with a hearing impairment in the broader community?

Mrs Kill—I had better take that on notice because information about health needs is held by Health, so we would need to come back to you on that.

Senator SIEWERT—If you could, that would be appreciated, Certainly from some of the evidence that we have received in other states, there is a higher proportion of Indigenous young people with hearing impairment. We have been talking about people who are in the prison system already, and my next issue relates to the courts system. In terms of hearing impairment, is assessment carried out of people in the courts process; and, if people are identified with hearing impairment, are interpreters available to assist them?

Mr Atkinson—I am sorry; is the question directed to me as the police commissioner or to Mr Ryan representing the courts?

Senator SIEWERT—I think it is probably more appropriate for Mr Ryan.

Mr Ryan—If a person were identified as having the need for an interpreter, the Department of Justice would provide one, whether it was because of language difficulties or hearing impairment. Most of the courtrooms have hearing loops fitted in order to assist.

Senator SIEWERT—You would need to have a hearing aid to be able to use one of those—

Mr Ryan—Yes.

Senator SIEWERT—which many Aboriginal people do not have.

Mr Ryan—I do not think people would routinely be asked about their hearing; it would need to be something that was brought to the court's attention.

Senator SIEWERT—Anecdotal evidence that I have from Western Australia—although we definitely took evidence to this effect in the Northern Territory—is that it is quite difficult to get interpreters that can sign or interpret in language. Is that an issue in Queensland?

Mr Ryan—We have only a fairly limited Indigenous interpreter service in Cape York, so I think that would be quite true in Queensland as well, yes.

Senator SIEWERT—I have another question, but it is separate from the issue of hearing. I do not know whether you want to do some more hearing questions.

Senator ADAMS—No, because you did mine. But I do have some others.

Senator SIEWERT—I have another series of questions that are not related to hearing. Is that okay, Madam Acting Chair?

ACTING CHAIR (Senator Crossin)—Yes.

Senator SIEWERT—I want to touch quickly on another issue—and I think, Mr Ryan, it comes in your bailiwick. Certainly other people were here in the room this morning when I asked questions around access to legal services. In particular, I am interested in issues around domestic violence and, in particular, women not having access to legal advice or support where the perpetrator may—for example, through Legal Aid. What services are available and how do you coordinate those with a whole-of-government approach?

Mr Ryan—For Indigenous people, the Commonwealth funds a range of family violence legal services that, in terms of their funding, the state really does not have an involvement with. The Department of Communities in Queensland provides support for victims of domestic violence separately through a range of programs. I do not know whether Betty would like to speak to that at all. I am aware that in last year's budget some additional funds were provided for court support for women in domestic violence situations, and I could try to find the specifics of that for you.

Senator SIEWERT—It would be appreciated, if you could. We were talking to one of the legal services in Cairns yesterday. They mentioned that they have had some funding cuts; so, at this stage, they have had to reduce the number of Indigenous liaison officers that they had. But they acknowledged that adequate legal support, particularly for victims of domestic violence, was not necessarily available everywhere. So, if you could provide that information, it would be appreciated. Mrs Kill, do you have any additional comments that you would like to make?

Mrs Kill—The support services that we fund are family support services as compared to legal assistance.

Senator SIEWERT—So you would do similar—

Mrs Kill—Strengthening Families type program support work.

Senator SIEWERT—Strengthening Families type programs rather than specific legal support or advice.

Mrs Kill—That is correct.

Senator SIEWERT—That comes from the Commonwealth, does it? Is all of your funding in that respect Commonwealth funding?

Mr Ryan—Funding to the Department of Communities?

Senator SIEWERT—No; I am sorry. I mean the funding that we were talking about earlier, when you said—

Mr Ryan—Funding for Indigenous legal services is Commonwealth funding, yes. The state does not fund Indigenous legal services directly, except in a very limited space.

Senator SIEWERT—What funding do you provide just across the board for support regarding domestic violence?

Mr Ryan—That would be funding through our legal aid budget; there are some specific women's legal services. The department also funds a number of agencies to provide support at court for domestic violence victims.

Senator SIEWERT—So I presume that Indigenous women can access that funding?

Mr Ryan—They can access those, yes.

Senator SIEWERT—Is it possible for you to provide an indication—you can take this on notice—of the funding and support that is provided?

Mr Ryan—Yes, I can provide that. I would need to take it on notice though.

Senator SIEWERT—Yes, that is fine. Thank you very much.

Senator ADAMS—Firstly, I would like to know how often police visit Saibai Island.

Mr Atkinson—If you are after the number of visits in the last 12 months, I would have to take the question on notice.

Senator ADAMS—No, I am asking just generally. Having visited the island and with its proximity to New Guinea, I was just really curious, when you said that you do not have anyone based there, about how often police travel there and what issues they deal with.

Mr Atkinson—We travel there as quickly as we can, if there is a serious call for service. The government have funded us for a Britten-Norman Islander aircraft and a pilot—and that is based

on Horn Island. There was an incident recently that involved an attempt to break in to the nurses' quarters and we were there literally within hours of the matter being reported to us; certainly within a 24-hour period we were there. We attend regularly in terms of the community based police officers who are there. There is, as you are no doubt aware, a permanent Commonwealth facility there, which we are allowed to use in terms of cooperative arrangements. So it is regularly, in terms of support of the community and the community police; and it is as quickly as we can get there, if there is an incident.

Senator ADAMS—As far as any court facility, what happens then? Do they have to be brought down to Thursday Island or what?

Mr Atkinson—Yes, if it is a custodial situation. However, that has changed a bit, as now we have a watch-house now on Horn Island and we rarely use the one on Thursday Island; so people would be kept in custody on Horn Island.

Senator ADAMS—I have just another query about infrastructure. We were at Weipa, and apparently there is a Customs detention centre there or some area that has been used formerly. The local people there were saying that they are very keen to see whether that could be used as a sort of low-care facility for some of the young people who have to be taken right out of community and completely away from family. They were wondering whether there was any move there, so we thought we would ask you about that today.

Mr Atkinson—That is probably more for Commissioner Anderson, but perhaps I could make a brief comment before he does. That is often raised—that concept of taking young people who are offending into some isolated or remote or separate area where there can be this quasi detention. Perhaps it is something that goes back to a traditional cultural thing, in terms of temporary expulsion from the community. But I think the difficulty with it is that you are either in custody or you are not; and, if you are in custody, there is a requirement for the people who have you in custody to have certain safeguards.

Mr Anderson—I think there are a few things to say about this. The first is that, if we do run a facility, we want it to be clear that we have an order to administer. We would not want to be taking people, as Commissioner Atkinson says, into sort of quasi detainment. But there is a very good example of a culturally based diversion program called Wulgunggo Ngalu outside Yarrum in Gippsland, Victoria, which is worth looking at. But the beauty of these types of programs is that, genuinely, for somebody who has offended, the courts have made a decision that the person can attend there and it could be in lieu of imprisonment.

We in the department—I must say that this is within Corrective Services only at the moment—are working on such a proposal for Queensland. That is not government policy at the moment; it is work that we are undertaking, looking at establishing a program like this. But it should not be seen as a boot camp kind of program. There are often calls for boot camp programs, and I think there is enough evidence around the world to show that they do not work—this strict discipline only. The programs that we are impressed by are those that connect people back to their culture and, hence, have a sense of self-worth and pride about being who you are and the culture that you come from and, at the same time, paying back to the community through work. What is true is, as we have discussed with a number of communities, everyone wants one. So the best we could probably do—if we can discuss this with government as we go along—is perhaps for it to

be piloted somewhere and then evaluated after that. But it is true that, everywhere we are going now, people are saying, 'Can we have a diversionary program in our area?'—and it is probably a bit early to say whether they are effective enough to commit to that kind of roll-out.

Senator ADAMS—So has there been any communication regarding that particular area that I was speaking about?

Mr Anderson—No, not that particular facility. But a number of facilities are being pitched to us just at the moment.

Senator ADAMS—The next thing I would like to ask about is incentive structures for attracting corrections, police and youth justice staff to work in remote communities. Do they get any pay incentive or anything like schoolteachers do in that, if they serve so long, they will then be taken back into a mainstream school in a city? I am just quoting from Western Australia, where I come from. There, if they serve, they can come back and not be completely forgotten about.

Mr Anderson—Indeed. Perhaps I can start at this end and we will work down.

Senator ADAMS—Thank you.

Mr Anderson—We have been investing in remote communities since about 2006, so we are actually coming to our first set of rotations. These are people who have been in community now and, as part of their professional development, it is time for them to move on. I must say that this has been highly successful for us. The reason for my saying that it has been successful is based on the completion rates of community based orders. The completion rates for Indigenous Queenslanders would be nine to 10 per cent less than those for non-Indigenous Queenslanders. So, if there is a 68 per cent completion rate on orders for non-Indigenous Queenslanders, it might be about 58 per cent for Indigenous Queenslanders. Completion rates in Queensland are always low because we administer the orders quite strictly. In other places you will find completion rates of 72 to 75 per cent; that is not a feature of our work. What we know is that, if we embed people into the communities, the direct contact with people in community means that they will turn up and do their programs et cetera.

I will give two examples of that. In one community there is a community radio station and so we now announce on the community radio station that our parole officers are in town and they will be out at such-and-such a location. The first day we did that, we had a 100 per cent attendance rate. At Mornington Island, we had 17 people lined up for an Ending Offending program and 16 turned up and completed the program. If we were not in the community, that would have been a much lesser number. Simply, it is just that the staff are there every day, talking to people as they see them in the street or having very direct access to them. We have an allowance for remote living. I do not have the exact amount with me, but we give people an allowance and we provide accommodation. Accommodation has been a problem for us. I am sorry; I have just been told that the incentive is $7,000 a year and free housing—and we do have a transfer scheme where we can negotiate the transfer. But I was coming to the housing. It must be said that, with some of the houses, we have had variable accommodation standards that we have been living in; but that would not be surprising, as some of the communities are very, very remote.

Senator ADAMS—That was the infrastructure that we were at.

Mr Anderson—Perhaps I can finish just by saying: this is an HR issue for us because some people will need to be encouraged to come out of their communities at an appropriate time. They have certainly loved the work, but we know that professionally it is time for them to move on.

Mrs Kill—Youth justice?

Senator ADAMS—Yes.

Mrs Kill—Perhaps I might go back half a step to your previous question and answer that in relation to youth justice regarding community orders and detention orders. We have two detention facilities in Queensland. So, when a court order requires detention, young people are transported to either the Townsville facility or the Brisbane facility. In relation to community based orders, our staff provide for community based orders in community. We are not undertaking any particular one program, although we do have the aggression reduction program and the changing life program. We do tailor our community orders to the needs of the young person and the facility and availability of services within community. In relation to staffing, that is a major issue for us. Most of our staff who provide supervision to young people on community orders in community do so on a fly-in fly-out basis at this stage. On occasion, we have had staff in one or more of the larger communities. We have found it difficult to retain staff—and this goes to their willingness to remain on community—and it is a major part of our workforce strategy for the future.

Mr Atkinson—Perhaps I could comment on that from a policing perspective. I think it is a really important issue and I thank you for raising it. The police model is that the officers in charge, who are senior sergeants or sergeants, are expected to stay on a community for two years. Most get promoted to go there; very few go on their existing rank. The other officers are there for six months.

Our recruitment age in Queensland has gone up and the average age of our police officers now being recruited is 28 or 29. But the downside of that—whilst you get a better educated person with greater life experience—is that, at 28 or 29, you are usually in a long-term relationship. You just cannot say to someone who has been sent to Mount Isa, 'You're going to Mornington Island for six months and you can leave your partner here in Mount Isa.' That is just not going to work. So we are looking at employing younger police so that we will have a bigger pool of people who can go there and do the six-month rotation.

We have really good leadership from the sergeants and senior sergeants, and some of those younger people actually volunteer to stay beyond the six months; so that is important as well. We have a range of financial incentives, but I just think it has to be beyond that as well. Ideally, people should be fairly compensated but they should go because of their commitment to what is involved. Perhaps I can just say that, in relation to that, whilst we in the police department have a responsibility in that regard, I think the community does as well: to appreciate the fact that they have teachers, nurses and police in their community who are doing the very best they can and to welcome, support them and recognise them. Quite frankly, quite often I do not think that responsibility is discharged.

Senator ADAMS—I would agree with you there. We have met some very, very enterprising young police officers, both male and female, out in very remote areas, regarding their connection with community and the children and just everything there; they are doing far more than their job description requires of them. They are just part of the community and really trying to make a difference, and I commend them. I have not met the Queensland ones; but, especially in Western Australia and the Territory, they really do a great job and put their whole heart and soul into it. But quite a number of comments have been made to us about accommodation and just how difficult it is, especially with the nursing and hospital staff having to share accommodation—which really is not quite the way it should be. When trying to attract other health professionals, especially if they have a family, shared accommodation, of course, is not on. I just wondered how they did get on and especially, after having finished their rotation, how they were rewarded for the efforts that they had made. So thank you very much.

ACTING CHAIRMAN—Mr Anderson, just before we go, you mentioned research that is around in respect of boot camps that shows that they are not effective. Do you have any concise, good bit of research that you might be able to—

Mr Anderson—I can point you to some of that, but I think some good research came out of New Zealand and other places where these things failed.

ACTING CHAIR—Even if they were only links, it would be very useful to get them.

Mr Anderson—I will get that for you, yes.

ACTING CHAIR—Thank you very much. I thank the five of you for coming today, particularly Commissioner Anderson and Commissioner Atkinson. I understand and appreciate that it takes a chunk of time out of your very busy day. I just want to put on record that we absolutely appreciate the fact that you have taken the time to appear before this committee today. To the five of you, thank you again for your appearance and your readiness to answer our questions; we really do appreciate that. Thank you very much.

[12.40 pm]

ANDERSON, Ms Kimina, Mental Health Unit, Queensland Health

GROVES, Dr Aaron Robert, Executive Director, Mental Health Directorate, and Director of Mental Health, Queensland Health

HUNTER, Dr Ernest, Regional Psychiatrist, Queensland Health

ACTING CHAIR—I warmly welcome representatives from Queensland Health. I know you have been provided with information on parliamentary privilege, but I would like to remind senators at the table that as you are officers of a department you are not expected to give answers on matters of opinion on policy. I am sure that as public servants you are well used to that drill. Do you have an opening statement that you would like to provide to us?

Dr Groves—Yes. I am here representing the Director-General of Queensland Health, Mr Mick Reid, who was not able to make it to give evidence to the committee. He has given me permission to talk on behalf of the department and has also allowed Dr Hunter to answer questions, through me, if I am not able to answer the questions for you. I will refer to Dr Hunter or Ms Anderson if I need to fill in some gaps.

First of all, I take the opportunity of acknowledging the traditional landowners of the meeting on which we are on today, the Turrbal and Jinibara people, their ancestors and the people who have walked the lands before them and, acknowledging that the committee has been throughout Queensland, also the other Indigenous peoples of our lands and thank them for the safe journey for your committee.

I wanted to give you a little bit of context around Queensland and mental health and social and emotional wellbeing. I am aware of some of the evidence that has been led to you earlier on during this week of sitting in Queensland and I am aware that the broader nature of social and emotional wellbeing, as it relates to Indigenous people, has been explained to the committee. As you are probably aware, Queensland has about 150,000 Indigenous people within its population. That represents about 3.6 per cent of our population. We are the second most populous state when it comes to Indigenous people, only slightly behind New South Wales. For us, it is rather unique that we have two quite distinct groups of Indigenous communities within our population, that is the Torres Strait Islander people as well as Australian Aboriginal people. I think that represents some complexity that is often not seen in some of the other states. As you are probably aware, a number of people who are Torres Strait Islanders in Queensland would also identify themselves as being both Australian Aboriginal and Torres Strait Islander.

From our perspective, one of the things that has been perhaps an issue within the national agenda when it has come to understanding social and emotional wellbeing and mental health is that the mental health needs of Indigenous Australians have probably been lacking from the National Mental Health Strategy for much of its being. You would be aware that the first National Mental Health plan and policy were endorsed in 1992 with a series of three 5-year National Mental Health plans that sat underneath that, but it was not until 2004, when the

National Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework was actually published, that there was a proper acknowledgement of the different way in which social and emotional wellbeing was understood by Aboriginal people. Whilst the Swan and Raphael article of 1996 started to talk about ways forward, it was not for quite some time until we had a bit of a plan for how social and emotional wellbeing should be tackled for Indigenous people.

We have gone about quite a long history of developing services throughout Queensland for our rural and remote Indigenous communities. Professor Hunter has been at the forefront of that for the 17 years or so that he has been in Queensland and perhaps can talk to some of the detail more ably than I can. However, I think there are probably three or four key areas that I would like to address. The first one relates to the mental health of Indigenous communities. Sadly, there is very little actual information about the mental health and wellbeing of Indigenous people in Australia, despite the fact that they represent more than two per cent of our population. We know that one in five Australians have a mental disorder in any 12 months and that 45 per cent of Australians will experience a mental illness. We presume that the rates are the same, if not higher, for Indigenous communities, but quite frankly we do not know. The epidemiological evidence has not been collected to tell us that.

What we do know from some work that has been done to try to tell us some indicators is that Indigenous people are more likely to be more distressed than the normal population when you look at scales such as the Kessler scale. We know that they are also more likely to be anxious and they are more likely to represent having a number of different problems than non-Indigenous populations. Whether that equates to having depression or anxiety, as non-Indigenous people would actually understand it, is actually unknown and there is a belief that some of this comes from a number of other issues that confront non-Indigenous people, rather than for example the presence of mental disorders. That is the first issue that I would like to put before the committee.

The second important issue is that we know that the types of issues which are strongly understood by Indigenous people to be central to their understanding of their health and their social and emotional wellbeing relate to circumstances of the last few decades in Australia. We know that inherently Indigenous people have an incredibly strong and vibrant community and culture that is very protective for them. However, we know that in a number of communities, and in particular the ex-DOGIT communities in Queensland, for a number of different reasons those issues are no longer protective and provide resilience for Aboriginal people. The consequence of that has often been high levels of mental health service usage, hospitalisation and, sadly, of higher rates of suicide than in the normal community. That is something that has greatly concerned Queensland Health.

On the positive side, we have looked at the suicide rates of Indigenous people in Queensland during the last 15 years and fortunately the Indigenous suicide rate seems to have stabilised, if not slightly reduced, during the past decade. However, it still remains high, and certainly higher than the non-Indigenous population, which remains a concern. Perhaps the point is that some communities have much higher rates than others. There are still situations in Queensland where suicide is almost unheard of in some of those Indigenous communities, much as it was probably in the 1960s when suicide was a very uncommon phenomenon in Indigenous communities in Queensland.

