



EDUCATION AND HEALTH STANDING COMMITTEE

ALCOHOL RESTRICTIONS IN THE KIMBERLEY: A 'WINDOW OF OPPORTUNITY' FOR IMPROVED HEALTH, EDUCATION, HOUSING AND EMPLOYMENT

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Education and Health Standing Committee

Alcohol Restrictions in the Kimberley: A 'Window of Opportunity' for Improved Health, Education, Housing and Employment

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ALCOHOL RESTRICTIONS IN THE KIMBERLEY: A 'WINDOW OF OPPORTUNITY' FOR IMPROVED HEALTH, EDUCATION, HOUSING AND EMPLOYMENT

Report No. 8

Presented by:

Dr J.M. Woollard, MLA

Laid on the Table of the Legislative Assembly
on 17 March 2011

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COMMITTEE'S FUNCTIONS AND POWERS

The functions of the Committee are to review and report to the Assembly on:

- (a) the outcomes and administration of the departments within the Committee's portfolio responsibilities;
- (b) annual reports of government departments laid on the Table of the House;
- (c) the adequacy of legislation and regulations within its jurisdiction; and
- (d) any matters referred to it by the Assembly including a bill, motion, petition, vote or expenditure, other financial matter, report or paper.

At the commencement of each Parliament and as often thereafter as the Speaker considers necessary, the Speaker will determine and table a schedule showing the portfolio responsibilities for each committee. Annual reports of government departments and authorities tabled in the Assembly will stand referred to the relevant committee for any inquiry the committee may make.

Whenever a committee receives or determines for itself fresh or amended terms of reference, the committee will forward them to each standing and select committee of the Assembly and Joint Committee of the Assembly and Council. The Speaker will announce them to the Assembly at the next opportunity and arrange for them to be placed on the notice boards of the Assembly.

INQUIRY TERMS OF REFERENCE

(1) To inquire into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia, with particular reference to:

- (a) the evidence base, content, implementation and resourcing (including professional training) for health education and other interventions on alcohol and illicit drugs for school-aged students;
- (b) the evidence base, adequacy, accessibility and appropriateness of the broad range of services for treatment and support of people with alcohol and drug problems and their families, and the most appropriate ways to ensure integrated care; and
- (c) the adequacy of the current education and training of medical and allied health professionals in the alcohol and drug field.

(2) To inquire into the impact on communities, and the social costs, of alcohol and illicit drug problems in Western Australia.

(3) To report to the House by 26 May 2011.

CHAIRMAN'S FOREWORD

This is the first of three reports to be presented to this Parliament following the Committee's inquiry into the prevention, treatment and social costs of alcohol and illicit drug problems in Western Australia. This report focuses on the Committee's visit to the Kimberley and the effectiveness of the region's liquor restrictions.

Geography

The Kimberley is a vast region and the 35,000 people living there, particularly in the more than 220 remote Indigenous communities, do not have the same facilities and resources that people in the metropolitan area take for granted.

Liquor Restrictions

Liquor restrictions in the Kimberley have provided a 'window of opportunity' to address the devastating social and health impacts resulting from decades of heavy drinking.

The Director of Liquor Licensing told the Committee that under the *Liquor Control Act* the Commissioner of Police is actually responsible for administering the Act and enforcing its provisions throughout the State, including the Section 64 and 175 restrictions in the Kimberley. As the Police and the Corrective Services budgets are largely devoted to the consequences of alcohol and drug abuse, I believe that it could be in the public's best interest to move the *Liquor Control Act* under the jurisdiction of the Minister for Police. The Act could then focus on public health and the prevention of harm from alcohol.

The Department of Racing Gaming and Liquor believe that future alcohol restrictions in the Kimberley and other regions will create further work for the Department. The Committee recommends *funding be increased to support communities applying for new restrictions*.

Liquor restrictions in the Kimberley have empowered some community members, particularly Indigenous women, to tell stories of the damage caused by alcohol to their families and their communities. Restrictions have enabled locals to identify what government and non-government services would best assist these communities from early childhood to adults. Unfortunately many of these necessary services are currently not available.

The restrictions have resulted in people reporting that they feel safer, that family home conditions have improved, that there are improvements in children's welfare, and that more children are now attending school. The Committee supports the extension of the liquor restrictions in the Kimberley.

Advertising, accessibility and affordability

In the Kimberley, just like the rest of the State, the unchecked alcohol advertising, the easy accessibility to alcohol and the increased affordability of alcohol has led to a culture of 'binge drinking'. Liquor restrictions are having a positive effect in the Kimberley on the reduced

accessibility of alcohol. It is hoped the State and Federal Government will work together to tighten advertising codes and increase the cost of alcohol. The additional revenue can then be used to promote reduced consumption of alcohol products.

Cost of alcohol

Most of us are aware of some of the problems associated with the abuse of alcohol. However we may not appreciate the extent of the problem and how much alcohol abuse is costing not just in terms of the social and economic costs to the person and their family, but in wider economic costs to the community. Alcohol abuse costs Western Australia between \$1.5-\$5 billion per annum.

Alcohol dependency: alcoholism vs binge drinkers

When we think about problems with alcohol many of us think the main costs to the community are related to the care and treatment of 'alcoholics' - a person who is alcohol dependant. However, the majority of the costs from alcohol are related to the larger percentage of drinkers who can be described as 'binge drinkers'. These are people who drink in excess on particular occasions.

The culture of binge drinking has developed unchecked over the past decades. It has no age boundaries, and in some areas of the Kimberley is like an epidemic. Unfortunately this epidemic cannot be treated with a dose of antibiotics. This epidemic has led in the Kimberley to domestic violence, physical assault, imprisonment, ill health, unsafe sex, STIs, and family breakdown.

Binge drinking in the Kimberley is not confined to Indigenous people. However, many non-indigenous binge drinkers may only live in the Kimberley for a limited number of years. During this time their education, employment, and the fact that they live in uncrowded accommodation, may act as a protective mechanism from some of the serious consequences of their drinking.

'Closing the Gap': The Department of Indigenous Affairs (DIA)

In 2009, the Centre for Aboriginal Economic Policy Research said that over the past 20 years "outcomes in the Kimberley are amongst the most disadvantaged in the country and have shown no sign of change- if anything, they appear to have worsened over time." For some Committee members, visiting parts of the Kimberley for this inquiry was like visiting a third world country.

The Director General of the Department of Indigenous Affairs (DIA) is working with other Directors General to help to 'close the gap' between Indigenous and non-indigenous people. Through the Aboriginal Affairs Coordinating Committee (AACC), DIA has appointed a Chief Operating Officer who had the responsibility to encourage Indigenous stakeholders to develop models of sustainable improvement. This has been a successful venture and it is hoped the State Government will appoint additional competent personnel to assist in other communities.

As alcohol affects a person, their family and the community in which they live, the Committee has recommended *Directors General represented on the AACC visit the region on a bi-annual basis to foster improved interagency and intergovernmental interactions.*

Sustainable communities

Some small remote Indigenous communities are successful, have maintained traditional Aboriginal culture, and are described as family oriented communities where children are safe. Others are cost-intensive in terms of service delivery for education, health, policing and other government services. In particular, they are not able to provide school students with the type of education which will equip them to gain and maintain employment. The Committee has recommended *that the Minister for Indigenous Affairs report on the viability and cost effectiveness of small remote communities in the Kimberley.*

In Broome, Derby, Halls Creek and Fitzroy Crossing in 2010 the waiting list for public housing was 1,100 with a waiting time of three to four years. The Government is looking at new housing initiatives such as the new 50-bed centre at Broome and shared-equity home ownership. These initiatives may not lessen the current problems related to inadequate housing for several years.

In addition to a need for housing for Indigenous people, the Committee was repeatedly told that even where money was available to employ required staff to provide services in towns or in remote communities, such staff could not be employed due to a lack of affordable housing for accommodation. The Committee recommends *additional housing be made available for Government and non government staff.*

Drug and Alcohol Office (DAO)

Alcohol prevention and treatment services in the Kimberley are provided in the East and West Kimberley on a hub and spoke model. These services include counselling, outreach crisis intervention, residential rehabilitation services, and sobering up centres (SUCs). SUCs allow Police the option of returning a drunken person home or conveying them to a centre. Alcohol restrictions have led to a decrease in the use of SUCs in the last two years, particularly in Broome. It was suggested to the Committee that if SUCs were staffed on a 24-hour basis this might decrease the pressure on Kimberley hospitals.

The Committee became aware of a gap in drug and alcohol services in many remote communities, where there is only a fly-in/fly-out service. These services were described as poorly co-ordinated and less effective than regular services. The Committee was told that many government and parliamentary representatives are aware of the need for additional drug and alcohol services in the Kimberley and the failure to deliver these services is leading to a decline in the effectiveness of the alcohol restrictions. In particular, the Drug and Alcohol Office (DAO) would like to train and employ at least 10 FTE local Indigenous drug and alcohol workers to allow smaller communities to be supported by DAO services. The Committee has recommended that *the Government support the DAO proposal to base service delivery on four zones rather than the two current ones.*

Medical professionals told the Committee of the debilitating effect of cannabis in the Kimberley. It was suggested that children from the age of 12 are buying cannabis. For young girls a consequence of smoking cannabis was the reduction of sexual inhibitions and subsequent high rates of teenage pregnancies and sexually transmitted infections. The Committee has recommended that all alcohol education and awareness programs include the dangers associated with illicit drug use.

Mental health

People who suffer from alcohol and drug abuse often have mental health issues. A recent child health survey reported that 20% of Indigenous children in Kununurra were at high risk of mental health problems. Linked with the high number of people suffering from mental health problems is the high rate of suicides. On average there has been a suicide a month for the past nine years.

Foetal Alcohol Spectrum Disorder (FASD)

The Committee heard that FASD rates in the Kimberley have rapidly increased over the past decade. There are young women in the Kimberley who have FASD and are now having their own FASD children due to their drinking while pregnant. At Fitzroy Valley High School the Principal estimated the number of children with FASD was 25%, or about 80 students. Children with FASD have poor concentration, memory loss and management problems. The Committee was told that if children affected by FASD were required to attend pre-primary, grade 1 and grade 2 they would be less disruptive. Today's liquor restrictions may prevent children of the future having FASD.

Education

The lack of education for Kimberley children has been described as a consequence of, and later cause of, alcohol and drug abuse. The many years of alcohol abuse in the Kimberley has led to a situation where there are now parents who did not attend school on a regular basis.

We know that education is important throughout life, and that once a child gets behind at school it can be very difficult for them to catch up. For reasons including tiredness, hunger, or a child lacking in self esteem, school absenteeism is a large problem in the Kimberley. The Committee has recommended that *the Minister for Education review the current school funding mechanism to recognise the unique challenges of Kimberley schools; the Education Act be amended to facilitate three year olds attending kindergarten; and funding be increased for programs such as Joodoogeb-be-gerring Werlelemen which have been successful in encouraging 'disengaged' girls to return to school.*

Absenteeism compounds the problem for secondary teachers in the Kimberley who may have a classroom with many students who do not have the literacy and numeracy skills to engage in the curriculum. The Committee has recommended that *the Department of Education prepare a report on school attendance in the Kimberley and the Ministers for Education and Indigenous Affairs fund a task force to determine how school attendance can be improved.*

Sporting programs have proved successful in encouraging some students to stay at school. As such, the Committee has recommended that *the Department of Sport and Recreation prepare a report for increased participation in sporting programs throughout the Kimberley.*

Children's safety and the Department of Child Protection

The Department of Child Protection (DCP) is responsible for ensuring children are protected from the abuse which may result from alcohol or drugs. It is their responsibility to remove children 'at risk' from their family situation, and ensure they have access to accommodation and services.

DCP's FTEs in the Kimberley have increased by 89% over the last few years. Despite this, the DCP Director General told the Committee that "if we doubled our staff in the Kimberley they would be just as busy as the existing staff are because there are endless amounts to be done."

The Committee heard of 3rd generation children being born with FASD. We heard of babies lying in the gutter with drunken parents. One service agency in the Kimberley gave evidence of physical and sexual abuse of children aged between 3 and 18 years. The Committee was told of children as young as five years old walking the streets at night without parental consent. Another witness told the Committee of young children drinking late at night having obtained alcohol from older people who had either fallen asleep drinking or had moved on and left their alcohol behind.

The Committee heard that there was a lack of youth facilities and youth accommodation. In Derby 80% of juvenile crime is very late at night or early in the morning and as DCP have no facilities there the nearest place to house them is a hostel in Broome 225 kilometres away.

The Committee was told that when Police found children on the street they had trouble finding a safe place to return these children to, and this is why one of the recommendations of this report is for the *Department of Child Protection to provide a safe house or shelter in all the major Kimberley towns for children 'at risk' and DCP guidelines for removing children 'at risk' should be made clearer to other organisations.*

The Committee has also recommended that *in Kimberley towns with DCP staff that they be given responsibility for returning or taking a child to a safe house.* In locations where there are no DCP staff, *the Police continue to undertake this role.* However, Police need to be given additional resources to allow incident reports to be completed on all children under 16 years found on the streets for the rest of 2011.

The problems in the Kimberley have a very negative impact on children and having a Minister for Early Childhood could ensure future State resources are directed more appropriately.

Parenting and family models

An increase in positive parenting programs was suggested as a way to combat the shortfall in parenting and family support systems in the Kimberley. A new Ministerial position of 'Minister for Families' may ensure assistance is given to dysfunctional families, and this may prevent the large number of children born with FASD, or wandering the streets. Some programs are currently being co-ordinated by community elders to prevent young Indigenous people using alcohol and cannabis. The Yiriman program is one such successful program which was recommended by the previous Education and Health Standing Committee as one that should receive additional support. The Committee has recommended that *the Government provide additional funding to allow the Yiriman program to extend across the Kimberley.*

Police resources across the Kimberley

Many smaller communities in the Kimberley do not have ready access to Police. The current alcohol restrictions have changed Police work loads in the Kimberley but alcohol-related crime means they remain short-staffed. The Committee has recommended that *a social responsibility levy for liquor license holders be considered by the Government to manage the harm from excessive alcohol consumption.*

The Committee was told that in the Kimberley an average of 80% of Police tasking is alcohol-related, and this rate is higher in some locations. In 2008 the Broome Police Station processed the highest number of people in regional areas. This processing means Police are taken away from community patrolling, including policing the liquor restrictions. The Committee has recommended that *the Kimberley district be resourced with sufficient experienced police officers.*

Justice and Corrective Services

The Committee heard that the State's Indigenous juvenile detention rates are the highest in Australia. Professor Ted Wilkes told the Committee that "75% of boys in juvenile institutions between the age of 10 and 17 are Aboriginal kids.... That is ludicrous; we are only 3% of the population." The Auditor-General calculated that Western Australia's 250 worst child offenders could cost the WA justice system about \$400,000 each. The Committee has recommended that *there be increased funds for Juvenile Justice Teams in the Kimberley.*

The President of Western Australia's Children's Court has commented on the need for change in relation to the loss of driving licences for people in remote regions. The Committee has supported his suggestion that *alternative forms of punishment be found for the non-payment of fines in the Kimberley to reduce the number of people losing their driving license.* The Committee recommends that *consideration be given to the establishment of new driving licences for use in local communities.*

The Committee was told that alcohol-related offences are responsible for 70 -80 % of the prisoners being incarcerated in Broome prison. In addition, 75% of Broome prisoners in September 2010 were between 25 and 45 years of age. Prison for some Aboriginals was described as "a bit of a holiday camp; you get fed three meals a day; you are in a clean environment; you have got access to televisions; you have got access to sporting facilities." The Committee recommends that *the Minister for Mental Health provide funding for compulsory rehabilitation programs for people who appear in court a second time on anti-social or criminal behaviour associated with alcohol use and all Kimberley prisoners with a history of illicit drug use and alcohol problems undertake rehabilitation programs.*

Alcohol and health

Data from DAO show that the Kimberley has nearly twice the State per capita average for consumption of alcohol; four and a half times the level of alcohol-related hospitalisation; and nearly three times the level of alcohol-caused deaths than the State average. The lifespan of an Indigenous person in the Kimberley is less than that of a person living in Perth. While death certificates do not show alcohol as the cause of death, many witnesses felt that it is an antecedent factor and has influenced early death rates in the Kimberley.

Health care needs in the Kimberley are not always met due to a shortage of staff, housing, and new and improved communication technology. In particular, for areas like Fitzroy Crossing where alcohol restrictions have had a positive effect, there is a need for a paediatric team which includes a speech therapist, an occupational therapist, allied health professionals and a physiotherapist.

Presently Child Development Services (CDS) are responsible for child health services in the metropolitan area. The WA Country Health Service (WACHS) is responsible for all health care services in the State's regions. The State Government could consider as part of their agenda to 'put people first', allowing health care services in regional areas to be put to tender so that the CDS could provide child health care services in the State's regions.

Remote health services

The delivery, or spasmodic delivery, of health care in remote communities in the Kimberley presents additional hurdles to young children being able to reach their full physical, emotional and developmental potential. During the inquiry the Committee heard that WACHS was trying to recruit six additional remote area nurses. Difficulties filling these essential positions could be related to employment conditions.

We heard that one remote area nurse had to travel 120 kms to a community clinic four times a week. At the clinic she saw 20 to 30 patients per day, often having to take their medications to them after the clinic closed. She then had to drive back and complete her paperwork because of a lack of internet facilities at the clinic. The Committee recommends *the appointment of additional remote area nurses and new and improved technology to assist in the delivery of health services to remote communities* and that *government agencies adopt a common protocol to ensure remote communities are willing and prepared for agency visits.*

Non Government Organisations

There are many non government organisations which play a vital role in assisting the treatment of people and families affected by alcohol and drugs in the Kimberley. Unfortunately many such organisations are unable to find affordable staff accommodation or can afford to pay workers appropriately. The Committee has recommended that *a regional funding index is provided to attract and retain staff in regions such as the Kimberley.*

Conclusion

I would like to thank the Committee members, Deputy Chair Peter Abetz, Lisa Baker, Ian Blayney, Peter Watson and the newly co-opted Graham Jacobs. All are to be congratulated on their commitment and diligence in relation to this inquiry and this report.

The Committee is supported by competent and efficient research staff. Dr David Worth our Principal Research Officer has provided expert guidance to the Committee. He has worked hard with the Committee to enable this report to be tabled in Parliament before the next budget. David has excellent research, communication and writing skills and we thank him for all his hard work.

Dr Worth has been supported by Ms Telia Reilly and Ms Pam Clarke from the Legislative Assembly Committee Office who assisted with the planning of the Kimberley trip. Several outstanding research officers also assisted with this research: Ms Renée Gould, Mr Timothy Hughes, Mr Michael Burton, Mr John Pollard and Ms Lucy Roberts. I would also like to thank Ms Judith Baverstock and Mr Keith Jackman from Hansard who provided their recording services during the Committee's two weeks in the Kimberley.

As a Committee we would like to thank the more than 100 community organisations, individuals, local and State Government employees, and those from private enterprise who came along to the hearings to give us their views on the problems presented by alcohol abuse and the effectiveness

of the liquor restrictions. In particular, I would like to thank the officers at DAO who supported our extensive trip to the Kimberley, especially Mr Grant Akesson and Mr James Hunter.

Repeatedly we heard that liquor restrictions have worked and that wider restrictions should be implemented. We hope the Government will carefully review the recommendations contained in this report to ensure that the remaining people in the Kimberley who have problems with alcohol and illicit drug use are given the assistance they need. More importantly, I hope that children who are 'at risk' in family situations in the Kimberley are removed from these situations, and that there will be a reduction in children born with FASD through positive government intervention.

