



COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

SENATE

COMMUNITY AFFAIRS REFERENCES COMMITTEE

Reference: Petrol sniffing in remote Aboriginal communities

WEDNESDAY, 8 MARCH 2006

CAIRNS

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SENATE
COMMUNITY AFFAIRS REFERENCES COMMITTEE

Wednesday, 8 March 2006

Members: Senator Moore (*Chair*), Senator Humphries (*Deputy Chair*), Senators Adams, Allison, Carol Brown and Polley

Substitute members: Senator Crossin for Senator Carol Brown and Senator Bartlett for Senator Allison

Participating members: Senators Abetz, Barnett, Bartlett, Mark Bishop, Bob Brown, George Campbell, Carr, Chapman, Colbeck, Coonan, Crossin, Eggleston, Chris Evans, Faulkner, Ferguson, Ferris, Fielding, Forshaw, Hurley, Joyce, Lightfoot, Ludwig, Lundy, Mason, McGauran, Milne, Murray, Nettle, O'Brien, Parry, Payne, Siewert, Stephens, Stott Despoja, Watson, Webber and Wong

Senators in attendance: Senators Adams, Bartlett, Crossin, Humphries, Moore, Polley and Siewert

Terms of reference for the inquiry:

To inquire into and report on:

- a. the effectiveness of existing laws and policing with respect to petrol sniffing in affected Indigenous communities;
- b. the effectiveness of diversionary initiatives and community level activities; and
- c. lessons that can be learned from the success some communities have had in reducing petrol sniffing including the impact of non-sniffable Opal petrol.

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Committee met at 9.07 am**MARTIN, Mr Bruce, Substance Misuse Worker, Wuchopperen Health Service****ROBERTSON, Ms Jan, Drug and Alcohol Projects Coordinator, Wuchopperen Health Service**

CHAIR (Senator Moore)—The Community Affairs References Committee is continuing the inquiry into petrol sniffing in remote Indigenous communities. On behalf of the committee, I would like to acknowledge the traditional owners of this land and thank them for welcoming us here today. I welcome Ms Jan Robertson and Mr Bruce Martin. I know that you have received information on parliamentary privilege and the protection of witnesses. The committee prefers to take evidence in public but, if there is anything you think you would like to discuss with us in camera, let us know and we will go through that process. We have your submission. If you would like to give us an opening statement then we will get into questions.

Ms Robertson—Thank you very much for the opportunity to come to speak here. Firstly, I would like to clarify that I am not speaking on behalf of remote Aboriginal communities. The mandate of the Wuchopperen Health Service is to serve the community in Cairns and the Cairns district. However, we do work with community people who either have relocated or are down here visiting for different reasons. Also, our work has involved young children who have been sent down here on child protection orders or who are juvenile offenders. A lot of those offences have been committed while they have been intoxicated on petrol.

In our capacity at Wuchopperen, we coordinate the Cairns Inhalant Action Group. Our focus has mainly been on paint sniffing, which is the inhalant of choice around here, but we have also been invited by communities in the Cape to assist them in facilitating forums on petrol sniffing in their communities. That has largely been my personal involvement. Also, we develop for communities regionally appropriate resources around all substances, including inhalants. I have given a pack of those resources to the secretariat.

CHAIR—The video and the CD.

Ms Robertson—Yes. We are also involved in the development and delivery of education sessions on substances, including volatile substances, for community members, families and other service providers. I would like to recommend—and I want to clarify again that I am not speaking on behalf of remote Aboriginal communities—to the committee that, as you would be aware, each community is unique and they have a wide variety of responses and strategies around petrol sniffing and, therefore, it is important for future inquiries into these issues to be more inclusive of representation from the communities. I will ask my coworker, Bruce, to enlarge on that.

Mr Martin—I have been working for Wuchopperen for a few months now, but I am from a remote community. I am from the community of Aurukun on the western side of Cape York. I think it is important to remember that each community is so unique and so different from other communities, particularly the west Cape communities like Napranum, Pormpuraaw and Aurukun as opposed to the communities on the east side of the Cape. Again, each community is so different in terms of its geography, culture and the primary language spoken, and that needs to be

taken into account. We are not going to come up with a solution that is going to be perfect for every community.

Ms Robertson—One of the things I noticed in reading the terms of reference for the task force was the great focus on supply reduction, particularly through replacement fuel like Opal. While that has been recorded to be a very successful intervention, I am concerned that, in addressing this issue, there is a great need for demand reduction and harm reduction strategies. For example, I was recently conducting a series of interviews in a remote community for a research project for the National Inhalant Abuse Task Force into product modification of inhalant products like butane, petrol and some of the paints. In the course of the interviews with the young people in the community, I was quite surprised to hear that there was a great lack of knowledge, for example, about the harmful effects of some of the substances that the children were involved in. Petrol is pretty horrible to sniff—I could not imagine how you could make it less tolerable—so I asked: ‘What would you do if the petrol was so foul that you could not use it?’ Remember that, happily, a lot of kids in remote communities are not aware that they can sniff other volatile substances. I do not know how long that happy state will remain. But obviously an issue is: what will they do when you take away one substance? Although some of the young people said that they would probably just go home rather than stay out on the streets to get intoxicated and get up to mischief and offending, they would move to other substances, particularly cannabis.

We know that cannabis is quite expensive in a lot of the communities. My next question was, ‘How would you get the money to pay for those substances?’ They said, ‘Oh, we’d gamble.’ That was a very common response. That was quite a concern to me because it indicated that there is a harmful effect from a supply reduction strategy. I think that must be taken into consideration, particularly when we are getting so many reports of the harmful effects of cannabis use in communities. In the community in which I was interviewing the children and the young people, there has been a marked increase in psychotic episodes accompanied by violence through cannabis use, and I would like to note that for the committee. Are there any questions?

CHAIR—We do, but we tend to let people talk to us first. There are often many things that people want to tell us and then we ask questions. So get it on the record—this is your chance!

Ms Robertson—You have my submission. I guess I will just enlarge upon that. We would recommend that some of the specific responses should include increasing the capacity of communities through, as Bruce mentioned, the opportunity to engage in meaningful consultation in state and national policy development. I think Bruce might give an example of where consultation has not included communities.

Mr Martin—In 2003 I was a youth justice worker in Aurukun working for the then Department of Communities. When I came down and attended the court circuit here in Cairns, I found that a lot of CSOs would get their clients out on bail and back in their home communities, explaining to the magistrate that this young client would go and live with family members on outstations when, in reality, whether it be because of the monsoon season or because that particular outstation was not appropriate for that young person—it might belong to another family perhaps—that young person could not stay out there. The end result was that this young person was in violation of their court order through no fault of their own. I think that is a perfect

example of where, if the CSO had consulted with family members and communities appropriately, there would have been a better outcome for that young person.

CHAIR—Can you tell us what a CSO is? Is it part of the justice system in the Queensland state system?

Mr Martin—That is right. It is a community service officer.

CHAIR—That is linked to the courts, so that would be part of the discussion around sentencing for a young person?

Mr Martin—That is right. That is the link that the department has with the courts. The Department of Child Safety have their own CSOs as well.

CHAIR—Every state has its own variation.

Ms Robertson—In our experience in running a group that is addressing inhalant use in our town, we found and we also got plenty of evidence—for example, a review of interventions by MacLean and d’Abbs, which probably comes up repeatedly in this inquiry—that there must be concurrent strategies running. We have certainly found that to be true here in Cairns. We have tackled supply reduction. It is a really simple one. It is very easy to define it. You just find out where the drug is coming from and how to attack that. I think that the other demand and harm reduction issues are very complex and lengthy. I guess that is probably underlying everything that I am saying. We need to encourage people to look at those other very important strategies.

From my limited experience in the communities, it is very evident that the community governance institutions—in particular, the community justice groups—really desperately need support. While the state government might make recommendations and legislation around substances, it is up to community police as well as the state police and the justice groups to actually implement and police that. Maybe Bruce could enlarge a bit more on the difficulties for the justice groups.

Mr Martin—I think the other important thing to remember about justice groups, as I was saying earlier, is that each community is unique but that within those communities there are different family groups, different language groups and different clan groups. The justice group is a fair representation of the various clan groups within a community. Perhaps a lot of people do not realise this. That is why, when going into remote communities, it is so important to engage, not only out of respect but also because you will end up getting a fair overview of what is going on in the community.

Ms Robertson—The option of outstations comes up a lot. As Bruce has already said, there are some difficulties about using that as an option. I think there could be some way of strengthening support for that option. A lot of outstations are owned by individual families. There are issues of access during the wet season and of who is going to staff them. You might refer a client there, but is somebody there who is going to actually staff them? Can they make contact with another, closer centre in the event of an emergency? They need money for transporting people in the event of an emergency. Another issue is: are the staff on those outstations paid? I think there

needs to be some sort of support mechanism in place for those outstations to utilise a really wonderful option.

Also, I think one of the things about the outstations is that sometimes they can be used not just for the youth but for community respite as well. Sometimes the communities get very overburdened by all the turmoil that is caused by petrol sniffing. As well as that respite for the community and time out for the kids, it is a time that they can strengthen their sense of cultural identity. There need to be people in place in that community and their efforts need to be recognised—for example, by payment for their time—and a value placed on that.

Obviously Opal or replacement fuels, aviation fuels, have been demonstrated to be a very highly successful strategy. That strategy needs to work alongside others. I will not go into that very much—although I did notice in one community that I was visiting that we have quite a lot of retail legislation around on-selling substances, and this is a very hard thing to police. In my opinion, it did not seem to be given much attention by the police—that they could actually convict, that they could prosecute people who were on-selling petrol. Who those individuals are is quite common knowledge in the communities. I know, as a non-Indigenous Australian, that we have quite a culture of not wanting to dob in people to the police, and I imagine that there are a lot more complex issues around that in the communities. But I would encourage that to be looked at too—the police being given support in enforcing that legislation.

We talked a little bit about community based sentencing options. We have had a lot of young people come down from remote communities as part of their sentencing options who are brought to our service, and we are asked to provide interventions for those young people, perhaps in the form of counselling around their substance misuse. Some of these young people are in Cairns for a very limited amount of time, and we can really do no more than provide a brief intervention, which might be around the harmful effects of what they are doing. We feel that that is probably not a very great intervention, given that they are down here for a few weeks, they are probably feeling a bit frightened about why they are down here, they are estranged from family members and they have to come to another organisation and tell their stories again. In the course of a few weeks, it is very hard for us to establish rapport with those young people. So I think that the idea of strengthening community based sentencing options is a good one. I am sure that some of our other speakers here today such as Ezra Saveka and certainly Mr Walmbeng from Aurukun, who will be appearing later, might be able to speak about what is happening in Aurukun.

Youth leadership or mentoring programs in the communities need to be strengthened. Each community will have its own style of addressing that, and I would recommend that they are supported. I also know that access to Aboriginal community controlled health care that has a very strong focus on prevention and the delivery of holistic services in a culturally safe manner works really well here in Cairns. The drug and alcohol section works out of our social and emotional health service. We have a staff of about 20 involved in delivering that service. We find that when kids are referred to us with substance misuse issues, rather than referring the kids out, we can get them taken for health-care checks on site, which is a lot less threatening for them.

But I cannot stress enough that pushing the kids from pillar to post is very difficult for them and that, if we are taking the kids out of the community, we are just making that difficult. One of the projects that we are involved in in Cairns—bearing in mind that we are dealing with paint sniffing in an urban setting—that we have found has worked really well is our street work

outreach project. I will just get Bruce to speak about that briefly, because it has some very good principles in it that might work elsewhere.

Mr Martin—It was originally set up through Wuchopperen and the Cairns City Council. A worker from Wuchopperen and a worker from Cairns City Council would go out on a Thursday evening and target hot spots where perhaps police had received reports of young clients chroming—sniffing paint. It is now run primarily through Wuchopperen, and I go out every Thursday evening, along with another Indigenous female worker. We receive referrals from the Department of Child Safety, the Department of Communities and from the community.

We go out and see a number of families that we have on our list. Perhaps a young person in a family group is chroming or is showing at-risk behaviour. We make contact with these families every Thursday evening. We have a number of bakeries involved and we will take food over to the families and talk about what problems they are having that particular week, what their main problems are and what they would like help with. As I am sure you are well aware, sometimes the problem is not the chroming itself. A young person might be chroming because there are domestic violence issues at home, and Wuchopperen Health Service have counsellors who can help out with that. Perhaps it is the basic fact that they do not have enough food at home. As I am sure has been brought to your attention, sometimes kids sniff just because they do not have enough to eat and petrol and paint kills the hunger pains.

With the weekly contact, I have found that I have been able to build great rapport with families. I have been able to help out with not only sniffing but also truancy, domestic violence issues and child protection issues. I think it is a really holistic approach that has been working really well for us here in Cairns.

CHAIR—How long has that program been going?

Mr Martin—I have been involved since the end of October, but the program has been running for three years. Originally it was set up as an outreach program where, on a Thursday evening, two workers would go out and cover these hot spots or visit families. Since last November, we have added a follow-up where we will go out and work with families on a Thursday and they will identify certain needs that they would like help with. Then on a Friday, or on the Monday or Tuesday following, we are able to help with that. We call that the follow-up work from the Thursday evening outreach.

Ms Robertson—It is a very time-rich approach, and sometimes it can take quite a long time to establish a rapport with the families. But to actually be invited to some family groups that are disengaged from all sorts of services—and the kids are disengaged from the education systems and access to employment—has been marvellous. The follow-up work probably takes up more than half of your time, and we have employed a part-time woman to go out on the evening. Also we have other services that are occasionally requested. We do not like too many people to come out at once, because it might seem like a posse arriving on the doorstep.

Some of the results have included kids re-engaging back into the school system and young people and parents getting employment. We think the outcomes are huge. They might look small. We cannot alter the kids' whole social environment, but rather than targeting just the kids that are sniffing we try to increase the capacity of their families. They have got strengths, and we

want to build on those strengths. It is very non-invasive. It is almost like a social visit when people come, and we are invited into the houses, and grannies will sit and talk to us about their concerns about one kid, if maybe we have not been able to engage the key person that we have gone to see. There might be a chronic, highly dependent person who is using volatile substances. Maybe we are not feeling like we are having a grand success, but the mother might ask us to intervene on behalf of another child who maybe is not attending school. We also hook them up with other services, like youth services and vocational education programs.

It is very good, but the secret about it is that the staff who go out are mainly Indigenous. We try not to have any non-Indigenous go except in emergencies or non-Indigenous staff working from other agencies. We also take out police liaison officers, if they feel it is appropriate and they have time to go. Somebody has been out there every week come hell or high water. Families wait for us. They are not waiting for the food, as some people might have thought; they are waiting to actually speak. They have issues and they see that Wuchopperen is able to help. It is not that they are just looking for a handout; they really do want to do something about issues in their own life. That is the important thing—we are increasing their capacity. It is a simple thing; it is not rocket science.

Again, speaking as a person who is very mindful of not being from a remote Aboriginal community, from our work here we know that capacity building in the communities is through empowering individuals and families. Although some of the communities that we know of in the Northern Territory—and there has been the odd one on the Cape—are reeling with some of the effects of petrol sniffing, there is a great focus on the age group of the people who are involved in sniffing. We would suggest that there could be greater emphasis on supports for young children from conception to preschool age in order to build resilience and protective factors into them. That is a very long shot, demand reduction strategy I guess. I also cannot stress enough the further opportunities to strengthen cultural identity, including the preservation of language, land and environment. Bruce, could you just speak about some of the things that you did in Aurukun with the young people.

Mr Martin—As I briefly mentioned earlier, I was the youth justice worker in Aurukun for six months in 2003, working directly for the Aurukun Shire Council and the Department of Communities. In fact, it was a position funded by the Department of Communities. I found that there were a lot of youth engaging in petrol sniffing and then being caught up in risk behaviour and the youth justice system because they were high on petrol at the time. There are many reasons, as I am sure you are all well aware, behind their reasons for sniffing. As I said before, one of them was just the basic need for food—by sniffing they were killing their hunger pains.

I set up one program where a group of clients—a core group of about four or five petrol sniffers in Aurukun at the time as well as a number who were on youth justice orders—and I would go out every morning and set nets. This is a program that worked for Aurukun because of its location on three converging rivers that are just teeming with fish. We would go out every morning and set nets and eight hours later we would go and collect all the fish that were in these nets. These young people were able to bring something back to their families, to their wider families and also to the elderly in the community. It not only served that basic need for food but also gave them a position and status in the community. They and their family members were really proud of that. It was just a basic program that one person could run.