The way in which we have gone about providing mental health services has been to identify that Indigenous mental health workers are a key aspect of delivering services. We now have in the order of 90 full-time equivalents, so roughly about 90 Indigenous mental health workers spread throughout Queensland in Queensland Health services. They are in a number of different programs, and I know from the previous evidence that was before your committee that that includes the juvenile justice facilities throughout the prison mental health service, through our evolved services and through our mainstream mental health services, and we see them as a very important and central element, again, on that basis that Indigenous people strongly value the role of their own determination and of their own needs, and what needs to be sorted through to holistically address social and emotional wellbeing.

The third thing that we have done is organised services to remote communities where specialist services can be provided. For example, Professor Hunter's remote area adult mental health service is a good example of that and I understand that you are also aware of the work of Gerry Dyer, who is setting up the child and youth aspect of that same service. Professor Hunter's service is provided to the Cape York and another part of the service with another psychiatrist also goes to the Torres Strait islands. That is a way in which we can add extra expertise to the local people who are providing mental health services within those communities. Much of the service delivery there is very much a primary care model of providing services.

The other thing that I wanted to highlight was that, within Queensland at the moment, we have a Queensland plan for mental health. It is a 10-year plan that was endorsed in 2008, although it has had funding since 2007. One of the key aspects of that will be the further expansion of Indigenous mental health workers throughout the state and also the formation of an Indigenous mental health hub where we propose to form one centre that will be responsible for driving forward Indigenous mental health service delivery right across the state in a coordinated way on the best available evidence that we have.

They are the sorts of initiatives that we currently have. I am happy to pause there and allow you to question me more about that or any other aspects that you have. I noticed that Senator Siewert asked a question around deafness and I am happy to also talk about our Deafness and Mental Health Service in Queensland.

ACTING CHAIR—Thank you. For the record, you should know that we did not see Dr Gerry Dyer yesterday.

Dr Groves—I know that you had hoped to, but you did not.

ACTING CHAIR—That is right.

Dr Groves—I apologise for that.

ACTING CHAIR—The person was not given permission to appear before this committee by the Queensland government. You should be aware of that.

Dr Groves—Yes, I am aware of that. There is a very clear understanding within Queensland government of government officials needing to seek permission and there seems to have been a

communication problem with the particular people recognising that they needed to seek permission prior to coming to the committee.

ACTING CHAIR—Dr Hunter or Ms Anderson, did you have anything you would like to say as an opening statement?

Dr Hunter—Thank you for asking me to talk. I would simply say that we are looking at a very changing field. One of the difficulties that I have as a clinician, and I will speak as a clinician, is that the area that I am working in is changing by the decade. Indeed, if we go back to the 1960s and 1970s we saw a dramatic increase across Indigenous Australia in problems with alcohol and the behaviours associated with that. In the eighties and later in the nineties we saw an increase in suicide. Both of those did not have precedents. We are now seeing significant increases in people being hospitalised with serious mental illness.

Indeed, the way in which we are thinking about services and delivering services is constantly responding to changing circumstances and changing issues. I think there are issues that we could talk about at length, but do not have time today, that inform the reasons for those particular changes.

ACTING CHAIR—We will go to questions.

Senator ADAMS—Thank you all for coming. I am really pleased that Professor Hunter has been able to make it. Where are you going to set up the mental health hub?

Dr Groves—It is likely to be originally set up in Brisbane. As you would probably appreciate, Queensland is a very large state. It sometimes makes most sense for us to set things up originally in Brisbane, even if it needs to be quite dispersed in terms of the way in which it operates. There are as many Indigenous people, in fact, in the metropolitan south part of Brisbane as there are, for example, up through the cape and Torres, so it makes more sense that we originally set it up there.

I would hope that with the number of staff that we are hoping to have that there would be some sort of presence in Cairns and North Queensland to be able to specifically address what happens there. Within the funding that I have available for establishing the centre there is a very sizeable travel budget that would allow for people to be out where the communities actually need the hub to operate.

Senator ADAMS—Is there any accommodation available for them in the more remote areas?

Dr Groves—At the moment we believe we have been able to secure some accommodation to establish the centre actually in metropolitan south. I would hope that throughout mental health services infrastructure for the rest of Queensland we would be able to secure some space for them to work through.

Senator ADAMS—The health services that we spoke to said that was their biggest problem in trying to attract specialist people. They could get the bodies, but they could not find anywhere for them to sleep. That really is a huge problem.

Dr Groves—Yes. It is an enormous problem in Queensland.

Senator ADAMS—Professor Hunter, the other part of our community affairs committee, of which a number of us are members, is doing a suicide inquiry at the present time. As you said, there are different decades with different issues happening. What do you think has caused that?

Dr Hunter—That is a long talk and I will try to keep it short. I am aware that you have had some discussion about the event in Western Australia, specifically in Narrogin. I think those issues exemplify one of the characteristics of suicide that we have seen in Far North Queensland and that is that we tend to see suicides occurring over periods and within discrete areas. That raises certain questions. It raises the question about whether we think of suicide as an issue that relates to risk that is specific to individuals, or whether we think about risk as something that relates to communities. I would argue that probably the latter way is an important way to think about it.

A number of years ago we did some research in one community which had survived a terrible wave of suicides and moved on from that. We had some data about surveys that had been done at the beginning of that wave that related to individuals who had either talked about suicide or attempted suicide. We followed those people up and, indeed, more of those people died, but they did not die by suicide; they died in motor vehicle accidents and other forms of misadventure. I think that raises the issue about whether we need to think about suicide prevention as a discretely focused project or whether we need to think about the risk status of people generally. These were young people, largely young men who were living lives at risk. That picture has changed over time.

I mentioned that suicide really only started to increase dramatically in the 1980s across Australia. I was working in the Kimberley then and subsequently here. We have seen a change in the pattern. When suicide began to occur at that time, at least in the Kimberley, it tended to be older men who had some chronic problems from substance use and who were in their thirties and forties, and then in the late-eighties and early-nineties that changed dramatically and we have the picture that is most common now, which is young adult men who have taken their lives whilst intoxicated, often in the aftermath of some kind of confrontation which on the surface may have seemed trivial.

The important issue is that those young people have grown up in environments which were affected by that first change that I mentioned a few minutes ago, which was in the 1960s where we saw a dramatic increase in substance use and of social problems which reflected not just substance use but the social issues that impacted Australia and the aftermath of displacement of people from stations, concentration of people in towns, entry into the welfare system and unemployment. In a sense, those young people who were committing suicide were the children of that first group of people who, as adults, confronted that period of social transformation.

There is another process that is occurring now. As you are probably aware, we have a number of child suicides that have occurred in Queensland and elsewhere. In Queensland, the Aboriginal child suicides are twice as common as non-Indigenous child suicides. A few years ago we were able to look at a number of those deaths in some detail. There were lots of features which are consistent with social disadvantage, which is not a surprise, and they did not cluster in one place; they occurred right across the far north. Two features that certainly were common to all of them

were, firstly, that they came from communities where there had been suicides occurring and were witness either to the behaviours associated with suicide or completed suicides and, secondly, that they were outside the school system. One of the things that concern me greatly as a clinician is the exposure of young people to self-harmful behaviour and other disinhibited behaviours that are unfortunately common in some of the communities that I visit.

Senator ADAMS—Can you comment on drug use? Is that causing problems in the far north or is it mainly alcohol related?

Dr Hunter—I do not think that there is any question that alcohol is a major, if not the major, substance causing problems in the far north. I think that there have been very significant improvements in the aftermath of the alcohol management program. There are difficulties and problems with that.

However, I would like to underline in bold that cannabis is an enormous problem. Cannabis is a devastating problem. The reason—and I can speak to this a little bit later if you wish—that we have significant increases in the disability associated with serious mental illness relates to the impact not just of cannabis on people who have serious mental illness, but the devastating impact on their development prior to the onset of their serious mental illness, that is not just in terms of their own use, but the impact on the wider family. Cannabis cannot be emphasised sufficiently as a major issue.

Senator ADAMS—How are you dealing with dual diagnosis?

Dr Groves—When you say 'dual diagnosis', do you mean mental health and alcohol and drugs or intellectual disability?

Senator ADAMS—I am looking at the mental health.

Dr Groves—We increasingly try to merge the two sectors together. For example, in the area that Dr Hunter works, the Cairns and Mossman services, the Mental Health and Alcohol and Drug Services are under the same administration and have started to work together. That is becoming an increasing thing across the whole of Queensland.

Senator ADAMS—That was the reason I asked. I just wondered how it was progressing.

Dr Groves—It is fair to say that, compared with other states, the Queensland alcohol and drug treatment services are significantly more modest.

Senator ADAMS—While we were at Weipa the question arose about the siting of the Drug and Alcohol Rehabilitation Centre, whether it was going to be at Cooktown or Weipa. Do you have any information on where that is going and why it should be in one area or another, or should there be two facilities?

Dr Hunter—You are aware of the facility that exists at Baas Yard, near Porpuraaw. I am not sure where the other facility is going to be placed. I have heard discussions of it being outside Weipa and I have heard some discussions of it being elsewhere, so I am not sure. I think that is still under discussion.

Senator ADAMS—Would you consider it a great necessity to have and that people should have access to that in the far north?

Dr Hunter—To paraphrase somebody, if you build it, they will come.

Senator ADAMS—How is someone being treated at the moment if they are a dual diagnosis person, a chronic alcoholic or on drugs? What are you doing as far as case management goes once they have been hospitalised?

Dr Hunter—It has become a little big more complicated in the cape because we now have a much wider range of service providers. The Royal Flying Doctor Service, as you are probably aware, has taken over responsibility for drug and alcohol service provision in certain areas. We are trying to work carefully with them to ensure that those people who have joint problems are comprehensively addressed. The way I approach is that whenever I go to a remote community the drug and alcohol team from Weipa join me. We see patients together and, frankly, it is not rocket science. The most important way to address the needs of clients is to be sitting next to each other whilst you are seeing individuals. We are lucky that we have a very good drug and alcohol team that comes out of Weipa and one of the practitioners on that team is an Indigenous woman. That works well.

In terms of people who need further intervention, at the present time the options are threefold. We either send people to Yarrabah. Yarrabah, as you know, has a rehab facility. That is not a particularly structured program and facility, but indeed for certain sorts of problems it works well. Sometimes we really need to address the underlying mental health and substance use problems but also recognise that there is a need for a geographic 'intervention', getting people out of the community for one reason or another. There is Douglas House and there is also a rehab facility in Townsville that we use.

For those people who have cannabis as a major problem the opportunities are a lot less obvious. Stagpole Street, which is the program in Townsville, is the place that we have sent people. There are pluses and minuses about sending people so far from home. I think you need to have a range of options. One of the concerns that I have had is with some of the options. I might say, having done a lot of research into alcohol use in the Kimberley, that there is a role for rehab, but the majority of Indigenous people who give up do so because they make decisions on their own to give up; the majority who give up do not do so because they have gone through rehab services. In the research that we did in the Kimberley a third of males over 40 who were drinkers had given up and the vast majority of those had given up for particular reasons which related to personal health problems, and to family. A proportion of them went through rehab.

One of the difficulties with rehab is that we sometimes underestimate one of the ancillary benefits of rehab, and that is that it is a process for keeping people alive. You may not have somebody who goes into rehab and emerges sober for the rest of their life, but it is an option which you may have to use many times and we may not have somebody who ultimately remains abstinent for life, but it is important in terms of maintaining that person's connection with their own community. Some of the resources that in the past have existed in Far North Queensland, for instance the detox facilities at Gordonvale, were very important in that they had a harm minimisation role and they were able to care for people who were at imminent risk. They did not necessarily emerge from there and remain abstinent, but we were able to keep those people alive.

We need a range of different options, some of which are more clinically focused and structured, and some of which are less structured, across the north.

Senator ADAMS—With the alcohol restriction in the Kimberley one of the biggest criticisms was that there was no rehabilitation for those people who were chronic alcoholics and that they had just been chopped off completely. There were problems associated with that.

Coming back to the metropolitan area, I have a question on triage in accident and emergency. Do you have a triage mental health person or someone that they can actually be taken aside to, rather than people having to sit for hours on end in a waiting room because they have tried to self harm and being pushed away when everyone else is seen?

Dr Groves—Is the question specific to Indigenous people or to the health services in general?

Senator ADAMS—It is not. It is regarding everyone, just to see if it is available.

Dr Groves—It depends on the size of the service and the emergency department. Usually that would be the case. At our larger services, such as the Royal Brisbane Hospital, they have their own dedicated service that sits separately. The PA, Logan, Gold Coast and Sunshine Coast all have dedicated triage staff or people who would be able to immediately intervene, even if the person remains under the care of the emergency department. Again, it depends from time to time on the volume of the services, but that is the intent.

Senator ADAMS—I was thinking more of your larger areas with the main Indigenous population.

Senator MOORE—I have a few questions about mental health. I know that was the way the letter was sent. We have some on notice that you may have to take back on other areas of health because when we went to the visitations people came up to us and told us a lot of things. Certainly the issue of staffing comes up consistently. I asked the previous witnesses about their policy around recruiting local people and, in particular, Aboriginal and Islander people—not only Aboriginal and Islander people, but locals. Does Queensland Health have a particular policy of recruitment and supporting training? Now that James Cook is in the north with its own programs there is a greater option for people locally that they did not have before.

Dr Groves—The simple answer is yes. I suppose that is why we have 90 Indigenous mental health workers now throughout the state, because that is something which has actually worked quite well.

Senator MOORE—Is there a goal to have more, or was 90 as a result of a goal to get that many?

Dr Groves—I wish 90 was the goal. It is, in fact, significantly more than that.

Senator MOORE—I thought so.

Dr Groves—We have set a benchmark within Queensland government that is outlined in our plan, and that is to have one worker per thousand Indigenous population. We would be heading

towards 150 at the moment, so we are 60 per cent of the way. As with many of our other goals with mental health, we are making progress towards our target.

Senator MOORE—Is that any kind of worker, or have you specialised more closely so that you have X number of Aboriginal health workers, X number of Aboriginal mental health workers, X number of nurses and X number of trainers?

Dr Groves—That is our number for Indigenous mental health workers. We see them as having a specific role within any mental health service. Again, we are trying to clarify precisely what that role should look like and get it more standardised. I think it is fair to say that throughout Queensland there has been a struggle from time to time for districts to fully appreciate the worth of Indigenous mental health workers. Some do it particularly well, others not so well. Again, we have some projects looking at trying to better understand the usefulness of Indigenous mental health workers.

The other thing that is important to recognise is that Indigenous mental health workers, on their own, are not the solution to providing mental health services for the Indigenous population. We would like to make sure that all non-Indigenous mental health workers within Queensland Health are adequately trained at being able to provide culturally competent and safe services. There are a number of projects that are currently being undertaken by the Aboriginal and Torres Strait Islander Health Branch that is about rolling out cultural competency, appropriateness and safeness throughout the state. That is something that we hope to have a very high early uptake in Mental Health once those tools and products are developed. I understand that they are not far off being finalised as we speak.

Senator MOORE—Is that going to be a compulsory module?

Dr Groves—That is right. It will be part of the whole Closing the Gap initiatives in Queensland.

Senator MOORE—In another committee we met with the Aboriginal and Islander Psychologists Group, which has now been formed under the national group. Is there a policy within Queensland Health to encourage people as psychologists into the system and do you have a recruitment process for that area?

Dr Groves—Do you mean Indigenous people becoming psychologists?

Senator MOORE—Yes.

Dr Groves—At the moment we do not have anything that is specific. We are working on our Queensland Health Mental Health Workforce Strategy. One of the things that will do is entirely unpack what our Indigenous mental health workforce should look like. One of the things that needs to define that is what our Indigenous model of service looks like; it is not consistent throughout the state and we are currently working on trying to get a consistent model of service. That would make it easier for districts to understand what types of workers they need to have. At the moment there is not a good career pathway for Indigenous mental health workers, and that is something that we want to try to correct as well.

Senator MOORE—When we were in Bamaga the huge issue, before all others, that the health people wanted to talk to us about was housing. We asked the first witness whether there was a single spot for people to raise issues around housing and we are going to get more detail about that, but particularly for workers who are being encouraged into regional and remote areas it seems to be an overwhelming issue.

Dr Groves—Yes.

Senator MOORE—Within Queensland Health are issues to do with housing handled at a central spot? I know it is a regional policy, facility by facility, of how they allocate their housing. I know you are aware of the great shortage and I am just wondering whether there is a strategy around that that you are looking at.

Dr Groves—I am not able to speak on behalf of Queensland Health. I do not know whether there is. My understanding is that the housing issues are primarily addressed at the local level. I know that there has been considerable concern raised through Torres Strait, the NPA, parts of the cape and in rural and very remote parts of Queensland.

Senator MOORE—St. George. You can just go anywhere and it is an issue.

Dr Groves—That is exactly right. I do not know whether there is one centralised coordinated response in trying to deal with that. I do know that it is a major, major barrier for us in getting health staff, particularly mental health staff, to provide services. Even if we have funded positions one of the difficulties, as Senator Adams has already mentioned, is finding a place for them to sleep.

Senator MOORE—With the training within the large medical schools there now seems to be quite a strong view about getting people to have placements. Certainly under the new national registration model it is going to be a huge issue to ensure that people get appropriate placements. Is there a dedicated strategy for people to have an opportunity to have training during any form of medical training in regional and remote Queensland, and in particular, having an opportunity to see what it is like in the NPA area, just to get a chance to see and learn to work in that facility?

Dr Groves—Again, I am perhaps not best positioned to talk about precisely what is happening. However, I know that James Cook University is responsible for a very large medical graduation and provides fabulous opportunities for people to have training, certainly outside of Brisbane or even outside of Cairns. I am not aware of the exact nature and how they plan to take that forward. Queensland Health has been working very closely with the universities to look at how medical training needs a better net into the future for people to work within Queensland Health and one of those issues is how people get an opportunity to work in rural areas and get those types of experiences that would be important for moulding what they do if they work there, but also encouraging them to potentially settle there and provide services.

Senator MOORE—I know that Cairns hospital takes psychiatry students and has done for many years. I imagine that would be with Dr Hunter and the other teams up there. Do they get a chance to go into the far regional areas and work there?

Dr Groves—Yes.

Senator MOORE—Is the training not just hospital based?