Janet Woollard

DR J.M. WOOLLARD, MLA
CHAIRMAN

ABBREVIATIONS AND ACRONYMS

| | |
|-------|---|
| AA | Alcoholics Anonymous |
| ABS | Australian Bureau of Statistics |
| ACT | Australian Children’s Trust |
| AFL | Australian Football League |
| APLO | Aboriginal Police Liaison Officer |
| AVP | Alternatives to Violence Project |
| BOAS | Building on Aboriginals Skills program |
| CAEPR | Centre for Aboriginal Economic Policy Research |
| CEO | Chief Executive Officer |
| CDEP | Community Development Employment Projects program |
| COAG | Council of Australian Governments |
| CPSIM | Child Protection Scheme of Income Management |
| DAO | Drug and Alcohol Office |
| DATS | Drug and Alcohol Through-care Service |
| DCP | Department for Child Protection |
| DCS | Department of Corrective Services |
| DEEWR | Department of Education, Employment and Workplace Relations |
| DET | Department of Education and Training |
| DIA | Department of Indigenous Affairs |
| DLG | Department of Local Government |
| DOH | Department of Health |
| DRGL | Department of Racing, Gaming and Liquor |
| DUI | Driving Under the Influence |
| EBA | Enterprise Bargaining Agreement |
| EHSC | Education and Health Standing Committee |

EDUCATION AND HEALTH STANDING COMMITTEE

| | |
|---------|--|
| FaHSCIA | Department of Families, Housing, Community Services and Indigenous Affairs |
| FASD | Foetal Alcohol Spectrum Disorder |
| FTE | Full Time Equivalent staff |
| GROH | Government Regional Officers' Housing |
| HACC | Home and Community Care Program |
| ILUAs | Indigenous Land Use Agreements |
| IM | income management |
| IMMASU | Indigenous Men Managing Anger and Substance Use program |
| IMP | individual management plan |
| JJT | juvenile justice team |
| KALACC | Kimberley Aboriginal Law and Culture Centre |
| KCDST | Kimberley Community Drug Service Team |
| KLC | Kimberley Land Council |
| KMHDS | Kimberley Mental Health and Drug Service |
| KRAH | Kimberley Remote Area Health |
| KRP | Kimberley Ranger Program |
| MFPF | Multi-Function Police Facilities |
| MHC | Mental Health Commission |
| MWRC | Marninwarntikura Women's Resource Centre |
| NGO | Non Government Organisation |
| NHMRC | National Health and Medical Research Council |
| NPARIH | National Partnership Agreement on Remote Indigenous Housing |
| NT | Northern Territory |
| OATSIH | Office for Aboriginal and Torres Strait Islander Health |
| OES | Ord Enhancement Scheme |
| OIC | Officer in Charge |
| OVAHS | Ord Valley Area Health Service |

| | |
|--------|---|
| PATS | Patient-Assisted Travel Scheme |
| PCYC | Police and Community Youth Centre |
| RFDS | Royal Flying Doctor Service |
| SDERA | School Drug Education and Road Aware |
| STIs | sexually transmitted infections |
| SUC | Sobering-Up Centre |
| UFPA | Unity of First People of Australia |
| VIM | voluntary income management |
| WAACHS | Western Australian Aboriginal Child Health Survey |
| WACHS | Western Australian Country Health Service |
| WACOSS | Western Australian Council of Social Service Inc |

EXECUTIVE SUMMARY

The problem

The consumption of alcohol is one of the most difficult areas of drug policy about which to develop and implement rational evidence-based preventative strategies. The reason for this is that it is ever-present throughout all communities in the State. An alcoholic drink will be consumed by most Western Australians sometime in their lives. It is a socially-sanctioned drug, which many refuse to consider a drug at all. High levels of alcohol consumption have been 'normalised' in Western Australian society, particularly for both Indigenous and non-Indigenous Kimberley residents. High levels of alcohol consumption are also evident in people working in the mining industry. The most recent research shows the direct and indirect costs of alcohol on the State's taxpayers is between \$1.5-\$5 billion per annum. By comparison, building a new children's hospital will cost \$1.2 billion, the Mandurah railway cost \$1.6 billion and the second desalination plant will cost \$960 million.

Data provided by the Drug and Alcohol Office showed that nearly 20% of people in the Kimberley over the age of 14 years drank alcohol in 2004-05 at a level that was risky or a high risk of long-term harmful impact on their health, with 42% at levels that would create short-term harm. This data shows the region has:

- nearly twice the State average for per capita consumption of alcohol;
- four and a half times the level of alcohol-related hospitalisation than the State average; and
- nearly three times the level of alcohol-caused death than the State average.

However, recent data from the Australian Bureau of Statistics shows that across all age groups nearly twice the proportion of Indigenous people have never drunk alcohol compared to non-Indigenous Australians (29% to 15%). Also, twice as many Indigenous people living in remote communities than those living in non-remote areas have never drunk alcohol (37% to 18%). This difference is greater for women residents- with 47% of Indigenous women in remote communities having never drunk compared to 24% in non-remote areas.

This interim report focuses on the social costs of alcohol consumption in the Kimberley and the positive impact of the restrictions that have been in place for over three years.

The solutions

Evidence shows that communities will lower alcohol consumption if governments take action to:

- 1 reduce *access* to alcohol, such as by putting in place restrictions on its sale.
- 2 limit the *advertising* of alcohol, such as has been done by the Director of Liquor Licensing at some Kimberley alcohol outlets.
- 3 reduce the *affordability* of alcoholic products by raising the price of them.

The Report's recommendations are made in light of the compelling evidence from Ms June Oscar, a well-known community activist in Fitzroy Crossing, who cautioned against the hasty provision of further funds without ensuring that Kimberley communities are engaged in the delivery of any new services:

Don't just keep pouring money in. It's not about the money. It's about the control. It's about the capacity that we have to participate in this process, the capacity that we have to make decisions.

The Committee was told emphatically by Dr David Atkinson:

The restrictions really do work; they are very positive. If you talk to anybody in Fitzroy Crossing or Halls Creek, apart from the committed drinkers, they will all say that things are a lot better. It is not a complete answer, but I think that wider restrictions in the Kimberley are absolutely and completely justifiable.

The Committee believes that, given the scope of the social and health problems remaining in the Kimberley, additional funds are urgently needed to take advantage of the break from heavy drinking or what might be described as a 'window of opportunity' provided by the existing restrictions. Funds provided in areas where liquor restrictions are now in place need to be delivered in consultation with the local communities. Working together the government and the local communities can ensure that those in need are provided for.

In addition, as these communities dry out employment opportunities need to be identified for people who might for the first time in many years be able to seek employment. Local communities need to have a greater say in how their community moves forward as they attempt to control the damage done to their communities by those who abuse alcohol. The State's Chief Justice recently described the need for a coordinated approach by government to address the region's complex health and social issues:

because the causes are multifaceted and interrelated, so must be the solutions, so an holistic approach across all of government is required. The problems of a fragmented, silo approach have been known and have been being talked about for many years, but nothing much has been done to overcome the issues and break down the silos.

Some of the additional needs suggested to the Committee are reported in Chapter Five.

The evidence

This report summarises the evidence from more than 120 witnesses who spoke to the Committee during its 10-day trip to the Kimberley in late July 2010 or gave evidence at hearings in Perth. The trip included hearings in the major centres of Broome, Derby, Fitzroy Crossing and Kununurra, as well as in smaller communities at Beagle Bay, Djarindjin, Balgo, Noonkanbah, Wyndham and Mowanjum. The Committee heard from all the key government departments, non-government organisations as well as many Indigenous community corporations offering rehabilitation and treatment services. The hearings also took evidence from the Shire of Broome, Shire of Derby-West Kimberley and Shire of Wyndham-East Kimberley, as well as from the major liquor and accommodation industry companies.

Chapter One: The Extent of the Problem

This chapter outlines the extent of the problem and the cost to the State Government. For example, the cost to Police was estimated by Inspector Cave's as "**80% of Police tasking is alcohol-related**". The majority of offences that are committed are alcohol-related."

The Committee heard from the Department for Child Protection Regional Director that for "**every child we work with, there is overwhelmingly an alcohol issue in the family**" and that in terms of the age they started drinking, "probably the most reported age group we become aware of would be about 13 or 14".

Injuries due to domestic violence are common across the Kimberley and alcohol was seen as the greatest causal factor for domestic violence. A hotelier told the Committee "I see quite a bit of minor domestic violence at the hotel ... I would say that probably at least two-thirds to three-quarters of our assaults that we have within the hotel are spouse against spouse".

Dr Collings from the Royal Flying Doctor Service (RFDS) told the Committee that about **35% of all patient transfers in the Kimberley were directly or indirectly relating to drugs and alcohol**, costing the RFDS about \$2 million per year.

The medical impact of the excessive consumption of alcohol over decades has contributed to a **high number of early deaths and subsequent regular funerals across the region:**

*we have Wyndham, Kununurra, Halls Creek, Fitzroy Crossing, Broome and Derby. ... If I told you that not one week goes past in a calendar year in those towns when there is not a funeral, that would be the truth. There are two funerals here [Derby] at the end of this week. There is another funeral in Fitzroy Crossing next Thursday. ... I can also tell you that my belief is that **most of those funerals originated with alcohol** [emphasis added]; the health problems that kill that person originated with alcohol. The biggest myth is when you read a death certificate and it says 'heart attack'. It does not tell you what caused that heart attack.*

Doctors could be encouraged to complete the section on antecedent causes on death certificates when alcohol is a contributing factor.

Impact of the bans and restrictions

The current liquor restrictions and bans in the Kimberley come after nearly 20 years of voluntary and mandated actions to limit the supply of alcohol in the region. The Committee has found that the bans and restrictions in the Kimberley on the availability of alcohol has had the greatest impact on the large number of residents who are moderate drinkers, and who with the large number of non-drinkers, make up the great bulk of the region's residents. This evidence confirms research undertaken by the National Drug Research Institute at Curtin University which found "most alcohol-related harm is caused by non-dependent persons [binge drinkers] drinking excessively on particular occasions- simply because there are so many more of them."

▪ **Section 64 restrictions**

Conditions on licensees restricting the sale and supply of liquor from their premises are imposed by the Director of Liquor Licensing under section 64 of the *Liquor Control Act 1988*. As at 30 June 2010, there were section 64 restrictions in place in 11 areas of the State. These include licensed premises in the Kimberley in Derby, Fitzroy Crossing and Halls Creek. The Director

announced new restrictions for Kununurra and Wyndham on 1 December 2010 and became effective on 7 February 2011.

- **Section 175 bans**

Since May 2007 any community in Western Australia can approach the Minister directly to make it a declared restricted area under section 175(1a) of the *Liquor Control Act 1988*. This section enables the Governor, on the recommendation of the Minister, to declare a restricted area. Regulations then make it an offence to sell, supply, possess or bring liquor into these communities. The Minister, Hon Terry Waldron, said in 2010 when announcing new section 175 bans “The community representatives said they considered these restrictions the most effective way of reducing the amount of alcohol-related harm and ill health in the community.” A map of the nine Kimberley communities where current section 175 restrictions are in place can be seen at www.rgl.wa.gov.au/Default.aspx?NodeId=92&DocId=113.

- **Moving the problem**

A range of witnesses offered a common criticism that the Kimberley bans and restrictions had just moved drinkers to other locations where there are no limitations on purchasing alcohol, particularly full-strength take-away products. While Minister Waldron and other witnesses agreed with this view, they said that it was only the heavy drinkers or alcoholics who would travel long distances required to purchase full-strength products. The Committee heard in various locations across the Kimberley that **heavy drinkers made up between 5-20% of the adult population** of these communities.

- **Health impacts**

Most witnesses told the Committee of the positive health impact of the restrictions and said they had seen a “dramatic change in the service demand that has occurred between the implementation of the alcohol restrictions and now. Most of that has been a fall off in the highly intoxicated and the injuries ... associated with, I guess, problematic binge drinking”. This witness evidence is supported by DAO’s 24-month review of the effectiveness of the alcohol restrictions in Fitzroy Crossing and 12-month review of the effectiveness of the alcohol restrictions in Halls Creek. This research found a drop in suicides; Fitzroy Crossing Hospital staff reporting a 36% reduction in the average number of alcohol-related emergency department presentations; and a substantial decrease in unconscious persons brought to the hospital for treatment.

The report found that there had been a reduction in:

- ambulance call-outs;
- violence and abuse toward staff on call-outs to communities;
- cases of attempted self harm;
- after-hours presentations;
- presentations of people harmed by domestic violence; and
- overall trauma due to alcohol abuse.

- **Drug and alcohol services**

The Drug and Alcohol Office (DAO) provided statistics showing a significant drop in the usage of the Kimberley Sobering-Up Centres since the introduction of the alcohol restrictions.

Table E.1- Use of DAO-funded Kimberley Sobering-Up Centres (2007-10)¹

| | 2007-08 | 2008-09 | 2009-10 | Change 2007-10 |
|----------------|---------------|--------------|--------------|----------------|
| Female | 3,761 | 3,121 | 2,326 | -38% |
| Male | 7,714 | 6,525 | 5,540 | -28% |
| TOTAL | 11,475 | 9,646 | 7,866 | -31% |
| Indigenous | 11,384 | 9,610 | 7,807 | -31% |
| Non-indigenous | 91 | 36 | 59 | -35% |
| TOTAL | 11,475 | 9,646 | 7,866 | -31% |

- **Cost to Policing**

Before travelling to the Kimberley, the Committee heard from the Police Commissioner:

*the Police love it [the restrictions], and I will give you a good example of why the Police love this as a strategy. **Halls Creek has [approximately] the same population as York. There are five police officers in York and 23 police officers in Halls Creek** [emphasis added] to deal with the same number of people. Since the application of the bans, we could probably halve the number of Police at Halls Creek because the work is not there. So in terms of [the State] economy, it is a very good outcome.*

- **Community support**

More than 90% of the witnesses who give evidence to the Committee in the Kimberley supported the restrictions because of the ‘window of opportunity’ it has given to the communities to address the significant social and health impacts of decades of drinking by a significant sector of the local population.

Lt Gen Sanderson told the Committee that the Indigenous Implementation Board supported the alcohol restrictions as ‘sensible and wise’, but on the basis that they were only treating a symptom on the surface, and need to be “accompanied by a whole range of other programs which are aimed at building the community up to a state where it can operate without these sorts of restrictions.”

Evidence was also given that the conditions in the homes of drinkers had improved dramatically and that more children were now going to school, and that:

We also get positive comments from a lot of the women saying that it is good that the noise from drunks has gone; they can sleep at night; they are not worried about people coming into their houses in the middle of the night looking for food or a fight. So the community

¹ Ms Julia Knapton, Acting Director, Policy Strategy & Information, Drug and Alcohol Office, Electronic Mail, 26 October 2010, p1.

itself is telling us as Police that they believe that this is a safer place since the inception of the liquor restrictions.

▪ **Perceived impact on the liquor industry**

There was some local opposition to the restrictions from representatives of the liquor industry and local government bodies, such as Mr Peirson-Jones, Director of Kimberley Accommodation Pty Ltd:

The majority of people are opposed to them [restrictions]; they do not like them. They find them divisive. The people who work, whether they are coloured or white, do not like the restrictions because they see their rights, for want of a better word, to be able to purchase a bottle of chardonnay or other wine or a carton of beer the same as people in the city or anywhere else. They think they should have the same entitlement.

Despite warnings a year ago that the restrictions in Halls Creek were “described as ‘premature’ by the Australian Hotels Association, with the Halls Creek bottle shop owner, Mr Peter Tierney, saying his business “would close if the proposed restrictions were enforced”, the Committee heard no evidence from those in the liquor industry that the existing bans and restrictions had harmed their business operations in the Kimberley.

When asked directly if the existing bans had affected his hospitality business across the Kimberley, Mr Peirson-Jones answered “They have not.”

Chapter Two: The Kimberley Region

This chapter provides an introductory overview of some aspects of the Indigenous culture, geography and demographics of the region as many of the problems in delivering key services to people living in this region are due to its large size (about 425,000 sq km, or nearly twice the size of Victoria), the small population (about 35,000 people with nearly half living in Broome) and the over 220 smaller remote Indigenous communities.

Chapter Three: Impact on the Children

Evidence from many witnesses is provided in this chapter of the large social impact of alcohol consumption on the region’s children. In particular, how the restrictions over the past three years have improved their situation, and the region’s need for additional services. The Committee was told that when the Police found children on the street and wanted to remove them additional problems could arise if “everyone in that kid’s family is either drinking or playing cards or is violent—it is a violent home”.

While in many towns the children were in groups of five to 10, and aged between eight to 12 years old, one service agency gave evidence that it had dealt with “three-year-olds up to 18” who had suffered physical and sexual abuse.

The Police Commissioner said that another issue for them was that these groups of young people often caused crime, as there are very few late-night support services in the Kimberley for young children who cannot be at home. He suggested **hunger as a reason** for many of these offences:

the main drivers in places like Halls Creek for children to break into people's property is to get food because they are not getting fed. They have to find food somewhere. It is a cycle that draws Police into quite a significant social problem. I would guess that if we could stop that problem in Halls Creek tomorrow, you could reduce the number of Police [numbers] to five, because it is not inherently a busy town apart from the fact that it has alcohol-related problems.

The Principal of the Fitzroy Valley District High School, Mr Jeffries, gave evidence that “alcohol affects every aspect of the school. There is not a single part of the school that is not impacted by alcohol.” Sadly, yet very importantly, the Fitzroy Valley District High School has costs of approximately \$100,000 per annum to run a protective behaviour program. As Mr Jefferies said “We have a strong focus on protective behaviours ...because of the alcohol and drug-fuelled sort of climate that we work in, the amount of abuse that occurs is huge.”

Schools in the region need more resources, including the possibility of the ability to access programs such as teachers' aides to deal with children affected by FASD, and the school chaplaincy program. Lack of housing continues to impact on the ability of schools to access additional staff or programs.

The Committee heard from various witnesses of the importance of sporting activities as a way of diverting the interests of some residents, especially juveniles, away from drugs and alcohol and having a positive impact on their happiness and well-being. Sport is viewed as a good example of where service agencies can target a cohort of the community to break the cycle of drinking. However, once the football season finishes, boredom sets in and the incidence and participation in drinking increases.

Chapter Four: Current services

This chapter provides a summary of the alcohol and drug services provided in the Kimberley by government agencies and non government organisations. The major government agencies are the Police, Drug and Alcohol Office, Department of Health (DOH) and the Department for Child Protection.

The Drug and Alcohol Office support a range of sobering-up and rehabilitation centres across the region and fund the Kimberley Community Drug Service Team based in Broome. There are two key Indigenous-run organisations in the Kimberly funded by DAO that offer SUCs services as well as rehabilitation programs. These are Milliya Rumurra in Broome and Ngnowar-Aerwah in Wyndham.

Chapter Five: Future Service Needs

This chapter provides, in order of priority, information on the services requiring additional State Government resourcing:

- Department of Housing- additional housing for government and non-government staff;
- Police – increased capacity for proactive policing in the community;
- Department for Child Protection – increased uptake in positive parenting programs and provision of child shelters;
- Drug and Alcohol Office- prevention, treatment and support staff;

- Department of Health – more remote area nurses and new and improved technology to assist delivery of services to remote communities;
- DET – increased need for adult education and readiness for work programs; and
- Department of Sport and Recreation – provision of more positive alternatives to alcohol use, especially for girls.

The key theme that emerged during the Committee’s Kimberley trip was that the main limiting factor in rolling out new programs to address alcohol and drug issues was the severe lack of housing in the Kimberley. Housing is needed to accommodate program staff, government departmental staff, and non government staff. The Fitzroy Valley High School Principal said “That is the brutal, harsh reality ... but housing is probably the one thing that is stopping a lot of stuff happening in the town. A lack of housing.”

Chapter Six: Illicit Drugs

Evidence is provided in this chapter that illicit drugs in the Kimberley do not pose as major a problem, or cost the community anywhere as much, as alcohol. Second to alcohol, the use of cannabis is a major health concern in the Kimberley and the *Cannabis Law Reform Act 2010* may have serious consequences by increasing the number of Indigenous people imprisoned in the region. The risk from so-called ‘hard’ drugs in the Kimberley differs from town to town. It seems to be highest in Broome because of the large number of itinerant tourists and fly-in/fly-out miners.

Chapter Seven: Justice Issues

The report concludes with a consideration of the evidence from Lt General Sanderson that the cost to the State justice system could be as high as \$500-600 million per year for Indigenous programs spent overcoming the impact of alcohol and illicit drugs. Western Australia’s Chief Justice has recently described the interaction between the State’s Indigenous population (particularly juveniles) as ‘tragic’ and the situation in this State “is significantly worse than in any other part of the country. In terms of rates of juvenile detention and remand in custody, we have the highest rates in the nation”. The other concern for the Chief Justice is that “punitive responses in this area have not worked.” He provides data on the high recidivism rates for Indigenous juveniles to support this argument:

For those released between 1 July 1998 and May 2009, the recidivism rate for male Aboriginal juveniles was 80% and, for females, 65%. For male Aboriginal adults, it was 70% and for female Aboriginal adults it was 55%. So, as a measure of protecting the community by discouraging re-offending, custody is not effective.

FINDINGS

Page 29

Finding 1

The current Section 64 and Section 175 restrictions on alcohol consumption have provided a 'window of opportunity' to many Kimberley communities and reduced the impact on their residents of binge drinking. Additional services are now urgently needed to ensure that these benefits are not reduced by residents returning to heavy drinking patterns, or moving to consume other drugs.

Page 34

Finding 2

The Committee's evidence has shown that the Fitzroy Futures Forum has been critical to addressing the issue of alcohol in the Fitzroy Valley communities.

Page 37

Finding 3

The Committee found that the liquor industry representatives were more supportive of the use of an alcohol entitlement card by residents while community members preferred liquor restrictions. Liquor restrictions are positive interventions that are linked to other services to assist drinkers reduce their consumption of alcohol.

Page 46

Finding 4

The critical health services in the Kimberley have to fund and manage services in a large number of small remote communities that are often under-staffed for such a large cohort of young Indigenous residents.

Page 59

Finding 5

The Yiriman program was recommended by the Education and Health Standing Committee in the previous Parliament as one that should receive additional support and be used as a model for other regions as over a number of years it had shown itself to be effective. This recommendation was accepted by the previous government, but no commitment for funding was provided as the Government went into care-taker mode, and the program remains under-resourced.

The Senate's Community Affairs References Committee's 2010 report *The Hidden Toll: Suicide in Australia* highlighted the successful outcomes of the Kimberley Aboriginal Law and Cultural Centre's Yiriman program.

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Finding 6

A fundamental aspect of delivering services within the Kimberley is a recognition of the enduring links of the region's Indigenous residents to their culture, their connection to country and the importance of their broad family relationships.

Page 84

Finding 7

The Committee was advised that the Nindilingarri Cultural Health Services' research project and community education campaigns run in the Kimberley are already having a positive impact on the drinking behaviour of young women and should reduce the number of children who are affected by Foetal Alcohol Spectrum Disorder.

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Finding 8

Nearly 60% more Broome youth aged 12-17 years have consumed alcohol than the State average. This supports our earlier recommendation for the Government to enlist the support of Broome residents to widen the current section 64 restrictions.

Finding 9

Sporting programs are a useful way to help address the various reasons that lead youth in the Kimberley to consume alcohol, tobacco and illicit drugs. There is evidence that the current programs in this region are under-funded and need better coordination across the Kimberley.