Another was collecting firewood every evening for the elderly and the sick within the community of Aurukun, because people like to sit outside and have a cup of tea and talk and yarn to other family members. The same group of young people would grab a trailer and collect wood for about two hours and then come back to the community. Again, they would go around to different members in the community that we had identified as being elderly or being sick or in need of some help in collecting firewood and we would drop it off. Again, it gave these young people a sense of pride, a sense of dignity and a sense of self-worth within the community. Those were just two of the programs, but I think they are good examples of what can be done.

CHAIR—I might pass over to the senators because I can feel the pressure from those who want to ask questions. We will ask questions and if there is something that has not been picked up in those questions that you wanted to tell us you will have an opportunity at the end.

Senator HUMPHRIES—You mentioned that Wuchopperen covers the Cairns area and that chroming was the main problem in this area. Do you have an idea of the number of young people who might be chroming and paint sniffing in this area?

Ms Robertson—It is all anecdotal. At one stage we thought there might have been 50 or 60 kids, which is obviously not a proportionately very large group.

Senator HUMPHRIES—Is that for chroming or paint sniffing?

Ms Robertson—Paint sniffing. However, in Cairns, on average in the last few months, according to police intelligence, they are responding to about 30 volatile substance misuse related incidents a month. That number seems to remain fairly steady, though we do have peak times around the holidays. We have a hard core of about five kids who are chronic long-term users who have been sniffing for over five years. I will not go into the damage that is involved, but it is very complex trying to address those issues. We have been running the Cairns Inhalant Action Group for four years now and we are really starting work well on our interagency case management. The numbers are not huge but the impact is profound. Those numbers in a small community where people's property is being damaged cause a significant problem.

Senator HUMPHRIES—How many are chroming, do you think?

Ms Robertson—It is hard to say. You are talking about chroming where they use silver paints and things. I found a silver paint bottle outside my place on the weekend. It is sporadic. It is faddish in towns. Some kids will believe that a particular colour is better. We have found that since we have been really successful targeting retailers and the spray paint outlets around town by encouraging them to adopt responsible retail practices—we have made a few concerted efforts at going around with the police; Bruce has gone around and Paolo Gambi, who is here, has gone around—we have had a few older sniffers reporting that they are unable to actually access the paint. Unfortunately, we have also had a few reports of an increase in butane use, which is more risky. I heard anecdotally that a non-Indigenous man actually overdosed on butane a few weeks ago.

Senator ADAMS—Are the schools conducting any harm reduction programs?

Ms Robertson—Around sniffing particularly ?

Senator ADAMS—Any of it really. Is there anything that starts with the younger ones?

Ms Robertson—Some of the schools have drug and alcohol policies. We consider that part of our work is to work with schools, not with a focus of going in and doing a lot of work with the kids directly but with assisting the teachers to do that kind of work and developing their capacity. We also help them to examine their drug and alcohol policies. Some schools have wonderful drug and alcohol policies around here in which they do not target drug and alcohol; they look very strongly at building protective factors like connecting the kids in with sporting and social activities at school. It varies from school to school.

Senator ADAMS—Mr Martin, you mentioned that the western Cape communities were different to the eastern Cape communities. Could you tell us why that is so? I have a fair idea, but could you tell us for the record?

Mr Martin—One of the primary reasons is language. In a place like Aurukun, English is a second language. We speak Wik-Mungkan there. Even within Aurukun, there are different languages and different dialects—Wik-Mungkan, Wik-Ngathan and Wik-Waya. There are six different dialects spoken in Aurukun and Wik-Mungkan is the main language. Another reason is to do with geography. There are programs that we would be able to run in Aurukun that we would not be able to run in Hope Vale. I guess another difference, going back a number of years now, is that Aurukun was set up as a Lutheran mission whereas different communities on the eastern Cape were set up by different missions. I think that has spawned a difference in community views and the way the community reacts and responds to certain problems.

I am from Aurukun, so I guess I can speak on behalf of Aurukun people. When there is a problem with sniffing in Aurukun it is really hard because there is a lot of blame shifting. People tend to see different families being at fault—perhaps the families of the sniffers themselves—and sometimes it is hard to get a community response as a whole. That is why I think the introduction of the justice groups was really important because we are able to try get away from that blame shifting. Language and geography are two of the major differences that will affect programs in terms of petrol sniffing.

Senator ADAMS—Just coming back to your justice groups, we were at Mornington Island yesterday and were told that one of their big problems was trying to get supervisors to do the community work orders. I come from a small place in Western Australia and we have exactly the same problem. It is fine for the courts to say, ‘We’ll do a community based work order,’ but trying to get supervisors is just impossible.

Mr Martin—Yes. Also, getting people who are eligible to work with kids who have blue cards is I know a real issue in small Indigenous communities up in the Cape. As I am sure you are well aware, a lot of adults do have criminal records.

Senator POLLEY—You mentioned earlier the difference between the communities, and that is reported to us in Western Australia, the ACT, the Northern Territory or wherever we go. Yesterday when we were at Mornington Island, a concern was raised that information about successful programs is not being shared through the communities. So they are looking for any information and they are willing to try to understand the geography. They have the ocean available for fishing, but that is obviously not the case in Central Australia. Are there programs

and is there a lot of information sharing or would you be prepared to provide that information so that those programs can at least be trialled? As they said yesterday, they may not work but at least they have an option of trying something and they may be able to alter it.

Mr Martin—Definitely. That is one of Wuchopperen's main roles. We are always happy to assist with community work and community development. For instance, with Priscilla Major coming down, we have had a number of community members asking how Wuchopperen could help or suggesting that perhaps we could go up and talk to different community groups like the justice group and the council about what kinds of programs could be run in their community and basically just further educate these different groups, like the justice group and the council and perhaps even the police, on volatile substances.

Ms Robertson—One of the recommendations I made in the paper here—and I think that is a really good point—is that there are some really successful programs out there. I have been casting around, with different state departments, the notion of a regional forum for community members. I am not talking about non-Indigenous academics coming in and talking about it. We have had really limited time and funding to go into communities. It has not been our mandate and it has not been our geographical area, but we have found funding to go into some communities and facilitate the community forums. They have been a wealth of information for me personally. Rather than me taking in information I have come out with a lot more information that I would share with the next community that we would go and visit. So there should be some way of funding those regional forums.

I was talking with Mr Walmbeng, who is the chairperson of the justice group, in Aurukun last night. I have asked lots of justice groups around the Cape what they think of that notion. They are all highly supportive. They would love to get together and share ideas. Further on with that idea, the responsibility of petrol sniffing in communities is shared amongst lots of services. It seems to have fallen to the justice groups to take on that issue and coordinate efforts. For example, Aurukun Community Justice Group did a tremendous amount of work to get Opal into their community. That was extra work to an already overburdened and largely voluntary group of people.

From our experience, we have learnt that through having Wuchopperen being able to convene and coordinate the monthly meeting of the Cairns Inhalant Action Group—and we have met monthly for four years—we have had some good outcomes. That is because there has been someone there to coordinate it, and disseminating information and working on all the working parties on strategies is seen as being part of their core business. So there is a lack of coordination, I think, on a local and a regional level.

Senator POLLEY—The other issue that has been raised by remote communities is a concern about government programs in that they will have a pilot program and the community get excited about it and then it falls away or the funding is taken away. I was wondering if you had any views on that or any experience in that area that you wanted to share with us. The other issue that was addressed with us yesterday was a fundamental one, and that was lack of parenting skills. Do you have any programs to address that with your outreach services for you to go into the family homes? I see that as a major advantage, but we have to resource those services.

Ms Robertson—We have a parenting program at Wuchopperen Health Service. Bearing in mind that we are an Aboriginal primary health care service that is community controlled, we probably have access to different resourcing. We have an infrastructure that allows us to seek funding well; we are very well managed. Some of these things are not givens for some of the communities. But we have an intensive family support program that is targeting young Aboriginal and Torres Strait Islander parents, teaching them parenting and living skills. That is also very intensive work; it runs with probably a maximum of about eight participants, usually young women and their children. We also have male support workers available to engage the partners of the girls. I think that is a really great program, but it is very intense and it requires a lot of funding.

Senator SIEWERT—I am interested to hear your views on how successful you think the roll-out of Opal non-sniffable fuel would be in this region, given that I have heard everything you have already said about the need for all the other programs. So, if those background programs were there and had sufficient funding, and all the things you list in your submission, would Opal be useful to this area as a replacement for sniffable fuels?

Ms Robertson—I was speaking to Mr Walmbeng last night, and I think that that question is best addressed to him. He is in Aurukun and he said that Opal was introduced there in December and there has been a marked reduction in issues associated with sniffing. I think any supply reduction is going to be successful, and probably supply reduction programs or strategies are much more successful in remote communities because you have very limited supply outlets. I am very wary of saying what I think; I am also thinking, in the back of my mind, about associated harms. But personally I think, yes, it would be good for communities that did not have access to other petrol outlets, bearing in mind that some of our communities on the Cape might be considered remote in Canberra but they do not have to drive very far for another outlet—I am thinking of communities like Napranum.

Senator SIEWERT—Yes, because you mentioned the issue of on-selling, and presumably that would need to be dealt with as well.

Mr Martin—I think it would be very similar to the introduction of the alcohol management plans. There was a marked decrease in alcohol related violence and the number of alcohol related injuries presenting at the hospital in Aurukun; but, looking back on it now, there has been a significant increase in cannabis use and everything related to that. So I think, as Jan was saying earlier, it is important not to look primarily at Opal, although it will have a good effect in terms of supply reduction; we have to also look at programs to support that.

Senator SIEWERT—So to me the message is—and I do not want to put words into your mouth, so that is why I am trying to get it right—that, yes, it would have a role but it has to be part of an overall program, including all the things that you mention in your submission.

Mr Martin—Absolutely.

Ms Robertson—Yes. With strategies around demand and harm reduction, the supply reduction sets a better environment; it makes it easier to facilitate those other processes. It is probably going to cut down the numbers of experimenters and social users. However, there are going to be huge issues, I think, for the kids that are chronically dependent. We have found that

with the alcohol management plans on the Cape. The adults who are very dependent on alcohol either have taken up other substances, including petrol, or have vacated their communities and gone to another community where there is access. At the moment, it is very difficult for adults, let alone young people with addiction problems, to access ongoing treatment. The Queensland Alcohol, Tobacco and other Drug Services work out on the Cape and they are very thinly spread, they have a huge task and there are not many staff to go around all of those communities. In residential rehab facilities for adults, there are two services down here in Cairns and on the Tablelands. There is another residential rehab that has just started up outside of Pormpuraaw. I am unclear whether that is just for Pormpuraaw community members. What we have seen with the alcohol management plan should be a good lesson, I think.

CHAIR—They are the next witnesses, Ms Robertson, so we will ask them to expand on your statement.

Senator CROSSIN—Do the Indigenous people who work with you have access to appropriate training and funding of that training? Is it adequate?

Ms Robertson—We have a very strong focus on training at Wuchopperen, and all of our staff do a great amount of in-service training, including some accredited training like certificate IV in primary health services. It is very hard to take a lot of people out of the workforce and pay for their training. That places a burden on us and I think there definitely needs to be more funding made available for that to increase the capacity of our workforce. There are lots of ideas about training for staff. For example, we would like to see people who are adequately trained to assist with running camps. Camps are being touted as an idea to engage kids. We have used them very successfully at Wuchopperen, but it would be great to have a pool of workers who are specifically trained in youth work. It would require funding to get a pool of workers to be available for that.

Senator CROSSIN—I want to ask you about work through the ICC, the federal government's new whole-of-government approach, and whether you have had any feedback from schools about the new funding arrangements for accessing Indigenous education money. The new parent school participation program now requires schools to competitively tender for access to that money. Last year's Senate inquiry discovered—and it is my knowledge of what is happening in the Territory—that nutrition programs are predominantly not being refunded for last year or this year. I think this is a link to petrol sniffing, because normally kids would turn up to school knowing there was a breakfast program or a lunch program and it at least assisted in abating their hunger. Do you do any work with the schools or the Commonwealth Department of Education, Science and Training through the ICC in respect of Indigenous funding?

Ms Robertson—We do not through the ICC, but we do run nutrition programs in the community that are either held in community centres or operated out of our community based organisation, and they do go into schools. That is a part of our sport and rec program and also part of our chronic disease strategy. But I am not aware that we are accessing any funding through the ICC for that. We have not engaged in any partnership with the schools.

Senator CROSSIN—I am trying to track down whether the silos still exist.

Ms Robertson—I think that they think they do.

Senator CROSSIN—Yes, that is obvious.

CHAIR—Ms Robertson, we are coming to the end and we always run out of time. Is there anything you or Mr Martin would like to add? You have given us so much information. Can we get some basic information on your service. You have given us a couple of paragraphs in the submission, but how many staff you have for the kind of work you are doing. It ranges across a large number of issues. Also, and this is a question I ask of all organisations, can you tell us where your funding comes from. More than likely, you are drawing funding from a couple of different pools. We are trying to build up a picture of where all that comes from. It will probably be in your annual report or something like that.

Ms Robertson—Yes, it would be.

CHAIR—If you can give it to us, that would be very useful.

Ms Robertson—Do you want me to send that to you?

CHAIR—Yes. One of the things we are trying to do is look at the involvement of various levels of government. I think you already told us in your evidence that you are involved in federal, state and local government programs. Would either of you like to add anything on record? You can always give us supplementary information as well. If you go away and think of something that you really wanted us to know, please contact us.

Ms Robertson—There was one point I did want to make. We have a lot of proposals around for residential therapeutic programs for troubled Aboriginal youth. I would recommend that those programs be developed, implemented and staffed by Aboriginal people. I have been working at Wuchopperen for six years and I have had to unlearn a lot in order to operate effectively. I have learnt so much. The ways for healing are very different. I think that needs to be taken into consideration when funding is distributed. There should be a big Aboriginal input if we are targeting Aboriginal people. The other thing is that I want to stress regional and local coordination of strategies addressing petrol sniffing. Also, proper participation in policy-making and strategy development must happen for these strategies to be owned and implemented by community people.

Mr Martin—Thank you very much for the invitation to come here. I think it was good for Jan and I to be able to tell you what is on our minds.

CHAIR—I have one other question. You did mention the national task force on inhalants. What is your involvement in that? That is the national group that is looking at these issues across the board. You did mention it in your evidence. Do you have direct involvement in that group?

Ms Robertson—Only insofar as we actually made a submission to the draft consultation paper. Again, a lot of people in remote communities were denied the opportunity for involvement through time frames.

CHAIR—They did not know about it or was it the time frames?

Ms Robertson—It was the time frames and a lot of people did not know about it. Also, I was involved in a research project that was commissioned by the National Inhalant Abuse Task Force, which was very beneficial for me in gaining an understanding. But that is it—there is no further ongoing involvement.

CHAIR—And that message about perhaps closing people out of the process has been fed back to them?

Ms Robertson—Yes, very definitely.

CHAIR—Thank you.

Proceedings suspended from 9.58 am to 10.13 am

PARR, Mrs Jannette May, Senior Clinical Psychologist, Alcohol, Tobacco and other Drug Services**SAVEKA, Mr Ezra, Advanced Health Worker, Alcohol, Tobacco and other Drug Services**

CHAIR—Welcome. I believe there has been some confusion with the sending of emails, for which I apologise, but we will work our way through it, Mrs Parr. I was remiss not to acknowledge at the beginning of today that it is International Women's Day. I would like it on record that it is our day. What better way to celebrate it!

I know that we have sent out information on parliamentary privilege and the protection of witnesses and evidence, but there has been some confusion. You are both aware of the procedures about evidence and also about your particular role as public servants, in that you will not be required to answer questions on the advice you may have given in information in the formulation of policy or in any interaction you have had with the government on that basis? We will work our way through that. We prefer to have public evidence, but if there is anything that you would prefer to have in camera please let us know. Do you have any comments on the capacity in which you appear?

Mrs Parr—I am the district coordinator for Alcohol, Tobacco and other Drug Services in Cairns, but I have also had contact with the majority of the Cape York communities and also with those of the Torres Strait in providing advice and assistance on managing solvent abuse issues.

Mr Saveka—I am a senior health worker with ATODS. I have been working now for three years and I have worked for a season in the remote communities—

Mrs Parr—You should say you are a representative of the working party.

Mr Saveka—Yes, I am a representative of the working party in Aurukun.

CHAIR—Are you a local man?

Mr Saveka—I am a Torres Strait man but grew up in Cairns.

CHAIR—So you know the communities up here, Mr Saveka?

Mr Saveka—Yes.

CHAIR—We have the Queensland state government's formal submission and we have all seen that. I invite you now to make any opening statement you would like to make to us and then we will go to questions from senators.