Dr Groves—No. The training program in psychiatry is not all hospital based. Lots of the training is required to be provided through community health facilities. We have training positions in Cairns, Townsville and other more regional and remote parts of Queensland, not just in South-East Queensland. I know that both Dr Hunter and Dr Gynther have registrars who are able to accompany them for parts of their training when they go into communities. Dr Hunter may be able to talk about that more, but that is certainly an opportunity that people have.

Senator MOORE—Dr Hunter, do they have a regulated program with you in terms of the work that they have to fulfil?

Dr Hunter—I have to leave soon because I have got to go and talk to some registrars. We have a training program here and yesterday I was talking to the registrars, through the Institute of Psychiatry in Sydney. Every state now has a program designed to address Indigenous mental health needs and it has become quite comprehensive over the last few years. In Queensland the Indigenous program that I have been involved with for a number of years is now driven by Dr Gynther, who works with me. I think it is important to provide a sufficiency of background information, so for registrars there is now a set of online modules around Aboriginal Torres Strait Islander mental health which is being created by the College of Psychiatry and is on their psychiatry website. There is a series of training lectures that registrars have to attend. For those registrars who come north, all of the registrars operating in the service have considerable exposure to Indigenous people in their work at Cairns Base Hospital and in the communities nearby, Mossman, Yarrabah and Innisfail.

For our service we have taken the position over the last decade that we are really keen to try to recruit people who want to develop a career in Indigenous mental health. We have a position for a senior registrar. In order to give an adequate experience we have made that a year-long position. One of the registrars who were with us is now a consultant with us, and a number of the other registrars in the past have gone on to work broadly in the area. To do that you have to have an environment which gives experience that is comprehensive. We have attempted to develop a critical mass in our service and develop as an area of expertise that students and registrars want to come to. My sense is that if we have registrars who are simply there in service providing and getting burnt out and having shared loyalties to an urban based service and to a remote service it compromises our intent. We think we give a fairly good and comprehensive experience to those people who go through our service. At the moment we only have funding for one registrar, but we would like to see if we could get funding for a further registrar.

Senator MOORE—Is that state funding?

Dr Hunter—That is state funding.

Senator MOORE—Is it a popular placement? Do you have people seeking it out?

Dr Hunter—Yes, it is a popular placement. We have looked at trying to seek some funding from other sources to supplement that and we have had discussions with the Royal Flying Doctor Service and funding through other sources.

Senator MOORE—The other area that we came up against was issues around foetal alcohol syndrome. I know that is not your area, but this is just in terms of putting it on notice for the department that that is an area we are interested in regarding where Queensland Health is going with that and whether there is a strategy around that process. We have also spoken to the National Health and Ageing, and FaHCSIA, because they work together on these things. It was a question that came up in talking with the education people with whom we spoke and also generally because a number of people in this committee have a particular interest in it. I do not often do this, Ms Anderson, but you have been sitting there very quietly. Is there anything you would like to add from your own experience of working in the system about things that you think would be of interest to us, allowing for the process of working through the area of Dr Groves? It just seems we have this opportunity to have someone from the network here so it would be very useful, if that is allowed.

Dr Groves—Of course. Whilst Ms Anderson is thinking about what she would like to say I would like to respond to the foetal alcohol syndrome question. First of all, I would like to offer apologies on behalf of the department. We had hoped to have had a written submission prepared in time to get to the committee. Unfortunately we could not get through the approval processes. If you would like, as a way of formalising that, I am happy to request some discussion of how Queensland is approaching foetal alcohol syndrome.

Senator MOORE—That would be very useful.

Dr Groves—Is the committee requesting a written submission from the department?

Senator ADAMS—Yes, certainly.

Dr Groves—I will see if I can facilitate that. I will also introduce Ms Anderson. Ms Anderson has actually worked with my directorate for a number of years. I have three Indigenous staff within my workforce who are involved in policy and program development in Indigenous mental health in the state. Ms Anderson has certainly been the most durable of them throughout that time. She has also been off to work in the community forensic service where she also has a particular interest in Indigenous prisoners. I might get her to make some comments and just let you know that she also chairs the Aboriginal and Torres Strait Islander Mental Health Network for us.

ACTING CHAIR—Just before you do that, I would like to ask Dr Hunter what his timeframe is in terms of leaving? Senator Boyce had questions specifically for you and I am wondering if we should do them first.

Senator BOYCE—They are not specifically for Dr Hunter, but I would be interested to hear Dr Hunter's answer on the question.

ACTING CHAIR—Can you give us an idea of whether we should do that first?

Dr Hunter—I have to be at the PA hospital by 1.55 pm.

ACTING CHAIR—Ms Anderson, do you mind if we just put your thoughts on hold and we will deal with this first?

Ms Anderson—That is fine.

Dr Groves—I think that would be a good idea.

Senator BOYCE—I am not sure who I should direct this question to, but it is a very general question. We have heard quite a lot of evidence about the social and emotional wellbeing programs. I would like to ask about how the department and its various facets are handling the balance between social and emotional wellbeing programs and clinical mental health services, given that all of this has to happen within a budget?

Dr Groves—That is a very complex question to which I do not think there is a simple answer. We recognise the extraordinary importance of social and emotional wellbeing and how that gets addressed. You have probably been to see some of the centres that are up in the northern peninsula when you were up in Bamaga. We value them very highly. We think that they are an important part of what we would probably consider to be a primary care approach to mental health. One of the difficulties the state has often struggled with is the relationship between the Commonwealth and the state in funding and the expectation that the state provides specialist mental health services and that the Commonwealth provides other services. We are somewhat convinced that there is a gap there which we fill when it comes to social and emotional wellbeing.

To cut a long story short, it tends to be a juggle between those resources that we have that we provide for clinical services often being used to provide social and emotional wellbeing centres or social and emotional wellbeing programs at the expense of clinical programs. Our intention is to try to have both operating. It would be much nicer if there were some clarity around how to move best between all levels of government to do that. It is a complex situation.

Senator BOYCE—Dr Hunter, what is your view on this?

Dr Hunter—I agree entirely with Dr Groves. I think it is a poorly defined territory. It has a historical background and there are political implications to the reasons that these two fields emerged, but we have people who are employed through those programs and in Cape York. In the area that I am familiar with, we have some programs that work very well and other programs that do not work very well.

To give you an example of the programs that work well, and I will only speak of those, I am quite impressed with the program that operates at Pormpuraaw—that is Pormpuraaw Paanth. That is a community based program. It is funded through the Department of Communities. We operate very closely with Pormpuraaw Paanth and they do very fine work. They are accepted well by the community and there is an understanding in the community that this is something that is of value and is supported. There are some activities in Kowanyama, which has really been a grass roots community. At the moment they have set up a men's shed there where, interestingly, a significant number of people who are patients of mine attend. It is inclusive and that is fabulous.

In terms of how I operate as a practitioner, I work in communities where the RFDS are now running wellbeing centres and what I do is I try to put aside a half a day in each community to spend with the wellbeing centre, staff and try to look at issues where there is overlap between

our services and also to facilitate the communications between both. Even when we have facilities that are collocated in the same space, as is the case for instance in Aurukun, that does not mean that we necessarily have a good relationship.

I might say, having listened to the police talking before I came, that one of the most important organisations to link with in terms of thinking about these broad issues is the police. The changes in policing over the 20 years that I have been in Cape York have been quite dramatic. I am very impressed, particularly in places like Aurukun, where over the last few years we have had a majority of female staff in the police force and the attitudes and the feeling on the ground there are dramatically improved. I think they have done some very substantial things to take things forward. A number of those officers are involved in running programs in conjunction with organisations on the ground.

Senator BOYCE—Just to get back to the wellbeing and clinical practices balance, would there be benefit, in your view, in spelling out what the relationships between those services are and the funding that should follow?

Dr Hunter—Yes.

Dr Groves—Absolutely. In fact, one of the important things that we are doing is making sure that it is clear what that sort of more primary mental health care and social and emotional wellbeing interface is and exactly where clinical services sit with that, because sometimes there is a difficult sitting together of those two processes. For some of the communities clinical services are something that they are reluctant to accept unless everything else has actually been thought through. For others there is a much greater awareness to get clinical involvement. That is something that is difficult, to have one particular approach that suits every community.

Senator BOYCE—Thank you.

ACTING CHAIR—Ms Anderson, we would like to hear from you now.

Ms Anderson—Thank you for the opportunity to speak. I guess I would like to give you a little bit of information about where I come from as far as Queensland Health goes. I came into Queensland Health about 10 years ago. I am a social worker by trade. I am also Aboriginal and Torres Strait Islander. I have traditional links from the Torres Strait right down to outside Cherbourg. I operated as a clinician for a number of years and then came into the mental health directorate where I have been primarily for about the last seven or so years.

My comments would be that I have seen a number of initiatives well intentioned and that have had a number of good outcomes occur throughout my time in Queensland Health. I am very heartened by the future directions around the establishment of the hub. I think it is quite difficult to coordinate strategic as well as service directions without some Indigenous leadership for Indigenous workforce and services. In recent times we have had the leadership within Queensland Health that means that we are going to take it in that direction now.

As Dr Groves has mentioned, I am currently seconded over to the Forensic Mental Health Service where I have discovered my passion for research. We recently did a Queensland Health study into the mental health needs of Indigenous people in custody and hopefully we will get an

opportunity to present you with some of that information in the future. It provides us, for the first time nationally, with some evidence around what the needs are for our community and members that are in custody in Queensland, and I think it also offers us an opportunity for what direction some of our service design in the future might take as well.

In the last 10 years there have been quite a number of positive things happening around Indigenous mental health, in particular, as far as Queensland Health goes.

Senator ADAMS—With your research, you have probably heard us asking questions about hearing impairment with Indigenous people who are in the justice system. Are you involving any of your research in looking at that as a mental health tie-up with hearing and mental health?

Dr Groves—Yes. It might be best for me to answer that question. I think we have the only dedicated Deafness and Mental Health Service in the country. It is based out of the PA. We have subsequently expanded that. The intention is to create a hub for an additional worker from that service to be based in Cairns, recognising the particular needs of Indigenous people and their high rates of deafness and the fact that some of the signing is clearly different from Auslan and some of those complexities. I think that process is evolving for us. Under our plan we are indicating that we are trying to get to six people working throughout that service over the next year or so. I think that is really very much the hallmark of how we are trying to address deafness and mental illness in Queensland.

We were fortunate to host the World Congress on Deafness and Mental Health in Brisbane late last year, primarily to reflect that in Australia we are the only state that really does give a dedicated service in that respect.

Senator MOORE—Can we get some information about that centre because it would very useful for the other inquiry?

Dr Groves—Yes.

Senator ADAMS—We are having trouble with our inquiries; they are all dovetailing together.

Dr Groves—I shall.

ACTING CHAIR—Dr Groves, just before we go, are your rehabilitation services here across Queensland, particularly through Auscare, all funded by the Queensland government?

Dr Groves—No. The way in which it works is that Auscare gets its funding from multiple different organisations. Much of Auscare's funding comes from the Department of Communities. We restructured our departments in July 2007 so that the Department of Communities took over the mental health in the non-government sector, so funding from Queensland Health was transferred to that department to run services. However, Auscare gets its funding from FaHCSIA, DOHA and also from the Queensland Department of Communities.

ACTING CHAIR—It is funded by government.

Dr Groves—That is right. It gets funding from both levels of government to provide a range of different programs, some of which overlap and some of which are at the side.

ACTING CHAIR—We could go for days on this, but I thank you very much for your effort and your time in appearing today and for informing the work that we do. I hope that you get to your meeting in time, Dr Hunter.

Dr Hunter—Thank you.

Dr Groves—Thank you.

Proceedings suspended from 1.35 pm to 2.29 pm

ADAMS, Ms Tracy, Chief Executive Officer, BoysTown

DALGLEISH, Mr John Roland, Manager, Strategy and Research, BoysTown

SCHONEFELD, Ms Lyn, Manager, Indigenous Client Services, BoysTown

SCHONEFELD, Mr Ulrich (Bill), Manager, Indigenous Development (National), BoysTown

CHAIR—Information on parliamentary privilege and the protection of witnesses and evidence has previously been provided to you. The committee has your submission. I now invite you to make a short opening statement. At the end of your remarks I will invite members of the committee to put questions to you.

Ms Adams—Firstly, thank you for the opportunity to appear before you today. I would like to acknowledge the custodians of the land, the Jagera and Turrbal peoples.

As detailed within our submission, our recommendation and considerations are formed through our direct connection with the remote communities of the Tjurabalan, specifically the community of Balgo and through contacts from Aboriginal children and young people from regional and remote Australia made to our telephone and online counselling service Kids Helpline. Our work in the remote community of Balgo is holistic developed on a principle of working with the community rather than doing things for the community. It is our belief that to create long-term sustainable change which sees as a result an improvement in the health and wellbeing of peoples within remote communities strategies developed must take a long-term view. It is acknowledged that there are issues which do require immediate responses, but we believe that any responses developed must tie into the overarching long-term strategic intent.

The current model of short-term funding for the provision of services is not conducive to achieving long-term outcomes, with providers of services having to move from one short-term funding round to another with little accountability or visibility of outcomes achieved. Short-term funding can also include unrealistic timelines for the delivery of projects, increasing the stress levels of both the provider of the service and the community itself.

The data provided in the submission from contacts to Kids Helpline indicates that Aboriginal children and families in remote communities are significantly stressed. In developing strategies to meet the needs of remote communities there is a need to recognise that joined up holistic responses are required. It has been our experience that this model of operation is not the norm, with many separate service providers operating in communities in isolation from one another.

This is also replicated in both the operations of state and federal government departments. It is our recommendation and indeed our intention that communities are serviced via an alliance model whereby parties involved with services on community, including community leaders and government agencies, are all working towards the same goals, where there is no replication of service delivery and where accountability for outcomes is transparent. We believe the fact that

there is no quick fix should also be acknowledged, that sustainable change is a journey and that milestones should be sought and recognised accordingly.

A key element of this process is evaluation, which is essential to ensuring that learnings are built into future strategies and that service providers in government can make changes to programs as and when issues and benefits are identified. Evaluation also provides the opportunity for information sharing amongst stakeholders and further enhances the development of best practice. It is worth noting that the alliance model recommended by BoysTown is not a consultation process, rather an implementation and action process.

A critical element of any successful strategy is the workforce employed and engaged. It has been our experience that housing accommodation for staff is a significant issue, with there being little or no capacity to provide adequate housing. BoysTown has recently invested more than $1 million of our own self-generated funds into providing housing for staff at Balgo. It is hoped that through this provision we will be able to attract and retain a workforce for longer periods of time. Without this investment BoysTown would have been significantly constrained in the provision of services as there was very limited housing available.

As detailed, we also maintain that adequate support must be provided to staff working within remote communities and believe that this should include clinical support and professional supervision and recognition of the complex issues and significant stress faced, cultural awareness training, ongoing training and personal development opportunities.

My colleagues joining me today are all actively engaged in the delivery of services to the peoples of the Tjurabalan and in issues facing Aboriginal peoples on remote communities. BoysTown would welcome the opportunity to provide ongoing information to the Senate committee. An evaluation framework is a key component for all of our services, including the Tjurabalan project, and the review of Kids Helpline data is updated and reported annually.

CHAIR—There are a couple of common themes. You have modelled your statistics on two bases, one being semi-provincial and the other being city provincial and rural. I am very impressed by the replication throughout the process in those areas you have identified—family relationship problems, behavioural problems or drug and alcohol abuse problems. They are pretty similar. I can see there is quite a high sample base, which makes it an excellent survey. I am not sure of the size and nature of your helpline database. Clearly you have identified family relationships, emotional and behavioural relationships as the most significant part of the problem. I am not actually sure how you gleaned that. Perhaps you can tell the committee how somebody who is having a conversation works that out. There are obviously plenty of connections between family problems and behavioural problems and these sorts of things. Is there any advice you can give me in regard to how I should look at these? Can you provide some advice on notice or a breakdown in terms of family relationships and emotional behavioural issues? I understand ‘mental health issues’ or ‘partner relationships’, but as to ‘emotional and behavioural’, which is the second highest, and ‘family relationships’ I would certainly appreciate perhaps a bit more a breakdown so that I am not making assumptions that are incorrect about what that means. Perhaps you could take that on notice or respond in just a moment.

The second part of my question is—and I am sure most of my committee would agree—that the notion of coordination is a vexed one. I come from a place where there are lots of extremely

remote communities. I do not have a great deal of experience at all in provincial or urban Indigenous communities, but with the ones I know of we have a continual stream of generally white people getting off a plane, saying a few things as if they are the only people who ever visit, and I can understand how people in the community get a bit narked by that. The Commonwealth government, in previous iterations, and as part of our intervention, has government business managers in a coordinating role. We had COAG trials predicated on ensuring that we somehow had some coordination between all these things. Everybody came in to see how that was going, of course. We saw how productive that was. I have noticed in some of the discussions with the Family Responsibility Commissioner there have been some attempts within a lot of those to try to coordinate at least some synergy between the departments and the services. Whilst I can see one of your fundamental recommendations is that we do some more about that in this space, as you can see, there have been quite a few attempts at it. What are your views about what that model should be?

Mr Dalgleish—Kids Helpline counsellors record every contact with children. For those very complex issues that children and young people contact us about they record information about that as a counselling contact. They asses what the primary issue of concern to that young person is at that time. What you see before you are the primary issues of concern that Aboriginal people have contacted us about from those areas.

We can do a further analysis of that information, because counsellors do keep qualitative information—case notes or notes of that contact. We would be very happy to supply the committee a deeper analysis of those contacts and the types of fleshing out of the primary concerns of children and young people. In terms of the emotional behavioural management area, that is around children and young people's difficulties in regulating their own behaviour. Often that is about anger. It is about long-term trauma, grief and loss. I have read the reports that the committee has produced, so you would have heard that the whole issue of grief and loss is fundamental in Aboriginal communities. I think that is reflected in those statistics that you have seen before you. Aboriginal children are talking to us about the loss that they experience in their family and their extended family. I am very happy to supply the committee—

CHAIR—I do not want to create any more work for you; you are doing very good work. Perhaps you could provide some case notes with identifying particulars removed?

Mr Dalgleish—Yes, that would be fine. We can do that.

Ms Adams—In the context of how many contacts we deal with Kids Helpline for 2009—

Mr Dalgleish—We receive around 450,000 contacts a year and we answer around 62 per cent of those contacts. That was in 2009. That is about 240,000 contacts.

CHAIR—How do you work out who is on the line? How do you work out whether it is an Indigenous person or otherwise?