Finding 10

There has been a dramatic drop in arrests and summons after the imposition of liquor restrictions in the Kimberley and the Police play a key role in policing the restrictions and controlling efforts at breaking them. For this trend to continue, the Kimberley district will continue to need to be resourced with sufficient experienced Police officers.

Finding 11

Local Indigenous Police staff from the Kimberley play a key role in many programs aimed at 'repairing' the damage caused by the consumption of alcohol and there is scope for increasing their numbers using the auxiliary police officer model.

Finding 12

When drinkers are aware that someone else will pick them up, care for them and take them home when they are drunk, some of the drinkers lose their sense of responsibility for their anti-social behaviour. The benefit of providing government-funded transport in this manner must be balanced against enabling the few who use it to continue drinking.

Finding 13

The Kimberley Community Drug Service Team provides critical services in assisting residents to cut their consumption of alcohol and other drugs, but faces severe difficulties to recruit, retain and accommodate staff. This makes it difficult for them to offer regular programs other than in Broome, Derby and Kununurra.

Page 112

Finding 14

Improving the current inadequate communication between Government agencies which offer urgent services for children in the Kimberley would enhance the outcomes for children.

Page 115

Finding 15

There are many children in the Kimberley living in family conditions where alcohol and drugs are causing them harm. Because of the harm done by earlier governments removing children from their families, there is an ongoing debate and a lack of clarity for staff as to when it is in a child's interest to be removed from a dysfunctional family.

Page 141

Finding 16

A critical shortage exists of housing in the Kimberley for government and non government staff and their clients, and this shortage reduces the ability for Government and community organisations to deliver alcohol and drug services to this region.

Page 143

Finding 17

The Department of Housing has exceeded the targets set under the National Partnership Agreement on Remote Indigenous Housing program by building more houses and employing more Indigenous staff than required.

Page 164

Finding 18

Information technology and records management are a critical priority for the WA Country Health Service in the Kimberley. Given the challenges of large distances, small and mobile populations, and many different locations, these IT services should receive additional funds.

Finding 19

Second to alcohol, the use of cannabis is a major health concern in the Kimberley and an unexpected outcome of the *Cannabis Law Reform Act 2010* may be an increase in the number of Indigenous people imprisoned in the region.

Finding 20

The risk from so-called 'hard' drugs in the Kimberley differs from town to town. In Broome they were first introduced by the large number of itinerant tourists and fly-in/fly-out miners.

Finding 21

There is a strong relationship between alcohol consumption and driving infringements, and the subsequent imprisonment of the Kimberley's Indigenous residents.

RECOMMENDATIONS

Page 26

Recommendation 1

Proposals from communities for further section 64 restrictions, based on the experience of the current restrictions in place in other parts of the Kimberley, should be supported by the Director of Liquor Licensing when such support will protect women, children or the elderly from alcohol-fuelled abuse. If a proposal from a community is not supported by the Director, the reasons why should be included in the Department's annual report.

Page 29

Recommendation 2

The Director of Liquor Licensing should commence discussions with Broome residents as to how similar restrictions to those in Kununurra could be put in place with their support. This consultative process could be used as a model to assist in the introduction of similar restrictions in major towns in the Pilbara and the Goldfields.

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Recommendation 3

The Minister for Indigenous Affairs request the Aboriginal Affairs Coordinating Committee and the Western Australian Aboriginal Advisory Council to jointly review the Fitzroy Valley as a possible location for a new local governance model for improving government service delivery aimed at decreasing the problems associated with alcohol abuse. The outcomes of this review should be tabled in Parliament by December 2011.

Page 35

Recommendation 4

The Minister for Racing and Gaming release to Parliament by June 2011 the confidential report prepared by the Department of Racing, Gaming and Liquor on the possible implementation in Western Australia of an alcohol restriction system based on the 'banned drinker' register in the Northern Territory.

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Recommendation 5

The Directors General who are represented on the Aboriginal Affairs Coordinating Committee should visit the Kimberley region on a bi-annual basis. The Directors General should actively support and encourage their regional directors to participate in, and in their Annual Report provide details, of the success of interagency networks, including interactions with local government and Federal Government agencies.

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Recommendation 6

The Departments represented on the Aboriginal Affairs Coordinating Committee fund two senior positions (based in the East and West Kimberley) to manage the across-government collaboration in the Kimberley by government and non government agencies, and detail in their annual reports key performance indicators for service delivery in the Kimberley, strategies for cross-agency liaison, the program resources used to deliver services, and the effectiveness of such programs.

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Recommendation 7

The Treasurer ensure that all State Government departments are using high-population growth projections in their modelling and planning for the future delivery of services to the Kimberley region.

Page 57

Recommendation 8

The Departments represented on the Aboriginal Affairs Coordinating Committee adopt a common protocol for communicating with remote Kimberley communities to ensure that they are willing and prepared for all agency visits. These departments should coordinate the timing of their visits to maximise community participation.

Recommendation 9

The Government provide additional funding to allow the Yiriman program to extend their operations across the Kimberley.

Recommendation 10

The Drug and Alcohol Office ensure that alcohol and drug services are available to all residents in the Kimberley. These services should be delivered to Indigenous residents, inclusive of all family groups. The Drug and Alcohol Office highlight in their annual report residents and communities who may have missed out on these services.

Recommendation 11

The Minister for Indigenous Affairs report to Parliament by November 2011 on the Department of Indigenous Affairs' research into the viability and cost-effectiveness of small remote communities in the Kimberley.

Recommendation 12

The Minister for Education provide to the Parliament by November 2011 a report on the school-based attendance officers the Department of Education employs in the Kimberley, including:

- the number of school-based attendance officers it has employed at each primary and high school in the region for each year between 2006-10;
- the number of these school-based attendance officer positions not filled at each primary and high school in the region for each year between 2006-10 and the duration of any vacancy;
- the contribution made by Police or other personnel in ensuring school attendance;
- the attendance rates for each term for the period 2006-10 for each school in the region; and
- what measures the Department will take to improve attendance rates in the Kimberley.

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Recommendation 13

The Ministers for Education and Indigenous Affairs establish and fund a multi-disciplinary task force to improve school attendance rates in the Kimberley, with assistance from the Western Australian Aboriginal Advisory Council, the Indigenous Implementation Board and the Aboriginal Affairs Coordinating Committee.

This task force should gather evidence from local grass roots stakeholders (including parents) and report to Parliament by March 2012.

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Recommendation 14

School staffing numbers in the Kimberley should be based on educational needs. Where schools are below the 60th percentile for normal academic achievement, the Minister for Education should ensure that either additional teaching staff are allocated to the school to enable additional tuition to be given to those students falling behind, or special needs classrooms are established within schools for one on one or intense supervised teaching. The Minister should report to the Parliament at the end of each year on schools in the State that are below the 60th percentile for normal academic achievement.

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Recommendation 15

The Minister for Sport and Recreation report to Parliament by December 2011 on the Department of Sport and Recreation's funding for existing Indigenous sporting programs in the Kimberley. This report should include proposals for increased funding for programs throughout the Kimberley that:

- (i) motivate Indigenous adults to volunteer to run sports and leisure programs for young people;
- (ii) engage young Indigenous women; and
- (iii) run outside of the existing Australian Football League season.

Recommendation 16

The Minister for Police should ensure that the Kimberley district be resourced with sufficient experienced Police officers. The auxiliary police officer model should be used to increase the number of local Indigenous Police in the Kimberley.

Recommendation 17

The Minister for Mental Health provide annual funding, commencing in the 2011-12 budget, for compulsory rehabilitation programs for any person who has more than one court appearance related to anti-social or criminal behaviour associated with alcohol use.

Recommendation 18

The Minister for Police provide the Commissioner of Police with additional resources to allow the completion of incident reports for every child under 16 years of age found on the streets after 10.00pm in the Kimberley during 2011. This incident report data be made available to the Ministers for Indigenous Affairs, Regional Development, Health, Education and Child Protection. The Minister for Child Protection prepare a Report on this data for Parliament by June 2012 detailing how the Government has, and will continue to address, this issue.

Recommendation 19

In Kimberley locations that have Department for Child Protection staff, the Department for Child Protection be given responsibility to take a child to a safe house if they are found on the streets after 10pm. In other locations, the Police continue to undertake this role. The Minister for Child Protection provide the funding to ensure that this occurs.

Recommendation 20

The Minister for Regional Development allocate Royalties for Regions funding in the 2011-12 budget to initiatives that support families and address responsible parenting in the Kimberley region.

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Recommendation 21

The Minister for Child Protection report to Parliament by 1 July 2011 on measures taken by the Department of Child Protection to improve its communications with other government and non-government staff working with children in the Kimberley. These measures and communications should ensure that all agencies understand the Department's protocols for removing at risk children from their families.

Recommendation 22

The Minister for Child Protection ensure that the Department for Child Protection's annual report include data identifying how many Indigenous and non-indigenous children in each region across the State are living in 'at risk conditions' associated with the consumption of alcohol and illicit drugs. The annual report should establish key performance indicators to ensure these statistics improve.

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Recommendation 23

The Treasurer ensure that by the end of 2011 a regional funding index of at least 20% be provided to enable government and non government organisations to attract and retain staff in the Kimberley.

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Recommendation 24

The Minister for Housing ensure that by the end of 2011 the Department of Housing makes the 'In Home Practical Support Program', or a similar program, available to all Kimberley social housing residents.

Recommendation 25

The State Government allocate additional funding to address housing shortages in the Kimberley. The Committee anticipates more detailed recommendations on housing from the present inquiry being conducted by the Community Development and Justice Standing Committee.

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Recommendation 26

The State Government consider a social responsibility levy on liquor license holders in the Kimberley and other regions to fund the Police resources required to manage harm from excessive alcohol consumption.

Recommendation 27

The Minister for Police increase the WA Police budget for the Kimberley in the 2011-12 State Budget by at least 10% to account for the region's increased population growth and to ensure that the social benefits obtained from the current alcohol restrictions are maintained. New Police resources that need to be provided in the Kimberley include:

- a fourth officer on the Dampier Peninsular to allow the Police to have two teams of two officers;
- another eight officers in Kununurra to allow the proper staffing of the lockup 24 hours a day to ensure duty of care to the prisoners;
- a bail or after-hours facility in Kununurra for juveniles rather than have them housed in the station's cells;
- a 24-hour Police facility in Fitzroy Crossing to deal with the situation where drunks have returned to houses; and
- the use of community facilities at Noonkanbah to allow Police to stay for several days in the community.

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Recommendation 28

In the 2011-12 State Budget, the Minister for Child Protection provide the Department for Child Protection with funding to construct/maintain and staff a 'safe house' for children at risk in the larger Kimberley towns of Broome, Derby, Halls Creek, Fitzroy Crossing, Wyndham and Kununurra.

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Recommendation 29

In its 2011-12 State Budget, the Minister for Mental Health fund the Drug and Alcohol Office's proposal for increased resources in the Kimberley to enable services to be provided to the region based on four zones rather than two.

Recommendation 30

In its 2011-12 State Budget, the Minister for Racing and Gaming fund the Department of Racing, Gaming and Liquor proposal for increased resources to provide services flowing from the greater number of communities applying for section 175 restrictions.

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Recommendation 31

In introducing and evaluating initiatives to encourage Kimberley students to attend school, by December 2011 the Minister for Education should:

- review the current school funding mechanism so that it recognises the unique challenges faced by schools in the Kimberley;
- amend the Education Act to facilitate three year olds attending kindergarten at public schools; and
- increase the Department of Education's budget to support educational programs which have been evaluated and have key performance indicators which have proven successful in engaging children to remain at school, such as the *Joodoogeb-be-gerring Werlelemen* program in Kununurra.

Recommendation 32

The Minister for Health ensure that the Department of Health works with the Federal Government to urgently upgrade the WA Country Health Service's information technology and record management systems in the Kimberley by December 2011.

Recommendation 33

In its 2011-12 Budget, the Attorney General increase the resources provided to non government organisations who are meeting key performance indicators to prevent criminal activities, incarceration, or repeat incarceration. An example of such a program could be the *Alternatives to Violence Project* program offered in the Broome Prison.

Recommendation 34

In its 2011-12 Budget, the Minister for Corrective Services fund the Department of Corrective Services to implement the proposed 'Drug and Alcohol Through-care Service' in the Kimberley, ensuring there are key performance indicators to measure the program's effectiveness.

Recommendation 35

The Premier and Treasurer negotiate with the Federal Government on income management to discourage welfare payments in Western Australia being spent on alcohol, cigarettes, pornography and gambling by:

- supporting the suggestion made by the Coroner in 2008 to place dysfunctional families on compulsory income management;
- enabling compulsory income management to be an option for both the Courts and Department for Communities; and
- enabling Centrelink payments to be paid to different clients on different days of the week.

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Recommendation 36

The State Government should urgently conclude negotiations with the Federal Government for a funding package for the delivery of services by local shires to remote communities.

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Recommendation 37

The Minister for Education seek Federal funding by the end of 2011 to provide Kimberley schools with pastoral care, chaplaincy or other social support services. If this is not successful, the Minister for Regional Development enable Royalties for Regions funds to be utilised for accommodation and support for these workers.

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Recommendation 38

The Minister for Corrective Services work with the Minister for Mental Health to provide funding in their 2011-12 budgets for the Department of Corrective Services to ensure all Kimberley prisoners with a history of illicit drug use and alcohol problems undertake rehabilitation programs, irrespective of the length of their sentence.

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Recommendation 39

The Minister for Mental Health ensure that by the end of 2011 all education and awareness programs in the Kimberley on the risks of alcohol include the dangers posed by the consumption of illicit drugs. These programs should be based on key performance indicators to assess their effectiveness.

Recommendation 40

The Attorney General increase funds in the 2011-12 budget for the Kimberley Juvenile Justice Teams. Key performance indicators be used to measure the effectiveness of these teams and the Attorney General report to Parliament annually on the current outstanding Juvenile Justice Team matters in the Kimberley region.

Recommendation 41

The Attorney General report to Parliament by December 2011 on alternative forms of punishment for the non-payment of fines in the Kimberley to reduce the number of people losing their driving license.

Recommendation 42

The Attorney General report to Parliament by December 2011 on how a community Aboriginal driving license might be used safely in the State's remote areas.

MINISTERIAL RESPONSE

In accordance with Standing Order 277 (1) of the Standing Orders of the Legislative Assembly, the Education and Health Standing Committee directs that the Premier; the Attorney General; the Treasurer; the Minister for Mental Health; the Minister for Sport and Recreation; the Minister for Racing and Gaming; the Minister for Health; the Minister for Police; the Minister for Education; the Minister for Child Protection; the Minister for Community Services; the Minister for Women's Interests; the Minister for Youth; the Minister for Transport; the Minister for Corrective Services; the Minister for Housing; the Minister for Indigenous Affairs and the Minister for Regional Development report to the Assembly as to the action, if any, proposed to be taken by the Government with respect to the recommendations of the Committee.

CHAPTER 1 INTRODUCTION

1.1 Background to Inquiry

(a) Alcohol in the Australian Community

The consumption of alcohol is one of the most difficult areas of drug policy about which to develop and implement evidence-based preventative strategies. This is because alcohol is present throughout all communities in the State and an alcoholic drink will be consumed by most people sometime in their lives. Alcohol “is a drug—a drug that many of us might enjoy”, which many refuse to consider a drug at all.²

High levels of alcohol consumption have been ‘normalised’ in Western Australian society and these ‘messages of acceptance’ have been internalised by young people. It is common to see alcohol used in times of sorrow or celebration. For example, culturally it is acceptable to show sports people celebrating a win, or commiserating a loss with a beer. Often in the media, alcohol is not depicted as a damaging drug, but as sophisticated, cool and accessible.

Recent data from the ABS shows that in the past 12 months across all age groups nearly twice as many Indigenous people did not drink alcohol compared to non-Indigenous Australians (29% to 15%). Twice as many Indigenous people living in remote communities than those living in non-remote areas have never drunk alcohol (38% to 19%). This difference is greater for women residents- with 47% of Indigenous women in remote communities having never drunk compared to 24% in non-remote areas.³

Data from the Australian Bureau of Statistics (ABS) presented in Table 6.3 in Appendix 6 shows that levels of risky drinking in Australia has doubled between 1995-2005, with Indigenous and non-Indigenous Australians having similar rates of drinking at risky or high risk levels.

The ABS found that patterns of risky/high risk alcohol consumption were different for Indigenous men and women. A higher proportion of Indigenous men than women had consumed alcohol at risky/high risk levels, except among those aged over 55 years where the rate was similar for men and women. Indigenous women had their highest rates of risky/high risk consumption at an earlier age (25-34 years) than Indigenous men (35-44 years).⁴ This is very concerning as the 25-34 age

² Professor Steve Allsop, National Drug Research Institute, Curtin University of Technology, *Transcript of Evidence*, 11 May 2010, p9.

³ Australian Institute of Health and Welfare, ‘Substance Use Among Aboriginal and Torres Strait Islander People’, 8 February 2011. Available at: www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737418265&libID=10737418265. Accessed on 2 March 2011.

⁴ Australian Bureau of Statistics, ‘4715.0 - National Aboriginal and Torres Strait Islander Health Survey, 2004-05’, 11 April 2006. Available at: www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/. Accessed on 29 November 2010.

group is when many Indigenous women could fall pregnant, with alcohol having a damaging effect on their unborn child.

The Kimberley has about 35,000 residents, with about half being Indigenous. The Drug and Alcohol Office (DAO) data shows that this region has above-average levels of risky drinking with:

- nearly twice the State average for per capita consumption of alcohol;
- four and a half times the level of alcohol-related hospitalisation than the State average; and
- nearly three times the level of alcohol-caused deaths than the State average.

(b) The Inquiry

The Education and Health Standing Committee (EHSC) resolved to conduct an *Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia* on 13 May 2009. This Interim Report chiefly focuses on the Inquiry's second term of reference, "to inquire into the impact on communities, and the social costs, of alcohol and illicit drug problems in Western Australia." It reports on the social costs of the alcohol restrictions and bans that have been in place in parts of the Kimberley for over three years. Later reports will include information into the other terms of reference.

An advertisement calling for submissions to the Inquiry was placed in *The West Australian* and *The Australian* on 27 June 2009 and was accompanied by a press release. Written invitations were sent to key stakeholder organisations. At the time of this Interim Report, the Inquiry had received nearly 80 submissions. The complete list of the Inquiry's submissions and hearing transcripts is available on the EHSC web site.

Appendix 2 lists the witnesses who gave evidence to the Committee during its 10-day trip to the Kimberley in late July 2010 as well as witnesses who gave additional evidence at hearings in Perth on the situation in that region. The Kimberley trip included hearings in the major centres of Broome, Derby, Fitzroy Crossing, Wyndham and Kununurra, as well as in smaller communities at Beagle Bay, Djarindjin, Balgo, Noonkanbah and Mowanjum.

The Committee heard from all the key government departments, non-government organisations as well as many Indigenous community corporations offering rehabilitation and treatment services. The hearings took evidence from three local government organisations (the Shire of Broome, Shire of Derby-West Kimberley and Shire of Wyndham-East Kimberley) as well as the major liquor and accommodation industry companies.

(c) Approach to the Report

The Committee has prepared this report in a way that it hopes gives a high profile to the 'voice' of the 100-plus witnesses who gave evidence to it during its 10-day trip to the Kimberley. It makes funding recommendations which need to be clearly based on departmental lines of authority,

accountability, performance indicators and resourcing. This funding could add up to \$20 million per annum until the problems associated with alcohol abuse are addressed. Hopefully when these issues have been addressed the funding will have gone towards creating healthy, sustainable communities in the Kimberley. The funding is significant, however it could be part of future royalty agreements generated from new mineral and gas projects in the Kimberley region.

Recommendations are made in light of the compelling evidence from two well-known witnesses cautioning against the hasty provision of further funds without ensuring that Kimberley communities are engaged in the delivery of any new services. Lt Gen Sanderson (a previous Governor of Western Australia and the Chair of the State's Indigenous Implementation Board) reflected on previous funds for Indigenous projects and cautioned that "The idea that you can deal with these issues on a stovepipe basis from Canberra and Perth is obviously a failed idea. It has to be done in a cooperative sense in the regions."⁵

Similarly, Ms June Oscar, the well-known alcohol-control activist in Fitzroy Crossing, has said:

*Don't just keep pouring money in. It's not about the money. It's about the control. It's about the capacity that we have to participate in this process, the capacity that we have to make decisions.*⁶

This view was reinforced for the Committee by Associate Professor Ted Wilkes:

*I am also a great believer in Aboriginal people's rights, and Aboriginal people have a right to control their ways out of poverty. They have a right to control and to own their pathways out of poverty. Hence, I say to you sincerely, that non-Aboriginal people, with all the best of intent, will not get this right unless they have the necessary partnership with Aboriginal Australians and there is an understanding that at the end of such partnerships and the early processes, there will be a handover or an intervention that will allow Aboriginal people to take full control and ownership of those pathways.*⁷

As a recent example of the need for local control, the Palyalatju Maparnpa Health Committee in Balgo advised the Committee that funding provided by the Federal Department of Health and Aging will cease in June 2011 and be transferred to the Kimberley Aboriginal Medical Council (KAMSC) and the WA Country Health Service (WACHS), both based 400km away in Broome. The decision was made without consultation or input from the Palyalatju or Kutjungka Communities and was negotiated between the Office of Aboriginal and Torres Strait Islander Health (OATSIH), KAMSC and WACHS. The preventative cultural and primary health services provided over a number of years by Palyalatju will now be replaced by clinical services.⁸

⁵ Lieutenant General John Sanderson, Chairman, Indigenous Implementation Board, *Transcript of Evidence*, 12 October 2010, p9.