Mrs Parr—My perspective is that we are a regional area and we have very isolated communities. When we are looking at issues like solvent abuse we need to look at them in the broader context of young people and other substances as well—that the population of young

people who are sniffing or are using other solvents are also probably using marijuana, alcohol and are probably also having mental health difficulties. Within the work that I do, I advocate that we need to look at the broader issues around this and not just at a specific thing. For instance, when we look at a person in the street with a can in their hand or at the people we see in remote communities—where, as we know from the Territory, you see them portrayed as wandering around with cans underneath their noses—we need to look more broadly at that, particularly in rural and remote areas. I cannot speak as much about the situation in the city.

CHAIR—Mr Saveka, is there any general statement you would like to make, just for our information?

Mr Saveka—No, I will just listen and then I will come in.

Senator BARTLETT—One of the aspects that it is important for our committee to try and unpack as we go to different parts of the country is the variation in the different communities and the nature of the problem. We are trying to look at what things are working, whether specifically for petrol sniffing or for other substance abuse and related issues. Are there any things that are particular to the different communities in this region that stand out to you? Those could be either barriers to being able to more effectively address some of these problems or else specific things that some communities are doing that you think are working and where it would be beneficial if more support or more assistance were given to having similar things done in other areas.

Mr Saveka—I think that Paul and Jan already mentioned some of that stuff—for instance, funding. We go in there with our program and we are successful for that period, and then when the program and the funding is finished everything collapses—the whole structure collapses again—and everybody goes back to the norm. We need to address some of the funding issues: for instance, funding for support workers. In our community we say, ‘Do not give us CDEP money; that is like peanuts.’ Sometimes we get a bit angry in that area, so we do not support the work of the government or the programs coming in. We are very suspicious of those, as Indigenous people. I am just telling you like it is. But we welcome programs because we have got nothing else. So we will take it on board.

Senator BARTLETT—I am happy to hear it like it is. It makes it easier for us to try to get to the truth of the matter. Is it just that the programs are too piecemeal or that they are never for long enough? Or do we just need more long-term commitment from the start of new programs—a certainty that they will be in place for five or 10 years from the start—rather than a short-term approach?

Mr Saveka—Yes, we need to have some kind of extension of the program. And we need not only that but also the funding itself—for the workers. If we could get a community based local worker trained, then they would stay in the community and it would be a lot easier than us coming out and going into the community. When you go into a remote community you have all these services coming in and sometimes their health centre has not got enough room. I remember one of the principals saying to us as we came in that it was like a circus: we, all the different agencies, came in, delivered whatever we had to do and then went out. He just saw it as a circus and he could not see anything positive coming out of it.

Senator BARTLETT—There is no continuity on the ground.

Mr Saveka—No.

Mrs Parr—I support that. I have seen different attempts, particularly in Cape York over a period of time and I have seen things when they work. It is very difficult to develop a sustained approach to anything when you only have 12 months of funding and then they say, ‘That’s the end of your funding.’ To address these issues you need to look at the Maningrida model. Basically it says that you need safe places for individuals while they are sniffing, you need alternative activities for young people and also you need to move away from leaded. I know the move towards Opal is part of that program. All three strategies are really important and they are all longer term ones. They are not ones that can be dealt with within a 12-month funding cycle. You also need to have human services issues high on the agenda of the community. For a lot of communities there are a number of issues. There are all your local government issues around land, buildings and employment. Often human services stuff is further down council’s agenda. So we have those competing interests as well.

We need to have a variety of approaches, but they need to be consistent, they need to be long term and they need to not just address sniffing issues. There is another difficulty. In the late eighties and early nineties, in the Territory there was a program known as HALT. In the early 1990s there was a review of that program and it was disbanded. There has not been a consistent approach for addressing solvent issues with young people since that period of time. I am not saying that HALT was the be-all and end-all, but it did provide us with a structured framework in which to work with young people.

We now have the Brain Story, which is still around, as a way of trying to get across to young people the implications of sniffing—the effect on them when they start, when they have been using it for a while and when they are actually dependent on it. There needs to be more of that material readily available across the community, not just focusing on Indigenous communities. Those of us who want to should be able to pick up something that is standardised, evaluated and evidence based that we can work with young people on. That is another part to it too: not having those interventions rolled out across the country for working with young people.

Senator BARTLETT—How much are you distinctly focused on different types of substances—petrol, solvents or marijuana? I think amphetamines have been raised by some communities in other parts of the country. Then there is alcohol itself. Do you have a holistic approach or is there a need to target specific substances?

Mrs Parr—Our approach is holistic except our funding is from various sources and we have to deliver services for those particular bits of funding. I am talking about the national drug diversion program. We have to deliver that service and we do so across 21 sites in Far North Queensland. In that program the police divert individuals who use illicit substances, predominantly cannabis, from the criminal justice system into the health system. We have a mandated responsibility in that area. We also have a pilot drug court here in Cairns, so we have another group of staff dedicated to working with that group of individuals. Our service is holistic; however, our last two enhancements for staffing have been to deliver specific programs. In fact, you could say that the staff we have available to address the rest of the community’s issues is small in comparison to our total staffing because our staffing has been granted to do certain tasks. It does not mean we do not use those staff to do other work, we certainly do, but

our enhancements of staffing have been driven by those particular agendas, and that is what the money has been for.

Senator BARTLETT—I have a final question which was raised by the previous witness and also yesterday when we were on Mornington Island. One issue that came up was the difficulty, even when positions in the PCYC and things like that were available, of getting appropriate local people to fill them. What are the trends in having local Indigenous people working in this area, whether in the community or in an outreach sense? Is it at least trending in the right direction or are we still spinning wheels?

Mrs Parr—One of the things that is now happening is that across Australia they are rolling out a certificate III in alcohol and drug studies for Indigenous people. That program has been trialled in Western Australia for two years. Hopefully, with the roll out of that particular program, you will have individuals in those communities who will be able to access accredited training. Having a person on the ground is one thing, but having a person on the ground who has the competencies and the support is another thing. We have had experiences in Cape York where staff had been appointed to various locations, the systems have not really been in place to support those individuals and they have left soon afterwards. We are hoping that the certificate III addresses the whole issue of accredited training and also sets up systems for mentoring post that.

Senator HUMPHRIES—We have heard that petrol sniffing is a symptom of a series of deeper problems, that people sniff petrol when there is domestic violence, sexual abuse, boredom and all sorts of other issues in communities. Do you think, in the communities that you deal with, that those underlying social problems have got worse or better in, say, the last 10 years? In other words, are the communities more fragile and more at risk than they were 10 years ago? And is that a possible reason for the increase in petrol sniffing that we have seen in recent years?

Mrs Parr—What amazes me is why we have not had petrol sniffing to the extent of the Territory. If you look at the situation in Queensland in remote Aboriginal communities here, some of which are very close to the border, we have never really developed to the same level that some of those Northern Territory communities have. I do not know to what extent that type of thing influences the rates going up and down in that it is the exchange of individuals between communities. Often you will find an outbreak in a community following the visit of somebody from another community who has been involved in sniffing. We are seeing in some communities more of an entrenched situation rather than a sporadic one tied to school holidays. It is anecdotal. We do not have a very clear idea as to exactly the percentage of individuals in each of those communities that sniff and whether in fact they are the same ones over time or whether people are moving in and out of it.

One of the anecdotal things we are hearing now is that, with the introduction of the alcohol management plans in Cape York communities, you are seeing an increase in adult sniffing. That is anecdotal; it is not something that we can actually verify. However, it would fit from the point of view that, if individuals cannot get access to one substance if they are in a position to want to use substances for whatever reason, they will use whatever substance happens to be around. I cannot say it is getting worse or not, but it has traditionally been related to periods of time when

young people are not engaged and it has been primarily an activity of young people in remote communities, but I am not sure what patterns are going to start evolving even further now.

Mr Saveka—To add to that, because of cutting out the CDEP program, a lot of people are now more idle, especially the adults. I think that is probably one of the reasons that they go on to petrol sniffing and that—because of the alcohol restriction. It is cheaper. Some of them have already been fined and they are paying the fine off and, therefore, they are turning towards sniffing. As Jan has said, it is anecdotal: we are just hearing these comments being made by locals as they come in for counselling in our ATODS community health centre.

Mrs Parr—The issue with CDEP is that the avenues for employment and skills training within a number of the remote communities are quite limited. CDEP only gives a certain number of days of work per week and often it is not what you would call meaningful work. It is not skill development work. It is not apprenticeships. It is not traineeships. Often they have no future in those communities.

Senator HUMPHRIES—Isn't it true, though, that lots of those projects, not just CDEP—some of the ones you have spoken about this morning in answer to Senator Bartlett's questions—have come and gone and have not built much community resilience at the end of the day? They are like a feast: they are great while they are there but once they are finished there is not much long-term benefit. What do we do about that? What is the answer? Is there a problem with the approach or do we have to have continuously sustained programs for the community? Is it not possible to build resilience through programs like that?

Mrs Parr—I think where communities have introduced their own initiatives in partnership with government there is evidence of change. I am thinking of the ones in Western Australia at the moment where Opal has been introduced and contracting arrangements have been entered into. I believe those kinds of things have made changes. Putting swimming pools into communities has made changes because of the contracts that are entered into. There are situations like in Woorabinda where if you want to play on the football team you do not hit your wife. For me it is that development in the local community of those kinds of approaches which involve a range of different things that are really important and need to be sustained within whatever systems you have in place. It is that concept of the community working together to put those things in place.

That is something that came out of Maggie Brady's work in the Northern Territory. In communities where the parents have allowed the community to operate the night patrol there has been much more success than in communities where the parents would step in between the kids and the night patrol. Where you have communities united in a particular approach and that carry it out, you have a better chance of success. I think it is that multitude of things. There is a role for night patrols, there is a role for alternative activities and there is definitely a role for the community coming up with its own ideas, and many of them over periods of time have done so. But they probably need more coordination, more involvement and more support.

CHAIR—Do you want to add to that, Mr Saveka?

Mr Saveka—Why can't government and the community work together to make that program a bit longer instead of the 12 months? That is all I would ask government to do. They need to

look at that so they can get Indigenous communities moving so that we can become autonomous and provide for ourselves instead of getting handouts all the time.

Senator ADAMS—We have been talking about communities working together. How many of your programs are interagency programs?

Mrs Parr—That has very much been the case in Cairns with the Cairns Inhalant Action Group. In Cape York the main provider of services is Queensland Health, and some communities have youth workers et cetera. That is part of the difficulty in looking at Cape York, although it is intended that by 2008 all of the Cape York health service will be community controlled.

Senator ADAMS—That is what I really wanted to look at. In Western Australia the really successful programs have been the interagency ones where health, education and your justice system are all working together with all the other agencies that come in under those. I think it is the only way for it to go forward. That is why I was wondering what your funding was.

Mrs Parr—There are other initiatives that are happening, not specifically around substance abuse. There is an examination of things like Murri Court and also alcohol diversion. Whilst they are not specifically solvent issues, they are the beginnings of more collaborative partnerships at a governmental and a community level to address a lot of the issues that you are raising. Those initiatives are being rolled out. In Cape York itself there is planning towards 2008 and community controlled health services.

Senator ADAMS—On accommodation, we have found as we have moved around that accommodation for the agency workers is very scarce and, therefore, they are not staying with that. Would you have that problem here?

Mrs Parr—In Cape York or Cairns?

Senator ADAMS—Over the whole of Queensland Health.

Mrs Parr—Certainly in places outside of Cape York it is very difficult. There is limited housing available for staff, and that does make it difficult to recruit and retain staff. In Cairns the issue is not so much accommodation as having a skilled pool to draw from.

Senator ADAMS—As far as training Aboriginal workers goes, are you able to actually attract them and get them to come in and stay there?

Mrs Parr—In our service, yes. We actually have four Indigenous staff as part of our team. I am really thankful that now the certificate III is going to be operational across the country so we can actually provide them with an accredited level of training.

CHAIR—How many in the whole team, Mrs Parr?

Mrs Parr—The team is a total of 27 staff.

CHAIR—For the whole of the cape and Cairns?

Mrs Parr—No, that is just in Cairns itself. We offer a very large opiate service in Cairns. We have a drug court team, we have a cannabis diversion team and we have the rest of us—and a day detox centre. So, whilst we may have a staff of 27, we do operate a number of very discrete programs within that. In the community team, there are about 14—four of whom are Indigenous staff.

CHAIR—Can you give us some information on that? The Queensland state government submission does not go down to the resourcing levels. Can we get, from your point of view in the area north office, what your staffing is and what programs you do? Just give it to us on notice. I bet you could give it now, but I do not expect you to!

Mrs Parr—I will email that.

Senator SIEWERT—You were saying earlier that you felt petrol sniffing here was less of an issue than it is in NT. Do you think petrol sniffing is lower but that abuse of other substances is higher here?

Mrs Parr—It is difficult to get a handle on exactly who is using what sorts of substances. Substances are being used even by younger kids. I think it is an issue of exposure as to what is actually being used. It is an issue of the various communities and what the communities are doing, and it varies across time. Yes, there are young people using substances and, if it is not one, it is another.

Senator SIEWERT—That is what I was wanting to look at. So, if it is not petrol sniffing, is that being replaced with something else, so the concept of needing to deal with the whole issue of substance abuse is just as relevant in all communities?

Mrs Parr—Yes. That goes for adults as well as adolescents. Often you will find—and not just in remote communities—those behaviours in younger people who are often from families where there is disruption. So you need to look more broadly at those kinds of issues as well.

Senator POLLEY—In relation to petrol sniffing, can you outline to us what your budget is? Can you also outline what evaluation is done of those programs, and whether in fact there is sharing of that information through other communities?

Mrs Parr—We basically do not have a budget to deal with petrol sniffing. The Cairns Inhalant Action Group received funding for a project worker. I am not sure that Jan Robertson would have covered that.

CHAIR—She mentioned the program.

Mrs Parr—That is the only one with what we call dedicated funding for petrol sniffing as such. Most of that funding has tended to come out of the Department of Communities straight to individual communities, and it has generally been short-term funding.

Senator POLLEY—We have heard from every community that we have been to concerns about pilot programs or short-term funding of programs. But on Mornington Island, which we visited yesterday, the community leaders expressed to us their concern that at least part of the

problem was the accessible nature of alcohol to their community. From the government's point of view, how do you go about assessing whether a community is allowed to have alcohol and what restrictions are placed on that? Concerns were raised that because of the abuse of alcohol there was not necessarily the sorts of parenting skills required within the community and therefore the children had access to petrol, alcohol or whatever other substance they come across. So how does a government or your department deal with these communities in assessing whether or not they are wet or dry?

Mrs Parr—To my knowledge, Queensland Health was not actively involved in any of the dialogue between government and communities around the setting up of the alcohol management plans. As I understand it, it was the Department of Communities, DATSIP and also Liquor Licensing that were involved with the community justice groups and the setting up of those alcohol management plans. The management plans, as I understand, are different across the communities because of what those communities agreed to. I cannot comment on whether that is appropriate, not appropriate or whatever. But work done by Maggie Brady clearly outlines that if a community is going to address its alcohol issues it needs to do it in a particular way. She has set out strategies for communities to address substance abuse issues. If there is consistency between what is in those documents and what is actually happening in those communities I am unable to say. Maggie Brady's book has just been revised and gives a very clear indication of how communities can appropriately address their substance abuse issues. Most of that would not require outside funding. It does require having a different look at how the community itself is operating.

CHAIR—One of the questions Senator Polley asked previous witnesses—and I would like to get your comments as well—concerns the method for sharing information, specifically how, as experts in the field for alcohol, tobacco and other drugs services, you are able to share the knowledge across other areas and get best practice to try and work through those issues. What is the formal mechanism for that?

Mrs Parr—There was a whole lot of material developed out of South Australia. Last year or the year before we had people from the organisation that put that big manual about petrol sniffing together run workshops both in Cairns and Weipa to upskill different groups in how to use the material in the two packages. We have also previously organised workshops to address that with a person called Anne Mosey. Some years ago we actually had Maggie Brady do a workshop in Weipa. So within our own budgetary systems we have attempted over time to provide expert skilling of various communities in how to address their own communities. We have not been in a position to then move into those communities to see how that material is followed up and used. We certainly give a lot of phone advice to communities and provide information particularly on that manual from South Australia addressing petrol sniffing. We are also actively involved as part of the inhalant group, which is what Ezra is involved in.

CHAIR—That is the Cairns based group?

Mr Saveka—Yes. Wuchopperen, with Jan Robertson, is the agency leading us.