Mr Dalgleish—Our counsellors have had cultural awareness training and in the course of the conversation that will be discussed and then it is part of the counselling contact.

CHAIR—That is one of the processes.

Mr Dalgleish—Yes. The other thing is that we also offer ongoing case management for children and young people, but we do that in partnership with services on the ground. What Kids Helpline can do is connect children and young people to other supports as well.

CHAIR—As to the funding for Kids Helpline, conventionally was that one of the programs that you were talking about in terms of not having long term sustainability?

Ms Adams—Kids Helpline started almost 20 years ago and for 20 years it has principally been funded by our own fundraising endeavours. Whilst we receive some government moneys it is small in comparison to the cost of running the service. It is a commitment that the organisation has made in the long term. I think it is an example of what long-term commitment can bring to a community. For the committee's reference, our commitment to Balgo has been stated at 10 to 15 years, and we are committed to ensuring that we ride through the hard times as well as the good times. We have only been there on the ground for two years. I think that shows that when we take on a project we take a long-term view about how we set ourselves up.

CHAIR—My second question was in relation to the coordination role and perhaps touching on your coordinating alliance model.

Mr Schonefeld—As Ms Adams said, we have been on the ground for two years there, but we have in fact been going out there for about four years. Two years is a quite significant lead-in time. One of the things we identified early in the piece—and I can give you a number of scenarios that brought this to light—was that a lot of the organisations at some stage or other work in isolation. They applied for funding separately and quite often there is duplication in the types of services that we are going to be providing.

Another issue that was very evident out there and even through the COAG trial was that there was a lot of information sharing, but there was very little constructive action that came out of that. So I attended some forums, particularly towards the end of COAG—I remember one meeting where the second item on the agenda for the COAG meeting was the establishment of a communications strategy. This was two-odd years down the track. Being the new boy on the block at the time, this upset me a little because there were a lot of expectations in the community about how things should be developed.

The services alliance basically is an idea that the organisations out there have embraced, with the CEO and our regional manager progressing that initiative. It provides an opportunity and a vehicle for organisations not just to share information but actually to action some of the strategies that the community have come up with. The communities themselves had the answers to the issues that we call problems. There is no question that each community knows how to deal with those independently. However, there are always top-down approaches. I firmly believe, and so do people in the communities firmly believe, that coordination should begin at a community level through the establishment of an alliance and the subsequent introduction of the negotiation table at a possible third stage of development of the community. The negotiation table is a vehicle for government activities, but those activities become fragmented and competitive. They remain in a silo mode unless there is a common and shared vision, and that vision can only come from a community.

There are a number of principles associated with an alliance. There are a number of actions and outcomes that you can achieve with an alliance but the primary thing is that an alliance provides an opportunity for action as opposed to more words. It provides an opportunity for shared targets. It provides an opportunity, particularly from a government perspective, to identify gaps and overlaps in service delivery. In a past life we have tried to address that at a state level in Queensland and we were never able to get it on the agenda, because it has always been too hard, basically because it has been from a government perspective not on a community based level.

The alliance provides the opportunity to actually clearly identify the gaps and overlaps at a community level and drive that mechanism forward. Again, to drive an initiative like an alliance takes lead-in time. It also takes resources. It takes determination and 'stick-to-it-ivity' in terms of long-term commitment to the communities. It also requires that there is a political support mechanism. I have spoken to some of the state minister's advisers and also some other ministerial advisers about the possibility of getting a state and federal minister to become an advocate for an alliance, which then makes sure that the political agenda stays focused and which provides the real support that the communities and the community organisations need to move forward with the strategies to address the needs.

In talking to the managers and others out there in the region, everybody agrees that you cannot deal with one issue in isolation. If you are dealing with housing you are also dealing with health. If you are dealing with housing you are also dealing with employment and training. If you are dealing with education you are also dealing with training and you are dealing with health. You cannot deal with one Aboriginal issue in isolation. That is why the social inclusion model of BoysTown has taken a long time to get up but it has been adopted, it has been embraced and it is working and it is being acknowledged by quite a few people as the way forward for Aboriginal communities. But an organisation like BoysTown cannot do it alone. We can put 250 per cent into what we are doing, but unless there is a mechanism in place that ensures that other service providers are on the same page and are also part of driving the common agenda for that community and the common focus for that community we are going to have much of the same as we have had in the past. There are a lot of things we can say about that issue, but I might leave it at that.

CHAIR—I have not stubbed my toe on a community cooperative alliance model. Do you know if they are operating anywhere else?

Mr Schonefeld—Queenslanders had a negotiation table policy in place through Aboriginal Affairs some years ago. I was part of the establishment of that in a previous life. In a lot of areas it worked well. It was part of the strategy that put in place alcohol management plans and those sorts of things but again, like a lot of things, it was an isolated area of strategic development that needed a lot of other supports around it to make it more productive. That is why we are advocating the process of a strategic alliance in the first instance or a service alliance in the first instance, and the negotiation becomes an outcome of that—with the government's support and particularly with the government sitting at that negotiation table. I am still hearing around the ridges this word 'consultation'. It is a wonderful word. 'Consultation', 'negotiation' and all the other 'ations' that we have around the country as far as Aboriginal affairs is concerned.

Senator SIEWERT—'Procrastination'.

Mr Schonefeld—One of the things that we need to get to right across-the-board in Aboriginal affairs is negotiation. We know what the issues are. We have an understanding of Aboriginal issues. The community has the same understanding. We need to sit down around the negotiation table through a vehicle like the alliance and start coming up with some solutions and some answers to those problems at a community level—not at a government level or regional level but at a community level.

Senator MOORE—Your submission goes on to raise concerns about the tender process. The way you describe the alliance it is on the ground after the moneys come in to a large extent. I have great worries about the competitive nature of tenders and also the fact that very often tenders are given outside communities to larger organisations. Your submission does not go on to say what should happen. I was wondering whether you have any ideas. It is one of those great conundrums. You do have to have the best possible servicing with effective infrastructure and accountability mechanisms. We all know that. But as the tender process now operates it can, in my opinion, divide more than it brings together. Have you thought beyond the concept of the on-the-ground alliance which talks about people working together about how you actually get beyond the deep competition between very well meaning and well resourced organisations who rely on tender money for survival?

Ms Adams—I think where we have got to is recognition of what those tenders potentially need to embrace and build into part of that. We would strongly advocate first and foremost taking a long-term view to ensure that there are very visible outcomes and expectations of outcomes and an evaluation framework that solidifies that. We currently do tenders in relation to housing in Balgo, for instance. As Mr Schonefeld was saying, it is not just that we are building houses. The tender might be to refurbish housing, but we are providing employment, numeracy and literacy and health and wellbeing and the whole flow on. I think what does need to be taken into consideration is how organisations can demonstrate within the confines of the tender what are the value-adds that come with that. The West Australian government, for instance, is currently going through a tender process for repairs and maintenance. We were unable to go into that tender because the whole tender is for the Kimberley region. We could not possibly take that on, but we were very interested in doing the Tjurabalan region, because we saw that as a way of ensuring long-term employment outcomes for people in communities. What we are trying to achieve is very much the opportunity for a future. I think what the tender processes do need to take into consideration is what it is really about. Is it actually about refurbishing houses or are you trying to build sustainable remote communities? If that is what the answer is, the tenders need to reflect that and stop being focused primarily on perhaps a very narrow window.

Senator MOORE—Did you miss out on the one that you described in your submission?

Ms Adams—We were not able to tender, for example, on repairs and maintenance. But we have contacted the people who did tender and said, 'This is what we can provide to you.'

Senator MOORE—So a subtender?

Ms Adams—So there might be opportunities for us to be in partnership with the winning tenderer. We currently have some grant funding from FaHCSIA for three years. We have applied for an extension on that, because the timelines of three years are quite narrow. In all honesty we have struggled in some ways with housing, for example, and we could not have all of our staff.

We have requested for a rollover of that tender to allow us to bed it in. But we have not had a response and we just feel that currently these windows are very, very short. Really if you are looking to develop long-term sustainable communities then I think there needs to be consideration of what the terms are and what exactly it is that we trying to achieve here.

Mr Dalgleish—The other comment I would like to make is that, if the service alliance is working well—and really what we are talking about is place based planning—decisions can be made around that negotiation table with the community and under the direction of the community about who is in the best position to apply for what. That might reduce some of this competitiveness. I agree with your concern about competitive tendering. I note the Productivity Commission's analysis of that. You have to ask the question whether competitive tendering processes in Indigenous communities where you are dealing with joined up problems that need integrated solutions and where you are not dealing with contestable markets is really the best way to go. Our suggestion to the committee is that government really needs to look at more place based planning and collaborative planning and collaborative tendering, and partnerships that link government and community and service providers together to experiment and to develop innovative new ways for working together. That might sound a bit like jargon, but what I am trying to get at is that there is no proven one way to deal with the community issue. We know that you need to deal with it together and we know that you need a whole range of different skills around the table. You have to ask the question: can any one agency provide that? It can only really be achieved, in our view, through integrated planning and integrated delivery, and competitive tendering processes just cut across that and take the ground out of that. It just will not happen.

Ms Adams—There also needs to be the opportunity for the individuals to have a seamless way of dealing with service providers, because with the current piecemeal approach the individuals themselves are going to one place for one thing and another place for another thing and that is not conducive to being able to deal with that person in a holistic way. What it does require on the ground is all of these agencies actually working together to ensure that the people are treated as individuals and that everybody can work together in providing what is required, not having to go to one place and then repeat their story somewhere else. Whilst agencies such as BoysTown might have a research department and we provide clinical supervision and a whole infrastructure because of our size, we also recognise that there are much smaller agencies who are doing good work who do not have the ability to have all those things. By forming alliances and partnerships there can be mutual gains that are granted not just for the communities but for the service providers themselves.

Mr Schonefeld—If I could, I will just give you some recent scenarios to support some of this. We are doing upgrades in Balgo. We have completed one and we are finishing another upgrade. That housing upgrade is taking a little bit longer, but the quality of it is far superior to a lot of upgrades in the Northern Territory and elsewhere—

Senator MOORE—I do not think anything could take too much longer than housing. When you actually said that what does that mean? You have won the contract, and the way you describe your proposal in your submission is using local people and actually building a skill base, which we all agree must happen. You have said it took a little bit longer. What does that mean? By how much? What were you supposed to deliver and what did you do? I would just like to get a sense of this, because when we talk about housing in particular, the history of

housing in Aboriginal communities is so appalling that I cannot think anything would take too long. You got the contract to do upgrades in Balgo and most of this community has been lucky enough to be there. Did you have a certain date by which you were supposed to deliver the upgrades?

Mr Schonefeld—We are lucky; we have a very good relationship with the department of housing in Western Australia. There is a real understanding that when you are trying to do something for the first time, when you are working within a cultural mix of people and when you are talking about a work ethic and those sorts of things you are actually at the coalface of development. There is flexibility on the part of housing for us to take a little bit longer, and I think we were about a month or something down the road—

Ms Adams—Probably eight weeks. Each house has an individual building contract so we are probably about eight weeks longer that we would like. That takes account of that Christmas January period as well.

Senator MOORE—In the history of housing that does not sound too long. These are the kind of on-the-ground block houses that are Balgo. Are they the ones you are working on?

Mr Schonefeld—Our first house was actually a shell. It had monstrous holes in the wall—

Senator MOORE—It was gutted out.

Mr Schonefeld—It was gutted out.

Senator SIEWERT—Is it a breeze block—

Mr Schonefeld—It is a brick house. The bricks were made in Balgo some years ago. It was very, very porous. You could pick it apart with your fingers. There were no windows, no doors—the worst scenario.

Senator MOORE—I think we have seen it. Have you started on that one?

Mr Schonefeld—We have just about finished that one. The comments we have got back now from people who have been in the Territory et cetera are that it is a quality outcome in terms of a house compared to other upgrades.

Senator MOORE—That is fantastic. So you used local people and they learned skills?

Mr Schonefeld—Yes. We have something like 21 local people on contract working with us.

Ms Adams—Including a local trainer that we have employed now as a permanent.

Senator MOORE—How many houses do you have in your plan?

Mr Schonefeld—We have five at this stage of the game. But quite apart from that, because I suppose of the bilateral agreement between the Commonwealth and the state on housing there is a lot of pressure being put on the department of housing to actually get a large number of houses

upgraded in a short period of time. They have contracted somebody to work beside us. This company's engineer came out, took a look around and came over to us and said, 'Well, okay, you're going to have to refer some of your clients to us. Where is your shed and where is your storage facility? Where is your accommodation facility?', et cetera, which really left our staff with their mouths open. What I am trying to say is that a lot of contractors in my experience over the years have been out there for the dollar. My wife and I at Halls Creek have overhead them talk about—

Ms Schonefeld—It was very interesting. A group of tradies were sitting not too far away from us. They started talking about Balgo, and our ears pricked up. We had just come out of Balgo after being there for four weeks. One fellow said, 'I won't get up a ladder to change a light bulb unless I get a brand-new car out of it'—the cost of a brand-new car.

CHAIR—On that note, you said the one house that you have built and refitted started off without windows and things. Can you give us a quick brief on what level of renovation you have done?

Mr Schonefeld—New roof, new trusses. We have had to level the floors—slurry the floor and level it. We have had to reframe all the doors and reframe all the windows. We have had to put new windows and security screens in. We have had to line every wall in the place. We have had to take walls out and put new stainless kitchens in. We have had to hang new doors. We have had to level up the walls themselves. We have had to put new patios on. We have had to put patio supports on. We have had to work with a contractor who put an ablution block out the back, because it just did not fit properly. If you want to know what we did, close your eyes, picture the worst possible scenario for a house that any strong wind would blow over on the east coast and we started from zero and worked through.

Senator SIEWERT—Can I ask an obvious question: why didn't you just build a new house?

Mr Schonefeld—Because the department did not want to. They wanted it refurbished. But I might qualify that by saying that that house was vacant. In terms of our social inclusion policy, we wanted to give employment to local people, firstly. Secondly, we also understand from experience that there is an issue in terms of the family. There is an issue in terms of housing maintenance and so on. Through our colleagues in the department of housing that house was given to us to upgrade as the first what we call a transitional house. As we are moving people from the house that they are in now that we are upgrading they go into, 124, the house that we have got now so that we can work with the families, the children, the mothers, the fathers, et cetera, in an educated way, but the way we do that is also including the clinic, including the environmental health group and the school. It is a holistic program that we are putting together for the people that are going to be moving through that house. We are trying to stop the number of nappies that are going to be stuffed down the toilet. We are going to introduce new thinking about how we are going to look after children. With regard to nutrition, how are we going to feed our kids better? It is a vehicle. This house is not just accommodation, it is also a vehicle for us to do a range of things over time with the families and the community itself through a partnership with all the other service providers. We are trying for a holistic model.

CHAIR—What was the cost of that particular house you just described?

Mr Schonefeld—We do not have a final cost on that. We have got a cost-plus contract on it so the department is actually paying for the work that we do and salaries, et cetera.

CHAIR—Do you have a rough ballpark figure?

Ms Adams—I would say around $280,000 or $300,000. The other element is also that families are living in the other houses that we have got contracts on to do refurbishments, so we would have been unable to commence work without being able to move them on. This house provides that vehicle. Prior to this house being refurbished there was no vehicle on the community for families to move out. There was absolutely no way given the extent of the works that are required that we could work around the families continuing to live in the property. It would have been easier to have built a new home, but it has also been a valuable training exercise for young people because it is not just about the employment. There is a whole range of other issues there.

Mr Schonefeld—A very interesting thing has come out of all of this. As you know, on school holidays a lot of the kids run rampant. The department of housing puts temporary accommodation into the community to move some additional families through while their houses are done up. Those houses were there for two weeks. The windows were smashed. The walls were punctured. The rooves w were full of rock. The BoysTown house that we are doing up has been sitting there for some months totally untouched. BoysTown has recently brought our house and we have just put it in situ in Balgo. It has been there for about a month and all it has got around it is a security fence—the old fence on the concrete blocks. It is untouched. The whole scenario comes down to a respect, a recognition that what we are doing we are doing with the community. With regard to the BoysTown property, no vehicle has been damaged. No property has been stolen. It is about engendering respect, trust and a collaborative way of doing business. That is why we are there. It is working. That is all I can say: it is working. We have been looking at having a launch for 124 for the whole community, and I think I am okay with extending an invitation for you to come along.

Ms Schonefeld—I think that has worked because we took the time. BoysTown has been out there for two years, but we spent two years previous to that in an engagement process that Mr Schonefeld and I both went through. I worked specifically with the women because it is very much still a traditional community as far as the women are concerned and the women are the decision makers within the community so there was that engagement process. It was lengthy. It was the trust that was developed between us and the people of the community that enabled us to do this. It was not a case of you are in there and out of there. We spent a considerable block of time meeting with the women—not consulting with them but meeting with them—and talking about what they actually wanted to see changed in their community, but also doing practical things with them.

When we sat down with Sister Alice, who is also a member of BoysTown, 60 women turned up one day. We drove around the community and we picked them up and we had the bikkies there and all the rest of it. They came up with practical ideas to actually achieve some positive outcomes. One of those things is the scarf that I am wearing at the moment that was a gift. They are screen printing. At the moment they are getting these together because ultimately they are going to start their own business and we will walk with them through the process of setting up that business. The 60 women who have gone through the program had the opportunity just to sit

and talk. It gives them the opportunity to mourn. It gives them the opportunity to be able to learn something in an environment that is comfortable for them.

That is just one of the practical examples. Another one is the things that we take for granted. The women love flowers, so we got some seeds from Broome and the women chose to do a flower bed in front of the church. The flower bed did not survive, because it was being overwatered and overdug. People were going there because they were so proud of it. But it was beautiful while it was actually going. They set that up. There is also a camel that works around and eats all the flowers and vegetables. But that is the sense of community that they have out there and I strongly believe it was because we took our time. We took the time to sit back, talk to the individuals and then to be able to go back with the practical things that they came up with. They may just be little things, but they are something that is achievable and that is a bonus to those people. It is money that will eventually stay in the community. It will not go outside of the community.

The bush medicine is another example. There are people from the corporate sector who want to get the recipes and manufacture it, but the women do not want to let it go. We are working with them. They do make those medicines. We go out gathering the specific herbs and ingredients for that. They want that to stay there at this stage, so that is respected. But that is an achievement for them and it is something they can be really proud of and it is something tangible.