⁶ Quoted by Hon Ms A.J.G. MacTiernan, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 24 September 2009, p7716.

⁷ Associate Professor Ted Wilkes, National Drug Research Institute, Curtin University, *Transcript of Evidence*, 2 September 2010, p3.

⁸ Mr Christopher Cresp, CEO/Manager, Palyalatju Maparnpa Health Committee, email, 8 December 2010.

The Committee believes that, given the scope of the social and health problems remaining in the Kimberley, additional funds are urgently needed to take advantage of the ‘window of opportunity’ provided by the existing restrictions. Any funds provided should be provided in a way that guarantees accountability for this money and ensures that there are key performance indicators to ensure the money is being spent wisely. Any changes to existing service provision or any new services need to be developed and implemented in partnership with local communities.

If local communities are not involved in the assessment of the current problems and in planning, implementing and evaluating change there is no guarantee that this money, like large sums of previous funds provided to ‘close the gap; or ‘fix the problems’ in the community, will not be wasted. The local community need to accept responsibility for the current problems and take ownership of any changes introduced to ensure people in the community are not further disadvantaged by health, education, poverty or employment and housing issues.

1.2 A Summary of the Current Restrictions

(a) Impact of alcohol in Western Australia

The most recent research shows the direct and indirect costs of alcohol on the State’s taxpayers is between \$1.5-\$5 billion per annum.⁹ By comparison, building a new children’s hospital will cost \$1.2 billion, the Mandurah railway cost \$1.6 billion and the second desalination plant will cost \$960 million. These costs affect many government agencies, including the Police, Health and Corrective Services.

The Committee has a responsibility to advise the Government how these costs may be reduced, and how the Government can enable those with a drinking problem and their families to obtain assistance. Evidence provided to the Committee shows that communities will lower their alcohol consumption if governments take action to:

- 1 reduce *access* to alcohol, such as by putting in place restrictions on the quantity and time of its sale.
- 2 limit the *advertising* of alcohol, such as has been done by the Director of Liquor Licensing at some Kimberley alcohol outlets.¹⁰
- 3 reduce the *affordability* of alcoholic products by raising the price of them.¹¹

⁹ Submission No. 37A from Drug and Alcohol Office, 18 September 2009, p13. The Alcohol Education and Rehabilitation Foundation’s *The Range and Magnitude of Alcohol’s Harm to Others* outlines that Australia’s heavy drinkers cost those around them more than \$14 billion in out-of-pocket expenses and more than \$6 billion in intangible costs.

¹⁰ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p8.

¹¹ See chapter 16 in: Babor, T. *et al.*, *Alcohol: No Ordinary Commodity*, 2nd edition, Oxford University Press, Oxford, 2010.

The evidence provided below shows that the Government has begun addressing the first two strategies in some of the actions it has taken in the Kimberley. While most of the initiatives around the price of alcohol require action by the Federal Government, the Committee is undertaking further research to see if there are any initiatives that the State Government can undertake and will report this evidence in its final report.

(b) Impact of alcohol in the Kimberley

The social, health and financial impact of alcohol on the Kimberley communities was described to the Committee by one public health expert as ‘the prevention paradox’:

*the majority of injury or health problems tend to arise from the great bulk of the population who place themselves at a certain moderate level of risk, while a smaller proportion of problems will arise from a much smaller group of people, who nevertheless place themselves at a very huge level of risk.*¹²

The Committee has found that the current alcohol restrictions in the Kimberley have had an impact on the large number of residents who are low or moderate drinkers. They and non-drinkers make up the great bulk of the region’s residents. The impact of the small number of heavy drinkers on their broader family group was described as “massive”.¹³ This evidence confirms research undertaken at the National Drug Research Institute at Curtin University which found “most alcohol-related harm is caused by non-dependent persons [binge drinkers] drinking excessively on particular occasions- simply because there are so many more of them.”¹⁴

The current focus of services being provided in the Kimberley by the Drug and Alcohol Office to address ‘binge’ drinkers rather than alcoholics was confirmed by a health professional:

*Given that alcoholism in the truer sense—that is a term I am loathe to use up here because I think most of the problems that we see are from binge drinking and intoxication; a relatively small percentage fit the criteria for alcohol dependence...*¹⁵

¹² Professor D’Arcy Holman, Independent Chairman, Road Safety Council of Western Australia, *Transcript of Evidence*, 20 October 2010, p4.

¹³ Mr Ralph Addis, Chief Executive Officer, Wunan Foundation, *Transcript of Evidence*, 2 August 2010, p2.

¹⁴ National Drug Research Institute, *Restrictions on the Sale and Supply of Alcohol: Evidence and Outcomes*, National Drug Research Institute, Curtin University, Perth, 2007, p177.

¹⁵ Ms Sally Malone, Regional Coordinator, Kimberley Community Drug Service Team, *Transcript of Evidence*, 29 July 2010, p13.

Local communities taking control

The recent restrictions in Fitzroy Crossing resulted from the efforts of a group of women who witnessed the destruction of families because of the impact of drinkers in their community:

*In a sense, the women at Fitzroy Crossing undertook to address the problem themselves and came up with a solution, and then the State got behind them with the alcohol restrictions.*¹⁶

The restrictions have provided a ‘window of opportunity’, after the social dislocation contributed to by 40 years of unrestricted drinking. As the Committee heard:

*The Fitzroy Valley ... is ready for change. Since the alcohol restrictions—you talked about professionals actually seeing the gaps, but, actually, I think that families can now see what they need as well. **So the healing has begun. People actually want to get on with their lives and make a difference to their lives** [emphasis added]. They are ready to receive services but the services are not here. They are ready to receive services from early childhood up.*¹⁷

What remains to be done

This report provides the Government with recommendations that could assist the healing process in the Kimberley and take advantage of this ‘window of opportunity’. Many of the health, education, housing and employment issues are resolvable. For example, a medical practitioner told the Committee:

*I think if you went to, say, suburban Melbourne and analysed 100 medical mental [health] admissions, you would find that somewhere in the region of 5-12% would be alcohol related and the rest were not. Here it is the other way round: **5-12% are not alcohol related** [emphasis added]. ... Can we cure these people? Yes, we can, if we can get rid of the original offending contribution. I mean, schizophrenics we have not cured ... But alcohol-induced psychosis, by definition, is treatable.*¹⁸

Many of the Committee’s recommendations will not be new to the State Government or to the agencies operating in the Kimberley. The Committee was told by many witnesses that the issues have not changed and the tragic scenarios of daily living for many Indigenous people in the Kimberley have been described to a succession of Ministers:

We have spoken to everyone who has come here [in the past year] about the issues we have—Kim Hames [Minister for Health]; the Minister for Housing, who at the time was Troy Buswell; the Premier [Hon Colin Barnett]; the [former] Mental Health and Water

¹⁶ Lieutenant General John Sanderson, Chairman, Indigenous Implementation Board, *Transcript of Evidence*, 12 October 2010, p11.

¹⁷ Ms Joanne Wraith, Child and Adolescent Mental Health Professional, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p13.

¹⁸ Dr Brian Collings, Senior Medical Officer, Royal Flying Doctor Service, Western Operations, *Transcript of Evidence*, 28 July 2010, p6.

*Minister, Graham Jacobs; the Minister for Education, and Tourism, Liz Constable; the Minister for Regional Development [Hon Brendon Grylls] —so whenever we have the opportunity, we do talk about those issues.*¹⁹

1.3 Current Restrictions and Bans

This section outlines the current restrictions on the sale and consumption of alcohol in the Kimberley, and the broad level of support for them. Later chapters will discuss what can be done to support other communities who have asked and are waiting for alcohol restrictions. They have asked for assistance, while they attempt to help themselves to treat the problems resulting from nearly 40 years of social dislocation, caused by the introduction of alcohol to the Kimberley's Indigenous communities in the late 1960s.

The current restrictions in the Kimberley come after nearly 20 years of voluntary and mandated actions to limit the supply of alcohol in the region. Data provided by the DAO showed that nearly 20% of people in the Kimberley over the age of 14 years drank alcohol in 2004-05 at a level that was risky or a high risk of long-term harmful impact on their health, with 42% at levels that would create short-term harm. This level of drinking was second only to the Pilbara where 22% of residents drank at a level for long-term harm, and 41% for short-term harm.²⁰

The first voluntary alcohol restrictions in the Kimberley were in 1992 in Halls Creek. These imposed:

- (i) no sales of alcohol before 12 noon;
- (ii) sale of cask wine restricted to between 4pm and 6pm; and
- (iii) a limit of one cask per person per day.²¹

From April 2009 all towns within the Kimberley (north of latitude 20° South) are subject to common restrictions imposed by the Director of Liquor Licensing, under section 64 of the *Liquor Control Act 1988*. These prohibit the sale of packaged liquor:

- in an individual container that contains more than one litre of relevant liquor; or
- in an individual glass container that contains more than 400 millilitres of beer.²²

¹⁹ Cr Fred Mills, President, Shire of Wyndham - East Kimberley, *Transcript of Evidence*, 2 August 2010, p10.

²⁰ Submission No. 37C from Drug and Alcohol Office, 18 September 2009, p28.

²¹ For a detailed overview of the history of the mandated and voluntary restrictions in Halls Creek, see *Halls Creek Liquor Restrictions Interim Report: June to August 2009*, Drug and Alcohol Office, Perth, February 2010, pp5-7.

²² Department of Racing, Gaming and Liquor, 'Director of Liquor Licensing Announces Kimberley Liquor Restrictions', 16 March 2009. Available at: www.rgl.wa.gov.au/Default.aspx?NodeId=159&DocId=429. Accessed on 8 October 2010.

The 2008 Kimberley Alcohol Management Plan aims in the next three to five years to reduce:

- per capita consumption of alcohol by 25%;
- alcohol-related hospitalisations by 20%;
- alcohol-related deaths by 20%; and
- alcohol-related assaults by 20%.

(a) Alcohol accords

The latest restrictions in Halls Creek and Fitzroy Crossing follow a series of voluntary accords in the Kimberley and other regions of Western Australia. They form an important part of the 2008 Kimberley Alcohol Management Plan.

Alcohol accords first began in Geelong Victoria in 1991²³ and Western Australia's Director of Liquor Licensing, Mr Barry Sargeant, said accords:

*were an example of local Police trying to get the cooperation of local licensees in better managing the alcohol problems in their communities. It is an informal agreement between the various participants—particularly licensees and Police; ... As a department, we tend to not get involved in those; we would rather that people get the accords going in communities. There is one in the Northridge area, one in Fremantle; a lot of local communities have them, so there is a genuine commitment from the licensees to participate.*²⁴

Mr Sargeant said that he could formalise the accords if some stakeholders do not participate in them. Through an accord the Director of Liquor Licensing is able to enforce conditions on every licensee in the accord area:

*It would then go from being an accord agreement to a restriction placed on a licence. The advantage of an accord agreement is that if, for some reason, a licensee transgresses one of those conditions, there is no penalty; whereas if they transgress a condition of their licence, it is a different situation and therefore they are liable for prosecution. Either I or the Police will have the authority to take them before the Liquor Commission on a disciplinary matter. There is quite a difference between those conditions.*²⁵

When discussing accords with a prominent industry representative from the Kimberley the Committee heard that:

²³ Leaders for Geelong, 'The City of Greater Geelong', nd. Available at: www.committeeforgeelong.com.au/news/geelongleaders/geelong.htm. Accessed on 7 October 2010.

²⁴ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 12 May 2010, p3.

²⁵ *Ibid.*

*Some of the things that have been done through the accords have been beneficial. I think everybody in the Kimberley would agree that there is a good working relationship between the Police and the publicans as far as dealing with sporting events, funerals and things like that.*²⁶

The development of formal liquor restrictions in the Kimberley has left Broome and Kununurra as the only towns in the region with an active accord process:

*I think the difference between the other towns and Broome is that Broome in fact has a pretty active liquor accord and all the licensees are part of that; whereas in most of the other towns the liquor accords have either fallen down or, because of the liquor restrictions, they are not operating at all. I do not think there is a liquor accord now in Halls Creek because the liquor restrictions there ... and, ... we have a licensee whom we do not see eye to eye with.*²⁷

(b) Liquor Control Act Section 64 restrictions

Conditions on licensees restricting the sale and supply of liquor from their licensed premises in the Kimberley are imposed by the Director of Liquor Licensing under section 64 of the *Liquor Control Act 1988*. The Director confirmed:

*Everything that I have done in relation to ... the Kimberley, Fitzroy Crossing, Halls Creek and Northbridge has all been done under section 64. That is where I derive my power. That section empowers me as the Director of Liquor Licensing or the Liquor Commission, if it is sitting and making a decision, to actually impose conditions on licences when they are granted. Once a licence has been granted, it empowers me to actually give notice that I am going to impose a condition, which is what I have done in those circumstances. Section 64 is a very powerful and very important part of the Act in administering the liquor legislation of Western Australia.*²⁸

From the 18 May 2009 the Director of Liquor Licensing imposed indefinite restrictions on the sale of certain alcoholic products in Halls Creek at its two main liquor outlets:

The Halls Creek Store

- The sale of packaged liquor, exceeding a concentration of ethanol and liquor of 2.7% at 20⁰C, is prohibited to any person, other than a liquor merchant.

²⁶ Mr Martin Peirson-Jones, Director, Kimberley Accommodation Pty Ltd, *Transcript of Evidence*, 30 August 2010, p2 & p8.

²⁷ Inspector James Cave, Kimberley District Office, WA Police, *Transcript of Evidence*, 26 July 2010, p5.

²⁸ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 12 May 2010, p7.

The Kimberley Hotel

- The sale of packaged liquor, exceeding a concentration of ethanol and liquor of 2.7% at 20°C, is prohibited to any person, other than a lodger (as defined in section 3 of the Liquor Control Act 1988) or a liquor merchant.
- The sale and supply of liquor for consumption on the premises is prohibited before 12:00 noon on any day, except when it is sold ancillary to a meal or to a lodger.
- A dress code is to be displayed at each entrance to the premises.
- Liquor products are not permitted to be displayed for sale within the area outlined blue on the plan dated 17 November 2008.²⁹

The impact of these latest restrictions in Halls Creek has been reviewed for DAO by the University of Notre Dame, Australia. The Committee was told by Inspector Cave that the first year of these alcohol restrictions at Halls Creek saw a drop of 28% in reported offences, tasking was reduced by 46% and overtime paid to Police reduced by 36%.³⁰ The lower overtime at the Halls Creek station between 2008-09 and 2009-10 amounted to **savings of \$51,500** and the reduction in reported offences “has enabled the Halls Creek Police to concentrate on proactive strategies to reduce crime and anti-social behaviour.”³¹

As at 30 June 2010, there were section 64 restrictions in place in 11 locations of the State, including licensed premises in Derby, Fitzroy Crossing and Halls Creek. The Director of Liquor Licensing considered additional restrictions on liquor outlets in Kununurra and Wyndham based on a submission from the Commissioner of Police and DOH.³² These new restrictions were announced on 1 December 2010 and became operational on 7 February 2011.³³

(c) Liquor Control Act Section 175 restrictions

The Minister for Racing and Gaming can recommend to the Governor to restrict the consumption, possession or supply of alcohol in designated locations. A community can approach the Minister directly to make it a declared restricted area under section 175(1a) of the *Liquor Control Act*

²⁹ *Halls Creek Liquor Restrictions Interim Report: June to August 2009*, Drug and Alcohol Office, Perth, February 2010, p3.

³⁰ Submission No. 62 from Inspector Jim Cave, WA Police, 23 July 2010, p6.

³¹ Inspector Jim Cave, WA Police, Electronic Mail, 25 November 2010, p1.

³² Commissioner of Police and Executive Director, Public Health, *Kununurra and Wyndham: Report on Alcohol-related Harm and Ill-health*, WA Police, Perth, 2010.

³³ Department of Racing, Gaming and Liquor, ‘Liquor Restrictions for Kununurra and Wyndham’, 1 December 2010. Available at: www.rgl.wa.gov.au/Default.aspx?NodeId=101&DocId=25390. Accessed on 2 December 2010.

1988.³⁴ This section enables the Governor to declare a restricted area.³⁵ Regulations can then make it an offence to sell, supply, possess or bring liquor into a community which has been declared a restricted area. In October 2010 Minister, Hon Terry Waldron, announced new section 175 restrictions for three new communities and stated “the community representatives said they considered these restrictions the most effective way of reducing the amount of alcohol-related harm and ill health in the community.”³⁶

The Minister later told the Committee “those bans are usually made on request from the community; however, we did impose a ban at Oombulgurri because of a Coroner’s report [into suicides].”³⁷ Applications for section 175 restrictions can also be refused by the Minister. He declined to take action on an application by the Djarindjin community (on the Dampier Peninsular) in May 2010. This application had been supported by the officer in charge of the Dampier Peninsular Police Station as the road through the Peninsula will soon be sealed, and this will make it easier for full-strength alcohol to be taken to this region from Broome.³⁸

The section 175 restrictions are put in place for a period of between two to five years.³⁹ The nine Kimberley communities that presently have such bans in place are listed in Appendix 12.

The effectiveness of a section 175 restriction is evaluated by an annual review undertaken by the Department of Racing, Gaming and Liquor, at which time various agencies and stakeholders are asked for their feedback. Outside of this process, key service agencies in the Kimberley monitor the alcohol, other drug and mental health needs of the communities to ensure that changes in their requirements are responded to.⁴⁰

³⁴ This power was added to the *Liquor Control Act* following the 2005 Freemantle review of the *Liquor Licensing Act 1988* in recognition of “the complex issues associated with the consumption of alcohol in Aboriginal and Torres Strait Islander communities and acknowledges that licensing laws are of limited effect in preventing harm in these communities.” See www.rgl.wa.gov.au/ResourceFiles/reforms/FreemantleReport2005.pdf, p7. Accessed on 19 October 2010.

³⁵ Department of Racing, Gaming and Liquor, ‘Liquor Restrictions’, 4 October 2010. Available at: www.rgl.wa.gov.au/Default.aspx?NodeId=92&DocId=113. Accessed on 12 October 2010.

³⁶ Hon Mr Terry Waldron, MLA, Minister for Racing and Gaming, ‘Liquor restrictions announced for three more communities’, 4 August 2010. Available at: www.mediastatements.wa.gov.au/Pages/WACabinetMinistersSearch.aspx?ItemId=133845&minister=Waldron&admin=Barnett. Accessed on 7 October 2010.

³⁷ Hon Mr Terry Waldron, MLA, Minister for Racing and Gaming, *Transcript of Evidence*, 8 September 2010, p2.

³⁸ Submission No. 63 from Senior Sergeant Neville Rip, WA Police, 23 July 2010, p4.

³⁹ Ms Jennifer Hilgendorf, Department of Racing, Gaming and Liquor, Electronic Mail, 7 October 2010, p1.

⁴⁰ Hon Dr Graham Jacobs, MLA, Minister for Mental Health, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Questions on Notice, 10 November 2010, p8575.

The Director of Liquor Licensing has no role in the placing or enforcement of these section 175 restrictions:

But as a recent example of enforcement, there were some people in a community, Wangkatjunga, who actually took alcohol in illegally—they were teachers—and the Police prosecuted them. In the case of a place such as Wangkatjunga, we did it [section 175 ban] for 12 months initially, and they asked it to be extended for a much longer period. From that point of view, the community was helpful. In those areas, we only get positive feedback from the Police and the people on the ground, but I do not go in there and do any particular assessment. There is no liquor licence in those areas, so therefore I have no responsibilities in regard to the enforcement of the Liquor Licensing [sic] Act in those communities.⁴¹

A map of the Western Australian communities where current section 64 and 175 restrictions are in place can be seen at www.rgl.wa.gov.au/Default.aspx?NodeId=92&DocId=113.

(d) Liquor Control Act Section 115 temporary restrictions

There are presently no section 175 restrictions for communities covered by the Derby Police, although a number of these communities have alcohol problems. Evidence was given that the Police imposed temporary restrictions in June 2010 under section 115 of the *Liquor Control Act* when there were four funerals for Indigenous people conducted over two days. For these two days, this section was enforced which allowed the Police to require licensees:

to close the licensed premises or a part of those premises, or to cease the sale, supply or consumption of liquor (including the sale of packaged liquor) on or from the premises or a part of the premises, for a specified period or until further notice.⁴²

The temporary restrictions stipulated no sales of full strength beer, spirits or premixed cans for both days and imposed restrictions of takeaway sales limited to either one carton of low strength beer; or one carton of mid-strength beer; or one bottle of wine per person per day. This action by the Police received support from the licensees, but was unpopular with some customers. Even with the section 115 restrictions in place, the Police arrested 26 people, mainly for street drinking. Without the liquor restrictions the Police believed that the numbers of arrests and charges preferred would have been substantially higher and a greater amount of antisocial behaviour and domestic violence would have occurred.⁴³

⁴¹ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 12 May 2010, p2.

⁴² 'Liquor Control Act 1988 - SECT 114', nd. Available at: www.austlii.edu.au/au/legis/wa/consol_act/lca1988197/s114.html. Accessed on 28 October 2010.

⁴³ Submission No. 67 from Senior Sergeant Michael Wells, WA Police, 23 July 2010, p3.