CHAIR—Are there similar processes happening in other communities? Are you aware of whether there is similar cross-agency activity happening in a place like—I will not even attempt to name a place. As soon as I name one, I leave too many out!

Mrs Parr—Weipa has now had an enhancement to their alcohol and drug service, and those staff have just started. That would enable them to start the process of linking with other service providers in those various communities. Till now in Weipa they have only had two staff, and sometimes only one staff member, for the whole of Cape York with a dedicated role in alcohol, tobacco and other drug services. That has now been enhanced to four. There are opportunities now to do some of that work which may not have been there previously.

CHAIR—I am sorry to press the point, but I am trying to find out what the stimulant is to having cross-sharing of knowledge. You have mentioned that there were conferences and there was training based around the models that came from South Australia. What was the stimulant to having that happen? Is that a regular process that happens? How do we get people talking to each other about sharing knowledge?

Mrs Parr—ATODS Cairns has always had a role in providing information ever since we were established. We have always taken that sort of responsibility of working collaboratively with community on a whole range of different issues. It is just the way we have operated over our 20 years of existence.

CHAIR—So you have taken that initiative to do that.

Mrs Parr—Over our 20 years of existence we have provided that support across communities. Even at a time when there were only two of us working in the whole of Far North Queensland, we were actively involved in the community development approach.

Senator CROSSIN—I just want to ask if you have talked about the legislation in the Northern Territory. Perhaps I could fill you in on that a bit. The Northern Territory government have, just three weeks ago, I think, passed legislation that actually makes sniffing illegal. It now gives the police and designated persons the power to confiscate that petrol from sniffers. I am wondering if there has been any thought given by the Queensland government to legislation along those lines. I suppose you will probably watch and see what happens, because it has yet to be implemented as it is only three weeks old. Police and community workers are now devising the way in which they are going to implement it. Has any thought being given to banning petrol sniffing by legislation?

Mrs Parr—I cannot comment on it; I am not aware of it. I do not know what recommendations there have been from the Cairns Inhalant Action Group. Ezra, have there been any recommendations?

Mr Saveka—They mentioned what you have just said, but I cannot confirm it.

Senator CROSSIN—Does the inhalant group just operate in Cairns, or is it Queensland wide?

Mrs Parr—Just in Cairns.

Senator CROSSIN—Is there then a strategy to get any recommendations from that group further afield in Queensland? Does that group link with any other department or statewide group that is operating?

Mrs Parr—There is no formal mechanism for that at this point.

CHAIR—Is there anything you would like to add that we have not extracted by questions? Is there anything you would like on record?

Mr Saveka—No, that is it. If anything, I would just like to ask a question of Apunipima Cape York Health Council. I would just like us to work closer with that. That is just me personally.

CHAIR—We will pass that on. Thank you very much. If you think of anything you would like to add when you send us that resource information—sometimes as you leave you think of something you would like to add—please let us know.

[10.50 am]

HUNTER, Professor Ernest, Regional Psychiatrist, Health, Remote Area Mental Health Service, Queensland Health

SANTHANAM, Dr Radhika, Senior Clinical Psychologist, Remote Area Mental Health Service, Queensland Health.

CHAIR—Welcome. Do you have any comments to make on the capacity in which you appear?

Dr Santhanam—As well as my work for Queensland Health, I am a practice supervisor for the Child and Youth Mental Health Service. I am also a senior lecturer for the University of Queensland with the School of Population Health.

Prof. Hunter—I am also an adjunct professor with the School of Population Health at the University of Queensland.

CHAIR—Thank you. I know that you have received information on parliamentary privilege and the protection of witnesses. As a committee we prefer to take evidence in public but, if there is anything that you would like to say in private, please let us know so we can go in camera. As public servants you will not be required to answer questions on any advice you may have given in the formulation of policy or to express a personal opinion on matters of policy. If you would like to make some opening comments and then we will go to questions.

Dr Santhanam—I will probably lead that, because I have just discussed that with Ernest. I have a summary here and I will take you through that and we can submit that to committee later. As we see it, there are two key issues. The first is that petrol sniffing cannot be looked at in isolation. It is part of lifestyles at risk, and of equal significance are drug and alcohol issues, domestic and community violence and self-harm. When one of these gets tackled, it creates an imbalance and an increase in the others. The second key issue is that the practice of petrol sniffing is predominantly present in young adults aged between 12 and 25 in remote Aboriginal communities.

The enormity of the problem that is petrol sniffing varies across communities and across seasons—that is, wet or dry. We have identified some common themes in most communities that we go to—our service covers about 12 Aboriginal communities for child and youth services, and eight Islander communities. The common themes are, firstly, that most communities have no after-school activities; there are no sports, such as swimming, or recreational or other devoted activities for young people, not in a regular, sustained way anyway. Secondly, there are no TAFE or vocational training programs in any communities for adolescents who drop out of boarding school. Thirdly, petrol sniffing is rarely done as a solitary activity in these communities. There is a problem of minimising through equivalence, as we call it: everybody does it, so it is okay. These are the common themes across the communities.

There are a few things that have worked in the past in Far North Queensland: out of community care options—for example, Petford, or outstations—have worked reasonably well; high schools with alternate programs, such as part-time trade vocation and gardening; part-time accelerated literacy programs; putting aviation gas in communities; and pre-emptive intervention—that is, concentrated youth related activities in communities during the wet season.

Here are some of the recommendations we have come up with for today. The first is that out-of-community care options need to increase substantially across Far North Queensland. We recommend a clinically driven rehabilitation facility for chronic sniffers, and this could be integrated with a child and youth mental health service. The next issue is the availability of alternate future pathways in communities for young people—for example, vocational training, adult literacy programs or TAFE computer courses. We recommend that petrol sniffing be made illegal. This would force engagements between community, police, justice group members, carers and the young people to begin the dialogue on responsibility, choice and control. The next issue is strengthening family responsibility in the local context—and this is not just for the acute teenage issues but also for early developmental childhood issues.

We cannot emphasise the next issue enough—that is, addressing broader autonomy issues for communities. Communities that feel more empowered manage risk factors that contribute to lifestyles at risk significantly better than communities that feel disempowered. We know that from examples in Far North Queensland—for example, the Yarrabah community—but we also have ample research from Canadian First Nations communities. Finally, our impression is that no one solution is sufficient and no number of solutions is sufficient without local responsibility. Community being enabled at various levels is likely to have significant health outcomes. Enabling a community does not have to be only or exclusively health related. Thank you.

CHAIR—Thank you, Doctor. Professor, do you want to add anything at this stage?

Prof. Hunter—I would only underline the last issue: we are sitting here today talking about petrol sniffing, but we could be talking about youth suicide or about drug and alcohol violence et cetera. So one has to ask: where is the common denominator? The common denominator is in early childhood and the circumstances that inform the environments into which children are born and in which they develop. Those create circumstances of what I would call risk amplification. Not only are children born in circumstances which sometimes place them at risk—because they have low birth weight; they are born prematurely; they fail to thrive—but all of those factors which would otherwise support resilience and which we know from research elsewhere can help with kids at risk are less salient in Indigenous communities. Those are things such as having an intact family, having a teacher who cares. To have a teacher who cares, you have to have a teacher who is around from year to year, and the education system is an unmitigated disaster. Unfortunately, we do not have those long-term personnel who provide the sort of connection and resource that are major supports there. So then you have a kind of amplification of risk over years, which then leads to the events that we see subsequently down the line.

One of the key messages is that, if we have a series of siloed policies which address petrol sniffing, suicide, homelessness or whatever—which of course we have—I think we are missing some of the key factors which relate to integrating those issues across the environment of child development. I would suggest that that is the area that is most critical.

A second point, because I know that the issue of evaluation was raised, is that all of these events, including petrol sniffing and self-harm, are episodic. They occur in waves. We have done research looking at the waves of, say, self-harm across communities in North Queensland. Similar waves occur in petrol sniffing. That means that, if you do an intervention, if you wait around long enough it will be proven to be effective, because the natural history of these is that they come and they go. They may come back. So, if we are thinking about evaluation and looking at these issues, I believe that not only do we need to have a developmental perspective which looks at the arena of families and childhood but we need to have a long-term perspective, because I think it is silly to evaluate programs that operate over a year or so. We need to build in longitudinal studies—

Dr Santhanam—Generational.

Prof. Hunter—generational studies that can take account of the subtle changes in policy, politics and empowerment that are not going to occur in the lifetime of a project or a government policy.

Senator HUMPHRIES—Thank you very much. That was a very interesting piece of information that you put in front of us. Could I ask you, Dr Santhanam, to expand on the comment you made about making petrol sniffing illegal as a precursor to starting a dialogue between police, communities and others about responsibility. What did you mean by that?

Dr Santhanam—It has actually come out of our experience in the last three years that every wet season we see this wave in several communities, including Cape communities. The justice group and the police are struggling with the fact that, because petrol sniffing is not illegal, it is very hard to even invite young people to start dialogue and discussions about responsibility. Unlike, for example, vandalism or alcohol intake—or even marijuana abuse, for that matter—petrol sniffing, paint sniffing and chroming are seen as having no relevance to the justice group issue, unless you break something or you steal a car or whatever. Communities have by-laws and Cape communities at the moment—as you said, the Northern Territory has just passed a law—have not made petrol sniffing an illegal activity.

One of the issues I am having as a service provider is inviting young people to discuss the issue, without being mandated by a court order, which is what we have for other counselling programs. Here, you cannot even get the young person to come. What pretext would you give? Invariably, we are always meeting only the parent or the grandparent or people who are concerned about them, but we are not able to meet the young person themselves. Not that making it an illegal activity will solve the whole problem, but at least it will give us a way in, which is a legitimate way.

Senator HUMPHRIES—Some would say that making drug use illegal turns it into primarily a criminal justice issue rather than a health issue. Is there a danger that we would do that, whereby we would have drug users and petrol sniffers hiding from police, hiding from their communities, being more secretive and less susceptible to talking to health workers, because they might be doxed in to the police?

Dr Santhanam—For sure; it is a balance. One of the reasons why we want petrol sniffing to be made illegal is also to acknowledge the shared responsibility of the family and the community

police and the justice group on this issue. People are saying, 'It can't be a big problem if it is not illegal,' or, 'Why would you worry if a few young people are doing it?' The community only gets worried because somebody has vandalised their house or somebody has thrashed their place or whatever. The fact that it is a lifestyle at risk, per se, is not sinking in. Again, as we said, for all these young people, it is a revolving door. Even if they do not come to us for petrol sniffing, they will come in future for marijuana or alcohol abuse, anyway. So why not catch them young?

Prof. Hunter—I think the issue is really important. Recently, in a community that we both visit, where I met with the council, both issues of suicide and petrol sniffing came up. The kids in that community at the moment are sniffing on the veranda of the clinic. They are doing that because they had been told that they may have health effects from sniffing. They made the very appropriate choice to sniff on the veranda so that if there were problems they could hit the button and get help. No-one interceded and indeed the police came by. They were able to talk to them but do nothing more. The police were quite concerned about that. The council's approach was to construct this either as a police issue or as a health problem: either the health group will deal with it or the police will deal with it. We think it is neither one nor the other and, until one has a community that has a sense that it is able to be engaged with the issue, there is a tendency to sequester a responsibility out there.

It was interesting in that I was talking with that community about some of the material from Canada that Radhika touched on a little while ago that I think provides us with very significant directions here in Australia. During that discussion the mayor and the council said, 'Tell us a little bit more about that.' I was describing that work and then they said, 'Wait a moment, that relates to us. That's something that we can do. Can you send us those articles?' That is interesting, coming from a remote Indigenous council. So we have done that. I guess that is saying: when you do not see an option and you do not see opportunities, then almost certainly you will put responsibility into one of those key government agencies.

I do not think that criminalising avgas or Opal alone will address this issue. They may all be part of an important mosaic, and the way that the policing option might operate is by facilitating the dialogue with the community and the police, which feeds into that issue of empowerment locally.

Senator POLLEY—Thank you to both of you for your earlier comments. Professor Hunter, in relation to early childhood development and intervention, in a number of the communities we have visited and not necessarily here in Queensland there has actually been, due to petrol sniffing and obviously other issues, an increase in sexual abuse of children. What we have also unfortunately learnt is that many young girls are having babies. Probably, if you reach the age of 18 in some communities without giving birth, you are more a novelty, which is of major concern, I would have thought, to this committee and particularly to me. Can you elaborate as to how you can see that we can intervene to address this in terms of early childhood development as well?

Prof. Hunter—Gee, that is an enormous question and I am not going to presume to suggest that I have answers to issues that big. All I can say is that all of the above are correct and it feeds into that issue of risk amplification and it ties into all of the pregnancy effects as well. Anything that is going to have a significant impact is probably going to have a generational time frame because it is also about creating the human environments that support appropriate parenting. At

the moment, if you look at the last five censuses in Queensland, the youth dependency ratio—that is, the number of kids to parenting adult just on the population base—is twice as high in Indigenous communities as it is in non-Indigenous communities. If you take out of that those people who are out of community because of incarceration, not part of family or whatever, it means that parenting responsibilities devolve significantly onto a much smaller group of parents. We might say, ‘Okay, the grannies are going to help with that.’ If you look at the population pyramid, they are not there because they are dead. The formal institutions of child care and support are not available. So there is this hole in terms of fundamental issues of child care where there is not a responsibility there during those early years. I do not know that addressing that alone is going to have a major impact but is it a critical first step? I think that is part then of wider issues which also work with young women in particular as they go through school. I have a particular investment in issues around education, but we need to support young people as they go through school, even if it is out of community school, in order that those issues around early parenting and taking on those responsibilities are informed. I think that there is a major hole in the available resources around child care in all of the communities that we visit.

Dr Santhanam—If I might add, it is certainly an intergenerational burden of care that we are going to be seeing not just with this generation but we are already seeing parents who have compromised parenting capacity because of foetal alcohol effects who have already become parents. They have also become parents at an age when they need parents themselves. It is early pregnancy; it is a whole range of social and really extraordinarily difficult socioeconomic and cultural factors including transgenerational loss and grief and trauma issues on top of substance abuse and other things. What I am trying to say here is that it is extremely difficult to build resilience in this context.

Prof. Hunter—I know that Maggie Brady’s work has been quoted a lot. Maggie is a great person and her work is fine. One of the points she made is that, when she was first looking at petrol sniffing and mapped it across Australia—and this certainly pans out with my own experience—it tends not to occur in those places that have a pastoral history. It tends to occur in those places which have backgrounds of mission station government settlement organisation.

That was the case in the Northern Territory—it was certainly the case in the Kimberley when I was working there—and I think of the communities in Queensland. Queensland, unfortunately, because of its particular history, has a legacy of creating what Peggy Brock has called ‘outback ghettos’. I say that advisedly; I think that is exactly what they are. The consequences of that have been more dire in these communities than in some of the much smaller pastoral communities of the Kimberley—where there is an integration into activity, where the role models, and the roles of men in particular, have been preserved and where a sense of pride has been associated with the developmental environment.

Dr Santhanam—Some of the strongest evidence we have for chronic illness—say diabetes and others—is also the groups who have been able to use homelands and where it is not a decentralised community.

Senator POLLEY—Another couple of issues have been raised with us around the country: firstly, the lack of financial planning in terms of programs and pilot programs. To me that obviously has an enormous impact in the community. You send in a case worker and you build up trust within that community—which does not happen overnight—and then they move on. The

other issue that is of major concern to me is the lack of sharing of information. Some communities are not aware of the successful programs that are run elsewhere for petrol sniffing. Do you have a comment on either trying to get longer term funding and/or the sharing of information?

Prof. Hunter—Yes, and yes. In regard to the first issue, the project is not only short-term. We had experience of this yesterday. A wonderful guy, very well meaning, was replicating for us something we have heard a half-a-dozen times, which is that the solution is one person going to a community to deal with a problem which relates to all sorts of social issues and may have a local cultural broker to work with, and it all falls apart. We have seen it in that community about three times over the last few years. So there is an issue of long-term funding and in a sense the long-term view of these problems, but also the problem of trying to see solutions in people. We cannot have a white night mentality, or black knight mentality—that a person is going to come in and take care of that problem. The corollary to that is the CD-ROM solution to the problem, which is one more CD-ROM about petrol sniffing, suicide or whatever is going to take care of it.

Senator CROSSIN—The Tony Abbott solution.

Prof. Hunter—I shall not comment on that.

CHAIR—You have to note that comment.