Mr Dalgleish—I think the other lesson in terms of the example we are giving is that in awarding tenders and awarding contracts in these communities by the state or Commonwealth government the decision makers need to look at not just the bottom line of price but also the value to the community in terms of how the work will be done and the wider social outcomes and, secondly, the fit with the government's policy objectives of closing the gap. We are eight weeks late because we are training 21 young people, many of whom have never had the experience of work. In our view that is far more valuable than a lower price and an eight-week earlier completion.

Senator MOORE—Did you have trouble getting workers?

Mr Schonefeld—Yes, we always have trouble getting workers in the first instance. However, we have got older people now coming to us bringing their sons and their grandsons and some of the young fellows are coming along now because we have got people who have ended up being good role models. As Ms Adams said, one of the guys there now is a member of council. We did not ask him. He put his hand up and said, 'Can I come and work for you guys?' He has qualifications as a motor mechanic, welding and carpentry. He is not a qualified carpenter, but he is a mentor. He is a well respected young man. He is focused and the most important thing is he wants to come on board and be an example for some of the younger ones.

Ms Adams—But we have had difficulties in recruiting employees. A lot of that has been because of the housing. That is why we made the decision to invest moneys into providing housing primarily that we could provide our staff with an adequate standard of living and that we could comfortably recruit to fill the positions knowing that we would have housing available to them. We have made that decision. As Mr Schonefeld said, we have one sitting there now and two more are almost finished ready to be trucked up to Balgo so that we will really be able to

have adequate housing for the long term. We can make that commitment to people who want to work for us.

Senator SIEWERT—In terms of Balgo and following up on the comments that you made about not being able to tender for the bigger projects and then maybe talking to the successful tenderers, if the tenderers have put in a tender for a specific price they may not have factored in the additional value adding that you do. You do not need to convince me about the value adding. I am sold on that. How do you engage the successful tenderer? How are you engaging with the Western Australian government about the positive learning experience from Balgo into trying to get them to change their tendering practices?

Ms Adams—I believe the Western Australian department of housing, certainly from Mr Schonefeld and my association with them, is very positive. I think they do get the value-add. We are currently very aware of the KPIs that are being put on to them from the moneys from Canberra. Of course that flows down the line. We are aware of that and we are aware that they have targets. We cannot possibly deliver on those targets. We were told there had to be 16 houses. I guess it is not so much moving towards WA Housing; our challenge is to get their funding body to recognise the value-add. The difficulty we will have is exactly as you said. The successful tenderer may have submitted a price. That means that it will not be feasible for us to do the works. That is an unfortunate offshoot. If that is the case, we will simply have to look for ways that we can continue our activities. It will be our belief, though, that unless you are able to employ local people and support them and if you do not build in life skills management you will fail.

Senator SIEWERT—I agree with you entirely. It is great that you now have a group of people in Balgo who have worked on the house and are skilled up. My experience from other communities where that has occurred is that then when you get tenderers coming in from outside they do not actually use the local people who are skilled up and those people feel totally disenchanted, totally undervalued and you are back to square one. That is what I am worried about happening.

Ms Adams—I would say here that they are not skilled up. They have worked on one house.

Senator SIEWERT—But they are getting some skills. It is a step in the right direction.

Ms Adams—Those young people will now move into the next house and the next and the next. Certainly their connection to us and their ongoing learning remains in place. If we are unsuccessful in being able to form a relationship for the repairs and maintenance then people will come to the community and they may want to take some of those people, but they will still have work with us. This is where the stress is going to come. It is our belief that many of the people who are currently working for us will want to stay and continue the work they are doing because of the other things that come with it. We noticed that from day one they turned up with their work boots and safety shirts on. We have never had an issue with OH&S. That is the sort of dignity and pride that they are feeling by being part of the BoysTown project. I think that is our strength, and our negotiating power with anybody else can be drawn from that evaluation framework and these examples. As part of our work there we do have a full evaluation of the program.

Senator SIEWERT—In the back of my mind I know that there is a housing bill currently before the Western Australian government around the delivery of the next lot of houses. It seems to me that the discussion is going on there in the absence of the sorts of things you are talking about now.

Ms Adams—The housing minister has been to Balgo. He went to our house right at the beginning. We have met with the Deputy Premier. We are continuing to tell the story that we are telling you today. We have currently got a researcher on community right now continuing the evaluation of our programs, but that is not just short term. That is our long term as well. What we are looking at now is what have we achieved as short-term, little milestones; we are really nowhere near having an outcome. We have milestones. We have made improvements, but we are going to continue to feed this information out from advocacy and I suppose to some extent similar to the paper we have written here to try to get people to listen to what we are doing.

Senator BOYCE—Did BoysTown get some of the houses that needed to be built? Is that right?

Ms Adams—We currently have contracts for five refurbishments.

Senator ADAMS—Out of?

Ms Adams—There are 16 new houses to be built by 30 June. We do not believe that is likely to happen, but—

Senator ADAMS—I am asking this particular question because in Bamaga earlier this week we were told that the council had been given the chance to build five out of 18 houses and that those 18 houses will be completed by 30 June. Given that we were looking at blocks of land with grass on them, we are interested to see this happen. Are you any further down the track in terms of making 30 June in Balgo? Is that a 'no'?

Ms Adams—The example that Mr Schonefeld gave was of the contractor who is coming there. The issue will be where are they going to house their staff? Where are they going to store their equipment, because BoysTown is simply not in a position to help them because of demands that we already have on us to deliver the contracts that we have. There will be challenges faced for anybody who is going in to build those houses by 30 June.

Mr Dalgleish—This is where we need your help. Obviously there is a balance of priorities here, but if the Commonwealth government believes there is value in social enterprises and in skilling up local people and in local people owning and contributing to their community, then contracts and tenders need to reflect those outcomes

Senator BOYCE—Do they almost need a sustainability component in them? We see so many things like houses built but no-one knows how to maintain a house; pools built but no-one knows how to maintain them. Within that community no-one has the skills to maintain the pool, so even though the pool and the houses and whatever else are there the skills have not been built in as well; so it is still doing it to them, not with them.

Mr Dalgleish—Yes, and those sorts of sustainability clauses need to be part of any tender or contract.

Senator ADAMS—I was of the understanding that a certain percentage of the workers employed had to be Indigenous people from the community. Who is actually policing that?

Mr Schonefeld—One of the good things about remote communities is that they are remote, and I think that is acknowledged by some of the government agencies as well.

Senator ADAMS—I am from Western Australia.

Mr Schonefeld—We only get out there every now and then. What happens between the first visit and the last visit, who knows? Who is policing it? Who knows? Supposedly the Western Australian government through the department of housing, possibly through Aboriginal affairs; we do not know. If I might just elaborate on the timeline issue, it is interesting that the timelines have been set by the federal government. As Ms Adams said, the pressures come down and down on to the ground to people like us and the community itself. The interesting thing is that nobody in the community is really concerned how long it took us to finish off house 124. Nobody in the community will be worried how long it takes us to refurbish 132 or 148. Nobody in the community is worried about that, because it is their people, their young fellows, their families that are part of that growth and development. From outside the community you have the timelines set. From inside the community everybody is just happy that the young people have got a position again, that they have some self-esteem.

Senator CROSSIN—That is probably because the do not get a chance to buy the *Australian* every day.

Mr Schonefeld—So, who sets the timelines? Has anybody asked the community, 'How long do you think it should take for your young people to actually refurbish those five houses?'

CHAIR—Thank you very much for your time today. As you can see, there is a deal of interest from the committee in the activities of BoysTown. There may well be some questions that they have not had time to ask, so they may well provide those on notice to you and that will be provided through the secretariat. If you have issues of clarification or correction of the evidence that you have given you may provide that to the secretariat. If you have further information beyond and including the questions on notice that you said you would take, please provide those to the secretariat. Thank you very much for the evidence you have provided today.

[3.25 pm]

DUFFY, Mr Shane Andrew, Chief Executive Officer, Aboriginal and Torres Strait Islander Legal Service (Queensland) Limited

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

Mr Duffy—Thank you. I will give you just a brief background into the establishment of the Aboriginal Torres Strait Islander Legal Service here in Queensland. The Aboriginal and Torres Strait Islander Legal Service has been in existence since 1972 and still is open to this day. There were some changes 4½ years ago, when the Commonwealth Attorney-General's Department put all Aboriginal and Torres Strait Islander legal services out to mainstream tender. We completed our first three-year contract. We did not have to retender for our contract in Queensland, because there was only one service provider, which was the former North Queensland service provider, that that contract was retendered. My team and I had the bottom half of Queensland and we were successful in securing the rest of mainland Queensland. I might say at the outset that the Torres Strait Islands are not funded by the Commonwealth Attorney-General's Department, like we are, but by FaHCSIA, through the Torres Strait Regional Authority; so we do not provide criminal, civil or family law services throughout the Torres Strait.

So what is the Aboriginal and Torres Strait Islander Legal Service? We provide criminal, civil and family law services to Aboriginal and Torres Strait Islander Queenslanders. We have 160 staff across 26 locations on mainland Queensland and about 52 per cent of that staff is Aboriginal and Torres Strait Islander. Within the organisation, we have 70 lawyers based throughout those 26 locations. In addition, we are a company limited by guarantee under the Corporations Act. That is the main core funding. As I have said, all dollars that are provided to service our people come from the federal Attorney-General's Department.

Our organisation also has a social work function. We have a qualified social worker in Cairns and Rockhampton and we have two in Brisbane; and we also have a qualified social worker specifically designated to juveniles in Townsville through the Cleveland Youth Detention Centre. Through subprograms funded also by the Attorney-General's Department, we have our law reform activities. We have a law reform officer based in Cairns picking up on the North Queensland content in relation to any legislation, policy et cetera that may adversely impact on Aboriginal and Torres Strait Islander people. We also have a community legal education component within the organisation; that informs our people of their legal rights not only in the criminal justice system but also with services regarding civil and family law.

The organisation is a key member of the National Aboriginal and Torres Strait Islander Legal Service Secretariat. So we meet quarterly with our colleagues in other states and territories to talk about Aboriginal and Torres Strait Islander business and how it impacts upon our people at not only a national level but also an international level, particularly regarding human rights breaches and our involvement—although, I will say, at a very long arm's distance—with the

United Nations. Within that, we also have regular quarterly meetings with our law reform officers from each state and territory, looking at some of those significant law reform agendas that impact upon our people. One successful process that was undertaken was a review of the coroner's legislation in each state and territory; that looked at some practical examples of how 'avoidable deaths' should not take place into the future. As you would be aware, there have been four deaths in Queensland in a matter of three weeks. I will leave it at that, if I may; thank you.

CHAIR—Thank you. Given your experience, I will probably start with a fairly broad-based question. It appears, certainly to me, that most of the evidence had by the committee is that there is an increasing trend of custodial sentencing across the board.

Mr Duffy—Yes.

CHAIR—There is a considerable overrepresentation of Indigenous people receiving custodial sentences—although, of late, I understand that, for the same sorts of things, those sentences have been a little shorter—and that does not appear to be getting any better; and we all understand that it is being driven by this thing we call 'democracy' and all that sort of stuff. But much of your responsibility, I understand, lies in working with rehabilitation, if you like, between prison and mainstream.

Mr Duffy—Yes.

CHAIR—Clearly, given that environment, it is even more important now to ensure that we try to get people back on the straight and narrow. Can you talk about some of the successful programs that you have in non-recidivism or breaking the cycle of recidivism and perhaps give some general comments about the trends within the judicial system, particularly the apparent overuse or increasing use of custodial sentences?

Mr Duffy—Thank you, Chair. I will start with the positive. When I speak, I always like the 'cup half full' approach. But I also talk about the realities, and sometimes the cup is nearly empty and not just half empty. Looking at the programs and activities that the Aboriginal and Torres Strait Islander Legal Service undertakes, we have a heavy emphasis on providing community legal education to our community members. Given, as you have identified, the large incarceration statistics or rates of our people within prisons, one would think criminal justice would be one of the main areas of community legal education; hence, when we have been providing legal education programs throughout the community—and we have focused more on North Queensland than the south-east corner or the south-west of Queensland—the need that has arisen has moved basically towards the civil and family law rights of our people and how the needs of civil and family law also bring people into the criminal justice system. That involves looking at things like contracts for the purchase of vehicles and dealing with shoddy car dealers; intestacy, or the wills that our people do not have; and issues around traditional adoption process, particularly as they relate to Torres Strait people. The Federal Family Law Court has identified 'traditional adoption process' yet, at this point in time, the Queensland government has failed to identify that as a 'real' process. So a heavy focus is on the civil and family law rights of our people.

Looking at the criminal side, we focus on overpolicing or zero tolerance. In following Queensland law, one can see the increased powers and responsibilities of the police. The powers

that police have these days are growing and growing and growing and growing. From what we see, those powers with their responsibilities are aimed specifically at Aboriginal and Torres Strait Islander people. Let us not hope that zero tolerance comes into effect through that legislation; more importantly, let us hope that mandatory sentencing does not come into place in Queensland.

In relation to the criminal law services, it is about the rights of our people when they are being pulled up by the police in the street and when they are being stripped searched down to their underwear—a male by a female and vice versa. What are our people's rights? It is about the abuse of our people when being brought into police custody. It is about looking at the giving of names and addresses. We say to our people that they should participate with the police when their name and address is asked for—that they should take a positive approach and give those particulars to the police. That is hard for people who have been downtrodden and socialised to expect no respect in the way that police deal with them in their respective communities.

We are also looking at a range of processes, one of which is where our people are pulled aside and photographed by the Queensland Police Service on the basis of a suspicion: 'If something happens around this area tonight, I'm going to come looking for you.' We are looking at not only the issue of names and addresses but also any DNA in identifying particulars. I find it a pity that a part of our community legal education has to look at the way that, specifically, police deal with our people.

Recent activity with our community legal education is being provided through NIRS, the National Indigenous Radio Service, through Brisbane; and we have purchased airtime to provide criminal, civil and family law legal education across the airways, through Aboriginal radio stations throughout Queensland. One example that really bit into me quite hard the other day—and here we are, talking about community legal education—concerned what happens when one of your loved ones dies: how do you deal with the coroner; how do you identify the individual; and what happens when autopsies take place? There is a whole range of these issues. Nevertheless, given recent history—not only in the last month here in Queensland but right around this country—we saw there being the need to provide people with an understanding of how a coroner's systems work. They are just some examples of the programs.

The second part of your question relates to trends. We have noticed—and I touched on this before—the ever-increasing police powers, particularly in relation to searches, and how some of them have been increased with the advent of the Alcohol Management Legislation and the rights of police to search because of a suspicion of sly grog or sly grog utensils within houses. Obviously you will note that I am focusing a lot on the police: the people who are bringing our people into the system—and I will say that we Aboriginal and Torres Strait Islander people have to take responsibility for ourselves also. But we are looking at the increase in police powers; the building of brand new youth detention facilities in Cleveland in order to extend and nearly triple its bedding allocation; and, obviously, a brand new maximum security prison not far out the back of these mountains in the Lockyer Valley. As I have heard this morning through the evidence of other people who have addressed the inquiry, a lot of these laws seem to be particularly—although not directly but inadvertently—directed towards Aboriginal and Torres Strait Islander people in this state.

CHAIR—Thank you.

Senator CROSSIN—Mr Duffy, could you provide me with some information about the interaction between the Indigenous legal aid service and the general community legal aid service? I chair the Senate Legal and Constitutional Committee and I am aware that there is not only some overlap but also some disparity in terms of funding and access to funding. Do you have any comments to make about that?

Mr Duffy—Is that in relation to the community legal centres, the CLCs?

Senator CROSSIN—Yes.

Mr Duffy—That is an interesting question. I will put it from the Aboriginal perspective. You will notice that I do not say the word 'Indigenous', as I see it as a mainstream tactic. I say 'Aboriginal and Torres Strait Islander' because I think people take a shortcut—I am not talking about you but the government in general—with the mainstreaming process of 'Indigenous', getting us, the First Nation people of this country, confused with others coming to our great lands.

The CLCs do not go out to tender. I acknowledge that they are also well and truly underfunded. I sit on the Australian Legal Assistance Forum with Liz O'Brien and every Bar association representative, including the Law Society and the Australian Law Council, in trying to look at the disparity of funding not only for our services but also for community legal centres. We work in well with community legal centres, but our role is a lot bigger than theirs because their capacity is impacted by their lack of funding also. But, from both our perspectives, I will say that, with the widening gap, particularly—I will talk as I talk—from when the Howard government came in and took away a lot of money, particularly that which related to civil law services, we really have been trying to get some dollars back to deal with the civil rights of people.

We work well at a national level with Liz, as is a representative for the CLCs and the Family Violence Prevention Legal Services. We also work locally with family violence prevention legal services on the ground. I will say that, with the family violence services being represented by CLCs, we feel there is friction—not on our part but in that we have different roles and we represent perpetrators. Quite honestly, it is my belief—and this is an issue for Minister Macklin—that all things black and shiny should go to FaHCSIA. They should not go to the Attorney-General's Department and they should not go to Treasury; they should all go to Minister Macklin.

We are trying to break down what I think is a fallacy and are trying to create partnerships—as the BoysTown crew said before—in working in the best way can with community legal centres and, obviously, the family violence services, on the ground, to meet the needs of not only Aboriginal and Torres Strait Islander people but also non-Indigenous people who also are faced with dilemmas in trying to get their legal needs met.

Senator CROSSIN—Let me ask about your opinion on that intersection between Family Violence Prevention Legal Services and your role. In the last couple of years, I have heard that there is a lot of conflict of interest in that the same services are being funded to represent the perpetrator and the victim and that now perhaps they should be separated and not be so linked or funded in the same way.

Mr Duffy—That was not always the case—and I will talk about this in the context of Queensland because that is where my knowledge lies. There were 11 mainland Aboriginal and Torres Strait Islander legal services before the tender and now there is one. As I say, I am talking about the federal Attorney-General's Department, because the Torres Strait is funded through FaHCSIA. But some of those organisations, through choice—I know that the Brisbane base covered initially the Gold Coast, the Sunshine Coast and Brisbane—would not do what we refer to as 'black on black', because of the conflict. We can talk about things such as Chinese walls et cetera, but we did not feel that it was appropriate. Now, since the tender through the federal Attorney-General's Department, we have been directed, through the policy and the funding arrangements, to do black against black; that is a given—and that occurred against a lot of what we believed should not have taken place. So we try to meet the need.

We can talk about Mount Isa, because I am a Kalkadoon man. I should have acknowledged myself on country as a Kalkadoon Wangkamadla man from Bedourie, through my mother's mother's people and my mother's father people. We do have those issues, particularly in regional and remote areas, in trying to represent parties and referring them to another law firm that does not exist. So we have to try to represent, where possible—and that is disadvantaged too. We work off 'first in, best dressed' within those areas. I do not say that light heartedly; I say that with great despair.