1.4 Impact of the Restrictions

(a) Community support for the alcohol restrictions

More than 90% of the witnesses who gave evidence to the Committee supported the restrictions identifying the ‘window of opportunity’ as it gave the communities an opportunity to address the significant social and health impacts of decades of drinking by a significant sector of the local population. The Committee was told emphatically by Dr Atkinson:

*The restrictions really do work; they are very positive. If you talk to anybody in Fitzroy Crossing or Halls Creek, apart from the committed drinkers, they will all say that things are a lot better. It is not a complete answer, but I think that wider restrictions in the Kimberley are absolutely and completely justifiable.*⁴⁴

Before travelling to the Kimberley, the Committee heard from the Police Commissioner:

*the Police love it [the restrictions], and I will give you a good example of why the Police love this as a strategy. Halls Creek has the same [approximate] population as York. There are five police officers in York and 23 police officers in Halls Creek to deal with the same number of people. Since the application of the bans, we could probably halve the number of Police at Halls Creek because the work is not there. So in terms of economy, it is a very good outcome.*⁴⁵

Lt Gen Sanderson told the Committee that the Indigenous Implementation Board supported the alcohol restrictions as ‘sensible and wise’, but on the basis that they were only treating a symptom on the surface, and need to be “accompanied by a whole range of other programs which are aimed at building the community up to a state where it can operate without these sorts of restrictions.”⁴⁶

There was local opposition to the restrictions from representatives of the liquor industry and local government bodies, such as Mr Peirson-Jones, Director of Kimberley Accommodation Pty Ltd:

*The majority of people are opposed to them [restrictions]; they do not like them. They find them divisive. The people who work, whether they are coloured or white, do not like the restrictions because they see their rights, for want of a better word, to be able to purchase a bottle of chardonnay or other wine or a carton of beer the same as people in the city or anywhere else. They think they should have the same entitlement.*⁴⁷

⁴⁴ Dr David Atkinson, Acting Medical Director, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 26 July 2010, p7.

⁴⁵ Dr Karl O’Callaghan, Commissioner of Police, WA Police, *Transcript of Evidence*, 26 May 2010, p4.

⁴⁶ Lieutenant General John Sanderson AC, Chairman, Indigenous Implementation Board, *Transcript of Evidence*, 12 October 2010, p4.

⁴⁷ Mr Martin Peirson-Jones, Director, Kimberley Accommodation Pty Ltd, *Transcript of Evidence*, 30 August 2010, p2.

The President of the Shire of Derby - West Kimberley, in opposing the restrictions, differentiated between the *Act's* section 64 and section 175-type restrictions and voluntary accords:

*We see that alcohol and illicit drug problems are significant issues within our community. All the attempts to fix the problem are generally short-term or bandaid measures. Alcohol bans, for example, are short-term measures that give reprieve to a community to ensure that the appropriate measures can be put in place to deal with the larger issues. The Shire of Derby – West Kimberley does not support liquor bans but does support appropriate restrictions, such as liquor accords.*⁴⁸

While the Committee understands that local council representatives were not all supportive, or were at best neutral, in their views on the worth of liquor restrictions it believes that some councillors have been lobbied vigorously by local liquor proprietors, to prevent additional alcohol restrictions. They were described by Hon Tom Stephens as, “powerful people who own the liquor licences—Woolworths, Coles and independents there. They are powerful, well-connected people, and they are charming and persuasive.”⁴⁹

Without a co-ordinated whole-of-government approach to addressing this issue across the Kimberley region it could be many years before the damage is stopped, and many more lives will be harmed and or destroyed by alcohol in this time.

The Committee also heard that there were differences in opinion between residents of some Indigenous communities, such as Balgo:

*There are a few in the community that are against the alcohol restrictions. Generally, those few are responsible for most of the alcohol coming into the community. ...Most of the women in this community support the alcohol restrictions; ... It can always be split down gender lines. A lot of the men in the community do not want liquor restrictions, and the women do, but there are certain families that give us more problems than others. It is only a small number; there would probably be 20 males in this community, if I had to pick a number, that I could identify as being what I would call problem people, with respect to alcohol and bringing in alcohol.*⁵⁰

(b) Benefits of the alcohol restrictions

The Committee was given evidence of a wide range of benefits flowing from the alcohol restrictions administered in the Kimberley, including substantial savings to government agencies, such as the Police. In Derby the Police said the restrictions “would vastly decrease the amount of Police resources that we would have to commit”.⁵¹

Sergeant Risdale said the community in Balgo “has changed dramatically” and “I put down the single biggest change to that as the liquor restrictions that have been implemented in Halls Creek

⁴⁸ Cr Elsie Archer, President, Shire of Derby - West Kimberley, *Transcript of Evidence*, 28 July 2010, p2.

⁴⁹ Hon Mr Tom Stephens, MLA, Member for Pilbara, *Transcript of Evidence*, 20 October 2010, p8.

⁵⁰ Sergeant Mark Risdale, Balgo Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p4.

⁵¹ Senior Sergeant Michael Wells, Officer in Charge, Derby Police Station, WA Police, *Transcript of Evidence*, 28 July 2010, p4.

and the subsequent restrictions that we managed to get in place on Rabbit Flat Roadhouse in the Northern Territory.”⁵² Further, he said:

*Our [Police] tasking has dropped fairly significantly. Our overtime expenditure has dropped significantly. Our road trauma and road incidents have dropped and have remained so, which is a good thing. We were at the stage where one in six RBT'd person was charged with a drink-driving offence. We are now one in 20, which is a significant improvement.*⁵³

Two years following the implementation of the restrictions in Fitzroy Crossing, an evaluation by the University of Notre Dame said that “the quantitative and qualitative data reveals continuing health and social benefits for the residents of Fitzroy Crossing and the Fitzroy Valley communities.” A clear finding of this evaluation was that when the volume of alcohol is reduced, health and social benefits increase.⁵⁴ DAO provided statistics showing a significant drop in the usage of the Kimberley Sobering-Up Centres since the introduction of the alcohol restrictions (see Table 1.1 below).

Table 1.1- Use of DAO-funded Kimberley Sobering-Up Centres (2008-10)⁵⁵

| | 2007-08 | 2008-09 | 2009-10 | Change 2007-10 |
|----------------|---------------|--------------|--------------|----------------|
| Female | 3,761 | 3,121 | 2,326 | -38% |
| Male | 7,714 | 6,525 | 5,540 | -28% |
| Total | 11,475 | 9,646 | 7,866 | -31% |
| Indigenous | 11,384 | 9,610 | 7,807 | -31% |
| Non-indigenous | 91 | 36 | 59 | -35% |
| Total | 11,475 | 9,646 | 7,866 | -31% |

Other benefits of the restrictions given to the Committee included social benefits such as a greater number of people now looking for employment:

I have worked with the Kimberley Aboriginal Law and Culture Centre for just over 10 years now. I have worked with the elders and I have seen the devastation and problems we had before the alcohol restrictions came in. The situation before the restrictions came in was that you could not get anybody to get a job and people did not want to work. Then

⁵² Sergeant Mark Risdale, Balgo Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p2.

⁵³ Senior Sergeant Ian Gibson, Officer in Charge, Fitzroy Crossing Police Station, WA Police, *Transcript of Evidence*, 29 July 2010, p3.

⁵⁴ Drug and Alcohol Office, ‘Fitzroy Valley Alcohol Restriction Report December 2010’, 2010. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1236&Command=Core.Download, p10. Accessed on 23 December 2010.

⁵⁵ Ms Julia Knapton, Acting Director, Policy Strategy & Information, Drug and Alcohol Office, Electronic Mail, 26 October 2010, p1.

*dramatically after the restrictions came in you could see the change; we had people, blokes that I know who were walking around town here drunk as a monkey all the time, coming in looking for jobs.*⁵⁶

Evidence was also given that the conditions in the homes of drinkers had improved dramatically and that more children were now going to school, and that:

*We also get positive comments from a lot of the women saying that it is good that the noise from drunks has gone; they can sleep at night; they are not worried about people coming into their houses in the middle of the night looking for food or a fight. So the community itself is telling us as Police that they believe that this is a safer place since the inception of the liquor restrictions.*⁵⁷

Mr Joe Ross described changes to men who used to be heavy drinkers in the Fitzroy Valley:

*there has been a total shift in social harmony in this community, to see men going to the school these days with their children, higher participation by fathers at the assemblies now. They have these open days at the end of term, fathers go there with their children. That was unheard of four years ago, let alone 20 years ago.*⁵⁸

However, in some areas the success of the restrictions in lowering alcohol consumption has actually led to a **greater** demand for government services:

*We are now experiencing a trend towards increased levels of reporting of both domestic and non-domestic assaults, and with that we have an increase in offensive behaviour or threatening behaviour offending. There are a couple of reasons for that. I believe there is a strengthening within the people of Fitzroy Crossing, and they do not tolerate violence anymore. A lot of the offending we see is between an alcohol-affected person and a sober or not-as-drunk person—previously, both people were drunk. Evidentiary wise, we are better placed to take action on behalf of the victims. As I said, the people are now more empowered to report, and not tolerate, the offending behaviour. ...—and, obviously, from us; we have a complete no-tolerance policy.*⁵⁹

Mr Rodrigues, from Leedal Pty Ltd, told the Committee he supported section 64 restrictions but not section 175 ones, as they created binge drinking:

I believe the restrictions work. I do not believe bans work. ... What we have created at the moment is a crowd of binge drinkers. A mob of people go out of town and buy 10 cartons or five cartons. ... I will be waiting for those people to come back at 11 o'clock at night or

⁵⁶ Mr Neil Carter, Cultural Heritage Officer, Kimberley Aboriginal Law and Culture Centre, *Transcript of Evidence*, 29 July 2010, p5.

⁵⁷ Sergeant Mark Risdale, Balgo Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p7.

⁵⁸ Mr Joe Ross, FaHSCIA Contractor, *Transcript of Evidence*, 29 July 2010, p6.

⁵⁹ Senior Sergeant Ian Gibson, Officer in Charge, Fitzroy Crossing Police Station, WA Police, *Transcript of Evidence*, 29 July 2010, p3.

*one o'clock in the morning, with the attitude, "We're going to drink that grog before anyone else finds out, because I don't want to share that grog."*⁶⁰

(c) Health impacts

While the precise number of alcoholics in the Kimberley is unknown, one government service provider said it was at the lower end of the 5-20% spectrum. However, the health impact of the non-alcoholic 'binge' drinking drinkers was enormous:

*people who drink at hazardous levels and who become intoxicated on a regular basis —... it makes people very vulnerable to lots of things; especially young people who are vulnerable to abuse. ... Falls, fights, road accidents, unsafe sex, STIs⁶¹.... I think that you can pretty much draw a line somewhere between alcohol use and those particular health problems.*⁶²

Further evidence given by a medical specialist suggested the number of alcoholics in the region was at the lower end of the spectrum:

*if you drink like people generally drink up here, most of the liver will survive; the brain may not and they may do other injuries to themselves. The intermittent binge drinking tends not to cause quite so much liver cirrhosis and to cause more of those other sorts of problems. People who drink to excess every day [alcoholics] will get liver cirrhosis. We do not get the numbers that you might expect given the vast quantity of alcohol consumed. We still get quite a lot of liver damage up here but compared to what you would expect it might be slightly less than you would think.*⁶³

Injuries due to domestic violence are common across the Kimberley and alcohol is the greatest causal factor for domestic violence. A hotelier told the Committee "I see quite a bit of minor domestic violence at the hotel ... I would say that probably at least two-thirds to three-quarters of our assaults that we have within the hotel are spouse against spouse".⁶⁴ Inspector Wells confirmed that:

usually both the victim and the perpetrator are affected [by alcohol]. The domestic violence assaults probably outnumber non-domestic assaults by at least three to one. We have no shortage of examples of repeat victims. I think that currently we have 30 incidents

⁶⁰ Mr John Rodrigues, Chief Operations Manager, Leedal Pty Ltd, *Transcript of Evidence*, 29 July 2010, p6.

⁶¹ The Committee heard that standard methods of addressing men's sexual health may not be applicable in the Kimberley: "There is also the physical issue of condoms with men's law. The usage of a prophylactic barrier that is ineffective; ... Because of the traditions that the men go through, the condom itself becomes an ineffective tool because of the physical changes that take place during men's law." Mr Christopher Cresp, Chief Executive Officer, Palyalatju Maparnpa Health Committee, *Transcript of Evidence*, 27 July 2010, p13.

⁶² Ms Sally Malone, Regional Coordinator, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 26 July 2010, p14.

⁶³ Dr David Atkinson, Acting Medical Director/Medical Educator, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 26 July 2010, p14.

⁶⁴ Mr Shayne Stewart, General Manager, Crossing Inn (Leedal Pty Ltd), *Transcript of Evidence*, 29 July 2010, p8.

*where we have had the same offender and victim on more than five occasions where there have been incidents of violence between them. So, apart from the isolated occasions, we have 30 recorded ones where with a particular group there have been more than five, which are terrible figures.*⁶⁵

The dramatic impact of alcohol consumption in the region had historically led the health staff to focus on acute presentations rather than on programs to prevent chronic illness occurring. Dr Chapman, based at the Fitzroy Valley Hospital, said:

*If you look around, you will not see people between the ages of 30 and 70, because they are all dead. They have died from heart disease and diabetes and kidney failure, not from alcohol. I do not see chronic cirrhotic livers at this hospital. I see people with the worst renal failure you could ever imagine, with the most poorly managed diabetes you could imagine, with cholesterol and heart disease that are out of this world. ... alcohol has a significant negative effect on all the other aspects, which then precipitate these illnesses.*⁶⁶

The Royal Flying Doctor Service (RFDS) provided evidence of its large costs from dealing with the impact of drinking. Statistics for the past two financial years show that in 2009-10 it moved 1,096 patients in the Kimberley, an increase of approximately 10% from 2008-09. These trips represent about 16% of the total RFDS patient transport movements. Of these transfers, 41% went to hospitals in Perth. The remainder were to Darwin, Port Hedland and other Kimberley towns.

Seventy-seven per cent of these trips were inter-hospital transfers, and 23% were primary retrievals. Dr Collings told the Committee:

*35% of all patient transfers directly or indirectly relating to drugs and alcohol, which is quite high. It is higher than I expected. If we extrapolate that to the RFDS figures for the Kimberley, that means that approximately 386 of the 1,096 patients we moved last year had pathology directly or indirectly related to alcohol and/or illicit drugs.*⁶⁷

The budget for the RFDS Derby Base in 2009-10 was approximately \$8.8 million. While the RFDS in the Kimberley also undertakes activities such as primary health clinics, the cost of the patient transfers related to alcohol and drug use is significant and nearly \$3 million per annum.⁶⁸

⁶⁵ Senior Sergeant Michael Wells, Officer in Charge, Derby Police Station, WA Police, *Transcript of Evidence*, 28 July 2010, p2.

⁶⁶ Dr Ralph Chapman, Acting Senior Medical Officer, Fitzroy Valley Health Services, Agency, WA Country Health Service, Kimberley, *Transcript of Evidence*, 28 July 2010, pp7-8.

⁶⁷ Dr Brian Collings, Senior Medical Officer, Royal Flying Doctor Service, Western Operations, *Transcript of Evidence*, 28 July 2010, p2.

⁶⁸ Mr Tim Shackleton, Chief Executive Officer, RFDS Western Operations, Electronic Mail, 25 November 2010, p1.

Table 1.2- RFDS Transfers in the Kimberley (2009-10)

| Cause of RFDS transfer | Proportion of transfers | Due to alcohol and drugs |
|-----------------------------------|-------------------------|--------------------------|
| Injury and poisoning | 24% | 80% |
| Cardiovascular | 16% | 25% |
| Infectious | 12% | 25% |
| Ill-defined in signs and symptoms | 11% | 25% |
| Pregnancy and childbirth | 9% | - |
| Digestive system | 9% | 25% |
| Respiratory system | 9% | 25% |
| Mental disorders | 9% | - |
| TOTAL | 100% | |

Mental illness

In terms of the co-morbidity of alcohol and mental illness, Dr Collings said that young people may first come to need medical attention for a mental illness in their early twenties, and they will often die prematurely with a life-expectancy of between 42-45 years. Over this period of about 20 years, the patient will be seen by a mental health nurse about every month. The nurse tries to ensure that they take their medication.

The level of compliance was described by Dr Collings as “appallingly bad, and the level of recurrence is very bad. And we are over-treating over and over and over and over and over again the same people because the management is inadequate.” He said that their:

*mental problem may not reduce their life expectancy per se; but the things that it causes people to do, like drinking and drugging and not eating properly and driving cars in a reckless fashion, those are the things which will reduce their life expectancy.*⁶⁹

The medical impact of the excessive consumption of alcohol over decades has contributed to a high number of early deaths, many related to mental illness, and subsequent regular funerals across the region:

we have Wyndham, Kununurra, Halls Creek, Fitzroy Crossing, Broome and Derby. ... If I told you that not one week goes past in a calendar year in those towns when there is not a funeral, that would be the truth. There are two funerals here [Derby] at the end of this week. There is another funeral in Fitzroy Crossing next Thursday. ... I can also tell you

⁶⁹ Dr Brian Collings, Senior Medical Officer, Royal Flying Doctor Service, Western Operations, *Transcript of Evidence*, 28 July 2010, p5.

*that my belief is that most of those funerals originated with alcohol; the health problems that kill that person originated with alcohol. The biggest myth is when you read a death certificate and it says 'heart attack'. It does not tell you what caused that heart attack.*⁷⁰

This description of the large number of funerals in the Kimberley, and the impact on the local community who attend them and grieve for their relative, was confirmed by a pastor in Derby:

*the number of funerals up here is unbelievable. There are seven churches in the town. For the next three weeks, I have a funeral every week. Last year, in October, I did five funerals in 10 days. In 12 months, I have buried two people older than me. I am 57 years of age. ... At 57, you are not supposed to be considered old, yet there are only two people that I have done funerals for [older than me]— ... so we have other ministers doing funerals as well. ... with one minister, virtually all he does is funerals with Indigenous people.*⁷¹

Positive impact on Fitzroy Crossing Hospital

The Committee heard evidence of the positive impact of the alcohol restrictions in place in Fitzroy Crossing. The hospital has seen a “dramatic change in the service demand that has occurred between the implementation of the alcohol restrictions and now. Most of that has been a fall off in the highly intoxicated and the injuries ... associated with, I guess, problematic binge drinking”⁷².

This witness evidence is supported by DAO’s 12-month review of the effectiveness of the alcohol restrictions in Fitzroy Crossing undertaken by the University of Notre Dame, Australia. This research found a drop in suicides; Fitzroy Crossing Hospital staff reporting a 36% reduction in the average number of alcohol-related emergency department presentations; and a substantial decrease in unconscious people brought to the hospital for treatment. The report found that there had been a reduction in:

- ambulance call-outs;
- violence and abuse toward staff on call-outs to communities;
- cases of attempted self harm;
- after-hours presentations;
- presentations of people harmed by domestic violence; and

⁷⁰ Cr Peter McCumstie, Councillor, Shire of Derby - West Kimberley, *Transcript of Evidence*, 28 July 2010, p6.

⁷¹ Cr Paul White, Deputy President, Shire of Derby - West Kimberley, *Transcript of Evidence*, 28 July 2010, p7.

⁷² Dr Ralph Chapman, Acting Senior Medical Officer, Fitzroy Valley Health Services, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p7.

- overall trauma due to alcohol abuse.⁷³

The hospital has also benefited by more staff returning to work at the hospital as working conditions have improved; there has been; a 50% reduction in trauma on pay-days (the intervening period is no longer marked with constant presentations for alcohol-related injuries); and an approximate 40% decrease in the number of people requiring 'half-ways' ambulance transport to Derby.

The report also highlights that there were still regular 'spikes' in people reporting with alcohol related injuries. These spikes occurred on fortnightly pay weeks when some residents engaged in a 'rabbit run,' travelling to Derby, Broome or Halls Creek to obtain full-strength take-away alcohol legally. This results in a number of individuals engaging in binge drinking and then presenting with alcohol related injuries. A spike in admissions also occurs on 'band nights', special events, or when there is sly-grogging.⁷⁴

Worryingly, the latest evaluation of alcohol-related presentations to the Fitzroy Crossing Hospital Emergency Department (ED) after 24 months of restrictions show:

- for the period October 2006 to September 2007 (pre-restriction) there were 604 alcohol-related ED presentations;
- this decreased by 219 (down to 385) for the first post-restriction period (October 2007 to September 2008); but
- presentations increased by 150 for the second post-restriction period (October 2008 to September 2009) to 535.⁷⁵

Overall there still has been a reduction in ambulance call-outs, presentations of people harmed by domestic violence, and overall trauma due to alcohol abuse. This rise in ED presentations is why it is important for the Government to urgently act on this 'window of opportunity'.

(d) Displacement of drinkers

The Committee heard from a range of witnesses that the Kimberley restrictions had just moved drinkers to other locations where there were no limitations on purchasing alcohol, particularly full-strength take-away products.

⁷³ Kinnane, S. *et al.* *Fitzroy Valley Alcohol Restriction Report: An Evaluation of the Effects of a Restriction on Take-Away Alcohol Relating to Measurable Health and Social Outcomes, Community Perceptions and Behaviours After a 12-Month Period*, Drug and Alcohol Office, Perth, 2009, p8.

⁷⁴ Kinnane, S. *et al.* *Fitzroy Valley Alcohol Restriction Report: An Evaluation of the Effects of a Restriction on Take-Away Alcohol Relating to Measurable Health and Social Outcomes, Community Perceptions and Behaviours After a 12-Month Period*, Drug and Alcohol Office, Perth, 2009, p25.