Prof. Hunter—To give you an example of how that works, a place that has done some very important things is Yarrabah. In brief, the story of the response to suicide there was when the suicides were peaking in the late 1980s and there were seven in one year. Before that they had tried a series of things. They got mental health involved. The suicides continued. They sent a group to Canada to look at their approaches. The suicides continued. They got the Canadians to come out here. The suicides continued. They got Curtin University to come over and run workshops on colonial dispossession. The suicides continued. They got Rose Education from Sydney to come up and give special seminars on suicide prevention. The suicides continued.

Then in 1996, after the sixth or seventh suicide that year, they held a meeting. Basically all of the community were there—400, 500 or more people. Lloyd Fourmile got up and in essence what he said was: ‘None of this mob out there have got the solution to this. This is our problem. We brought it about; we have to solve it.’ They started doing things, including getting a group meeting regularly, which signified investment. They started thinking about this more broadly in terms of ‘This isn’t just suicide; this is about developing an autonomous response to health.’ They started a men’s group. They covered a whole range of issues, which was about community capacity. The suicides stopped for a number of years—there were a couple later. The number of attempts fell. Just in the last four or five months they finally concluded an arrangement with Queensland Health to shift towards an autonomous service. That was about a broad response. Soon after I was in the Northern Territory at a suicide forum, and they said, ‘We have to adopt the Yarrabah model.’ The Yarrabah model was dropping a person who happened to have the label ‘suicide prevention officer’, or ‘life promotion officer’ into a hole. The solution is the process—it is not the product. You cannot put it on a CD-ROM. So I guess we need to think more sensitively about what are the processes that drive those issues of engagement.

Dr Santhanam—If it does go out on CD-ROM it will be fantastic—18 CD-ROMs for the communities—because a bottom-up approach can happen. There are two things that I would say for the project. Firstly, for every grant they want us to apply for only 18 months, which is ridiculous. If you ask for five years they do not give you the money. So it would be useful for some kind of policy shift in terms of thinking through and undertaking seriously investigated evaluation, not something that is done for \$2,000. Secondly, there is the sustainability of these issues and initiatives. Whose responsibility is that and how do we grow an Indigenous workforce to sustain such a project?

Senator ADAMS—Professor Hunter, you have been working in this area for quite some time. Concerning your observation of generational change, what would be the key there?

Prof. Hunter—The generational issues are dramatic. I was in the Kimberley in the sixties before lots of the changes. For instance, if you look at the issue of self-harm, which I think bears similarities, we saw in the early 1970s a dramatic increase in deaths from misadventure in the Kimberley. It went from two and four per cent of deaths to 15 and 25 per cent of female and male deaths in the Kimberley. That change came about because in the middle of the seventies we had a dramatic set of social changes, including availability of alcohol, but they involved the dislocation of people from stations and the undermining of traditional roles and transitional roles et cetera. People entered a cash economy. They entered the CDEP quasi economy et cetera. That impacted on young adults and what we saw were deaths from misadventure.

Suicide did not start for 15 years after that. The kids who are suiciding are the children of the first generation and what they are reflecting are childhoods spent in chaos. Their parents had entered that period of chaos as young adults; these kids have grown up in it. In Cape York, for instance, we had five suicides of kids a year ago—four of them 12 and 13. They are the first generation that has been raised in environments where they have been exposed to self-harm—to hanging, to acts of self-annihilation—and they are reflecting that part of a backdrop which, for most Australians, never occurs. It is the same issue with petrol sniffing. There is a visibility about all of these issues which impinges on young people's developmental environment. One of the issues around policing is also about protecting kids and families from exposure to these issues because kids learn what they are immersed in. So we are seeing those transgenerational issues flow out and I do not know where we go from here. But there are places—and we can name others other than Yarrabah—which have demonstrated some formidable responses to difficulties.

I will raise one other issue in relation to vulnerability. I think that when we look at these waves we are talking about community risk rather than individual risk and there are issues which can inform that. There is a town in the middle of Cape York which has had some significant difficulties. It is thought that that might be due partly to the implementation of alcohol management plans in other communities. This has meant that a lot of people who choose to drink come and stay in that town. That then raises the level of tension and stress and we have had a number of deaths there that may have come from that.

Senator ADAMS—Evidence from Alice Springs is exactly that. With the Opal being rolled out to communities many of the chronic petrol sniffers are starting to migrate towards Alice Springs. As well—and it is something I was going to ask about—there is hydroponic marijuana. Is that raising its head here?

Prof. Hunter—It is. One of the issues about the wet season problems—and I am talking about this from a mental health perspective at the moment—is that we have had some very significant problems in remote communities because the supply of dope has dried up in the wet season. While that is fortunate, because marijuana is not available it has caused very considerable problems of agitation and aggression.

I guess one needs to keep in mind that these are not New South Wales North Coast occasional joint smoking people. They are bucket bonging enormous amounts of very strong marijuana on a daily basis. So (a) marijuana is freely available in all of these communities and (b) it also causes issues like wet season difficulties that reflect in mental health problems and things like petrol sniffing.

Dr Santhanam—I think the compounding factor in marijuana use is that it is also used enormously by the older population, the adults. They get extremely frustrated and agitated when the supply runs out. So the pressure in the whole family and the community builds up and the youngsters take to doing things like petrol sniffing because they want to get away from the frustration, irritation and not so pleasant environment.

Prof. Hunter—We cannot overemphasise how problematic marijuana is. Certainly here, and you may have heard it elsewhere, we have had significant rises in the number of admissions to hospital of young people with psychotic disorders. We now have data demonstrating that, and it probably reflects a background of increasing substance use.

CHAIR—I think this is the new stronger marijuana that seems to be around.

Prof. Hunter—One would presume. Your previous speakers might be able to talk to that a bit better than me.

Dr Santhanam—Somebody was telling me the other day in the community that fortunately the potency of marijuana is not as half as strong as you would see in Cairns because it gets diluted in different ways and also because the costs associated are slightly different. Having said that, it is a huge habit. I would not underestimate it.

Senator CROSSIN—I want to ask about rehabilitation processes. What is the best way to tackle rehabilitation? Is it to leave the children in the community or to bring them to a central place like Cairns? Is there any evidence about which is the best way to do this?

Dr Santhanam—I will answer this, and Ernest can add to it. We see it as being in two layers. The first layer is where people are in acute crisis, which is more like clinical crisis, where there is serious substance use and misuse leading to self-harm or legal issues. A whole range of things are compromised—functioning, responsibility and things like that. A certain kind of intervention is needed in that layer. The other layer is where kids are doing it not at that level, where they are clinically compromised or they have symptoms, but more as exploration. They are doing it more and more because they are bored, fatigued or they do not have other skills or devotions. Intervention or rehabilitation, for want of a better word, for the first layer would obviously have to be more medical and health related, and we would need some kind of facility where we could do alternative programs to build self-esteem and resilience and do the other usual rehab programs.

I think the complexity is with the second layer. A large number of young people do not show symptoms of serious dysfunction, certainly not when they are 12 or 13. For them, I think intervention is very complex. Each community has a lot of ideas about what would work. Outstations might work for some communities. Doing bush activities and getting mentors and role models in the family may work for others. Adult literacy programs might work. It is very hard to know the combination that would work for each community. One community that we had a dialogue with two weeks ago made it very clear that a good idea would be having an outstation during the wet season so that there would be some distraction from what was happening. There are two layers of intervention.

Prof. Hunter—I do not think outstations in and of themselves are a solution. But you have to be able to get them. In North Queensland you cannot get to them in the wet season. It has been suggested before, and I think it would be useful, that we reverse the school year so that kids are at school through the wet season and their longest break from school is in the dry season. This would make a lot of sense, but I am sure Queensland education and other education departments would find that difficult.

CHAIR—It is a bit like the daylight saving discussion.

Prof. Hunter—I am sure—the cows would not like it.

CHAIR—No, they would not like it at all.

Senator POLLEY—Tasmanian cows do.

Prof. Hunter—In terms of out-of-community solutions, there is only one place that I have seen up here that really made an impact and that is a place called Petford, run by a charismatic and extraordinary person who, with young people at risk, focused activities on working with horses and preparing people for the pastoral industry. He was a classic horse whisperer. Petford has had a very complicated history. Regardless, the paradigm, I would suggest, was appropriate. The communities now, regardless of the status of that place, regard him and what he has done in the past very highly.

CHAIR—We have no information on that program.

Prof. Hunter—Geoff Guest was Australian of the Year. There was a *60 Minutes* show about him. His program at Petford was remarkable. He is a nearly 80-year-old Aboriginal guy who used horses as a vehicle to connect with kids' wildness over many years. By getting them to learn how to break horses, track horses and do trick riding, he was doing something which was about dealing with their own self-control but with an organism that they could relate to. I think that that was very important. He then, in his mid-70s, got onto the internet in the middle of nowhere and found out that NASA was using EEG biofeedback to treat astronauts exposed to high octane fuel and he set up an EEG biofeedback lab out in the bush, training Aboriginal kids to control their alpha waves. Was it a good idea? I do not know. But he is the only person I have come across in 13 years in whom I would have confidence with this group of kids.

Dr Santhanam—I would just like to add that that program and what happened with Petford is a classic learning process. Certainly, when I first came to this landscape that was a huge learning

curve for me. He did not just involve the kids with horses; he also made essential oils, so the kids were involved in making essential oils with Geoff. He was extremely charismatic—and also eccentric, I might add. There was a time when he was made Australian of the Year and there was nothing but praise and then before you knew it—boom!—it became controversial. Of course there are controversies. You are sending 400 of the most difficult kids to one person, without any support. How do you expect not to have issues on the ground? This was such a good example of how we set projects up to fail.

Senator POLLEY—We do it well though, don't we?

Senator SIEWERT—You were talking before about communities taking responsibility. We heard before that there has been a controversial approach where people have said to a community, 'Right. It's your responsibility. You deal with it,' and they have felt totally unsupported and have said, 'No, we can't deal with it on our own.' We have also heard of dropping people in short term and expecting them to be able to solve the problems of the world in 12 months. My understanding is that we have to find a balance. We need to develop community responsibility but we cannot expect them to do it without the tools. Sending a person in as a white or black knight is not going to solve the problem either. We have to find the medium between giving them support and developing responsibility. It is long term. If you had your druthers, how would you develop a program? What would you call it, what would its objectives be and how would you fund it?

Senator POLLEY—That is an easy question!

Dr Santhanam—I am not too worried about that one. My colleagues are listening. I am sure they are going to help.

Senator SIEWERT—I can see them down the back laughing!

Dr Santhanam—I am sure all of them are my buddies. I am sure they are going to help.

CHAIR—It can be a committee response if you like.

Senator SIEWERT—What are the key principles?

Dr Santhanam—I will talk to you on that because I think it is something we are constantly thinking and rethinking about. And I will talk on that from two angles. One is that I am part of this team where we are developing a service and trying to see what is sustainable. That is not anything to do with the communities; it is a service that will go to the communities. In building that service there are some essential questions. Should our practice philosophy change? And if we are committed to an Indigenous workforce and we employ a lot of Indigenous people, how do we support and train them, increase their salary remuneration and career pathways and build in a robust way the expertise of this critical mass? I think the analogy is a bit like the relay: you do not just pass the baton on to them—you run for a long while with them before they can pick up speed and things like that.

The second example that I have learned from is one of the communities that I go to which, in the last three years, has really done a turnaround. That is not to say they do not have problems;

they have a lot of problems. But they have really turned the corner, as it were. The reason that happened in that community is that following the Fitzgerald report there were champions identified—DGs were identified as champions and given Cape communities as their communities. They became the champion for a particular community. With the community that I am talking about, the champion made a real effort to bring the community together and kept all the services out. Queensland Health was certainly out. The community, the Commonwealth and the champion had what is called the learning circles. They met once every six months—this has been over the last three years—and the champion's effort and initiative and the community together made what is called the community empowerment team. They had a full-time Commonwealth funded position for a person living in the community—not a community person but a person who has very high-level training and skill—to develop a community team. It has nothing to do with Health by the way.

What has happened since then is that in one of the learning circles—I was there and it was very inspiring—the community said: 'Look, we have A, B, C, D, E and F problems but we want to prioritise them. Yes, young people not going to school is a big problem, self harm is a big problem and domestic violence is a big problem. But the main issue which we want to address is employment for our men. That is first on the list. All those problems are there; we are not saying they are not. We will get to them, but we first have to address that.' In terms of dialogue and ongoing dialogue and debate about these things, something like that, which comes bottom-up, is where I would see a model of community empowerment working. But a lot of what we do, certainly from a Queensland Health and from a service perspective, has been far more top-down, rather clinically driven and perhaps paternalistic.

Senator CROSSIN—What you are basically describing is a COAG trial, except in a much more simplified way. You probably know about the COAG trials. There are 10 of them trialling around the country. It seems that every body and every department is getting involved in each of the COAG trials and there has been a lot of critical analysis about whether they are going to be successful or not. Your suggestion is that instead of having the whole pool of people move in and work with the community it is perhaps best to start with just one person. Have you got some communities where that has been successful or trialled?

Dr Santhanam—I am not sure about whether the COAG trials are here. In the community that I am talking about it is one person but it is not one person, because that person has developed and established a team of five people from the community and is living there.

Senator CROSSIN—I understand what you are saying.

Dr Santhanam—And so there are five people being trained and, let us say, groomed.

Senator CROSSIN—That is quite different. The COAG trials have a whole pile of bureaucrats move in and out. They do not stay there. What you are talking about is a similar whole-of-government approach, but more localised.

Dr Santhanam—And more community development oriented. I think that approach, even for a person who comes from a clinically trained service, has been a rather telling shift because now I am forced to do a whole range of things that a tertiary service would not have expected from me.

Senator CROSSIN—Where is this being trialled or happening?

Dr Santhanam—Lockhart River is the community. In the last two days it has been on the national news.

CHAIR—I understand that the next witness is not appearing, so we do not have the same time constraints, which is most unusual for us. We can continue with follow-up questions.

Senator HUMPHRIES—I note your comments, Dr Santhanam, about setting up to fail, how short term the programs have been in the past and how many difficulties there are in getting consistent, sustained funding. I have had a concern that, notwithstanding those poor approaches, very often the programs have been about sustaining a community or relieving the symptoms of a problem but not dealing with the actual causes. They do not build resilience. When the programs have finished there is nothing to show for them having been there. Is that a problem? If so, how do we build in an evaluation of these programs that emphasises and puts a premium on resilience?

Dr Santhanam—It is a huge problem, and also a huge problem of vision. Projects are written in a very short-sighted way. They are written in silos. I would love to work in communities with the Department of Housing. That is where it would make a huge difference to the safety of young children. They are all in one room and there are 15 adults and most of them come in the middle of the night drunk. Just having more rooms would make a huge difference for safety. But we do not work with the Department of Housing. It is very rare to get projects integrated—not just across the education and health agencies but energy and housing.

I was telling Ernest about one of the best outcomes I have seen in a community in the last five years—a person who is leading a carpentry team. He is a carpenter and he is training the carpenters in the community. He does not talk at all; he just shows and he does. He is an Englishman—that is not the reason he does not talk; what I am trying to say is that people who show and do seem to have better outcomes than some of the projects we have done where we are constantly saying things and it somehow does not connect and we are missing the boat.

Having said that, some of our Indigenous colleagues are informing us on how to do this better but their confidence level is not yet there. The next projects could be about sustainability of not only projects but also the Indigenous workforce to build their capacity so they can rewrite the goals we are writing at the moment.

CHAIR—Professor Hunter, do you want to add anything?

Prof. Hunter—On the issue of sustainability, projects and project officers come and go; institutions do not. The shift towards empowering some of the CRC activities, which have Indigenous organisations as part of that structure and a continuing investment, is probably an appropriate way to progress both the research and the project evaluation issues—building that kind of capacity within institutions that are going to stay on the ground and invest in the field.

Senator BARTLETT—I noted your comment earlier about silos and different approaches. To some extent this inquiry is a bit of a silo itself but, hopefully, the chair will not pull me up for going outside our siloed terms of reference. In your wider role as a mental health service, how

much of an issue are the underlying mental health problems as opposed to the problems being caused by substance abuse and the like?

Prof. Hunter—This is a very important issue. Mental health services like to neatly define those people who fall into their area of responsibility, and Queensland Health is part of this, so there is a very small group of people who are identified as being mental health clients. In fact, they do not cause the chaos and problems in communities; it is a much larger group of people who I would identify as bona fide clients for our services but whose lives are really impacted by circumstances rather than by mental disorder. Having said that, the circumstances of communities are such that their capacity to look after those people disabled as a result of mental illness is really compromised. So those people who have serious mental illness in remote communities fare very poorly, because there are no activities and no supports. They are vulnerable because they often get more money than anyone else, if they are on a disability pension. In fact the way they are privileged by the social security system sometimes makes them more at risk. The same is the case for the elderly in some communities. So mental health, strictly defined, is a significant problem. We do not have the resources to look after those people. We have the clinical resources, but once the clinician leaves there is not much there. And the issues that cause the greatest distress really reflect the broader social context.