Senator CROSSIN—So let us set aside the funding. Do you think there is a need to review that structure federally?

Mr Duffy—It is hard to review structure with limited funds. But I will put the funds aside, because that is a story for another day.

Senator CROSSIN—Let us say that it is a given that all the services believe that they are underfunded—

Mr Duffy—Yes.

Senator CROSSIN—but do you think the structure is flawed in that there are too many conflicts with representing interests?

Mr Duffy—I think there is potential for conflict. When we talk about potential, let us raise up the legal gates at any stage—appeals or whatever it may be. So there is potential, and real potential, for that to take place, yes.

Senator CROSSIN—Thank you. I do not have any other questions.

Senator SIEWERT—Thank you. I am interested in all the comments you have made to us, but there is one particular issue that I have been asking everybody about; I concerns hearing. I also want to ask you about some of the issues we heard about in Cairns yesterday. Many of the members of this committee are on another committee, the Community Affairs Committee, which is inquiring into hearing, and a lot of the evidence that we have received in other states, particularly in the Northern Territory, associates hearing impairment and loss with a large number of Aboriginal and Torres Strait Islanders in the criminal justice system, particularly in the prisons. Have you done any work around that and do you have any statistics on it? Earlier in

the day, I asked the departments—the Police Department and Justice—about it, and they said that they have not done a lot of work in that area; and I do not think I am doing them an injustice by saying that. It was quite clear that not a lot of work is being done. They offer support to people who they know have a hearing loss but do not do any identification, particularly early identification.

Mr Duffy—On hearing in particular, no. But we employ people who come from the local communities and, if we were to identify people with a hearing impairment, we would work in with community justice groups, which are legislated for under the Queensland Penalties and Sentences Act. So, because we identify employ local people, we know who attends the courts. That is my response to you. We have nothing in particular, but I would presume—and we do not catch data on it—that that would be a standard operation of the service to ensure that people's legal needs are being met and that not only are they being heard but also they can hear themselves.

Senator SIEWERT—Yes. The other issue is people with mental health or mental illness. Again we have had evidence of people with significant mental illnesses not being treated appropriately—this is in other states—not getting the support services that they need and ending up in prison, when they should be getting treatment. Have you done much work or do you have many statistics around that?

Mr Duffy—We have. In fact, one of the national working programs is looking at mental health. You would obviously be aware that mental health—I know that you can capture in words where my arms are, but they are a long way apart—goes from one end of the spectrum to the other. I have a document to table with the inquiry today which is specifically related to mental health, and I will leave that with you. But, given that you have asked that question, I might just talk about some of the issues in the headings perhaps and then leave this to be tabled and recorded in *Hansard*.

We have talked about the availability of the services. Obviously what this is about is that, the more regional and remote you go, the fewer opportunities there are for people to access mental health services—and not only mental health services at a nearby major town but particularly mental health services in their own, respective communities. We are working off that, identifying that a lot of our people do not leave their communities; they are born and they stay because of that connection to country.

Perhaps I could read just a short portion from each of these. We have talked essentially about diversion program support services being available to our mob, no matter where they live. The experience currently being presented is that many mentally ill Aboriginal and Torres Strait Islander people from remote communities in Queensland go through the courts without their mental health issues being identified and, because of that, their mental health issues are being treated by the criminal justice system. We have talked about those services previously and, coming through today—I have been floating in and out, listening to the previous submissions to you—is that there is disadvantage: you are more likely to have access to a mental health service if you are in the larger cities or the larger regional areas. But there are challenges around that obviously with accommodation for people, when they come into those areas in order to access those metal health services.

I will go to some examples. The Cairns Mental Health Unit has 38 beds and it usually runs out of capacity. The Cairns and Hinterland Health Service District covers a broad area: from Cardwell to the Torres Strait and from Weipa to the Atherton Tablelands. So you do not need rocket science to realise that our people are not getting access to those beds, because more often than not they will not come into communities.

Throw on top of mental health issues your being located in the Torres Strait and wanting to contest a matter—in other words, wanting to take a matter to a higher court, such as the district court. A lot of Torres Strait Islander people plead guilty; otherwise, they have to come to Cairns to attend district court. What if a mental health issue is thrown in there as well?

Then, say a person does plead not guilty and comes before a judge and jury. We have had the recent Moynihan Review here, where the right of election is now being taken away from our people, no matter whether their matter is being dealt with in a lower court or higher court, because of a bill before parliament. You will find that many Torres Strait Islander people will come down; they might be listed as trial 3 in week 2 or they might not even get in at all. So there are economic disadvantages if they come down to try to exercise their democratic right to have their matter dealt with.

All this is on the basis of Justice and the Attorney-General's Department saying that basically they cannot trust Torres Strait Islander people to exercise the full extent of the law if it becomes a district court trial on, say, Thursday Island. I touch on the Hurley experience here in Queensland: you should be judged by your peers. Case law provides precedent for how people are to be dealt with. If it is blatantly obvious that you are guilty of the offence, that will come up through the evidence presented before the judge and the jury.

There is the criminalisation of the behaviour of the mentally ill. One of the issues for ATSILS—which is an acronym for our services—is that a client's mental illness may lead to offending behaviour. That is often due to the way that the criminal justice system, including the legislation, is structured. So, instead of being seen as a mental health matter, the behaviour of the mentally ill person is interpreted in terms of criminal behaviour; that, in turn, brings them into contact with the criminal justice system. So often a person cannot be diverted from the criminal justice system because there are no beds within a mental health unit; and then access to appropriate support is not available, because the client is not being dealt with from a mental health perspective.

The legislation in Queensland is the Mental Health Act 2000. When clients are being charged with a criminal offence, those who are mentally ill fall within the ambit of the Mental Health Act. The two main focuses of the Mental Health Act 2000 in respect of those people who been charged with an offence or offences is whether they are fit to plead and whether they were of unsound mind at the time of the alleged offence. So the act is concerned with how a person should be processed—for example, through the mental health system or through the criminal justice system—rather than dealing with their mental health issues. That is one of the big flaws. I will not go too much more into it, other than to say that a lot of our people spend more time in jail waiting for psychiatric assessments and reports than they would get for their sentence. Also, I think it was highlighted through the chair previously that the vast majority of our people are not incarcerated for large periods of time.

Bail is a huge issue—and that is not only in dealing with a normal person who does not have a mental health issue but throw on top a mental health issue. What is there for people to be bailed back into a community or a support network—black or white service provision, irrespective—and for them to feel as though they are in a safe environment? There was an example with one brother sitting up here, in George Street, in his pyjamas yesterday; he was definitely surrounded by about 12 police officers. He had been released from a mental health facility because it was full. I can guarantee that last night he ended up in the Brisbane City Watchhouse because of his mental health issues. Really, Queensland's statistics in regard to recidivism provide clear evidence that the justice system on its own is not an appropriate or effective way of dealing with our people—or any people—with mental illness. If we look to international research, particularly trends in other countries such as the United States, the jurisdiction is towards more of a therapeutic approach in relation to mental health courts. That therapeutic approach does not seem to be the case here in Queensland.

There is an example that I use. If I sit here, my voices speak to me all the time. If a psychiatrist were sitting beside me, then maybe it would be decided that I have a mental health issue. Our old people speak to us all the time. So the example is: if a black person hears voices, it is normal; if a white person hears voices, maybe they have a mental health issue. I know that it seems to be a very simple example, but it is the simplest and purest example that we can use about people's perceptions. It is based on a Western system of identification of mental illnesses versus an Aboriginal or Torres Strait Islander perspective about what actually constitutes a mental health issue. There are some solutions that I want to talk about, if I may, to address some of these mental health challenges.

Senator SIEWERT—That was where I was going next.

Mr Duffy—Yes. We see it as important to have mechanisms in place to divert and support mentally ill people through all stages of the criminal justice system, and we are working with the reality of that at this point in time. If diversion is to be available, the funding issue needs to be addressed. Obviously more funds need to be injected into community mental health services, housing, general healthcare and those sorts of support services. I would suggest that the Queensland Aboriginal and Islander Health Council will be making a submission around that, after me. The money needs to be injected into education and training and those appropriate screening tools for police to identify and divert the mentally ill. As a precursor to the police being able to divert people, services should be available to assist people, once a mental health issue has been identified, within their respective community or communities. Court staff and legal representatives need to be able to identify mentally ill people; and a court process needs to be devised so that people can be referred to and supported by relevant services—and that is one of the major issues. The service is there but, more often than not, we do not know who is funded to deliver it.

We have noticed an increasing trend towards funding what we call BINGOs—that is, big international non-government organisations, and they are church groups. They are getting those dollars, whether they can or cannot deliver the services, because of the government's fixation at a state and Commonwealth level—and we identify that governance is a major issue. But, with that fixation, the dollars are going because of the governance structures being in place at the expense of Aboriginal community control and community owned organisations being there to deliver the services. As BoysTown highlighted before, they are the people who know their

people and who know what the solutions are—and, more often than not, it is not about a dollar response; it is about an emotional and spiritual healing response. The dollars do not count for emotional wellbeing and spiritual healing. From our perspective, because the researchers cannot touch it, feel it, break it down, categorise and stereo type it, it cannot be a real thing. So that is about engaging not only with the service providers, both black and white, but also with the people on the ground, right at the grassroots level, who have the solutions to the challenges within their communities.

Prison staff need to be educated and trained to identify mentally ill inmates at the earliest possible time to link them into forensic mental health. We can talk about through care, social inclusion and whatever until the cows come home. But, unless the resources are in the prisons to identify the need and then in the community to meet the need, our people are just going to be on a 360-degree circle. Community corrections and community services need to be linked with inmates prior to their release—and that is where we support the through care model that the Social Inclusion Division have been highlighting through the federal Attorney-General's Department—so that, prior to their release from prison, the inmate has support in all areas and not only with their treatment and medication but also with those other social issues that exist around housing, economic issues in relation to money, support, transport et cetera, once released.

Obviously there are benefits for all community members from a diversionary process for the mental ill and they far outweigh persisting with the current system. The wellbeing of the mentally ill, who would otherwise be processed by the mental health system, would improve; their community input would become positive; public safety would increase—given that that is what votes are won on; and, due to a reduction in offending with funds being derived from corrections, there would be a financial saving in the long term.

So they are just some of the simple solutions. As I have said, you know what the solutions are. The challenge for us is: we say that governments have the best intent to do the right thing, but we do not see their actions or behaviours changing in any form or fashion to implement that intent. As we have said, the trend is one of dollars moving away from Aboriginal controlled and community owned organisations to the BINGOs, and that is a huge concern.

CHAIR—Just before I go to Senator Adams, I know that you were referencing a document. Obviously, if that can be of some use to the committee, it would be fantastic if it were tabled. Thank you very much. Senator Adams.

Senator ADAMS—Earlier in your presentation you mentioned a report being done into coroners throughout Australia. Do you know when that report is due to be released?

Mr Duffy—The report was launched last year. It was the Indigenous law and justice bulletin in partnership with the University of New South Wales. Professor Ray Watterson and Mr John McKenzie, Chief Legal Officer for the Aboriginal Legal Service (New South Wales/ACT), had a lot to do with that. It was launched at the University of New South Wales by the then Attorney-General, Mr Debus, and it has since been posted out to all coroners in each state and territory. What we really wanted out of that was obviously to stop avoidable deaths—and many deaths have taken place—but we looked at the actual deaths as real case scenarios. We reviewed state and territory legislation. We pulled what we called 'the good, the bad and the ugly' out and came up with what we considered some best practice. More often than not, solutions to dealing

with future potential deaths and avoidable deaths in custody cost nil. That report is online as we speak.

Senator ADAMS—Thank you. Does that have all the guidelines and everything within it?

Mr Duffy—Yes.

Senator ADAMS—Good. That could be very useful. That is something that we have been trying to identify with the statistics. Well, just with suicide: suicides are decreasing and yet there are a number of accidents or supposed accidents that all the way through have question marks. So perhaps there are far more than we think there are. That has come up in quite a lot of evidence as we have moved around—but that is with another committee that dovetails into this one.

Mr Duffy—Yes. That is ongoing work. It is our passion. Mr Barnes, the State Coroner—he actually used to work for the Aboriginal legal service—within his annual reports, talks about a whole range of things that need to be addressed. We have an inquest and we have recommendations, but what we do not have is legislation to back up not only the implementation but also the monitoring of those recommendations by respective state and territory governments. I think the closest to it is that New South Wales has a parliamentary committee, I think, that monitors and reviews the recommendations that the coroner has included within the report. But, other than that, there is no monitoring of deaths in custody—and that is particularly in the recommendations, as identified by the coroners.

The 339 recommendations of the Royal Commission into Aboriginal Deaths in Custody were very simple. They are the benchmark or the blueprint, or whatever you want to call it, to moving towards preventing more avoidable deaths. Governments do not want to get involved too much with the royal commission's recommendations. They say—and it was presented this morning—that policies have been implemented; but those policies are bastardised by the Queensland Police Service with the way that they interpret them. Policies mean nothing; legislation is law.

Just going back to Senator Siewert's questions, deaths still take place and recommendations still are not adhered to. Policies have been put in place but, as I said, they have been bastardised. The Crime and Misconduct Commission does investigations within Queensland and monitors ethical standards and commands investigations of deaths, if they are in police custody. What we find is that the CMC has no ability to charge. It refers prosecutions to the DPP—who I say are police as well, investigating their own—and the DPP chooses not to lay charges. Operation Capri was a fantastic example here, in Queensland, of the inability of the Queensland Police Service to monitor—what will I say?—some criminal and what was bordering on criminal offences by their own staff. Deaths still take place.

Senator SIEWERT—Thank you.

Senator FURNER—Chair, I have one more question.

CHAIR—Certainly; go.

Senator FURNER—This might be a matter that you wish to put on notice. This morning—I am not certain that you were in the room—we heard evidence from the police and the judicial system regarding their submissions about the reduction in convictions as the result of a lessening or decline in the charging of petty crime. That seems to be conversely different from your position regarding increased police powers. I would invite you to read the *Hansard* and perhaps comment on notice on that, please.

Mr Duffy—I could probably add some comment at this point in time. Fine options as a way of keeping people out of the system still bring them in at the other end, because they do not have the ability to pay the fines. So, at one end, the intent is there; but, at the other end, our people are still coming in because of fine defaults. But thank you.

CHAIR—Mr Duffy, there may be further questions you have for the committee and further information that you can provide to the committee. Whilst I have not discussed it with the committee, there is a convention that, when there is adverse comment, we seek some sort of a response. I think, in view of some of your statements, it would be useful to seek some response from the commissioner. So I will be writing to the commissioner with the *Hansard*, and I will provide his response to you.

Mr Duffy—Thank you very much. I suppose a closing comment from me is that, if we are talking about regional and remote service delivery, Aboriginal and Torres Strait Islander Legal Services 1972, started out as a bunch of blackfellas sitting around a tin shed and a campfire and it has grown into large organisations that are compliant, sit under the Corporations Act and have robust governance systems in place and effective planning processes. The issue for us is the Commonwealth government's perspective that the states should be paying. As I have said, 100 per cent of our funds are Commonwealth and 99 per cent of the work we do is state based. If the Commonwealth says, 'We will not fund you,' I can guarantee that the Aboriginal and Torres Strait Islander Legal Service will cease to exist and you will notice a marked increase in the number of our people coming into custody—and that will be because of the divide between state and federal politics. That is a huge concern at this point in time. Thank you.

CHAIR—Thank you very much for your evidence here today, Mr Duffy.

Mr Duffy—Thank you.

[4.05 pm]

ADAMS, Mrs Elizabeth Rose (Lizzie), Chairperson, Queensland Aboriginal and Islander Health Council

DOUMANY, Miss Jessica May, Partnership Policy Officer, Queensland Aboriginal and Islander Health Council

TATOW, Mr Dion, State Manager, Workforce, Queensland Aboriginal and Islander Health Council

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

Mrs Adams—Thank you. First and foremost, thank you for giving us the opportunity to provide the inquiry with a submission. Dion is actually going to proceed; however, we do have a written response and attachment for the committee.

CHAIR—Perhaps the secretariat might just grab a copy and circulate that now. Thank you very much.

Mrs Adams—We did not make a number of copies, just one.

CHAIR—That is all right. Mine is the only important one, anyway!

Mrs Adams—Yes, that is right.

CHAIR—But that is only my view.

Mrs Adams—If I may, I will hand over to Dion and we can go through the written response.

Mr Tatow—Thank you, Lizzie. As Lizzie mentioned, I was called in today to do this; so I apologise if I appear to be reading, but I probably will be. I will give you just a quick snapshot of the population overview of Queensland—even though you may have heard it in previous submissions today—because I think it is important to have that when talking about regional and remote Aboriginal and Torres Strait Islander populations.

In 2006, out of Queensland's total population of just over four million, there were about 146,000 Aboriginal and Torres Strait Islander people. Similar to other states and territories, the Indigenous population has a much younger age structure than the Queensland population as a whole, with 48 per cent of our Aboriginal and Torres Strait Islander people being 19 years or younger and only two per cent being over 65 years. These figures are indicative of the co-occurring high rates of premature death and fertility within our population and the need to consider the different health needs of Indigenous people compared with those of other

Australians. Just as relevant is the fact that census data for 2006 indicates that a third of Queensland's Aboriginal and Torres Strait Islander population live in the Brisbane region, with five per cent in Townsville, 14 per cent in Cairns, 12 per cent Rockhampton and 11 per cent in Cape York and the Torres. That indicates a wide dispersal of the Aboriginal and Torres Strait Islander population across different areas of the state.

In terms of the health status of our Aboriginal and Torres Strait Islander population, the difference between urban and remote burden of illness was highlighted in the Aboriginal and Torres Strait Islander burden of disease and injury report in 2007. That report indicated that, relative to population size, Aboriginal and Torres Strait Islander people experienced a disproportionate amount of health gap in major disease areas, apart from mental disorders, which are more prevalent in the non-remote areas of the state. I will talk about the linkages in education and employment and Indigenous contact with the criminal justice system but specifically as it relates to Aboriginal and Torres Strait Islander health.

That report also indicated that mental disorders within our population accounted for about 15½ per cent of the total burden of disease, with anxiety, depression, alcohol and substance misuse, and schizophrenia representing the broad categories of illness that contributed to this measurement. The complexity of mental health issues and an increasing prevalence of dual diagnosis—that is, co-occurring alcohol and substance misuse issues—can really complicate treatment pathways for Aboriginal and Torres Strait Islander people and accentuate existing problems associated with access to comprehensive and appropriate healthcare in regional and remote areas.