⁷⁵ Drug and Alcohol Office, 'Fitzroy Valley Alcohol Restriction Report December 2010', 2010. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1236&Command=Core.Download, p11. Accessed on 23 December 2010.

For example, Mrs D'Antoine said:

*When it [alcohol restrictions] first started, we had quite a few people come through. A lot of them went to Broome. There was not too much of a big impact [in Derby] because they had the chance of going to Halls Creek and Broome, as well as Derby.*⁷⁶

Minister Waldron agreed with this view, and claimed that the restrictions had helped many drinkers cut their consumption:

*People do move, particularly those who are, unfortunately, fairly hardcore alcoholics or drinkers. An alcoholic will try to get alcohol. But what we are finding in these communities is that while some people will move, there are quite a few in the community who are sort of on the edge, who do not move. Then, with the actual banning in place, they are the ones whom we are turning around. ... It is a part, but it is a very important part, because it gives the community a circuit-breaker, a chance to reassess, and it makes the women and children, in their houses, one hell of a lot safer.*⁷⁷

While the Director of Liquor Licensing acknowledged that “Some of the people from Halls Creek might, at times, have gone into Kununurra or even as far as Wyndham to acquire alcohol” he did suggest that there might have been “other factors that affect people’s movements—particularly the weather; whether it is the wet season or not.”⁷⁸

The CEO of the Nindilingarri Cultural Health Services in Fitzroy Crossing told the Committee that “there were more people who moved back to their communities during the liquor restrictions, ... and there are more people living in our communities than there was previously”. She agreed that some drinkers did move, but the numbers were small:

*At the beginning of the alcohol restrictions there was a lot of media attention around the mass number of people going across to Broome, and in the media there were figures of 400 people who had moved over to Broome. I went over there along with a community person from Fitzroy [Crossing] and actually did a headcount of how many Fitzroy people were over there, and there were 35.*⁷⁹

⁷⁶ Mrs Margaret D'Antoine, Manager, Garl Garl Walbu Alcohol Association Aboriginal Corporation, *Transcript of Evidence*, 28 July 2010, p3.

⁷⁷ Hon Mr Terry Waldron, Minister for Racing and Gaming, *Transcript of Evidence*, 8 September 2010, p6.

⁷⁸ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 12 May 2010, p2.

⁷⁹ Ms Maureen Carter, Chief Executive Officer, Nindilingarri Cultural Health Services, *Transcript of Evidence*, 29 July 2010, p18.

However, the following three comments from different witnesses confirm that there are different views on the movement of heavy drinkers:

*But they [restrictions] have shifted a lot of people. The problem people have moved. They have increased problems in Kununurra and Broome with the restrictions in Halls Creek and Fitzroy.*⁸⁰

*In Fitzroy [Crossing] and that, all the hardened drinkers just moved base; they moved out of Fitzroy and come to Derby, Kununurra or Broome.*⁸¹

*The hardcore drinkers are not the ones who do the travelling. It is the ones who are not the hardcore drinkers who go there for other business—do their shopping—bring all of it back for the hardcore drinkers.*⁸²

The most dramatic example given to the Committee of the move of residents was Oombulgurri, whose residents numbered about 150 people in 2008 but has dwindled to such a low figure that the State Government is reviewing whether it is sustainable.⁸³ Many community members have gone to Wyndham due to a section 175 restriction on alcohol consumption arising from the Hope Report into child sex allegations.⁸⁴

(e) Little impact on liquor industry

Despite claims a year ago describing the restrictions in Halls Creek as ‘premature’ by the Australian Hotels Association, and Halls Creek bottle shop owner, Mr Peter Tierney, warning his business “would close if the proposed restrictions were enforced”⁸⁵, the Committee heard no evidence from those in the liquor industry that the existing restrictions had harmed their business operations in the Kimberley.

When asked directly if the existing restrictions had affected his hospitality business across the Kimberley, Mr Peirson-Jones answered “They have not.”

⁸⁰ Mr Martin Peirson-Jones, Director, Kimberley Accommodation Pty Ltd, *Transcript of Evidence*, 30 August 2010, p2.

⁸¹ Mr Stephen Austin, Chief Executive Officer, Mowanjum Community, *Transcript of Evidence*, 28 July 2010, p8.

⁸² Senior Sergeant Ian Gibson, Officer in Charge, Fitzroy Crossing Police Station, WA Police, *Transcript of Evidence*, 29 July 2010, p8.

⁸³ Ms Paige Taylor, ‘Threat to shut down community’, *The Australian*, 15 October 2010, p4.

⁸⁴ In February 2008, the State Coroner of Western Australia, Mr Alistair Hope, released his findings into the 22 alcohol and drug-related deaths of Indigenous people in the Kimberley. The then-State Government released its response to the Hope report in September 2008, and it can be found here: www.dia.wa.gov.au/Documents/ReportsPublications/WAStateGovtResponsetoHopeReprtFinalVersionPublic8April08.pdf.

⁸⁵ Ms Debbie Guest, *The Australian*, ‘Grog Ban Aims to Tackle Kimberley Misery’, 16 January 2009. Available at: www.theaustralian.com.au/news/nation/grog-ban-aims-to-tackle-misery/story-e6frg6pf-111118577071. Accessed on 12 November 2010.

In terms of the impact on the tourist industry, Mr Peirson-Jones labelled the Halls Creek restrictions as “an inconvenience to the tourists” who now have to “drive 1,100 kilometres from Kununurra to Derby to buy [full-strength] take-away alcohol.”⁸⁶ Other evidence from operators of a Fitzroy Crossing liquor outlet estimated that even in the height of the tourism season, their sales to tourists amounted to only about 20% of their total alcohol sales.⁸⁷

The 24-month review of restrictions in Fitzroy Crossing found:

*a significant increase in local residents patronising the two liquor outlets in Fitzroy Crossing. ...There is significantly less public drunkenness and associated antisocial behaviour than before the restriction. Confining drinking to the licensed premises continues to provide opportunities for a more controlled drinking setting and management and staff at the Crossing Inn and the Fitzroy River Lodge continue to report significant difficulties in managing the transition from a culture of public drinking to the controlled environment of drinking on premise.*⁸⁸

This report also found that the total amount of on-premises consumption at the Crossing Inn during the two years of the restrictions (October 2007 to September 2009) had been 1,486 litres of pure alcohol per quarter as opposed to a pre-restriction amount of 819 litres of pure alcohol. The “greatest volume increase by alcohol type was full strength beer”. Takeaway sales had halved in this period and this resulted in an overall decrease in the sale of alcohol during the period of the restriction when compared to the three month period immediately prior to them.⁸⁹

The chief concern of business proprietors such as Mr Peirson-Jones seemed to be that “as a licensee, publican or owner of hotels, we are painted as the bad people in all this. We supply a substance that is lawful; it is legal. We do our level best to trade within the act.” Mr Peirson-Jones added:

*The vast majority of licensees trade responsibly. There is no way in the world we ever want to serve juveniles. It happens; we go to court and we get fined. In the vast majority of cases, it is never deliberate; it is never deliberate negligence or because we do not care. The industry does care. A lot of times we are painted, particularly by people such as The West [newspaper], in a pretty bad light. There are problems but we want to be part of solving the problems. A lot of times that just does not happen. We are painted as the bad people; we are the suppliers; we are the drug runners sort of thing.*⁹⁰

⁸⁶ Mr Martin Peirson-Jones, Director, Kimberley Accommodation Pty Ltd, *Transcript of Evidence*, 30 August 2010, p6 & p10.

⁸⁷ Mr John Rodrigues, Chief Operations Manager, Leedal Pty Ltd, *Transcript of Evidence*, 29 July 2010, p5.

⁸⁸ Drug and Alcohol Office, ‘Fitzroy Valley Alcohol Restriction Report December 2010’, 2010. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1236&Command=Core.Download, p13. Accessed on 23 December 2010.

⁸⁹ *Ibid*, pp51-53.

⁹⁰ Mr Martin Peirson-Jones, Director, Kimberley Accommodation Pty Ltd, *Transcript of Evidence*, 30 August 2010, p10.

(f) Additional costs related to high alcohol consumption

The level of alcohol consumption has led to higher costs for some organisations in the region. For example, Mr Stewart from the Crossing Inn told the Committee that the normal rate of security staff at hotels was about one to 100. However, in his hotel “even if it is a Monday or a Sunday when it is quiet and we might have only 20 people in there, we will still have two security guards on because we do not know what sort of clientele we are going to get through the door” and that he had “had nearly every security guy assaulted there.”⁹¹

An additional cost from the public drinking of alcohol was the substantial cost to local shires to clean up the garbage and address issues created by illegal camping. The Shire of Broome said:

We spend significant moneys on litter collection. ... We have a project called Orange Bags whereby people are paid to collect rubbish. That gives people around town, either Indigenous or non-indigenous, an opportunity to earn some money. That is a cost. That Orange Bags project costs probably in the vicinity of \$100,000 to \$125,000 [per annum] just in litter.

*From a Shire perspective, there are social and tourism costs in trying to provide services to these people, whether they are illegally camped or are creating social issues, such as defecating on steps and living under buildings in the town et cetera. There is also an embarrassment cost to our local people. The Yawuru people do not like to see this. They have cultural issues, obviously, in dealing with visitors.*⁹²

(g) Positive economic impacts of the alcohol restrictions

Inspector Cave told the Committee that since the restrictions imposed in Halls Creek in April 2009, the town’s economic viability had improved:

- the Halls Creek Visitors Centre reported a doubling in sales of tourist services;
- the Shire has employed extra staff at the Centre;
- the Visitors Centre is now open every day during the tourist season; and
- a new bakery has opened in the town and its staff were barely able to cope with the demand.⁹³

(h) Extension of the alcohol restrictions

Minister Waldron told the Committee that another three or four Kimberley communities had approached him to have section 175(1a) restrictions implemented in their communities. He said:

⁹¹ Mr Shayne Stewart, General Manager, Crossing Inn (Leedal Pty Ltd), *Transcript of Evidence*, 29 July 2010, p10.

⁹² Cr Graeme Campbell, Shire President, Shire of Broome, *Transcript of Evidence*, 26 July 2010, p7.

⁹³ Submission No. 62 from Inspector Jim Cave, WA Police, 23 July 2010, p6.

When that happens, we consult with the Police, with Health, with the Drug and Alcohol Office, with the local council and very much with the community and the community leaders; not just the leaders, and that is why I go out to the communities. So, they all have input. ... But it is no good us agreeing to a ban when you know damned well that the leadership of the community is not there or there is no real appetite for it.⁹⁴

The Committee was keen to hear from Kimberley residents their views on the possibility of expanding the current section 64 restrictions across the Kimberley. While the support was mixed the Committee believes the Director of Liquor Licensing should always provide support if such support will protect women, children or the elderly from alcohol abuse.

Recommendation 1

Proposals from communities for further section 64 restrictions, based on the experience of the current restrictions in place in other parts of the Kimberley, should be supported by the Director of Liquor Licensing when such support will protect women, children or the elderly from alcohol-fuelled abuse. If a proposal from a community is not supported by the Director, the reasons why should be included in the Department's annual report.

Mr Rodrigues from Leedal Pty Ltd in Fitzroy Crossing was clear when questioned about his support for uniform restrictions across the Kimberley when he answered "We would".⁹⁵ Another liquor industry stakeholder supported the proposed new restrictions in Kununurra (such as no trading on a Sunday), but only if the State Government directed how welfare payments could be spent.⁹⁶ Welfare payments are discussed later in Chapter Five.

The recent review by DAO of the Fitzroy Crossing restrictions shows a similar mix of views on the extension of the restrictions:

A significant minority of respondents supported restrictions being modified to allow for the purchase of limited take-away full or mid-strength alcohol once a week on a Friday afternoon or Saturday afternoon. ...The majority of respondents believe any such change would be premature and detrimental to the community as there has not been enough time for the benefits of the restrictions to have changed people's behaviour in relation to alcohol. The majority of respondents believe that any relaxing of the restriction would lead

⁹⁴ Hon Mr Terry Waldron, Minister for Racing and Gaming, *Transcript of Evidence*, 8 September 2010, p7.

⁹⁵ Mr John Rodrigues, Chief Operations Manager, Leedal Pty Ltd, *Transcript of Evidence*, 29 July 2010, p5.

⁹⁶ Mr Bevan Speckman, 'Proposed Kununurra Alcohol Restrictions', *ABC North West News*, 3 November 2010, 10.30am.

*to an immediate increase in alcohol related anti-social behaviour and alcohol related violence.*⁹⁷

In the Northern Territory, there have been similar disagreements over what needs to be done to address alcohol problems and these have arisen from quite different views as to what is the underlying nature of the alcohol problem:

- The first approach is to adopt public health programs targeting the whole community which seek to reduce overall alcohol consumption. Such approaches often produce opposition from those who consider themselves ‘moderate’ drinkers who may claim that they will have to pay for what they see as the ‘sins’ of the few. Furthermore, broad restrictions can also alienate licensees who may lose significant income as a result when their cooperation is required for long-term improvements to the situation.
- The other set of views focus on what is seen as the ‘problem drinker’ where most of the alcohol-related problems are seen as being associated with a relatively small group of people who habitually drink to excess and cause themselves and others harm. According to this view, interventions should be aimed at the identified problem drinkers (mostly Aboriginal).⁹⁸

The Committee found a similar situation with the evidence from witnesses in the Kimberley. Opposition to an extension of the restrictions was often based on the lower proportion of Indigenous residents in some towns such as Broome, although DAO data shows that high levels of alcohol consumption is an issue for all residents in the region, including the non-indigenous residents. The Shire of Broome’s President overlooked the high alcohol consumption levels of non-indigenous residents when he questioned the wisdom of uniform regulations:

*I respectfully ask: is the minority dictating to the majority. We live in a tourist town, where there are 15,000 [people]. ...What about the social impact on the people who live in Broome. There are 15,000 people in this town. Approximately 29% of them are Indigenous people. The majority of those people are very responsible people who probably love a beer as much as I do. If you are starting to impact on the community per se, is that a wise thing to do or do you shift the problem? Where do we stop?*⁹⁹

A matter of concern to some of the witnesses was the implication that the majority of residents were being impacted by the activities of a small number of drinkers.

⁹⁷ Drug and Alcohol Office, ‘Fitzroy Valley Alcohol Restriction Report December 2010’, 2010. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1236&Command=Core.Download, p10. Accessed on 23 December 2010.

⁹⁸ M. Brady and D.F. Martin, ‘Dealing with Alcohol in Alice Springs: An Assessment of Policy Options and Recommendations for Action’, CAEPR Working Paper No. 3/1999. 1999. Available at: <http://caepr.anu.edu.au/Publications/WP/1999WP3.php>. Accessed on 29 November 2010.

⁹⁹ Cr Graeme Campbell, Shire President, Shire of Broome, *Transcript of Evidence*, 26 July 2010, p4.

For instance, Minister Waldron told the Committee:

*One of the things I want to say is that I want to try to focus on the people who cause the trouble because what you are saying ... is that in some cases restrictions do affect the whole community when the whole community is not causing the problems.*¹⁰⁰

However, the Committee heard that even some Indigenous community councils, whose members include drinkers, support further restrictions:

*The community I work in is writing to the Minister for Liquor and Gaming [sic], and we are asking him to legislate to make our community dry. That is by choice of the council. The council consists of 12 people, and I can tell you that every one of those people drinks, but they are sick to death of watching their young people, firstly, not going to school, and, secondly, dying of things they should never have died of.*¹⁰¹

Other communities wanted restrictions extended as a way to deal with the situation of some communities having them, while neighbouring ones did not. This situation had created a perception that some community members had been killed or injured in car accidents while driving long distances to purchase full-strength alcohol. Police data from the Halls Creek and Fitzroy Valley reviews show this is not the case. Mr Cox at Noonkanbah told of the difficulties in policing their section 175 restrictions:

*Those people there write a letter for your mob [politicians] to come in and have a look at it. Those people make up their minds to stop the grog. In Noonkanbah or Broome—no takeaway. That is what it is about. I have been waiting on you people. We wanted to get together. What is the government doing today? It is doing nothing. It is saying all right you can drink a bottle of wine and whatever. People drive from Derby to Noonkanbah. If anything is wrong along the road, they get an accident. ... Even the town should not have takeaway grog. All the other people make it very tense. **We want to help our own people** [emphasis added].¹⁰²*

Hon Tom Stephens, who has represented electorates in the North West for more than 25 years and was a Minister for Local Government, cautioned against blanket restrictions across the Kimberley and argued for greater community involvement in designing any new restrictions:

you do not design things from committees and Perth and Parliament for a State-wide blanket perspective. You would instead be recommending, in my humble opinion, that we empower regions and localities to be able to create responses that meet their own sets of circumstances with robust local dialogue, input and shared experience ... I think there is a major danger in just simply saying the Fitzroy [Crossing] response is appropriate for other

¹⁰⁰ Hon Mr Terry Waldron, Minister for Racing and Gaming, *Transcript of Evidence*, 8 September 2010, p8.

¹⁰¹ Cr Peter McCumstie, Councillor, Shire of Derby - West Kimberley, *Transcript of Evidence*, 28 July 2010, p8.

¹⁰² Mr Dickey Cox, Community Elder, Yungngora (Noonkanbah) Community, *Transcript of Evidence*, 30 July 2010, p8.

*locations. ... But you would not simply grab that model and roll that out, certainly in any of the larger towns, like Wyndham or Kununurra, or even in some of the smaller places.*¹⁰³

Those who have argued for the status quo against blanket restrictions have in effect allowed the problem to worsen. Mr Heath Sanderson in Fitzroy Crossing felt that further restrictions would not address the core issue of treating and rehabilitating the small number of alcoholics in the community, whether Indigenous or non-Indigenous:

*I am not advocating Kimberley-wide restrictions for potentially 5% of the Kimberley population who are chronic alcoholics. I would only support such a notion once all avenues have been investigated, including the greater resourcing of drug and alcohol counsellors in Fitzroy Crossing, better resourcing of diversionary programs for the youth of Fitzroy Crossing, and probably most importantly, having full-time residential staff in Fitzroy Crossing.*¹⁰⁴

Finding 1

The current Section 64 and Section 175 restrictions on alcohol consumption have provided a 'window of opportunity' to many Kimberley communities and reduced the impact on their residents of binge drinking. Additional services are now urgently needed to ensure that these benefits are not reduced by residents returning to heavy drinking patterns, or moving to consume other drugs.

Recommendation 2

The Director of Liquor Licensing should commence discussions with Broome residents as to how similar restrictions to those in Kununurra could be put in place with their support. This consultative process could be used as a model to assist in the introduction of similar restrictions in major towns in the Pilbara and the Goldfields.

1.5 Future Developments

(a) The role of elders

According to Lt Gen Sanderson, Chairman of the State's Indigenous Implementation Board, one of the key findings of the Gordon Inquiry into the *Response by Government Agencies to*

¹⁰³ Hon Mr Tom Stephens, MLA, Member for Pilbara, *Transcript of Evidence*, 20 October 2010, p3.

¹⁰⁴ Mr Heath Sanderson, Manager, Fitzroy Valley Men's Shed, *Transcript of Evidence*, 30 July 2010, p4.

*Complaints of Family Violence and Child Abuse in Aboriginal Communities*¹⁰⁵ was the lack of governance and structure in the Kimberley region. Lt Gen Sanderson suggested that the then-Government's "response to that [Report] was to put multifunction police stations and child protection officers in some of the communities that had nothing. Those communities remain dependent on the Police because their capacity to police themselves has diminished."¹⁰⁶

This suggestion that there is a lack of governance in the region was agreed to by ex-government minister Mr Ernie Bridge, who accused past governments of 'dismantling' the Indigenous communities own traditional governance models based on their elders:

Governments have led a charge towards dismantling the cultural authority of the Indigenous population. ... Governments have gone around for a number of years and effectively disenfranchised elders. They have looked at the young educated Aboriginal as the person who should give an opinion. They have ignored the elderly person who sits there quietly loaded with wisdom but being ignored—loaded with wisdom but being ignored.

*We are feeling the brunt of that now. We have got to retrieve the importance of the elders. If I said to each of you here that the elder person in your family is not important, you would not like it. That would be wrong for you to like it. Why is it then that we are prepared to accept that young people can articulate an argument on behalf of Indigenous Australians and the elders' argument is being denied? That is a big failing of governments. ... What you have effectively got in our society, and is leading to the problems, is a white man bureaucracy up there with all the criss-crosses, and everything that says from the time a good idea starts at the top it does not see the light of day at the end.*¹⁰⁷

(b) Engaging the community

Employment

One example of how a community has a perception of the negative impact of policy decisions made outside of the region was the decision by the Federal Government on the Community Development Employment Projects (CDEP) program. This led to a large drop in the number of Mowanjum community members who were employed:

In the past 12 months, we have gone from a really vibrant community to a community that has been gutted by government policy. They give our CDEP [funds] for another organisation, and we do not even see any representation from this organisation engaging

¹⁰⁵ Department of Indigenous Affairs, 'Gordon Inquiry', 16 April 2010. Available at: www.dia.wa.gov.au/en/About-DIA/Policies/Gordon-Inquiry/. Accessed on 14 October 2010.

¹⁰⁶ Lieutenant General John Sanderson AC, Chairman, Indigenous Implementation Board, *Transcript of Evidence*, 12 October 2010, p3. General Sanderson told the Committee (page 2) that during his time as Chief of the Army, he oversaw the use of Army staff in undertaking community development work in remote Western Australian Indigenous communities, and that he forbade the soldiers from consuming alcohol in those areas, "which is not easy for young Australian soldiers in remote Australia."