Dr Santhanam—Clinicians are not very good in dealing with the broader social context issues.

Senator BARTLETT—It seems from what I have heard this morning that you are more about what one might call preventative stuff—dealing with mental health rather than mental illness—which is wonderful. I am wondering whether that is part of your technical job description or whether that is just because you—

Dr Santhanam—I am so glad you asked. It is not part of my job description, because the job only expects me to diagnose children. Three session anger management and six session CBTs is all that is required. That is absolutely ridiculous—not just for Aboriginal communities but even for mainstream communities. The only reason mainstream communities can manage is because they have other services to go to. In Aboriginal communities they do not have any other place to go to. When you ask a clinician who has been really highly trained but trained in a very narrow way: ‘Can you run a group for women who have gone through domestic violence?’ they have absolutely no idea what to do in the group. There is no point going through ICD or DSM and listing symptoms when culturally appropriate conversations and dialogues and narratives do not happen.

I think we are setting the clinicians up, too. Queensland Health, for example does not even give us permission at this moment—we have to argue for it—to employ art therapists or people who can do gym activities. There is a fantastic Indigenous group who teach games to children in the name of cooperation and how to do things. Our funding is only for psychologists, social workers and psychiatrists. It is so hard to break this. I agree we need to have quality services and all of that, but clinicians alone will not be able to deliver the comprehensive, thorough, holistic nature of the work.

Prof. Hunter—Indeed, in another community we had an individual identified for a project working with kids a few years ago—identified by the community, clearly the best applicant, was

willing and able to do this work—but was not able to be employed because in another life he had been arrested. Family Services, of course, was not going to touch this. Again, some of the issues that we put in place for social justice considerations, like blue cards et cetera, end up causing difficulties in the very different circumstances of Indigenous Australia.

We have a legacy of real problems in medicalising social issues in Australia. In Indigenous Australia one of the issues that I think has been particularly problematic has been grief and loss. That this is something dealt with through the health sector is highly problematic, because it really reflects fundamental social justice and social rights issues in the first case. We do not have ways to treat those issues. So I think we need to accept as medical professionals that there are areas in which we should be very reluctant to be treading.

Dr Santhanam—Or we are one aspect of several.

Senator BARTLETT—You could take up Mr Howard's call for better awareness of history teaching or something like that.

Dr Santhanam—Absolutely. I could not agree more.

CHAIR—That is getting close, Senator!

Senator BARTLETT—What—supporting the Prime Minister is outside our terms of reference? I beg your pardon! I am always happy to support the Prime Minister. You mentioned the issue of housing. I realise we have only a certain ambit and you have only a certain ambit. I visited Yarrabah on Monday and they are doing quite well in lots of ways, comparatively, but there is crowding. The average number of people per house there is high. How much of an issue is that? I do not want this to be too leading and obvious a question but when you are trying to address some of these issues do you consider whether it is something as narrow as petrol sniffing and the group dynamics of that, or whether, when you have got 10, 11 or even 12 people per house, you could break the back of that and get back to a more reasonable average number of people per house? Do you think that change would have any sort of quantifiable impact on so many of these other wider problems you have addressed?

Prof. Hunter—There is actually some data on that, interestingly, which is quite counterintuitive. If you look at the Western Australian Child Health Survey, one of the things they found is that certain problems were less in houses which had large numbers of people in them. I think there are some flaws in the way that research was undertaken and certainly our experience would be that these issues significantly contribute to issues such as child sexual abuse and the separation of kids from parents. I remember, when I was doing some work in Bourke a few years ago, the kids on the street late at night saying that they did not go home until the early hours of the morning because of the drinking that was happening at home. We have instances of young women who have shown very adaptive protective behaviour by essentially locking themselves in a room for periods of time. So I think housing is a very important ingredient.

Dr Santhanam—Having said that, I do not want us to throw out the baby with the bathwater because sometimes—particularly in traditional societies—having more people can be a most conducive and enriching thing because it is very supportive, if it is a functional household. So,

for example, postnatal depression and anorexia—things like that—occur less frequently in traditional societies because there are a lot of people giving you nurture and care quite regularly, in contrast to, say, the nuclear household and the problems that creates. From where I sit, having more people and an extended family is certainly an advantage. But at this moment, given their social and economic circumstances, and also the way history has played out, it has become a bit of a disadvantage in some communities—not everywhere.

Senator SIEWERT—This question might be one that you cannot answer, or may be a little bit outside of our terms of reference. I was interested in your comments about learning. When we were in Alice Springs we heard about some kids who had been rehabilitated. They had gone back to Yuendumu and got involved in filming and doing DVDs and some high-tech stuff. I realise that where I am going might seem a bit odd—talking high-tech in remote communities. It is difficult. But I also happened to be sitting on a plane next to a guy from a mining company who was funding a group of young Aboriginal kids in WA. They were going to a special program set up with computers. He told me about how the kids had gone ahead in leaps and bounds and had got their parents involved. Their mums would turn up at school early so they could look at what their kids were doing. I myself have helped care for a couple of boys who have had severe learning difficulties. Their reading is not very good but if you put them in front of a computer it is like a light goes on and they are above most of the other kids in terms of their computer skills. It seems to me that they are learning from doing. I have had a couple of other experiences with kids doing the same thing and it seems to me that we could give kids an advantage by exposing them to technology. Maybe it is because it is a learning form that they can really attach to or use.

Prof. Hunter—I might start. I made some very scurrilous comments about IT a few minutes ago, but we actually have an IT program running here that is now going national and is about putting into Indigenous communities touch screens that require no literacy. They are audio touch screens. They have information on alcohol and a range of different issues—sexual health, diabetes et cetera—and we have now developed that for use in interactive ways by health practitioners. The focus of this is not just on health promotion; it is also about technology enhancing. So we have these in the most remote communities in Cape York. We are evaluating that. It requires building capacity to be able to support those mechanisms up there and create content there.

We have recently gone on to develop journeys on these screens which can also be used as health promotion tools, so that a person will come on, will make various choices and then will get video clips. We did one recently about sexual health—a complex issue. We did that at Napranum. That required going up and recruiting a lot of young people as actors. We had an Indigenous group that did the filming, and we had to liaise with parents, the elders et cetera about that. We created this module, which looks great and now will be deployed on these touch screens and in other media. We went back for the launch the week before last, and about 130 or 140 people came for the launch. To get 130 or 140 people to come for a launch of a sexual health program in an Indigenous community is pretty good. This was their kids and them.

We are now hoping to set up a thing called NIHNMF, which is the national Indigenous health and new media forum. That is to try to pull together—as part of the conference we are running here later in the year, and we can give you details of that later—a mechanism for bringing together people who are involved in key Indigenous IT developments. So we will get MARVIN

from the Territory, we will get the mob from Broome coming down, there is some interesting stuff happening at Tiwi, we have the HealthInfoNet in Perth, we have our stuff and we have the Hunter Centre for Health Advancement. We are all doing stuff and there is no connection between things.

So we are hoping that, if we create this, we can also look at the way in which these initiatives can be deployed across different formats and we can start bouncing ideas. There is an enormous flowering of young Indigenous multimedia people. We have a couple of guys with us now. I think the point you made was that they are totally at home in the digital world and extremely innovative. I do not think computers are going to solve all the problems out there, but I think that the digital divide is further compromising communities. In a remote community, all the issues of accountability management et cetera, where you have to be digitally astute and competent, now mean in some respect that people in communities are further marginalised by technology. Part of the agenda has to be of technology empowering people and breaking that digital divide.

Dr Santhanam—I am hesitating because there is a whole range of issues that we have talked about today. For me, one of the things that would be most useful would be underpinning education—whether we call it learning, visual learning or literacy—because the core thing is: how do you make a person feel valued or empowered?

Senator SIEWERT—I watched this little boy that I look after, and it is just like he comes alive because he is equal to everybody else because he can understand it. He can do it and he is really good at it. If you put him with a book he will not do it, because he is embarrassed that he cannot read. But he is fine with a computer.

Dr Santhanam—It is like that with all human beings. We are all like that. The fortunate ones find a niche to do things that we know how to do, and we do not have to do things that we do not know. But a lot of young people in the community are in a system, particularly the education system, where the failure rate is higher and higher for a range of reasons, not just skill level. I do not think there is any difference in the basic skill level. But there is a whole range of other reasons, particularly language. Some of them speak two languages, then English becomes their third language, and the curriculum is in their third language.

The whole vicious cycle of going to a boarding school at age 12 literally changes a child's whole world. If you live in Kowanyama and you go to Brisbane, it is like going from New York to India or something like that. It is very different, and I think we underestimate this kind of journey. Children do come back, and that is the end of learning after that.

I think educational activities underpin a whole range of things—and I am not talking about getting degrees. It is more about knowledge and information. It is important to facilitate knowledge, in whatever form would be most useful for young people to feel valued and worthy. That is why, with the rap songs, they have to come up with the words and make sense of what the song is about.

CHAIR—Is there anything you would like to add on the record?

Prof. Hunter—I would like to add one thing. I was hoping someone would say, 'What is that information from Canada?'

CHAIR—What is that information from Canada?

Prof. Hunter—I am glad you asked. We had the author of this work come and spend some time with us recently. It relates to suicide but it relates also to these issues. They were looking at the distribution of suicide in British Columbia. It varies enormously across that area, as it does in Indigenous Australia. They did all sorts of things, but then they started looking at a series of what they called ‘cultural continuity factors’. They are not really cultural continuity factors; they are what you might call ‘control of destiny factors’. There were six of them and then they added two more.

The factors were: ongoing land rights legislation, control of police, control of fire, control of ambulance services, control of health services, and cultural facilities. For each of those factors, when you looked at communities across the province, the communities that had those factors had lower suicide rates than those that did not. What was really important is that they then aggregated them. They said, ‘What happens if you look at communities with none, one, two, three, four, five and six of those factors?’ What they found was a dramatic linear relationship, from essentially zero for those communities that had all six of those factors to 140 for those communities that had none. They then integrated two more factors, which will interest you. One was control of child services, and the last one—the eighth factor which relates to the suicide rates in communities—is communities with more than 50 per cent of elected representatives who are female. Having more than 50 per cent of elected representatives who are female also correlated. So you get this dramatic association.

I think what they are tapping into is that this is about real autonomy and control. We asked Chris Lalonde: ‘Could you do this in Australia?’ I do not think you can, because what we talk about in terms of Indigenous autonomy in Australia is a charade. The fact that ATSIC could be turned off overnight—whether it was doing a good job or not—and that we could have a dialogue about whether to de-fund Indigenous community controlled health services raises fundamental matters of autonomy which are different here compared with the United States, Canada and New Zealand.

Dr Santhanam—Or at least that is where they were about 30 years ago.

CHAIR—Professor, could we get some of that information to which you refer? Whilst it will be involved in a background to this inquiry, I am sure there would be general interest from a number of different perspectives in the work that you related. Dr Santhanam, would you like to add anything?

Dr Santhanam—No, thank you.

CHAIR—Thank you so much for your time. It was beneficial that we had a bit more time to spend with you. If there is anything you would like to provide to the committee, please do so, because everything we learn must be of value to us.

Proceedings suspended from 11.59 am to 12.16 pm

GAMBI, Mr Paolo Riccardo, Youth Support Worker, Anglicare North Queensland Ltd

CHAIR—Welcome. Do you have any comments to make on the capacity in which you appear?

Mr Gambi—I was the program manager for the place of safety for volatile substance misuse in Cairns.

CHAIR—You have received information on parliamentary privilege and the protection of witnesses. We prefer to take evidence in public but, if you require anything to be heard in private, please let us know and we will make arrangements. I invite you to make an opening statement before we go to questions from the committee.

Mr Gambi—I will give you a brief background. Anglicare North Queensland provides residential services for youth primarily in Cairns and Townsville at this moment in time.

CHAIR—Do you cross dioceses? Do you cover Townsville as well as Far North Queensland?

Mr Gambi—Yes. Anglicare is a national body, but Anglicare North Queensland Ltd covers Townsville and Cairns.

CHAIR—And TI?

Mr Gambi—Not as far as I know, no; just Townsville and Cairns at this moment in time. We were funded for a trial period by the Department of Communities to provide a place of safety for young people between the ages of 10 and 17. The Police Powers and Responsibilities Act 2000 was amended on 1 July last year to allow the police to confiscate cans of paint, volatile substances or harmful things from young people and then escort them to a place of safety. Unfortunately, this was voluntary, so the police have found it very difficult to continue to get the young people to the place of safety and maintain their interest in the place of safety as such. It is now in a state of suspension, because we are looking at other programs and other ways of being able to address the issues in Cairns. That is pretty much where we are at.

The issue of petrol sniffing as such is not particularly relevant to Cairns; it is more paint sniffing or chroming, as you want to call it, that is the issue here in Cairns. When we first started the place of safety, because it was done in such a quick manner, the police had not received the information and training needed to put in place their part of the legislation—to pick the kids up, to get them to the place of safety and stuff like that. There was very little information being sent out to them or given to them, so we ended up broadening our service agreement to bring in young people involved in the youth justice arena so that they could spend time in our place of safety while they were being dealt with in the Cairns courts or while they were on youth justice orders. For the first four to five months, we ended up full with five to six kids in our care from the communities that were involved in petrol sniffing. In that respect, we had quite a bit to do with the communities. I actually went up to visit one of the communities for a community conference with one client.

CHAIR—Which community?

Mr Gambi—That was Aurukun. It was to put in place some kind of strategy to assist this young person. Unfortunately, what I have heard from other youth service providers and youth workers in the area is that the clients who come into our service from the communities and stuff have ended up having limited support down here but, because they have been pulled out of their communities and brought to Cairns, it has actually compounded the issues.

I will give you an example of one client who was down here for approximately a year and a half. His initial crime, for want of a better word, kept being adjourned—I am not sure what you call it. But, while he was down here, he was continuing to offend. So, by the time his first offence was actually addressed, there was a whole load of other offences. It just compounded this person's situation. It did not make it any better in any way, shape or form. The services and the system were not helping him in any way to address his issues or circumstances.

I have seen that time and time again, not just as the program manager for the place of safety but also just as a youth worker in Cairns in the four or five years I have been doing this here. We have developed and have in place systems that do not seem to assist. All they seem to do is I suppose just mark time until the young person reaches the age of 18, and then they are somebody else's problem. I see this time and time again. It becomes distressing because we are part of the problem; we do not seem to be the solution in any way, shape or form.

The stuff that Jan Robertson from Wuchopperen has come up with, that Jannette Parr mentioned and that Radhika Santhanam and Ernest Hunter have mentioned are all things that do not take a rocket scientist to work out. Yet we have another inquiry into petrol sniffing. How many inquiries do we need? I am English as well. I do not think you would have noticed because I think I have quite a broad Australian accent.

CHAIR—You covered it very well.

Mr Gambi—Yes, I thought so. I was actually provided with a research thesis from 1976 and I compared it with the CMC inquiry that we had for the places of safety. Everybody is saying the same thing again. You guys know as well as I do what needs to be put in place and we are still not doing it. I suppose that is one of my frustrations. Another thing would be that, in Queensland itself, there are 12 beds for detoxification, whether it is for paint or any other kind of drug. There are 12 beds in the whole of Queensland for young people.

CHAIR—For those under 18?

Mr Gambi—Yes. There is nothing up here in the far north. Actually, I think that is wrong—I think there are a few that are starting to be developed. I know there is one in Yarrabah and there is Douglas House. But Douglas House is very much for anybody over 18. They cannot take anybody under that age. It is not helpful to these young people. I am just speaking from personal experience—from doing the program managing and trying to find some assistance for these young people.

I have one client who kept saying that they wanted to go to detox. They had been once already. It had not worked out because they had done the detox—they were the only person to

actually complete that detox—but they were put right back in the same environment that they came from without any support and without their environment changing. Whether we are talking about petrol sniffing or heroin use, it is substance abuse. The things that need to be addressed include the environment. Ernest, Radhika and Jan have come up with really good ideas. All of these ideas are out there.

One of the frustrating things with the place of safety was that the idea came from the government. The government did not say, ‘Okay, this is what we need to address: paint sniffing is an issue.’ There were five trial areas for the place of safety, so why didn’t they go to each trial area and say, ‘Okay, what do you reckon would be relevant for this area,’ as opposed to, ‘This is what we think you should do. Can you just do something around that?’ such as the process being remodelled. Out of the five, the only trial that has worked well is the Townsville one and that is because there was a whole-of-community approach to it. That did not happen in Cairns or Mount Isa, and it certainly did not happen in Brisbane, because the attitudes are different in each of these areas.