About one-third of mental disorders in the Aboriginal and Torres Strait Islander population can be attributed to alcohol, illicit drugs, child sex abuse and intimate partner violence; and that, in turn, has implications for the sorts of services that are required to prevent and comprehensively treat mental disorders in our population. Of course, the impact of the historical and familial issues as well as the increased likelihood of social and economic disadvantage in remote areas for Indigenous people can also be linked to our experiences of mental ill-health and mental disorder and the heightened prevalence of those factors that have already been mentioned.

So, specifically, I think Aboriginal and Torres Strait Islander people face issues of access in relation to mental health services. Those issues of access are heightened in rural and remote areas for a number of reasons. Some of those barriers are the scarcity of resources in particular communities—specifically mental health resources—issues around cost and affordability of access to those services; a lack of transport options coupled with factors of distance, of course; a lack of education and self-informed awareness about individual health and wellbeing; and problems pertaining to the cultural appropriateness and relevance of the available care and the providers.

Social and economic disadvantage also becomes more prominent as remoteness increases—and this is capable of both compounding the inability of the individual to effectively access and utilise services and contributing to increased instances of family and community instability, which in turn can perpetuate and fuel mental health problems and the risk of destructive, co-occurring behaviours, such as drug use or criminal activity. Again, low levels of employment and opportunities for education coupled with remote living and limited forms of entertainment

for youth can also be linked to enhanced vulnerability to partaking in risk behaviours, such as drinking and drug use.

I will now move to the challenges for service planning and delivery. The challenges surrounding the ability to adequately deliver and resource comprehensive health care in Queensland's regional and remote Indigenous communities are issues of access and lack of presence of healthcare options. The sporadic and inconsistent presence of health specialists under current outreach programs in regional and especially remote communities can present challenges for the delivery of streamlined and integrated healthcare to Aboriginal and islander people. The issue of trust between patients and providers and potential cultural incompatibilities can be linked to this issue, as can be topics of inadequate cultural awareness training. Changes in who the visiting health professionals are, the shortness of time that they stay at a particular community as well as lapses in times between visits can also affect service delivery. I guess these are important factors to consider, given the context of both the *National Health and Hospitals Reform Commission Report* and the recent reforms and initiatives outlined under the National Indigenous Reform Agenda.

For Aboriginal and Torres Strait Islander people who are experiencing co-occurring mental disorders, as with substance abuse or alcohol misuse problems, or who are in the process of rehabilitation post contact with the criminal justice system, these lapses or voids in treatment can contribute to perpetuating the cycle of ill-health, which in turn holds ramifications for family and community and the health and wellbeing of others around them. The inability of services around the individual to deal adequately with the patient's mental disorders, co-morbidities and the risk factors that might be connected back to family and community means that sustainable health improvements become difficult and risk of re-exposure to negative influences and behaviours often remains high and unresolved. Inadequate resource availability, of course, and issues surrounding training, education and workforce capacity represent additional challenges within this discussion and they also require similar attention within the planning and delivery of primary healthcare and community services.

One of the big things happening in Queensland at the moment is the transition of Queensland Health services to community control. Around that, there is a need to develop a supporting policy framework that is innovative and locally focused. Also, priority based responses are required to tackle that inequality of Aboriginal and Torres Strait Islander disadvantage. This comes from our understanding of the previous top-down and externally driven and planned responses, which have done little to promote real and enduring improvements for the health and wellbeing of Aboriginal and Torres Strait Islander people, whether this has been in remote or non-remote locations.

Transition to community control in remote communities and the move towards locally owned, planned and coordinated primary health care and community services constitute a key direction for improvements in Aboriginal and Torres Strait Islander health and wellbeing in Queensland. For government, this means upholding commitments and agreements in sites where transition arrangements have been made and agreed to, including—in Queensland here at the moment—Cape York and Yarrabah. There have been some delays in that process, and I guess our view would be to address those issues concerning the transition of those community controlled health services and speed up the process. The difference, too, between Queensland and states like the Northern Territory, which has moved forward much quicker in the transition of community

control, which is mostly due to the intervention, is that they have had the support of government in their jurisdiction in moving that ahead. They have the advantage also of having their own 'Pathways to community control' document, which is something that QAIHC is looking at developing for the transition of our services to community control here, in Queensland.

We have included a copy of a report called Access and Equity, which is a document that looks at the best way of funding Aboriginal community controlled health services to ensure that the funding of those organisations that do transition from a government to a non-government service are funded appropriately. One of the key issues is how much funding Queensland Health and the Commonwealth government give to community controlled health services so that they continue to be viable in their delivery of health services.

Some innovative directions to take in addressing Indigenous contact with the criminal justice system are suggestions made by the latest social justice report of the Australian Human Rights Commission regarding opportunities for reinvestment of corrections' money. I do not have a copy of that report, but we do refer to it in our written submission. On the matter of addressing the disproportionately high incarceration rates experienced by Aboriginal and Torres Strait Islander people, the report suggests the idea of re-targeting and channelling a portion of the moneys tied to Indigenous contact with the criminal justice system into preventative activities and to address the issues before the crimes are committed. This symbolises an opportunistic direction that is capable of breaking the cycle of incarceration at the source of where these actions and behaviours are occurring, which in turn means channelling efforts towards localising community responses and programs.

These modes of thinking are especially relevant to remote areas, where again the availability of resources and services targeted at halting and addressing Indigenous contact with the criminal justice system are much lacking and are frequently located in removed and inaccessible locations. The need to link these activities with other programs and activities in the community is also vital, given the frequent co-occurrence of risk behaviours with mental disorders and other related health and wellbeing issues.

I will just move quickly to training, education and enhanced workforce capacity. Linking the efforts around education and training to increase the capacity of the primary health care and community sector workforce is a necessary strategy in tackling Indigenous disadvantage. A positive comment that we would like to make is that some of the major health workforce activities are being conducted at a national level to support specifically the Aboriginal and Torres Strait Islander health worker profession. One of those is the move towards the practitioner regulation national law, which will include national registration and accreditation of Aboriginal health workers by 2012. QAIHC and our national body, NACCHO, have developed for inclusion submissions on those draft regulations. The specific legislation will focus on accreditation—and registration, of course—for our health workers; indemnity coverage, which is a big issue when Aboriginal health workers are providing services; and the issue around criminal history checks. Many of our Aboriginal and Torres Strait Islander people wanting to move into the health worker professions fail because of some minor misdemeanours that have occurred previously.

On 1 January this year, the Australian Industrial Relations Commission produced a modern award for the Aboriginal community controlled health sector. This was in response to the existing awards not actually meeting the unique needs of our sector, particularly the Aboriginal

health worker stream. That award actually came in on 1 January and all of our organisations or member services are moving towards implementing it. We now have our own National Aboriginal and Torres Strait Islander Health Workers Association and our first CEO was appointed just last month. So I guess that is a move in the right direction again for supporting our Aboriginal health worker workforce.

In Queensland we are moving towards moving all of our Aboriginal and Torres Strait Islander health workers towards the new health worker qualification of certificate III and certificate IV in primary health care. These are now nationally recognised qualifications. All of our Aboriginal health workers are moving towards having the same qualification, which not only makes a big difference in the level of service delivery but also allows them to move freely between different states and territories.

And major initiative specifically around the mental health area, for which QAIHC has just been funded through the Department of Health and Ageing, is our social and emotional wellbeing and mental health workforce support units. I am sure that you would appreciate that people working in the area of social and emotional wellbeing, particularly those working with members of the stolen generations, have a very tough job to do. The department has now funded a workforce support unit so that we are able to provide support to those workers who work with members of the stolen generation or with other Aboriginal and Torres Strait Islander people in mental health. So it is an exciting new initiative for us at QAIHC—and it is the area that I am working in—so that we are able to support our workers in the field.

Of course, I could not come to anything like this without talking about the COAG NPAs. Our big issue concerns linking the different COAG NPAs with each other. At the moment there is a big focus for us, obviously, on the Indigenous health NPA and, to a lesser degree, on the early childhood NPA. But I am sure that you are aware there are others around schooling; economic participation; health, home and safe communities, and governance and leadership. Our recommendation would be that those different NPAs actually be linked somehow so that we all know which each of us is doing. We did try that on a limited scale here in Queensland, but I guess direction needs to come from the national level for us to be able to monitor that more adequately.

I think I have spoken enough, so I will ask you whether you would like to ask any questions. I have just summarised our submission; there is more detail in the submission that we have provided you with. But I will invite you to ask questions, and I hope that our chair can answer some of the ones that I cannot.

Senator MOORE—I am interested in knowing exactly where the commission fits within the structure. We know that the Australian commission is a partnership arrangement between a whole lot of people who are looking at what is happening within Aboriginal and islander health issues, with the expectation, I believe, of feeding back to government in terms of policy and picking up research as required. That is how I understand it. At the state level, does that operate in a similar way with the Queensland government, with the same partnerships, or is it part of the Australian group feeding back to federal policy?

Mr Tatow—We do have a Queensland Aboriginal and Torres Strait Islander Health Partnership, which includes Commonwealth—or Australian government—representatives;

Queensland Health representatives; ourselves representing the community controlled health sector; General Practice Queensland; and Health Workforce Queensland. So it is a joint partnership that was formed under the national strategic funding for Aboriginal and Torres Strait Islander health. Jess is our project officer; jump in at any time, Jess. But, yes, it is a joint group that looks at all of the COAG health initiatives here, in Queensland, as they are rolled out—that is, with the rollout of different ones, such as the Indigenous outreach workers project—

Senator MOORE—As the commitments are made by government, you are actually there.

Mr Tatow—Yes.

Senator MOORE—Are you tasked directly from COAG?

Mrs Adams—Are we—I am sorry?

Senator MOORE—Is your work directed by COAG?

Mrs Adams—It is now, yes.

Mr Tatow—Certainly it is now. All of the work that we do we link to the COAG national partnership agreement.

Senator MOORE—So are you formally part of the Public Service?

Mr Tatow—No.

Mrs Adams—No.

Senator MOORE—So you are a separate body.

Mr Tatow—Yes.

Mrs Adams—Yes.

Senator MOORE—To whom do you report?

Mr Tatow—Our core funding comes from the Commonwealth, through OATSIH. We also receive some Queensland Health funding for our population health part of QAIHC. But the majority is Australian government funding.

Senator MOORE—And that is all out of the whole new focus of COAG cooperation and so on; that is where you were—

Mr Tatow—Part of it. We get a little bit of funding specifically from the new COAG reforms. But most of our funding came from the general OATSIH budget before the COAG reforms came out.

Senator MOORE—To whom do you report?

Mr Tatow—It depends on who funds us. We do report to the Australian government here in Queensland. Some initiatives are funded directly from Canberra, so we do report directly to them.

Senator MOORE—And you would produce an annual report—

Mr Tatow—We do.

Senator MOORE—which, I have to admit, I have not read. So I will have to follow up on that. It is a document that has not come across my desk.

Miss Doumany—We will put you on the mailing list.

Mrs Adams—For your information, QAIHC is the peak body and there are 27 Aboriginal community controlled health organisations throughout Queensland who are our members. From that, those members are broken into regions, so we then have 11 who sit around our QAIHC board. Like Dion said, it depends on what reports are required, but we report back to our member organisations. If it is financial, we report to DOHA. Wherever the money is generated, that is where our financial reporting is.

Senator MOORE—To acquit your funding.

Mrs Adams—Yes.

Senator CROSSIN—So your equivalent in the Northern Territory would be AMSANT.

Mrs Adams—That is right.

Senator MOORE—I get their report, which is just odd.

Mr Tatow—We will put you on our mailing list then.

Senator MOORE—What about the project work that you are doing now and how it feeds into policy? I would imagine that the focus of the work you do is to make sure that Aboriginal and islander health policy in association with the engagement of community organisations is as strong as possible. Would that be right?

Mr Tatow—Very much so.

Mrs Adams—Yes.

Senator MOORE—You gave a really good coverage in your introductory statement, but it seems to me the overwhelming issue in Queensland is the transition from health to community control. It seems to me that that has been talked about for a long time.

Mrs Adams—Perhaps I could just interrupt for five seconds. We, as QAIHC, and member organisations get lazy at times too, but we actually call it Aboriginal community control because we are finding there are similarities. Just as an example for you, within Queensland we have regional health forums that feed up into our partnership. We, as an Aboriginal community controlled organisation, link in with the state. So Queensland Health then develops a check program, which we believe is duplicating. So that is why we are very specific that we are Aboriginal community controlled organisations.

Mr Tatow—I am sorry; what was your question again?

Senator MOORE—My question was: what is the time frame?

Mr Tatow—They are doing it bit by bit. Cape York is 1 July. There are 12 communities in total, but four of them will have some services transition over as of 1 July. Yarrabah? Goodness only knows. It was a couple of years back, but they are not there yet.

Senator MOORE—And it is one of the oldest.

Mrs Adams—Yes. Again to be honest and upfront, it depends on the commitment from the people involved at the time, just like anything else. If we as QAIHC are driving it, we will have a user-friendly person. We always say that, if the Queensland Health drives it—and it is not being nasty to it—at the time of setup it would be going smoothly and Apunipima would actually be riding on its coattails, but then change occurs and it comes to a stand still. Then, because Apunipima has the relationship or can see what is necessary, that is when it moves again. So we feel that, if the people involved are committed and can do something about it, it happens; if they are not, well. Like you say, I think five years was the original plan that we had.

Senator MOORE—That is what I heard, yes, and that is a while ago.

Mrs Adams—But again, like I say, if the commitment is there, then it is—

Senator MOORE—And who in Queensland Health is responsible for driving it? Who do you work with in Queensland Health as the ownership—

Mrs Adams—That has all changed again now because of the districts here.

Senator MOORE—That is what I thought.

Mrs Adams—I think Roxanne was the lady at the time. She was doing a great job and then it changed and there were different positions.

Mr Tatow—I must say that the transition in both those sites does have the commitment of the D-G, and we meet quarterly with the D-G and talk about it. But what happens is on the ground; that is where the hold-up is.

Senator MOORE—Is it having any impact on staff—not your staff but the staff of the community organisations on the ground? Is it actually impacting on their work? That is a question I get asked all the time. The work on the ground continues, regardless of what is going

on with structure. From your kind of umbrella body, have you seen any impact on staffing morale or focus in the community organisations as this just keeps grinding on rather than coming to a close?

Mr Tatow—I think it does have an impact on staff who are in management positions and who are continually going to meetings from where there are not many outcomes.

Senator BOYCE—Isn't there something else to do in life?

Mr Tatow—I am not so sure that there is the same impact on a health worker, for example. I do not think there would be the same impact on a health worker as there probably would be on management.

Senator MOORE—From what you have seen.

Mr Tatow—Yes.

Senator MOORE—Before we move on to questions from someone else, I want to ask about the focus amongst the community organisations on mental health. I know they just operate independently and work in their own regions, but at this stage they all have state health-driven goals.

Mr Tatow—Yes.

Senator MOORE—From your perspective as the umbrella group, I am looking for your understanding of the focus on mental health that is out there across each of these groups.

Mr Tatow—I think we take a broader, different view and I guess we would call it a more social and emotional wellbeing approach.

Senator MOORE—I know that is just a way of getting that jargon in. But, from your perspective, social and emotional wellbeing is an issue for the community health groups.

Mr Tatow—It is. I must say straight up that we take a nonclinical approach. We have programs like the Bringing Them Home Program, which has a focus on members of the stolen generation and their families. So we have specific-position counselling positions, again nonclinical, that focus on the needs of that group. But, of course, I have also mentioned the co-morbidity stuff with drug and alcohol services. So there are community controlled substance misuse services that are not members of QAIHC but with whom we work in collaboration who address those issues for people going through rehabilitation. We would like to think that collaboration with state government, who have more of a focus on the clinical side of mental health, happens, but it happens at a local level. At some places it happens really well and at others it happens not so well. Part of our role is to support our workforce who work in 'social and emotional wellbeing' in improving that collaboration between state government and clinical providers. That is what this workforce support unit is all about.

Senator MOORE—Would that be the kind of thing that, when you develop your pathways document—

Mr Tatow—Yes.

Senator MOORE—I saw you all nodding when Dion was reading his script there. That seems to be something that is a priority for your group, just it terms of guiding the transition and making people feel strong with that process. Would that be a correct assumption?

Mr Tatow—Very much so. I must say, too: for transition, sometimes it is not holus-bolus where everything gets transitioned. We are trying to transition some positions that may be state government positions—

Senator MOORE—And would fit better; absolutely.

Mr Tatow—and have them come across to the community controlled sector. In different parts of the state, different models have been trialled. In Cunnamulla, for example, they trialled what they called a 'conjunct model'. It turned out that it was more like a co-location model where Queensland Health and the community controlled health sector shared the same building and did joint planning and service delivery. That was a good model and that was around the time, but they are still two separate organisations. The goal was then for them to become one organisation, a community controlled model, that had the benefit of Queensland Health services. So that was one example. I do not know whether that happened anywhere else, Lizzie?

Mrs Adams—No, I do not know.

Mr Tatow—Lizzie has been around a bit longer than me.

Mrs Adams—You wouldn't be able to tell!

Senator MOORE—But some of that depends on accommodation too, doesn't it?

Mr Tatow—It does, yes.

Senator MOORE—I know that, in most of the communities where you are located as community controlled health organisations, accommodation is and has been over many years is a huge issue. Getting the best one is part of the transitioning as well, I would imagine,

Mr Tatow—Yes. That is one of the big issues.

Senator MOORE—Thank you.

Senator ADAMS—I just have a question regarding your Aboriginal health workers and police checks. You did say that there has been a problem where someone might have had a really minor offence recorded against them earlier on. How do you deal with that? Even though those people had a problem when they were younger, can you get them reinstated so that they are able to go on and train?

Mr Tatow—In the community controlled health sector, we do not have a problem with it; it is when they want to go and work for the government. Sometimes we do not have the same opportunities in our community controlled health services as they do in Queensland Health. The

funding difference between what a health worker will get in Queensland Health and what they will get in our community controlled health organisations is shocking.

Mrs Adams—Salary.

Mr Tatow—Yes, salary level; sorry. When health workers then want to go and work at Queensland Health—and we do not begrudge them this at all; they will get more money—they are often stopped from doing so because of the criminal history check process that the state government uses.

Senator ADAMS—So who can work through that for them?