¹⁰⁷ Hon Mr Ernie Bridge, President, Unity of First People of Australia, *Transcript of Evidence*, 27 July 2010, p14.

*these people in activities. This is a real concern to us. It has actually rocked this community, torn the soul of it, by what it has done. We had 140 participants on our CDEP. Now there are something like 50, but nobody to engage them in work or anything. ... People are just going on Centrelink.*¹⁰⁸

Since the closure of the CDEP, the Mowanjum community has struggled to find ways to support its residents. It has responded by developing a small business employing some of the unemployed community members:

*Our community went from \$6 million in funding to \$100,000 overnight. ... Basically, my wage is not paid for anymore; it is paid by the community—basically, by whatever money we can raise ourselves. ...Through our building team. We do all our renovations. We tender for jobs—and win them. It is just about a fully Indigenous building team. It is probably the most active one in the whole of Western Australia. We have just been approached to do work for other communities.*¹⁰⁹

Most Indigenous stakeholders active in trying to reduce the harm from alcohol, such as the Marninwarntikura Women’s Resource Centre, want to be involved in the future development of new initiatives aimed at decreasing the consumption of alcohol and illicit drugs. The Director of Liquor Licensing told the Committee “I have taken a hands-off approach mainly because I want them to own it and I do not want to be seen to be enforcing it all the time. As human beings, we are better off if we own a solution than if a solution is forced on us.”¹¹⁰ In a similar fashion Lt Gen Sanderson said:

*The question is: how do Aboriginal communities rebuild themselves? We can help them, but we cannot rebuild them. Only Aboriginal people can solve Aboriginal problems. We tend to want to solve their problems for them. Often in doing that we deal with the issues on the surface rather than the real cause of the issue.*¹¹¹

Community engagement

The Committee heard that any future government programs dealing with alcohol needs to be designed and implemented with the participation of the community and “from discussions I have had with people who live up in the Northern Territory, the places where the communities have

¹⁰⁸ Mr Stephen Austin, Chief Executive Officer, Mowanjum Community, *Transcript of Evidence*, 28 July 2010, p4.

¹⁰⁹ Mr Stephen Austin, Chief Executive Officer, Mowanjum Community, *Transcript of Evidence*, 28 July 2010, p14.

¹¹⁰ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p5.

¹¹¹ Lieutenant General John Sanderson AC, Chair, Indigenous Implementation Board, *Transcript of Evidence*, 12 October 2010, p3.

been actively involved in making changes—putting bans in place, that kind of thing—have had much better outcomes.”¹¹²

This message is similar to that of Western Australia’s Chief Justice when talking about Indigenous people’s involvement with the State’s criminal system:

*the ‘white’ imposed solutions that we have used in past decades have spectacularly failed to address this problem. I think that a much better way to go is to encourage and facilitate Aboriginal people taking responsibility for and ownership of the solutions that are needed to address these problems.*¹¹³

Recently, the Premier, Hon Colin Barnett, praised the Indigenous residents of Roebourne for showing initiative in developing a new housing program on their land. The Premier said “This is their idea, they’ve worked among themselves and with advisers and (government departments) and they’ve achieved it. I hope this is a model for other Aboriginal communities around the State that you can actually determine your own future and be part of development.”¹¹⁴

The State’s Chief Justice described the depth of the issues faced by Indigenous people living in the Kimberley, and the need for a coordinated approach by government to address the region’s complex health and social issues:

*because the causes are multifaceted and interrelated, so must be the solutions, so an holistic approach across all of government is required. The problems of a fragmented, silo approach have been known and have been being talked about for many years, but nothing much has been done to overcome the issues and break down the silos.*¹¹⁵

Appendix 7 lists some key committees in which various State agencies liaise with one another on Indigenous issues. The Committee heard evidence from some witnesses of the positive results of combined action in the Kimberley between the Police and Department for Child Protection (DCP) staff being co-located at multifunction police facilities (MFPPs).

Local governance

Lt Gen Sanderson gave evidence that he has tried to convince both the current and previous State Governments of the worth of a trial of new regional governance models in Western Australia that

¹¹² Ms Wendy McKinley, Acting Operations Manager, Halls Creek and Wyndham Hospitals, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p8.

¹¹³ Hon. Wayne Martin, Chief Justice, Supreme Court of Western Australia, Commonwealth of Australia, House of Representatives, Standing Committee on Aboriginal and Torres Strait Islander Affairs, Hansard, 30 March 2010, p3.

¹¹⁴ Mr Daniel Hatch, *The West Australian*, ‘\$11m model housing project for Pilbara’, 25 October 2010. Available at: <http://au.news.yahoo.com/thewest/a/-/breaking/8190793/11m-model-housing-project-for-pilbara/>. Accessed on 25 October 2010.

¹¹⁵ Hon. Wayne Martin, Chief Justice, Supreme Court of Western Australia, Commonwealth of Australia, House of Representatives, Standing Committee on Aboriginal and Torres Strait Islander Affairs, Hansard, 30 March 2010, p2.

would help in rebuilding the sense of engagement of the local people in their own governance. His current work with the Indigenous Implementation Board has focused on the Mid West region as a possible trial site.¹¹⁶

Hon Tom Stephens listed some of the agencies that would be involved in a ‘regional governance’ model supporting Indigenous communities:

*The local development commissions, the local council, Pilbara regional councils—put that together in a new replacement structure that has the guaranteed income support and guaranteed decision-making authority that leaves them free to respond to policy design and response and program design and delivery, instead of simply waiting for Perth-based decision makers to come up with solutions.*¹¹⁷

Hon Tom Stephens said that the failure in developing local involvement in decision-making lay with political parties from both sides of politics and “is based on the fact that government is doing this blanket policy making from a distance where it is not responsive to local input.”¹¹⁸ He also supported Lt Gen Sanderson’s view that ‘regional governance’ model might assist in lowering the rate of alcohol abuse in the Kimberley:

*I think regional governance is one of the ways of responding to powerlessness. Powerlessness can be responded to by getting on the grog and I think that is what happens. Alcohol is a response to people who simply give up. Alternatively, if you are empowered by a real opportunity to move into effective decision-making, then that is a very effective diversion program as well as being part of the challenge of the human condition to be in control of your own destiny.*¹¹⁹

Finally, Mr Stephens suggested a pilot could be tried in the Fitzroy Valley, as:

*That Valley created the Fitzroy Futures Forum itself. It was its response to its observations of these [liquor] problems. I think it is the only example anywhere in the State where significant Aboriginal and non-Aboriginal players within a community come together and are constructing their strategies for that Valley. If governments were not confident enough to try a pilot on a vast region, you could actually go and pick up the Fitzroy Futures Forum [model].*¹²⁰

¹¹⁶ Lieutenant General John Sanderson AC, Chair, Indigenous Implementation Board, *Transcript of Evidence*, 12 October 2010, p10.

¹¹⁷ Hon Mr Tom Stephens, MLA, Member for Pilbara, *Transcript of Evidence*, 20 October 2010, pp4-6.

¹¹⁸ *Ibid.*

¹¹⁹ *Ibid.*

¹²⁰ *Ibid.*

Finding 2

The Committee's evidence has shown that the Fitzroy Futures Forum has been critical to addressing the issue of alcohol in the Fitzroy Valley communities.

Recommendation 3

The Minister for Indigenous Affairs request the Aboriginal Affairs Coordinating Committee and the Western Australian Aboriginal Advisory Council to jointly review the Fitzroy Valley as a possible location for a new local governance model for improving government service delivery aimed at decreasing the problems associated with alcohol abuse. The outcomes of this review should be tabled in Parliament by December 2011.

(c) Drinkers' card

Another issue raised by a small number of witnesses, generally those from the liquor industry, was the need for a 'drinkers' alcohol entitlement card' similar to the one used in the Northern Territory. One Fitzroy Crossing hotelier said "if you are going to be responsible for handling alcohol, maybe we should be looking at a card system whereby you apply but if you stuff up you lose it."¹²¹ Mr Peirson-Jones proposed that it was a cheaper alternative to section 64 restrictions:

It is a simple database. If somebody has got a red flag on them, they are prohibited from buying takeaway alcohol, and they are not served; or it could be done in such a way that the person is limited to mid-strength alcohol only ... everybody carries the card. The majority of non-Aboriginal people have no real problem with it. They have got to have a licence to drive a car, and they have got to have a licence for their boat, their gun or their dog, or whatever. So they would prefer just to have to show an ID card or their driver's licence, or whatever it is, when they want to buy takeaway alcohol.¹²²

The entitlement card would be aimed at take-away purchases. Licensed premises are required to follow the responsible service of alcohol regulations where, if a customer gets drunk, they do not get served. Under their license hotels are required to provide toilets, not allowed to sell alcohol to juveniles and there is less violence. The Committee was told that in the Kimberley excessive drinking is linked to take-away alcohol sales and an entitlement card would help to limit alcohol

¹²¹ Mr Patrick Green, Director, Leedal Pty Ltd, *Transcript of Evidence*, 29 July 2010, p5.

¹²² Mr Martin Peirson-Jones, Director, Kimberley Accommodation Pty Ltd, *Transcript of Evidence*, 30 August 2010, pp4-5.

sales as “to purchase alcohol in a bar is roughly three times more expensive than takeaway” and consumption is likely to be less.¹²³

One of the perceived difficulties of using such a card is its possible use to purchase alcohol for other people. Mr Peirson-Jones gave a response to this concern:

*Police or somebody identified that you do not have a card and you are not entitled to buy alcohol, but another person is buying it for you, then that person would lose his card. So, sooner or later people are going to wake up that if they supply alcohol for a party in the house, and the Police are called, then because they are the person who has bought the alcohol, they will lose their card. So, eventually it will spread. People will not keep abusing it.*¹²⁴

A less-sophisticated card system is already being trialled in some areas of the Kimberley. The Committee were told by the Police in Balgo that the Palyalatju community has an ID card for residents who do not have a photo ID, such as a driver’s license, to assist with the hotelier policing his own voluntary alcohol restrictions of 12 can (full-strength beer) per person limit in Rabbit Flat, Northern Territory (125 kms away).¹²⁵

Minister Waldron told the Committee that the Department of Racing, Gaming and Liquor had prepared a confidential report on the possible implementation of an alcohol restriction system, such as the banned drinker register in the Northern Territory.

Recommendation 4

The Minister for Racing and Gaming release to Parliament by June 2011 the confidential report prepared by the Department of Racing, Gaming and Liquor on the possible implementation in Western Australia of an alcohol restriction system based on the ‘banned drinker’ register in the Northern Territory.

Possible problems with an entitlement card

While unable to speak with the Committee about this confidential report, the Director of Liquor Licensing said there is a basic misconception about the proposal for an entitlement card. Mr Sargeant visited the Northern Territory to review the trial that was underway and found that it was not a matter for liquor control but “the card’s genesis comes from the justice system. It does not come from the liquor control system; it comes from the courts.”

¹²³ Ibid.

¹²⁴ Ibid.

¹²⁵ Sergeant David Risdale, Balgo Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p7.

Mr Sargeant agreed that once the alcohol card was introduced in Alice Springs and Katherine it was easier to use it to “help impose other restrictions. Restrictions apply in Alice Springs on when people can and cannot buy alcohol, and the card made it very simple”, but:

*What people do not realise is that if a person with an alcohol problem or domestic violence issues never presents before a court, the alcohol card will not pick up that person. ... it is really a matter for the Attorney General or someone like that to say how they can use it in the enforcement process. The Government has to decide whether it is part of the justice system and, if it is, how it will implement it. It is not cheap at all.*¹²⁶

The Police Commissioner gave evidence to the Committee about this proposal:

*the people in Wiluna ... want the introduction of a right-to-drink card, or a withdrawal of a right-to-drink card, or a right-to-purchase-alcohol card. But the infrastructure around doing something like that is quite complicated and would take quite a long time to achieve.*¹²⁷

Minister Waldron has visited the Northern Territory to review their card program and found that the cards are linked to “an alcohol court and that court can then bar you from drinking and your card then shows that you cannot purchase alcohol.” He also said:

*I think there is a misconception that if an alcohol card comes in, then we do not need any restrictions. It does not work like that because this is linked to the courts. ... I was speaking to ... who I think had that misconception that the card would solve the problems, because if Tuck Waldron was causing problems in the Kojonup hotel, we would just give him a card. It does not work like that.*¹²⁸

The CEO of the Ngnowar-Aerwah Aboriginal Corporation raised another likely objection to any entitlement card that reflects an aspect of the State’s post-European history:

I think they [alcohol cards] are a good idea, but that is just me personally. When I talk to my staff about it—of whom 99% are Indigenous—they say that it is bringing back in the Dog Act.^{129 130}

¹²⁶ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p10.

¹²⁷ Dr Karl O’Callaghan, Commissioner of Police, WA Police, *Transcript of Evidence*, 26 May 2010, p3.

¹²⁸ Hon Mr Terry Waldron, MLA, Minister for Racing and Gaming, *Transcript of Evidence*, 8 September 2010, p10.

¹²⁹ Ms Lesley Evans, Chief Executive Officer, Ngnowar-Aerwah Aboriginal Corporation, *Transcript of Evidence*, 2 August 2010, p7.

¹³⁰ In order to escape the restrictions of the *Western Australia Natives (Citizenship Rights) Act 1944*, people defined as ‘Aboriginal’ had to apply for an exemption. Many Indigenous people referred to these laws as ‘the dog act’. Those who applied for exemption often lost credibility in the eyes of their friends and family and were seen to be ingratiating themselves with the authorities who made unreasonable demands, such as refraining from socialising with their families. Once exempted, a person was no longer considered to be an ‘Aborigine’. See www.indigenoustrights.net.au/subsection.asp?ssID=14.

Finding 3

The Committee found that the liquor industry representatives were more supportive of the use of an alcohol entitlement card by residents while community members preferred liquor restrictions. Liquor restrictions are positive interventions that are linked to other services to assist drinkers reduce their consumption of alcohol.

CHAPTER 2 CONTEXT OF THE CURRENT ALCOHOL RESTRICTIONS

2.1 Introduction

This chapter provides an overview of some aspects that impact on the operation of the current liquor restrictions in the Kimberley, and need to be considered in the planning for any future restrictions. It starts with a summary of the geography and demographics of the region as many of the problems in delivering key services to people living in this region are due to its size (about 425,000 sq km, or nearly twice that of Victoria) relative to its small population (about 35,000 people, with nearly half living in Broome). The chapter explains the importance of culture to Indigenous people and concludes with the question of whether remote communities are sustainable and cost effective?

Research over the past 20 years into the relative socio-economic status of Indigenous people in the Kimberley has found that “outcomes in the Kimberley are amongst the most disadvantaged in the country and have shown no sign of change – if anything, they appear to have worsened over time”.¹³¹

The media’s interest in the social and medical impact of alcohol and illicit drugs on the Kimberley’s residents, especially the 50% who are Indigenous, has helped keep a keen policy focus on the region from the current and previous State governments. While the media have done an excellent job in highlighting problems, these problems are often symptoms of long-term underlying issues which have developed over decades and cannot be addressed in a simplistic manner. For example, the region’s low population density means it is more difficult to provide rehabilitation and treatment services compared to the more densely-populated metropolitan Perth.

The importance of initiating new Indigenous policy initiatives is reflected in comments from Dr Peter Flett, then-Director General of Health:

*We have commenced a major screening process in the North West across Aboriginal communities, screening for diabetes, heart disease and renal disease. We have done two key communities already and we are expanding out to a whole lot of other communities. We are doing that within the Health budget. The reason I am doing it that way is that it is not dependent on external funding, which, if it dries up, it all stops. It is going to become part of the health process. If I leave the Health Department having done this one thing, it will be something that is set in train permanently.*¹³²

¹³¹ Taylor, J., *The Relative Socioeconomic Status of Indigenous People in The Kimberley*, Canberra: Centre for Aboriginal Economic Policy Research, Australian National University, 2009.

¹³² Dr Peter Flett, Director General, Department of Health, *Transcript of Evidence*, 10 November 2009, p16.

The current Director General, Mr Kim Snowball, told the Committee that Indigenous health was one of his top three priorities when taking over the role.¹³³ The Western Australian Country Health Service (WACHS) Regional Director said:

*The whole of the Kimberley, if you look at the population, faces really serious health conditions. There are really high rates of chronic disease, diabetes, renal disease particularly, and you will hear about that in Fitzroy [Crossing], which there has been substantial investment in. But the health of the children is one of the worst in the nation. There are some of the highest rates of STIs, the highest rates of suicide, and basically the high rates of mortality that you would not see perhaps in other areas. So it is how to deliver health services, which is the acute end, over such a broad geography, with the workforce shortages that we have, but also how do you get in there and prevent it?*¹³⁴

Despite the good intentions of Department of Health staff, the Committee understands that none of the DOH's three Director Generals from 2005-09 had actually visited the region,¹³⁵ while Mr Snowball had visited the Kimberley in his role as Executive Director of WACHS. It became apparent to the Committee that in the Kimberley the State Government is not always made aware of programs being co-ordinated by Federal and Local Government and that even some State departments are not talking to each other.

Recommendation 5

The Directors General who are represented on the Aboriginal Affairs Coordinating Committee should visit the Kimberley region on a bi-annual basis. The Directors General should actively support and encourage their regional directors to participate in, and in their Annual Report provide details, of the success of interagency networks, including interactions with local government and Federal Government agencies.

¹³³ Mr Kim Snowball, Acting Director General, Department of Health, *Transcript of Evidence*, 16 February 2010, p12.

¹³⁴ Ms Kerry Winsor, Regional Director, WA Country Health Service, Kimberley, *Transcript of Evidence*, 26 July 2010, p10.

¹³⁵ Mrs Rosalie Lupton, Community Health Nurse Manager, Fitzroy Crossing Hospital, WA Country Health Service- Kimberley, *Transcript of Evidence*, 29 July 2010, p16.

Recommendation 6

The Departments represented on the Aboriginal Affairs Coordinating Committee fund two senior positions (based in the East and West Kimberley) to manage the across-government collaboration in the Kimberley by government and non government agencies, and detail in their annual reports key performance indicators for service delivery in the Kimberley, strategies for cross-agency liaison, the program resources used to deliver services, and the effectiveness of such programs.

2.2 Geography and Demographics of the Kimberley**(a) Community populations**

The maps of the West and East Kimberley in Appendix 5 highlight the large number of small Indigenous communities spread across each region. Table 2.1 provides an estimate of the current populations of the major regional centres (Broome, Derby, Fitzroy Crossing, Halls Creek, Wyndham and Kununurra) and the over 220 smaller Indigenous communities. There is a great deal of uncertainty about the actual population of the Kimberley due to acknowledged problems in the data gathered by the Australian Bureau of Statistics during the 2006 Census. For example, the Committee was told that:

- the 2006 ABS data states the population of the Kimberley region is 29,298 (with a 10–12% error);
- the Kimberley Development Commission estimates the population was 34,270 in 2007; and
- the Department of Regional Development and Lands estimates the population was 35,009 in 2008.¹³⁶

The difference of 5-6,000 people in these population estimates makes it difficult for agencies to plan future service needs for the region.

¹³⁶ Mr Grant Akesson, Drug and Alcohol Office, email, 6 October 2010.

Table 2.1- Estimated Population of Kimberley Towns and Indigenous Communities

| Shire | Location | Estimated Population | Total Shire Population |
|-------------------------------|---------------------------|----------------------|------------------------|
| Broome | Town of Broome | 15,000 | |
| | 87 Indigenous communities | 2,560 | 17,560 |
| Derby/West Kimberley | Town of Derby | 3,200 | |
| | Town of Fitzroy Crossing | 1,000 | |
| | 48 Indigenous communities | 3,275 | 7,475 |
| Halls Creek | Town of Halls Creek | 1,200 | |
| | 45 Indigenous communities | 2,147 | 3,347 |
| Wyndham/East Kimberley | Town of Kununurra | 3,700 | |
| | Town of Wyndham | 700 | |
| | 43 Indigenous communities | 1,985 | 6,385 |
| TOTAL POPULATION | | | 34,767 |

An additional population factor is the large influx of tourists to the Kimberley, particularly Broome, during the dry season. The Broome airport is the gateway to the region and receives about half a million people each year and these visitors purchased about 2.8 million nights of accommodation. Senior Sergeant Neesham reminded the Committee that “Broome relies on tourism and that will be an issue we will face in terms of your recommendations [on alcohol].”^{137,138}

Estimating populations

This Committee has previously highlighted in its *Destined to Fail* report how Western Australia has grown over the past five years at a greater rate than even the Australian Bureau of Statistics (ABS) high-growth projections. Between 2003 and 2007 this led the Department of Health (DOH) to underestimate the State’s actual population by nearly 50,000 people. DOH’s current *Clinical*

¹³⁷ Senior Sergeant Robert Neesham, Officer In Charge, Broome Police Station, WA Police, *Transcript of Evidence*, 26 July 2010, p5.

¹³⁸ DAO confirmed to the Committee that in its Service Agreements it “does not stipulate changes in service delivery relating to seasonal changes.” Ms Julia Knapton, A/Director, Policy Strategy and Information, Drug and Alcohol Office, Electronic Mail, 11 March 2011, p1.

Services Framework 2010-20 for planning its future services uses the ABS low-growth projections. The *Destined to Fail* report showed that the actual growth in the State's population led to an under-estimate of hospital beds needed by 2016-17 of about 280 (230 in metropolitan Perth and 50 in country WA).¹³⁹ If DAO, DOH and other State agencies continue to use the low-growth ABS projections in their future planning then this is likely to lead to severe future shortages of health and other alcohol-related government services in the Kimberley.