If there is a problem here then it needs to be addressed here. Experts from outside can come up and assess, but the ideas have to come from the community. We are not just talking about Indigenous communities; we are talking about any community. It does not matter whether they are black, white or yellow. The communities have to have a sense of self and what they want to do, where they want to go and how they want to deal with it. Time and time again all you seem to hear is the department or the government saying, ‘This is what we need to do, you go ahead and do it,’ as opposed to, ‘This is a concept. How about we give you this concept, and you run with it and then let us know.’

On top of that there is the whole reporting factor or evidence based stuff so that people can understand it and read it. How do you write down and put into some kind of stats that a young person that has been abused since the age of three is continually assaulted every time they are under the influence but has a real desire to be loved? How do you put that on a bit of paper so that somebody can go, ‘That’s all right, we’ll sort that out’? It does not work like that.

When we are talking about evaluations, it needs to come from the people who are in charge of the money. They need to come out, witness what is happening, spend some time and see for themselves what is going on rather than have me collect statistics on the program management for the place of safety—‘You could not seem to get it because you just were not capturing it.’ You try and pass that on. I pass on my monthly statistics to the department who pass it onto Brisbane who then pass it onto somebody else. By the time somebody else has got it, they do not know who Molly is. They do not know who Alfred or George are. They do not care. Everything is lost. It is really important how that client felt, what that client’s desires are, how we can help this family and how we may be able to address this dysfunctionality and stuff like that. I do not know if I am helping anyone; I am just babbling on.

CHAIR—We would still like to hear what you think we should do. You have told us what we are doing wrong. What should we do?

Mr Gambi—It would be nice to see far more consultation with the communities that are less developed like the places of safety in Cairns. Cairns did not need a place of safety. What Cairns needed was some community involvement with all the youth service groups and youth service

agencies getting together and saying, ‘We haven’t got a major paint-sniffing issue but we have got an issue that has to be addressed, so what would be the best way of going about it?’ and then allowing Cairns to come up with the idea. When you are talking about Indigenous communities, it is the things that Radhika and Ernest were mentioning. It is not so much about Queensland Health coming in with their experts.

I have watched Jan and seen how she works. She goes into the communities and speaks with the people there. She says, ‘These are some of the ideas that have worked in other places; what do you reckon and what do you think you can do?’ There is no format for it; it is just allowing things to flow and not putting in so many boundaries or putting things in boxes, because it does not work like that. The more we get involved in the whole compartmentalisation of everything, the more we lose. When I was speaking with the CMC—they would come and visit us every couple of months—it was continually about, ‘How do you think the issues can be addressed on the Cape?’ My answer was, ‘By giving them assistance, not by piling in there and saying, “We think that this program would run really well.”’ Even the CMC have come out with a format as to where they think the places of safety should be as opposed to allowing each community to come up with their own idea. It is not difficult really. I do not understand why it seems to be so complicated because it is really simple.

CHAIR—You feel very strongly about that. What did you say back to the CMC?

Mr Gambi—Exactly what I have said to you.

CHAIR—Dialogue.

Mr Gambi—At the time—this was about a year or so ago—my personal ideas were that a group of people can visit a community and assist that community with the ideas that they want to implement. They are facilitators for the community’s ideas. We have experts in psychology, psychiatry and social work, which is fantastic. They are brilliant. At the same time, though, we are dealing with people that have such an awesome culture and a way of dealing with it in such a unique way that is different to ours. We are coming from a very westernised perspective in the way that we handle and address things. A simple example is that, from the experience that I have had with some of the Indigenous boys that I have worked with, you can show them how to do something and they can do it immediately—just like that. There is no need to try it again. They pick it up really quickly by doing it as opposed to this whole academic concept we have about numeracy and literacy and all the rest of it. Talking about computers, because they are able to do it, it gets picked up so quickly. That is a difference between an Indigenous boy and me as a lad, although I was crap at academic stuff anyway, but that is beside the point. These are the kinds of things that need to be looked at more.

Senator HUMPHRIES—What sorts of clients does Anglicare services in North Queensland deal with? How do you identify the particular people you work with? Are you invited in by the communities or do you have them come to you—how does it work?

Mr Gambi—We have very little to do with the actual Aboriginal communities up in the Cape. We primarily deal with at-risk clients who are referred to us by the Department of Child Safety or youth justice. That is how we operate. We are mainly a residential service provider. There is St John’s and St Margaret’s, which are crisis accommodation services for boys and girls. We also

have St Luke's, which is a responsive placement service for young people that have had multiple placement breakdowns. There are a number of services being opened up in Townsville that are very similar and run along the same lines. There is St Paul's, which is in the process of morphing and sorting itself out with the places of safety. It is about at-risk kids.

Senator HUMPHRIES—People do not get referred to you per se because they are petrol sniffing. Presumably, they have other problems as well and that is what brings them into residential situations.

Mr Gambi—The interesting thing when we talk about petrol sniffing or paint sniffing is that, from the clients I have interacted with, every single one of them is a polydrug user. They are using more than one substance at any one time. One of the clients was talking about one night when they managed to get hold of four or five different substances—whatever is handy. This is not about what substance they can use; it is about escaping their reality and escaping what is going on for them in their lives. The best way for them to deal with it is by getting off their face, and that is what they are doing on a regular basis. A lot of these kids who we are dealing with do not have a lot of hope and do not see much of a future.

One of the major challenges with youth work is interacting with the young kids. One thing is about building some kind of relationship; it is also about finding something that is going to help these young people change their perspective not just about themselves but about the world in which they live and interact. That is a huge challenge, but it can be done in really small ways by finding out about what this young person feels passionate about and what kind of direction they would like to go in. At the same time, the flip side is my experience: when I was 16 I had absolutely no idea where I wanted to go and what I wanted to do. That is the challenge. You keep plugging away at it and building a relationship to a point where they are going to be able interact you in a way that will help them, support them and change their perspectives and stuff.

Senator POLLEY—Earlier you touched on the poor sharing of information. That is something that we have heard over and over again from remote communities. As somebody who has had some hands-on experience, how do you think that can be resolved?

Mr Gambi—One of the things that the Department of Communities was actually talking about for Cairns specifically was a hub. I think it is something that has been done in other areas of Australia, though I am not sure because it has only started to be talked about in the past three or four months. There is the women's information centre—this would be like a youth service information centre where all the programs and all the resources are collected in one place so that they can be shared with everybody. That came to mind when they were talking about information sharing. There is a need for a place somewhere in the Cape where the information could be stored or for one person or a group of people who could be contacted and given the information that is to be shared with other people through a central point.

Senator POLLEY—Can you take us through the process that you go through with a client who has experience of petrol sniffing or some other substance abuse or who has been sexually abused? What support do you give those young people?

Mr Gambi—Because we were providing a residential type service, we would support that client while they were staying there to a certain degree but only in the evenings and overnight.

The other thing that would happen is that they would have a youth justice worker attached to them who would pick them up in the mornings and go off and do the programs with them and then bring them back in the evenings. We would interact with them during the evenings. Even that was fairly productive because you would have the opportunity to interact with them in a more relaxed way and talk about the things that were going on in their home or how they were feeling about being down here. You could ask them about the things that they would like to do, see, hear or go and experience. You could do the little things like addressing their basic living skills—getting them to wash up, make their bed and make sure they had a shower in the morning and stuff like that. We would help them build their own personal self-respect by making them a bit more aware of themselves. We could address stuff like personal hygiene and basic things like that.

Another thing that is really lacking is the ability to intensively support individuals and families. Jan touched on it earlier, how time-consuming it is. While I was a program manager, I was case managing, which was not really part of what we were supposed to be doing. Because I was having the most interaction with this one client, I was pulling in all the other services so that we could do emergency case coordination meetings, see where we could go and what we could address and who could pull on what resources. The amount of time spent just on this one client was phenomenal. The department has community service officers or child safety officers who have between 15 and 30 clients each. I was dealing with just one and struggling, yet we have developed a system where there are 15 to 30 clients per caseworker. That was supposed to have been addressed in the last inquiry regarding the Department of Communities and the Department of Child Safety, but they ended up splitting and stuff like that.

But that intensive support—finding a youth worker that works well with that client or can build some kind of relationship with that client and then using that youth worker as a mentor or something—is what needs to happen. We have got all these services that are just not doing enough, so the kids keep slipping through. One of the things that I have found that works is intensively supporting clients through getting themselves sorted or setting themselves up in independent living, if that is appropriate, and supporting them through basic living skills—just having that constant. That is the other thing: because of the turnover of CSOs and youth workers, there is not that constant. The kids get fed up with it and they end up kind of playing the game; they end up telling you what you want to hear because it is easier than addressing any of their issues. I have gone off the point again really, haven't I?

Senator POLLEY—No. It has been very informative. You have covered some areas I was going to ask you about anyway. Thank you.

Senator ADAMS—You covered my questions as well.

Senator SIEWERT—Earlier we were told the difference between the wet season and the dry season in how it affects communities. Do the different seasons have an impact on your services and do you take that into account when you are doing your planning?

Mr Gambi—No, not really. The wet and dry seasons affect the communities far more than here in Cairns, although there is an awareness that there can be slight shifts—for example, trends towards sniffing more or it being more visible and that. It is not the kind of thing that you really think about when you are putting in a submission or when you are thinking of programs.

Obviously, if you are doing short-term programs, you are looking at the weather and that, but if they are over the long term you do not really look at how the weather is going to affect what you are doing or the difference between the wet and dry seasons. In Cairns there is a fair bit more going on, I suppose.

Senator SIEWERT—We heard evidence, and you heard it too, that episodes occur in the wet season when people are bored and disengaged. Does that impact on your requirement for services provided here or are the problems contained in the community during the wet?

Mr Gambi—I am not sure really. Between when it is wet and when it is dry, there can be an escalation in young people looking for accommodation, so in that way you may see more instances of paint sniffing, because it is more in your face. When it is dry they are going to be hanging out with friends down at the creek or in the woods and stuff like that, but when it is wet there are fewer opportunities for them to be out and about, so you end up seeing more of it. Because it is all anecdotal, it is really difficult to log those kinds of statistics. You get a sense that, yes, obviously, it is a bit more cyclic—and it has been. For example, I have noticed that there do not seem to be as many clients coming down from the Cape as there have been. I am not sure why that is. We do not have a lot to do with what is going on in the communities. The only reason we did was that there were so many clients coming down for youth justice orders, so I do not know whether things up there have changed in the way they are handling the petrol sniffing.

Senator POLLEY—How many people work in your organisation, in the accommodation area that you are involved in?

Mr Gambi—That is a good question. I think we have between 75 and 100 employees at the moment.

Senator POLLEY—Do you take non-Indigenous as well as Indigenous children?

Mr Gambi—Yes, any young person really. Obviously there are different services. For instance, St Luke's Responsive Placement Service has a referral pathway through the Department of Child Safety, because it is for young people who have had multiple placement breakdowns. Therefore, the department are wanting to address their behaviour so that in future there is the possibility of them going back into foster care. However, St John's Crisis Accommodation Service, for instance, is more about young people finding accommodation for themselves while staying at St John's and looking towards either independent living or finding some kind of accommodation, vocational training and stuff like that. They are allowed to stay for, I think, a three-month period at St John's, whereas St Luke's is looking at a longer period of time.

That brings up another issue—the fact that, with all the funding bodies or with, say, the department and this sort of obsession with statistics, there are unrealistic expectations of what can be achieved in short periods of time. For instance, I know at St Luke's Responsive Placement Service they were talking about having a turnover of six months. I have been doing this for four years. I do not have a degree, a diploma or anything; I am just working on my experience. My experience of working with young people is that you are not going to be able to change their issues in any way, shape or form in anything less than a year. It is just not possible, because you are talking about kids who have been abused, who have been substance abusing for

long periods of time and who have gone through serious trauma in their lives. Expecting some kind of change in six months is just ridiculous. In that time you are lucky if you can build enough rapport with that client so that they actually trust you. It would be nice to see some understanding from governmental bodies that things do take time and things do need to be funded well to have really good outcomes—not just okay outcomes but really good, positive outcomes.

We have the resources and ability here in Australia to address these issues really well just by looking at what other countries have done. We do not have to do this in isolation. The whole petrol-sniffing issue or substance abuse issue for young people is not just exclusive to Australia; everybody has the issues and problems. I have only been here eight years, and it just amazes me that we are not looking at what other countries are doing. I hear about Canada and the healing centres they have. They are doing some amazing stuff over there. I know for a fact there is a body of Indigenous people in Townsville talking about trying to get funding for healing centres. The concepts can work if they are culturally appropriate. Words fail me sometimes. I really do not get it. We have the opportunity to make some real difference if we can take long-term views and actually invest, like the government says, in our future and in our children—so why aren't we? I am just speechless.

Senator POLLEY—We share your frustration. As a new senator, I very much share your frustration.

Mr Gambi—How much of a difference do you believe that this inquiry will actually make and what are you hoping to achieve from this inquiry?

CHAIR—Does anyone want to have a go at answering?

Senator HUMPHRIES—We hope that there will be a further realisation within the ranks of members of the government and members of federal parliament that there needs to be action. It is a while since there has been an inquiry at the federal level into this issue and we have heard that there has been an increase in the size and the pervasiveness of the problem, in the last 10 years particularly, so perhaps there is greater opportunity for emphasis on possible solutions as a result of our hearing about them afresh.

CHAIR—There is also the opportunity to feed into the department that looks after this issue at the federal level. There is a new minister in that area. He has been out travelling and trying to get abreast of all these issues. If what we can find gives them some support to focus their policies, that would be useful. As you know, there are so many papers, reviews and coroners' inquiries around. To pull them together and say 'This is what people are saying they want' is what we are hoping to do.

Mr Gambi—You have not really heard that much that is different in each of the places that you have gone to.

Senator POLLEY—Not much.

CHAIR—Not much.

Senator POLLEY—But you also have to keep the issue in the public mind. From where I come, in Tasmania, we do not experience the severity of these issues in my state. So it is about making sure that it is in the public mind and, even though it may be frustrating on your part to come along to yet another hearing, it is important that it is out there in the public domain.

Mr Gambi—It is all right, it is my first one!

CHAIR—Thank you so much for your time and for your patience. If you think of anything that you think we should know, please get in contact with us—and not just today. The idea is to keep that dialogue going.

[12.56 pm]

WALMBENG, Mr Donovan, Chairperson, Aurukun Community Justice Group

CHAIR—I know you have received information about parliamentary privilege and the protection of witnesses. We like to hear our evidence in public but if there is anything you want to tell us in private let us know and we can go into an in camera process. Would you like to make an opening statement and then we will go to questions?

Mr Walmbeng—The problem of petrol sniffing is regarded by the whole community as a very serious problem. Young people are often drawn to petrol sniffing by older people sniffing. They often use violence and the threat of violence to draw the younger ones in. When sniffing or under the influence of petrol, sniffers exhibit antisocial and crazy behaviour and commit offences. Offences include disorderly conduct, assault, serious assault, breaking and entering, stealing, arson and the illegal use of motor vehicles. Sniffers, when high, are out of the control of parents and others and present immediate danger to themselves and others. Crimes of a sexual nature and teenage pregnancy are also often associated with petrol sniffing. Suicidal behaviour is also associated with sniffing. Physical damage to the brains of sniffers and the adverse results of the damage are the most serious part of this problem. Also, sniffers suffer less serious but harmful health problems such as malnutrition.

The current situation since the introduction of Opal fuel at Aurukun in December 2005 is that the petrol-sniffing problem is manageable. Sniffers have nearly disappeared, although it is too early to say if this situation will continue. The signs, however, are good. Also, there has not been a switch by sniffers to abusing other substances, although alcohol and marijuana remained very serious problems. Marijuana is imported from other main centres such as Weipa and Cairns.

Suggested solutions include more programs in sports and recreation, music and other social community activities, which council and community here are following up. Parents need to ensure their kids attend school. Parents need to pay more attention to, and take better of, their kids. Council and community here are following this up also. Regular medical checks for petrol sniffing by the clinic and follow-up action are necessary. There also needs to be stiff sentences for the offenders concerned.

Senator ADAMS—I would like to ask you about your justice group and how the community selects members for it. How do you become a member?

Mr Walmbeng—There are five clans in Aurukun and everyone has to vote for which members are elected into the Aurukun Community Justice Group.

CHAIR—Do you have a ballot, a vote, for who gets on it?