Mr Tatow—Each case is taken on its merits and, if it is only a minor offence, they do have a process that they can go through with the state government. Generally, if it is only minor, there is no problem. It is when it could be something a bit more serious that may have happened a long time ago.

Senator ADAMS—What sort of thing might it be?

Mr Tatow—A 'break and enter' when you were a 10-year-old, for example. It is that type of thing. It is a bit more serious, but it happened a long time ago. So it is those types of things.

Senator ADAMS—Who can they have as an advocate to take them through that?

Senator BOYCE—The new organisation.

Mr Tatow—I am not sure. I have not worked in a group there now for a long time. I do not know. Within Queensland Health they do have an Aboriginal and Torres Strait Islander workforce area. I guess they could go through those people. There are senior health workers and Indigenous health coordinators in the different Queensland Health districts.

Senator CROSSIN—If it is an irrelevant conviction, it is probably against the law for the employing body to hold it against them. But, if it is not an irrelevant conviction, there is probably no provision in the law for a spent conviction; would that be the case?

Mr Tatow—I do not think there is.

Senator CROSSIN—Yes, that is probably the problem.

Mr Tatow—But that is one of the issues that they are looking at with this new legislation that is coming in, in 2012, around health workers, and it is probably to clarify it.

Senator CROSSIN—That is pretty common. If it falls into a particular category, there are no exemptions, despite the fact that you may have done it 10 or 15 years ago. That is pretty common.

Mr Tatow—Okay. But I think the new legislation is trying to make that—

Senator CROSSIN—Easier.

Mr Tatow—not an issue.

Senator ADAMS—During our travels we have heard that up on the Cape they probably have 50 per cent of the Aboriginal health workers that they need for their different programs; but the biggest problem, once again, is accommodation. Do you put in submissions to Queensland Health or try to lobby on behalf of getting more accommodation for workers?

Mrs Adams—Yes. If Apunipima were to approach us to do that, we would be quite happy to go and do that.

Mr Tatow—Apunipima is our member organisation that looks after the Cape, and we would do it on their behalf. However, we do not want to stand on their toes. If Apunipima ask us to, then we will support them in any lobbying for whatever they require. With the transition in the Cape that Apunipima is undertaking, we are there as a support for them.

Senator ADAMS—Just on the issue of wages, you were saying that Aboriginal health workers get a very low wage compared to what they get if they are employed by Queensland Health.

Mr Tatow—Yes.

Senator ADAMS—What about your doctors; what is the story there?

Mrs Adams—I can give you a great example using our doctors.

Senator ADAMS—Good.

Mrs Adams—Cunnamulla we know is way out west. I was born in Cunnamulla and I lived in Charleville for a lot of years. More recently, Cunnamulla was given $90,000 to try to recruit a doctor to run out of their AMS, and I think a Queensland Health doctor was offered half a million dollars.

Mr Tatow—Yes, a package of half a million dollars to go to Cunnamulla.

Mrs Adams—So that is the disparity in the salaries between government and—

Senator BOYCE—It would encourage you to go to Cunnamulla!

Mrs Adams—For sure!

Mr Tatow—No. They did not get one application.

Senator SIEWERT—Even with that!

Mr Tatow—Yes.

Mrs Adams—Yes.

Senator ADAMS—We have packages like that in Western Australia and we cannot get people to go and work 30 or 40 kilometres from a regional centre.

Mrs Adams—So $90,000 opposed to half a million dollars is a bit of a joke.

Senator SIEWERT—And just as you get them into the health service they are poached by the hospital.

Mrs Adams—Yes, that is right.

Senator BOYCE—Wouldn't you be poached for that difference?

Senator SIEWERT—Yes.

Mr Tatow—I am not defending Queensland Health here, but we have come to an arrangement in Cunnamulla where a Queensland Health doctor, an Aboriginal doctor, is doing a visiting service once a fortnight to provide GP services to Cunnamulla. So there are ways of getting around these things. But, to answer your question, the disparity in wages is very big.

Senator ADAMS—It is huge.

CHAIR—Senator Boyce.

Senator BOYCE—Thank you. Just following up on that: Mr Tatow, do I understand you to have said that the certificate III and certificate IV that you are talking about will mean that people have nationally transportable and recognised qualifications for Aboriginal health?

Mrs Adams—Yes.

Mr Tatow—Yes. It took a long time to get there, but now there is a national standard of competency for certificate IV and certificate III.

Senator BOYCE—Now following up on the conversation that we have been having: when we were up in the Cape, we were told by quite a few organisations that the changes that are proposed to the CDEP schemes from 1 July will mean that some positions will have to go. Will it affect your member organisations?

Mrs Adams—Yes, probably.

Mr Tatow—It will affect some of them, but others will still have those programs—not all of them though. It will affect some.

Senator BOYCE—Is it or is it not a serious problem for you, really?

Mr Tatow—I must say straight out that we do not have any community controlled health services at all in the Cape right now. Is that right?

Mrs Adams—No, we do not.

Mr Tatow—No, not until 1 July.

Senator BOYCE—But what about in remote Aboriginal communities in Queensland?

Mrs Adams—When CDEP was closed down, only certain organisations were affected. I do not know whether they have it in the Cape; you will find out tomorrow, as you are at Cherbourg tomorrow. They may have it. St George still had it. As for what they do and how it will affect them, it is actually top-up wages, so they do their two days and they do the top-up. I would say: yes, it will impact on them greatly because that is two days of employment that these people will not be able to get and they will not be funded adequately to carry out five days of employment.

Mr Tatow—But, Lizzie, perhaps I can just say that it is probably not in the health worker employment stream that those CDEP workers are—

Senator BOYCE—Yes. We have not had examples in the health worker stream, but we did not spend a lot of time specifically in health focused areas. I was just asking what the effect on the health area will be.

Mrs Adams—I will give you an example based in reality. I actually run the service in Toowoomba. When CDEP was taken out of there, the other organisation that we were co-located with there could no longer keep those employees on. They did not want CDEP workers and so I was putting them into my service—because to those people it was two days of wages. Then, when it was stopped in Toowoomba, my workforce fell down—and Toowoomba is a regional place. So it does have an impact on it, if you are not funded adequately.

I get a bit personal sometimes and talk about my experiences. I was living out in Charleville; I have only been in Toowoomba for six years. You have just mentioned CDEP, and that was one of the great things that happened to a community. There were the top-ups and people were working for two to four or five days a week. It was great for the community as a whole and it meant that the town was not drunk for Thursday, Friday, Saturday and Sunday. They had employment, so they were not going out drinking, which meant there was less criminal stuff. This is evidenced based and you could ask for that evidence. There was less crime, less fighting and violence and fewer assaults. You talk about 'things that work', and that was something that did work out in that area; it reduced the crime and violence and stuff. But then it is taken away. I do not know where they get their reasoning from.

I will give just one more example. I started out as a 23-year-old working in a nursing home, doing training as an AIN. I then went on and did my enrolled nurse's training and I was kept in employment—that is stuff that worked—and here I am today as CEO of an Aboriginal organisation giving health services. My sister did the same. She is in the operational stream and is still working within the Charleville Hospital. We did that under what was called the NESA Scheme. It obviously worked. It kept us in employment and gave us the required skills to be able to go out. I would not have thought I would have left Charleville, but here I am. We talk about

employment, which has to be good for our mental, emotional and social wellbeing, and it is all that stuff that comes in. It is working for, say, five years, but then some other you-beaut idea comes through. Do you know what I mean? As an Aboriginal community controlled person and as a black person, that is the thing that confuses me. Why move the goalposts or change things if they are working and it is all evidence based?

Senator ADAMS—It is the election cycle that does it, unfortunately.

Mrs Adams—Yes, that too.

Senator ADAMS—It gets three-year funding and then it is chopped.

Senator SIEWERT—I want to touch on an issue around the whole number of grants with the grant based funding and the overburden report; I want to get some comments around that particular aspect. I do not think I have talked to one Aboriginal health organisation that does not have a list of projects that they are coordinating that is longer than their arm. I notice that the National Indigenous Drug and Alcohol Committee report, that came out yesterday, again talked about that issue. Is that a major issue for your organisations?

Mr Tatow—It is.

Senator SIEWERT—Is it getting better?

Mr Tatow—I can speak from the QAIHC secretariat side of it and Lizzie can probably speak from the health services side of it. We can only offer our staff 12-month contracts. Every staff member, including the CEO, is on a 12-month contract, based on our continuing to receive funding. Admittedly, I have worked for QAIHC for four years, so obviously we have received funding after my initial 12 months. But all of our staff are on 12-month contracts and, yes—

Senator SIEWERT—It is hard getting a mortgage, isn't it, when you have guaranteed funding for only 12 months?

Mrs Adams—That is right, yes.

Mr Tatow—And sometimes it affects our ability, I guess, to attract the best quality staff because we can only offer 12-month contracts. We have a list of reports to provide that are linked to different funding. We tend to get funding from the Commonwealth government in one lot and we may get funded for a couple of one-off projects. From Queensland Health, we get funding from this bit, this bit, this bit, this bit and this bit. They are trying to pool all those funds and give us one report to do—as we now have to report to each different area; they are trying to improve that. But at the moment, yes, we do have a list of funders as long as your arm and a list of reports as long as your other arm. That is from our secretariat side of it. I do not know about the health service side.

Mrs Adams—Yes, it is the same.

Senator SIEWERT—How long do you spend on doing admin on the different grants?

Mr Tatow—I knew that you were going to ask that question.

Senator CROSSIN—You know the answer to that already, Senator.

Senator SIEWERT—A long time.

Senator CROSSIN—We all know the answer.

Mr Tatow—Yes. We spent quite a long time on the reporting and applying, I guess, for grants. We do not necessarily have to apply each year, but we certainly have to report every six months on all of those different funding streams.

Senator CROSSIN—Do you get any money in a three-year cycle?

Mr Tatow—We do. Our core funding, which we get from OATSIH, at the moment is on a three-year cycle. That is the same for not just the secretariat but also all of our members.

Senator SIEWERT—What does your core funding fund compared with what you deliver?

Mr Tatow—From a health service delivery point of view, from our member base, it would be your CEO or manager; a bit of finance; a bit of HR, IT and admin; and your core health service delivery—and it varies. There is no formula for funding to be provided. I think the fall-back position is population based, but I do not know where they get the figures from, because it varies depending on different locations.

Senator SIEWERT—One of the issues that—I think I can dob them in—the WA Aboriginal Health Council has raised with me is getting access to data; you just reminded me of this question in commenting on population base. They say that they collect a lot of data from the health services and put it in federally, and it takes them a long time to get it back. They want to use that data to do better strategic planning and to decide where to invest et cetera. Are you having the same problem?

Mrs Adams—Yes.

Mr Tatow—Yes.

Senator SIEWERT—When I ask OATSIH, they sort of look at me and say, 'Oh, no. We get the data back really quickly. What are you talking about, Senator?'

Senator BOYCE—How old would be the newest data, say?

Mr Tatow—I think the latest report is two or three years old.

Senator SIEWERT—That is exactly what ACHWA are saying to me. As I have said, when I say that to OATSIH, they go, 'Oh, we don't know what you're talking about'—essentially. They do it a bit more politely than that.

Senator CROSSIN—Don't knock them.

Senator SIEWERT—I was being polite.

Mr Tatow—Yes, it is old.

Senator SIEWERT—I have never been able to get a satisfactory response from OATSIH on this.

Mr Tatow—It is old. Should I ask them for their latest report?

Senator SIEWERT—Yes.

Mr Tatow—It is about two years old.

Senator SIEWERT—I would have thought that things are changing, particularly as we now are putting a lot of resourcing into Closing the Gap. We would want a much more timely report so that we can see how we are tracking with Closing the Gap so that we can refine things. Obviously there are long-term trends—I appreciate that—but surely there is some shorter term data that would help. Am I heading in the right direction?

Mr Tatow—You are correct. In Queensland, we have produced our own health indicators specifically for the community controlled health sector. We are moving all of our organisations on to that recording and reporting process so that we can have the data immediately we need it. That project has been taken to NACCHO and shared with our other state and territory affiliate organisations. There may be a move in the long term towards that reporting structure for our own purposes but, at the moment, it is just a Queensland based thing.

Senator SIEWERT—ACHWA are doing something.

Senator BOYCE—Can I just ask: how current is that information then?

Mr Tatow—That is very current. It is still happening as we speak.

Senator BOYCE—What, quarterly? How often do they report?

Mr Tatow—The information that we get? We have not implemented it yet, so we hope that it will be daily and weekly stuff when it is up and running properly.

Senator SIEWERT—So, if I understand you correctly, you say that the information you will be reporting to OATSIH you are dealing with yourself in order to generate your own figures.

Mrs Adams—Yes.

Mr Tatow—Yes.

Senator SIEWERT—I think ACHWA are doing a similar sort of thing.

Mr Tatow—Yes. Their CEO and we work together on the same stuff.

Mrs Adams—It is about ownership because, when you talk to the sector, they say, 'Where's the data going? We don't get it back.' This is with COAG, in particular, with Indigenous outreach workers being invested within GP services—because the data is saying that Aboriginal and Torres Strait Islander people are accessing GP services more than they are accessing Aboriginal community controlled health organisations. That has a great impact on our sector. Where did the data come from? When we want recent data, as Dion has said, it is at least three to four years old. So why cannot we have access to the reporting that we are doing to the government like anybody else can? That is not happening and we are always 'numbers'.

Senator SIEWERT—Now I have another example that I can go back to OATSIH with and ask them about.

Mrs Adams—That would be great.

Senator SIEWERT—Thank you.

CHAIR—Senator Boyce and then Senator Crossin.

Senator BOYCE—I asked earlier today, when Dr Aaron Groves and Dr Ernest Hunter were here, about getting the balance right and so forth, because we have heard a lot about social and emotional wellbeing programs and that. Also, you have told us about your pathways to control program. In terms of whether those services were overlapping or there was a hole in the middle or whatever, they suggested that there was a gap and it needed something around it. Is pathways to control meant to include something that will give guidelines or set out a map of who does what, or not?

Mr Tatow—It probably will but perhaps not to the extent that they are suggesting; it may not go into that detail. I know exactly what they are talking about: how the social and emotional wellbeing stuff sometimes is over here and the rest of primary health care is over here. Our whole way of working together now is in trying to integrate it, but I am not sure that document will be the one to do it or that process of developing that pathway is the way to do it. I am not sure what the way is, but I do not know whether that is.

Senator BOYCE—Yes. Obviously the resources are scarce enough that you do not want overlaps and you do not want big gaps either.

Mrs Adams—No.

Mr Tatow—No.

Senator CROSSIN—You have talked about linking the national partnership agreements in trying to do it better and that, in fact, in Queensland it was happening and working okay. What do you think the gaps are and how can we do it better at the federal level then?

Mr Tatow—Just to clarify: are we talking about the partnership that we have here with the Commonwealth, the state, ourselves and—

Senator CROSSIN—In your opening statement you made a comment that you thought, in respect of the national partnership agreements under COAG, they could be better linked. I am not sure what you meant by that.

Mr Tatow—No; Queensland is not doing it. QAIHC would like the information on all of the—

Senator CROSSIN—So it is not the COAG partnerships at the federal level being better linked.

Mr Tatow—No.

Senator CROSSIN—You are talking about your work with Queensland being better linked under the NPAs.

Mr Tatow—No. If I understand you correctly, I guess I was mentioning that information about all of the different COAG partnership agreements be fed to us. At the moment we only hit the health one and the early childhood. We are not often up to date on what is happening with all the others.

Senator CROSSIN—Who should do that? Should we do it?

Mr Tatow—Somebody from the federal government level that links them all and the relevant state and territory governments as well. I think it should be everyone.

Senator CROSSIN—There is almost a dozen or so of them under the Closing the Gap initiative. They go to education and to economic development. Would you be interested in all of those though?

Mr Tatow—I guess, with the ones that are relevant specifically for health, we would be.

Senator CROSSIN—So tracking what is on the COAG website is not helpful? You want more information than that?

Mr Tatow—I do not know whether we have tracked it on the COAG website.

Senator CROSSIN—On the website is only the RPA.

Mr Tatow—Okay.

Senator CROSSIN—Are you talking about the implementation of it at a state based level?

Mr Tatow—Yes, I guess it is the implementation side of it.

Senator CROSSIN—You would like more information about that.

Mr Tatow—Yes.

Mrs Adams—Yes. One of the linkages that we do here in Queensland is with our coalition.

Senator CROSSIN—Yes, I understand. Thank you. I just wanted to clarify what you meant by that in your opening statement. Thank you.

Mr Tatow—Yes. We do have an Aboriginal and Torres Strait Islander Human Services Coalition here, in Queensland. That is made up of reps from health, Shane from legal—

Mrs Adams—Education and housing.

Mr Tatow—Education and housing.

Senator CROSSIN—They are probably the best ones able to do that for you, in terms of what Queensland are doing in respect of all of those RPAs.

Mr Tatow—Yes.

Mrs Adams—Yes.

Senator BOYCE—Are they a formal group or just something that you have put together?

Mrs Adams—No. They are a formal group and it was initiated by QAIHC. Even at our national level now, we are perhaps thinking of a national coalition. No matter what table we sit around—whether it is health, housing, legal or education—within health, it is a holistic approach. So all of those things actually impact on the health and wellbeing of a person.

Senator CROSSIN—So, in this forum, have you raised with all those service providers from the Queensland government that you want a standard agenda item: what is happening in your RPA?

Mrs Adams—Within our Queensland partnership, yes, we do, and we do have the talks. Actually, Shane Duffy is the chair of the coalition.

Mr Tatow—The Queensland government did organise for all of the different departments involved in the implementation of those different initiatives to come together to that forum that we had here at Parliament House. That has happened only once. We just leave that on an ongoing basis so that they do not—

Senator CROSSIN—Thank you.

CHAIR—Thank you very much for the evidence that you have provided today, particularly some of the material that I have not sent to anyone else; I have just been enjoying the detail of the evidence based process in terms of the outcomes of Closing the Gap; it is quite illuminating. The detail comes from outside of the Australian Institute for Health and Welfare. So thank you for that. Thank you for providing evidence today. It is quite possible that a number of the senators may wish to provide you with questions on notice and they will be provided to you through the secretariat. Should you wish to provide either clarification of the evidence that you have given or correction to it—or, in fact, provide further evidence and submissions—you will

also be able to do that through the secretariat. But thank you very much for the evidence you have provided today.

Mrs Adams—Thank you, and thank you for working overtime.

CHAIR—This meeting is adjourned until 10.30 tomorrow at Cherbourg.

Committee adjourned at 5.01 pm