Mr Walmbeng—Yes, a ballot vote.

Senator ADAMS—So people are approached by the community to see if they are prepared to put their names forward, and then you vote for them?

Mr Walmbeng—Exactly.

Senator ADAMS—So it is sort of like a council within a council, is it—a council assisting the shire?

Mr Walmbeng—Yes.

Senator ADAMS—That is good. Are people really keen to become members of the justice group?

Mr Walmbeng—Yes, people are keen to join the justice group because there are problems in the community that we always have.

Senator ADAMS—Are the older people bringing in younger people to train them?

Mr Walmbeng—Yes.

Senator ADAMS—That is good too. Does the school get involved? Do you have anyone from the school, such as someone not in your community who comes in to live in the community for a certain time, on the justice group? Are they allowed to become part of the justice group or not?

Mr Walmbeng—The justice group loves working closely with the school on the school attendance that we have in Aurukun.

Senator POLLEY—You said in your evidence in relation to Opal fuel being rolled out that that has obviously had a significant impact on your community, which is great. We have heard from other remote communities that, rather than rolling it out community by community, it should be done in a regional area. I know it is only early days, but I was just wondering if you had a view on whether or not it should be rolled out on a regional basis throughout the top half of the country, at least.

Mr Walmbeng—I think the Opal fuel is working much better than the petrol that we had for the last couple of years.

Senator POLLEY—In relation to the activities—because obviously, if young people are not sniffing petrol and hopefully are not moving on to other substances, they need to be occupied—how many social workers and youth workers do you have currently within your community?

Mr Walmbeng—One.

Senator POLLEY—And how many young people under the age of 16 are in your community?

Mr Walmbeng—Twenty-five to 30.

Senator POLLEY—So, once again, your community, like every other community we have heard from, could do with more workers and more resources? Your worker who is there now—how long have they been in the community?

Mr Walmbeng—The justice group and the community of departments are looking forward to getting time zones in, trying to get these football teams up, trying to get in a musician to train the young people how to play music and trying to get younger ones into apprenticeships, to drive heavy machinery. Those are the things that we are going ahead with.

CHAIR—Do you have broadband connection at Aurukun, Mr Walmbeng?

Mr Walmbeng—We have a local band, but it is not up and running now.

CHAIR—What about internet access and access to computers?

Mr Walmbeng—No.

Senator POLLEY—For the things that are obviously working within your community, is there sharing of information between other communities in the far north?

Mr Walmbeng—Yes. Apparently we will be flying to Pormpuraaw and Kowanyama in the next couple of months and sharing ideas.

Senator CROSSIN—Mr Walmbeng, what sorts of kids do your justice group deal with? What sorts of issues do you have to work through with the justice group?

Mr Walmbeng—The justice group works closely on school attendance, petrol sniffing, which we always have mediations with, and parents as well. If parents do not take their kids to school, we bring them up to the justice group meeting and decide what is going to be done.

Senator CROSSIN—What is the school attendance like at Aurukun these days?

Mr Walmbeng—It is very poor.

Senator CROSSIN—What strategies have you got in place with parents and the justice group to try and improve that?

Mr Walmbeng—The justice group is thinking of getting the parents together. If they do not attend the justice group meeting, they will probably be banned from the tavern.

Senator CROSSIN—Is that something you are thinking about?

Mr Walmbeng—Exactly, yes.

Senator CROSSIN—Do you have a can limit at the tavern each day, or can people drink as many cans as they want when they go there?

Mr Walmbeng—Firstly, you have to get two cans of beer per person and not stockpile. It opens at 3 pm and closes at seven, so we have got four hours of—

Senator CROSSIN—Yes, you can buy two cans of beer at a time. You could buy 50 beers a night if you wanted to, but only two at a time?

Mr Walmbeng—Yes.

Senator CROSSIN—Has there been any thought given to just having a four- or six-can limit per person for the night?

Mr Walmbeng—No.

Senator CROSSIN—In some of the communities in the Northern Territory, particularly on Bathurst and Melville islands, there is a six-can limit a night per person.

Mr Walmbeng—Not in Aurukun.

Senator CROSSIN—It is something the community has brought in. It was not imposed by the government. The community has actually decided to limit the amount of alcohol people drink. They have got a can limit at the club. Has anything like that ever been considered?

Mr Walmbeng—No.

Senator CROSSIN—Is alcohol another problem that you have to deal with at Aurukun?

Mr Walmbeng—Yes.

Senator CROSSIN—How many petrol sniffers do you think there would be at Aurukun at the moment?

Mr Walmbeng—We do not have any at the moment. Since we got Opal fuel in the bowser, we do not have petrol sniffers at the moment.

Senator CROSSIN—Do you think that is the sole reason? Kids have stopped sniffing because they do not have access to sniffable fuel?

Mr Walmbeng—No.

Senator CROSSIN—Are they turning to other substances, or have you got another strategy in place that has also got them busy?

Mr Walmbeng—The only time they enjoy their lives they are pinching cars. The gang gets together and drives half the night until the next morning.

Senator CROSSIN—Just muck-around stuffers?

Mr Walmbeng—Yes.

Senator CROSSIN—And recreational activities? You said there was one recreational officer; is that right? But the number of kids you have got in the community aged under 16 must be in the hundreds; is that right?

Mr Walmbeng—Exactly.

Senator CROSSIN—Is the recreational officer employed through the community council?

Mr Walmbeng—Yes.

Senator CROSSIN—And that is year after year after year?

Mr Walmbeng—It all depends on how long the contracts are there for.

Senator CROSSIN—Does the community get any money through the federal government's family and community services department to help with recreational activities or after-school activities?

Mr Walmbeng—No.

Senator CROSSIN—No funding? No assistance at all. It is purely done through the community council; is that correct?

Mr Walmbeng—Yes.

Senator CROSSIN—What message do you want this committee to take back for our report, on behalf of Aurukun people?

Mr Walmbeng—My message from the justice group is that we want these parents to get their act together and try to get these kids off to school. We need kids at school. Kids are kids when they are behaving in a good manner. It all depends on the family that is probably drinking down at the tavern, so from my point of view the parents have to get blamed for this.

Senator CROSSIN—Do you think linking Centrelink payments to school attendance is something that should be considered? Is that one idea your community has thought about? Do you think it is appropriate that your people have this form of condition tied to any Centrelink payments, or are there are other ways to try and get kids to school?

Mr Walmbeng—The justice group think that if kids do not attend school, their child endowment, or whatever they get from Centrelink, should stop until we get those kids to school. Then they will receive the money back.

Senator CROSSIN—Would that lead, perhaps, to kids being smacked, bullied or threatened about going to school?

Mr Walmbeng—The major problems that we have in the community are the bullying and teasing that happens in the school. That is why kids do not attend school.

Senator CROSSIN—Why is that happening in the school? Is there a lot of peer pressure from the older kids?

Mr Walmbeng—It probably takes place when people have domestic violence at home. So two parties are fighting together and the grudge seems to be carried on all the time. That is how kids get involved in fighting as well at the school.

Senator BARTLETT—I think there was an earlier question about the number of young people in the Aurukun region. The information that we have here is that there are about 1,200 in the total population—is that about right?

Mr Walmbeng—About 1,500.

Senator BARTLETT—How many people out of that would be aged under 18?

Mr Walmbeng—And petrol sniffing?

Senator BARTLETT—No. Just the total number of young people.

Mr Walmbeng—About 50 to 60.

Senator BARTLETT—You said before that the school attendance was fairly poor. Do you have a primary school or do you just have a high school?

Mr Walmbeng—Just the state school.

Senator BARTLETT—Up to year 7 or 8.

Mr Walmbeng—Yes.

Senator BARTLETT—One of the issues that came up when we were at Mornington Island yesterday was the demand on the time of the small number of people who are doing a lot of the community work on all the different committees and community work around the area. Is it an issue for the people in the justice group that they have their responsibilities and work as members of the justice group but they also have a lot of other demands on their time in other tasks?

Mr Walmbeng—Yes. The justice group should work closely.

Senator BARTLETT—So the same individuals in the justice group are also involved in other organisations around the town?

Mr Walmbeng—Yes.

Senator BARTLETT—Is it a problem for people in the justice group such as yourself? Do you have a problem with people wanting you to do too many things?

Mr Walmbeng—It happens a lot.

Senator BARTLETT—With that pressure to have to do so many things, is there a problem with the active members of the community having such demands on their time that they burn out? Is that a problem in your community?

Mr Walmbeng—Yes. Problems occur in Aurukun when the justice group want to do things other than what people might want to do. People approach the justice group and they want the mediation immediately. We usually have the meetings on Tuesdays and Wednesdays. But in the last week or so we had it for five days and we were all stressed out.

Senator BARTLETT—My understanding is that the people in the justice group are all from Aurukun.

Mr Walmbeng—All from Aurukun.

Senator BARTLETT—So they are all local born.

Mr Walmbeng—Yes.

Senator BARTLETT—I heard earlier today from one of our first witnesses that there are a lot of different languages and dialects spoken in Aurukun. Is that right?

Mr Walmbeng—Yes.

Senator BARTLETT—Do different language groups present particular challenges?

Mr Walmbeng—Yes. People speak different languages, but the common language in Aurukun is Wik-Mungkan. We all speak the same language. We speak different dialects, but the main language that we all speak is Wik-Mungkan.

Senator BARTLETT—The funding for the justice group is provided partly through the council and partly through the state government—is that right?

Mr Walmbeng—Yes.

Senator BARTLETT—Are you comfortable with the security of that funding? Some of the evidence we have had is that funding for projects is for only short periods of time, that funding will run out or a program will be wound up and another one will start up. Is the funding reasonably secure and consistent?

Mr Walmbeng—The funding goes through the council and the justice group does not even know how much money is sitting in the office. The council controls the money that is being sent to us. It goes through the council and we do not even know how much money is sitting there.

Senator BARTLETT—Is the lack of money a significant problem for the work of the justice group itself? Would you be able to do more in your community if you had more funds for the justice group specifically? Are there too many demands on too small a number of people?

Mr Walmbeng—I think the justice group should get paid out of the funding that goes through the council.

Senator BARTLETT—So you believe that the people on the group should get paid for it—is that what you are saying?

Mr Walmbeng—Yes.

Senator BARTLETT—And that does not happen at the moment?

Mr Walmbeng—It does not happen.

Senator BARTLETT—It is all voluntary?

Mr Walmbeng—Yes.

Senator BARTLETT—Is there a cost for you being involved as a member of the justice group? Would it actually cost you money having to help and do things that people ask you to do? Does that add extra costs for you or are you able to claim back any costs?

Mr Walmbeng—I am probably satisfied with the council or whoever is going to employ me. I would be satisfied as it is.

Senator BARTLETT—Thank you.

Senator SIEWERT—This morning Senator Crossin was talking about the legislation that has been introduced in the Northern Territory about making petrol sniffing illegal. We heard this morning that people thought it might be a good idea to introduce that here. What is your opinion on that? Do you think that would help the situation or would not really help at all?

Mr Walmbeng—The Opal fuel did help the community of Aurukun as soon as it was introduced.

Senator SIEWERT—If petrol sniffing was made illegal, enabling the police to have an official role in dealing with petrol sniffing, do you think that would be useful—an added thing to help manage petrol sniffing?

Mr Walmbeng—No.

Senator SIEWERT—One of the issues that was raised this morning was that, if it was made illegal, it would enable the justice committee to get involved. I was wondering whether you felt it would help or not. You do not believe it would?

Mr Walmbeng—No.

Senator SIEWERT—Why is that?

Mr Walmbeng—Because the justice group thinks that we have big problems in the community. Kids are on the streets from seven in the evening until five or six o'clock in the morning—just on the streets.

Senator SIEWERT—So you would rather the effort was put into keeping them off the streets and occupied?

Mr Walmbeng—Yes.

CHAIR—Do you have night patrols in Aurukun, Mr Walmbeng?

Mr Walmbeng—We are pushing forward to employ someone who is supposed to be working with the night patrol officer, but the council do not want to employ someone just to drive around the community with others in the bus. That is why the council do not want to employ the night patrol officers.

CHAIR—Is someone doing it without being paid?

Mr Walmbeng—The council will pay them, but they will probably use the bus for the special purpose of having joy rides in it.

CHAIR—It could work.

Senator POLLEY—We have heard evidence from other communities that overcrowding is part of the problem as well. Is there a shortage of housing accommodation in your community?

Mr Walmbeng—Yes, we do have that. We have big families in Aurukun. Housing is not the only problem they have in the community, but there is a shortage of housing as well. There are big families that are trying to get a house but they cannot. There is a shortage of housing in the Aurukun community.

Senator POLLEY—Thank you.

CHAIR—Mr Walmbeng, just for the sake of the people who are not from Queensland, how far away from Cairns is Aurukun?

Mr Walmbeng—If you are flying, it takes about 2½ hours.

CHAIR—What about if you are driving?

Mr Walmbeng—If you leave at six o'clock in the morning, you will get there at about six o'clock at night. It all depends.

CHAIR—So it takes a full day and sometimes the roads are not great?

Mr Walmbeng—Yes.

CHAIR—One of the issues we have talked about with petrol sniffing is that, even when Opal is available in your community, petrol is such an easy thing to bring in. We know we have the issue of people bringing in alcohol. There has been a lot of publicity in Queensland about people bringing alcohol into dry communities. If we had the same kind of legislation as the Northern Territory with regard to people bringing in petrol—and I know you have only had Opal in Aurukun for a couple of months now but so far it is looking good—how easy would it be for people to bring other forms of petrol back into the community so that people could sniff again?

Mr Walmbeng—Kids are kids and kids are smart. They would probably drain it out of the fuel tank.

CHAIR—So they will find a way?

Mr Walmbeng—Yes.

CHAIR—At the moment, even though you have Opal fuel in Aurukun, people can still bring in cars that do not have Opal in them; it is still available?

Mr Walmbeng—Yes.

CHAIR—I thought so. I just wanted to get that on the record.

Senator BARTLETT—There was a question earlier about how much you share information with other communities on the cape. Have other communities in the region wanted to find out from you how well it has worked since you have had Opal? Do other communities on the cape also want to have Opal fuel made available?

Mr Walmbeng—The justice groups should get together to sort out problems and share their ideas with other communities.

Senator BARTLETT—Just to go a bit further on the question of geography: you said it is a long drive to Cairns, but how far away by car from Aurukun are some of the other communities on the cape, assuming the roads are open?

Mr Walmbeng—It takes two hours to get to Weipa.

CHAIR—Weipa is the closest major centre, isn't it?

Mr Walmbeng—It would probably take half a day to Coen and four, five or six hours to Pormpuraaw.

Senator BARTLETT—I take it from what you were saying before that you would find it useful to get the justice groups together perhaps more regularly to share ideas.

Mr Walmbeng—We should, yes.

CHAIR—Mr Walmbeng, is there no funding at the moment that you are aware of that allows for that to happen?

Mr Walmbeng—We have got funding through the council but the justice group does not get paid out of that.

CHAIR—I know the justice groups were set up and they had a particular role to play under the alcohol management process and all that kind of thing, but we are trying to find out whether, at the moment, there is any funding in your plan to allow the justice groups from your community and from all the others to get together. Is that part of the annual plan?

Mr Walmbeng—Yes, we are doing that.

CHAIR—And that is being funded?

Mr Walmbeng—Yes.

CHAIR—You answered a question earlier and said that one of the issues you wanted us to take back was ways in which parenting could be improved to give parents more strength. That was a previous answer. Is there any other message you want to give to us particularly? We have taken all your evidence, but now is your chance to say what you want us to take back.

Mr Walmbeng—The only answer you could take back is that parents should get together, get their act together and get the kids off to school.

CHAIR—Who can do that?

Mr Walmbeng—If the justice group decides which kid should attend school—everyone needs to get education; if they get educated that is how they will get themselves a real job and work for real money. The best thing is that Centrelink payments should stop.

CHAIR—On that point, what jobs are there in Aurukun?

Mr Walmbeng—The jobs that we were looking at: motor mechanics, carpentry, driving heavy machinery—those are the things—

CHAIR—Are all those jobs available at the moment in the community?

Mr Walmbeng—Yes.

CHAIR—Just not for your people?

Mr Walmbeng—The heavy machinery is in Weipa. We have some application forms.

CHAIR—So you would get people trained so that they can go and work in Weipa, and the industries are already set up there.

Mr Walmbeng—Exactly.

CHAIR—That makes sense. Thank you very much for your time and for travelling down. We now know how long it takes. That brings us to the end of today's hearings. I thank everybody who came and gave their time to us.

Committee adjourned at 1.28 pm