Recommendation 7

The Treasurer ensure that all State Government departments are using high-population growth projections in their modelling and planning for the future delivery of services to the Kimberley region.

(b) Impact on the delivery of programs

The impact on the delivery of programs in the Kimberley posed by the large distances and small populations is that services are:

- (i) provided by staff located at major 'hubs' (such as Broome) and provided to 'spoke' centres on a drive-in or fly-in basis;
- (ii) provided periodically; or
- (iii) provided only by government agencies due to a lack of private sector services.

The practical impact of large distances and small populations on the delivery of services was provided to the Committee by School Drug Education and Road Aware (SDERA):

*I guess the other challenge for us is the geography. We have a consultant based in Broome, but many of the services have divided the Kimberley into east and west Kimberley and have service provision from Kununurra as well as from Broome. Given the size of the Kimberley, I guess that is certainly an issue that hampers our delivery and we rely a lot on the goodwill and good faith of other organisations that help carry the message for us to the other areas.*¹⁴⁰

Ms Malone, manager of the Kimberley Community Drug Service Team, described the 'hub' and 'spoke' model used by many agencies:

¹³⁹ Education and Health Standing Committee, *Destined to Fail: Western Australia's Health System*, Legislative Assembly, Parliament of Western Australia, Perth, 2010, pp97-101.

¹⁴⁰ Mr Bruno Faletti, State Manager, School Drug Education and Road Aware, Department of Education and Training, *Transcript of Evidence*, 26 July 2010, p3.

We are co-located with the mental health service at three sites—in Broome, Derby and Kununurra. We have 11.68 FTE of staff to cover the region, but not all of those FTEs are currently filled. ... we operate out of the three regional offices and use an outreach to go into the remoter towns and communities.

Basically, from the Broome site we service the town of Broome and the surrounding communities—the communities of the Dampier Peninsula; that is, Djarindjin, Lombadina and Ardyaloon, and we also service Bidyadanga from here.

From Derby we service Looma, Pandanus Park, Mowanjum, the Fitzroy Valley and Fitzroy communities. We supplement the services out there: if they are short of staff, we do some outreach out there as well and give them a hand.

From Kununurra, we cover Halls Creek, Warmun, Ringers Soak, Frog Hollow, Violet Valley, Doon Doon, Wyndham, Kalumburu and Oombulgurri.¹⁴¹

The Committee was advised by WACHS that the use of new technologies has assisted in some areas of communications but it did not compensate for the large distances that have to be travelled:

when you see the high needs of the community, then you add in the distance and our workforce, if you have [only] got one of anybody, they spend a large amount of time travelling. Even with the use of tele-health and phones, there is still a high amount of travel that eats into what you can actually do clinically on the ground.¹⁴²

There are other problems in relation to travel time for government staff providing services in the Kimberley, such as finding suitable overnight accommodation to make their visit to a remote community worthwhile. There are problems in relation to residents having to travel large distances to main regional centres for services. Police have additional travel problems:

On most occasions we can put someone in with another family member but there are occasions when we cannot. If they are intoxicated, our choices are to take them to Broome and that means they have to get back here [Dampier Peninsular]. To take someone to Broome and keep them in custody overnight just because they are intoxicated is a bit extreme for them because they cannot get back home. Otherwise they will have to stay the night here and we stay the night with them, which means that for the next day we cannot work.¹⁴³

Not only is there additional time required to visit and care for people in some remote areas, but depending on the type of transport required, costs can be very high. For instance, the Royal Flying Doctor Service often fly patients to Perth for tertiary level general or mental health care:

¹⁴¹ Ms Sally Malone, Regional Coordinator, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 26 July 2010, p3.

¹⁴² Ms Kerry Winsor, Regional Director, WA Country Health Service, Kimberley, *Transcript of Evidence*, 26 July 2010, p9.

¹⁴³ Sergeant Jane Korculanic, Dampier Peninsula Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p9.

*A couple of high dependency transfers for mentally ill patients who require incubation to be transferred and end up in Perth. There are probably three or four of those, and we [Fitzroy Valley Health Services] would have one a month. Three or four of those would probably pay the salary of the person who would prevent them from occurring. ... If it is two hours up and two hours back, there is 28 grand [for a RFDS jet]. Doing transfers out from Kununurra in my previous role, I was aware that it costs \$16,000 every time we moved a patient from there ... using the turboprop aircraft...*¹⁴⁴

Another witness told the Committee of the large distances they had travelled in the past week delivering services:

*My job for victim support service is actually two days a week but they have given me an extra day for travelling and that is to cover, as I said before, Derby, Fitzroy [Valley] and the Gibb River. I live in Broome, so already this week I have done eight hours travelling from Broome to Fitzroy, Fitzroy back to Derby, and now I have to get from Derby back to Broome tomorrow. ... So there is a lot of travelling. Do not get me wrong: I love it; I love my job. But then I do not have enough time getting out to the communities because therefore you have to travel further on past Fitzroy and all that as well.*¹⁴⁵

The impacts are not just about the additional costs involved in transporting staff and patients across large distances but also the interruption of the continuity of services provided to patients by having staff based in distant ‘hub’ centres:

*what does it mean when you come into a remote community or one of our other major hospitals in the region and you do not come back for six weeks ... We do make use of all available communication to talk with our doctors and nurses across the region, but you cannot really substitute that for having expert staff on site.*¹⁴⁶

The Committee heard how private health services are generally limited to general practice activities in the region’s largest centres, such as Broome:

*In the Kimberley, most of the medical services are provided either by the Aboriginal Medical Service sector or by the State, with private practices being a small part of the primary care component of services—GP-type services, I am talking about, not specialist services. Specialist services are pretty much all run by the State, which is also a bit different [to metropolitan areas]; there is not much of a private practice ...*¹⁴⁷

The high number of small remote communities across the Kimberley inhibits access to critical health services, particularly for new-born children. The Committee was told that in the Kimberley

¹⁴⁴ Dr Ralph Chapman, Acting Senior Medical Officer, Fitzroy Valley Health Services, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p17.

¹⁴⁵ Ms Olwyn Webley, Kinway-Anglicare WA, Broome, *Transcript of Evidence*, 28 July 2010, p3.

¹⁴⁶ Mr Robert Goodie, Regional Manager, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 26 July 2010, p6.

¹⁴⁷ Dr David Atkinson, Acting Medical Director/Medical Educator, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 26 July 2010, p97.

only 60% of babies are seen by child health staff in the first 10 days after their birth (compared to about 95% in metropolitan Perth) because:

*There is no public transport to get them to and from their smaller community into the bigger community to see the nurse. They do not have cars. They get cut off in the wet season. It can be three or four months a year that they are cut off. I have one child health nurse to cover the 48 communities in this Valley.*¹⁴⁸

The regional Indigenous population is also very young. For example, of the estimated 7,775 people in Kununurra, 3,310 were under the age of 18, of which 62% were Indigenous. Of these children, 1,910 were in the zero to nine years age group.¹⁴⁹

Finding 4

The critical health services in the Kimberley have to fund and manage services in a large number of small remote communities that are often under-staffed for such a large cohort of young Indigenous residents.

2.3 Retaining their Culture

The retention of culture and connection to country by many Indigenous residents in remote communities across the Kimberley is a major achievement given the historical dislocation that occurred after Europeans arrived. The Committee heard that the “difficulty of accessing remote and isolated communities is always a challenge, not just from the weather, but there are cultural reasons as well, for why we cannot always access [Indigenous patients].”¹⁵⁰

Many witnesses said that culture and the family system had helped some communities survive the onslaught of alcohol and illicit drugs. Their culture and family system had helped when they had been affected by changes in pastoral employment practices and by the ‘stolen generations’ policies.

The background to the development of Fitzroy Crossing was described as:

The Town you actually see today ...is a result of the award wages [developments in] 1967, 1968, 1969. People moved off the properties into the old mission. There were four

¹⁴⁸ Mrs Rosalie Lupton, Community Health Nurse Manager, Fitzroy Crossing Hospital, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p11.

¹⁴⁹ Senior Sergeant Graham Sears, Kununurra Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p2.

¹⁵⁰ Ms Sally Malone, Regional Coordinator, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 26 July 2010, p4.

language groups up here. There was total mayhem and social upheaval in this whole community.

Through the 1970s right through to the 1980s was a real tumultuous time for Fitzroy Valley people. One of the key elements of that was the introduction to alcohol. Predominantly one in three people drink in this community. ...1975 was the first introduction to people actually starting to drink, and predominantly men. It was in the early 1980s when women started predominantly drinking. Then it just escalated and ramped up from the late 1980s through to the 1990s.

It was in the 1980s that the government realised that they could not have everybody in this town, so they created communities like Noonkanbah, Wangkatjungka, Yeerlie, Bayulu as large communities to disperse the people out of here and get them back on their country, which was a circuit-breaker at the time.¹⁵¹

In a similar fashion, the community at Mowanjum (near Derby) is composed of different families from the Worora, Ngarinyin, and Wunumbul tribes who were moved from the original Kunmunya Mission four times in the past 60 years by different State governments:

first it was on post at Pipunya, but because of the medical, we had to move ...Then moved to Koolan Island to a place called Wotjulum. The same thing happened, didn't it, in 1956? Then they moved out here to old Mowanjum on the Broome road. Then in the seventies, we moved here.¹⁵²

The impact on Indigenous people of being moved from their traditional lands is hard for non-Indigenous people to understand. This social dislocation is one factor cited by the Coroner when reviewing the spate of youth suicides in the Kimberley, including five teenagers from the Mowanjum community who attempted suicide in the summer of 2007-08.

Lt Gen. Sanderson described the impact of the separation of Indigenous people from their land:

to actually separate completely from their culture is a very difficult and destroying thing, because their culture is one that is directly connected to the landscape in this country. They actually, heart and soul, are part of the landscape in Australia, and you do not have to dig too deep into the culture to know that; they live as part of the landscape, the land owns them, rather than them owning land, and they cannot comprehend how anybody else can think any differently from that.¹⁵³

He went on to describe the impact of alcohol on the traditional Indigenous governance structures in the new communities created in the late 1960s:

Under the old structured system, the elders gave direction, and a central core of strong, middle-aged males and females policed that direction. When certain elders have said on

¹⁵¹ Mr Joe Ross, FaHSCIA Contractor, *Transcript of Evidence*, 29 July 2010, p5.

¹⁵² Mr Eddie Bear, Chairman, Mowanjum Community, *Transcript of Evidence*, 28 July 2010, p11.

¹⁵³ Lieutenant General John Sanderson AC, Chair, Indigenous Implementation Board, *Transcript of Evidence*, 12 October 2010, p5.

*occasions that we should put the young people in their hands and they will sort them out, I asked those elders what happened to the guys who used to do it when they were that age. They told me that **they are in jail, down at the pub or dead** [emphasis added]. Alcoholism has eaten the middle, the heart, out of Aboriginal communities; in many places it is just not there. That is very difficult to rebuild. To answer your question, it is not only a lack of respect for elders, but also a lack of a structured society that is able to implement this. That is why so many communities are dependent upon the Police.¹⁵⁴*

The impact on the current elders was graphically described as:

A lot of the elders now are tired. They are tired and they are worn out. They have worked really hard and they have done a lot of good things over the years, but the pressure and everything is a lot on them. In a lot of ways, many of these elders were, 20 or 30 years ago, fighting the fight and now they are worn out. They have become despondent because of what is actually happening in the community. You know, not a lot has actually changed.¹⁵⁵

The health of the elders is another aspect of the work of the Marninwarntikura Women's Resource Centre within the Fitzroy Valley communities:

We wanted to keep our old people too. We did not want them to pass away because they were stressed by families. They were passing away from broken hearts because they would see their family members passing away at young ages from car accidents, renal failure and all that. We said that enough was enough; we wanted our old people with us for a lot longer and we wanted our children to have a better future and to know that what they were seeing was not normal and that it can be better for them.¹⁵⁶

¹⁵⁴ Lieutenant General John Sanderson AC, Chair, Indigenous Implementation Board, *Transcript of Evidence*, 12 October 2010, p3.

¹⁵⁵ Ms Jennifer Evans, Curriculum Manager, Kimberley District Education, Department of Education and Training, *Transcript of Evidence*, 26 July 2010, p8.

¹⁵⁶ Ms Emily Carter, Chairperson, Marninwarntikura Women's Resource Centre, *Transcript of Evidence*, 30 July 2010, p16.

The use of alcohol and illicit drugs by young people is seen by some as their way of responding to their social situation:

*Many people become caught—I think this is also very important for alcohol addiction in Aboriginal communities—in a number of patterns, largely associated with poverty, welfare dependency, lack of hope and poor education outcomes, and then it is just a short step to questing for alcohol. I talk about it as **questing** [emphasis added], because that is what young people in the Kimberley often do. Most young people of a certain age do elevate alcohol to a certain pedestal and seek to obtain it and to drink large volumes of it, generally across Western societies. In the Kimberley, young Aboriginal people, in particular, are focused on alcohol and other substances—largely marijuana—as a kind of a culture, a badge of honour, and also as a release from a sense of hopelessness that many people feel.¹⁵⁷*

The Kimberley Aboriginal Law and Culture Centre (KALACC) is a regional organisation based in Fitzroy Crossing working with Indigenous people across the Kimberley from 22 language groups. The KALACC Coordinator relates the success of the school at One Arm Point in keeping children at school to:

they have the highest rates of school attendance and retention of anywhere in the Kimberley. ... I can tell you what the answer is: they have, for the past eight years, had a fantastic approach to cultural activities within the school. Culture forms the entire basis of their school curriculum at that school. ... In 2009 they were overall winners of the Department of Indigenous Affairs' PALS program—partnerships and learning scheme.¹⁵⁸

The Ord Valley Area Health Service (OVAHS) gave evidence of its use of 'connection to country' as a way of delivering health information to the clients of its programs:

I would say that having a strong cultural belief is vital to the wellbeing of Aboriginal people. I think that is what they are. I think they already are their beliefs; I think they already are their stories. They are their stories; they are their history. That is what it is all about and if they can relate to that—that is why when anyone enters the social support unit at OVAHS, we do an Aim High assessment.

Aim High was developed in Darwin at a university there. Every person who walks in does an Aim High assessment, and it is what is good and what is bad. So families, you know, like history is good, culture is good, old people are good, you know, eating healthy foods, drinking water is good, is good, is good. Then you ask them about what they believe is bad: ganja, alcohol, not getting out fishing, not getting out to country, not talking to the old people. So we actually get individuals to recognise what is good for them and what is not

¹⁵⁷ Mr Stephen Kinnane, Researcher, Nulungu Centre for Indigenous Studies, Notre Dame University, *Transcript of Evidence*, 9 June 2010, p5.

¹⁵⁸ Mr Wes Morris, Coordinator, Kimberley Aboriginal Law and Culture Centre, *Transcript of Evidence*, 29 July 2010, p7.

*good. ...One of the highest indicators of what is good was connection to country, because connection to country is connection to themselves.*¹⁵⁹

Alternatively, other evidence suggested that culture may now play less of a role in Kimberley communities because many elders had passed away:

*I would like to think that the elders have the capacity to stand up, but ... there is no respect for their elders. What was once a given is simply not. You will hear about strong elders who, from Joy Springs and Bayulu, used to stand at the gate and would not allow drunks past the gate back into the community, and who would box on if it was required because that was the stance that they took. But if those people are now gone, passed on or in the justice system...*¹⁶⁰

Mr Ian Trust, executive chair of the Wunan Foundation, suggested to the Committee that the decrease in the number of residents with an attachment to cultural practices over the past 20 years is partly due to the impact of alcohol on elders:

*It is not just the young people's fault. A lot of the elders have an alcohol problem as well. It is hard for young people to respect someone who is living a dysfunctional lifestyle. It has got that flow-on effect. Some of the young people make the point that elders want us to respect them and yet we see them lying outside the pub somewhere drunk on a Friday night.*¹⁶¹

Mr Trust told the Committee that:

*My family were members of the stolen generation so we lost contact at a deep cultural level during my mother and father's childhood being taken away in the first place. I am not really privy to the activities there, but my extended family are very cultural people. My uncles and aunties are very much part of the law group around Halls Creek. From what they tell me, you can see that it is nowhere near as strong as it used to be.*¹⁶²

He said the strength of attachment to culture depended on where the community was located in the Kimberley:

If you go to remote places like Balgo, Ringer Soak and so on, there would probably be a stronger interest, I would think. But it is something again that is fairly relative to the barriers of activities happening there. I think alcohol has had an impact on culture as well in that if you look at the skin group system, going back 40 years ago—probably 30 years ago here in the Kimberley—if you were looking to take a partner within a certain group, you had to abide by certain rules in terms of who you could have a relationship with,

¹⁵⁹ Mr Graeme Cooper, Chief Executive Officer, Ord Valley Aboriginal Health Service, *Transcript of Evidence*, 2 August 2010, p7.

¹⁶⁰ Mr Heath Sanderson, Manager, Fitzroy Valley Men's Shed, *Transcript of Evidence*, 30 July 2010, p8.

¹⁶¹ Mr Ian Trust, Executive Chair, Wunan Foundation, *Transcript of Evidence*, 2 August 2010, p6.

¹⁶² *Ibid.*

*depending on that family in your skin group. All that sort of stuff has broken down to a large extent.*¹⁶³

In addition, Mr Trust said that outside influences often impacted on the desires of young Indigenous people to undertake cultural practises:

*A lot of it is not just to do with alcohol. Some of it is to do with exposure to television. A lot of these kids around here have got more affiliation with Michael Jordan and American things than Aboriginal cultural leaders. In places like Halls Creek, my extended family grew up connected with Halls Creek and the Gidja group down there. Most younger people down there, and I suspect it would be the same here, struggle to speak the traditional language anymore. Some of the older people do, but most of the young people probably struggle to speak it fluently.*¹⁶⁴

(a) The importance of family relationships

The Committee were told that a fundamental aspect of the Indigenous culture is the importance placed on broad or extended family relationships. Where the culture is alive and fostered the Committee heard “most of the elders, you find they take leadership roles within their own families. The elders of the communities will talk to their own families when there are problems. It is dealt with in-house”.¹⁶⁵

Mr Ernie Bridge, an ex-Government Minister, explained this further: “the Balgo community is different from communities elsewhere. There is a heightened degree of linkage with the desert tribes, and this is where governments fail: governments do not make the distinction between a tribe at Balgo and a tribe at Halls Creek.”¹⁶⁶

This Committee in its earlier *Destined to Fail* Report discussed this importance of family after hearing evidence from Indigenous witnesses in other regions of the State. The Committee has already recommended to the Government that it may be more appropriate if Indigenous health care services could be delivered to broad family groups rather than to geographical locations, such as townships. This would strengthen families.

In Balgo when discussing child protection issues, the Police said stronger family links in healthy communities help protect children:

*Family links are massive in the communities; there is nearly always a family member or relative that the children can be taken to. Even if it is not within Balgo, it is within the Mulan or Billiluna communities. In that sense, the children very rarely have nowhere to go...*¹⁶⁷

¹⁶³ Ibid.

¹⁶⁴ Ibid.

¹⁶⁵ Ms Rowena Mouda, Chairperson, Ardyaloon Inc, *Transcript of Evidence*, 27 July 2010, p4.

¹⁶⁶ Hon Mr Ernest Bridge, President, Unity of First People of Australia, *Transcript of Evidence*, 28 July 2010, p5.

¹⁶⁷ Sergeant Mark Risdale, Balgo Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p4.

However, close strong family links can also have a negative consequence for the proper delivery of some services:

one of the issues that I could see here in Wyndham, ... is that a lot of the agencies are Indigenous-based and they like to employ local people. When you employ local people, you are not only employing that one person, you are also bringing into the organisation the family problems of feuding et cetera along with it. There have been some cases of domestic violence that I have been made aware of where you have victims of domestic violence or people who we would like to engage in services for either drugs or alcohol, and fail to engage in those services that are available for the sole reason that the people who are delivering those services—the counsellors or members of that organisation—are family of the offender who has caused this person to be the victim.¹⁶⁸

One of the differences between Indigenous communities in the Kimberley region and those in other regions seems to be a lower level of family feuds:

I am originally from down south where I dealt with a lot of Nyoongah communities. The situation is very different up here. Down south there would be two agencies for one town and one family group would use one agency. That is not as prevalent up here in the Kimberley. The feuding seems to involve more individual situations instead of the whole family taking on that feud forever and a day. It is actually a little easier for me to deliver those services.¹⁶⁹

Strong family ties have other impacts on the delivery of services and programs:

The community is divided down family lines. When you do have a leader that is attached to one particular family, though he may be a leader in the community, he will not deal with an issue outside of his family group. So we have a board of directors and I believe that they are taken from various family groups across the community, but still getting them to deal with issues is difficult because every time an issue is brought up with a particular family, they take it as a personal attack.¹⁷⁰

Where there are disputes, the Committee was told they were soon settled:

I guess the arguing is not going to go on forever. It plateaus and there is peace at the end, because there are other people who will try, I guess, to mediate the situation. A lot of people in Beagle Bay are related in some capacity. I do not believe that family groups' arguments or differences are that intense: they happen, but they seem to plateau.¹⁷¹

Oombulgurri has been the focus of a number of media reports on the devastation caused by infighting:

¹⁶⁸ Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p3.

¹⁶⁹ Ms Jillian Coole, Clinical Team Leader, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, p5.

¹⁷⁰ Sergeant Mark Risdale, Balgo Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p6.

¹⁷¹ Ms Maria Lombardi, Manager, Beagle Bay Clinic, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 27 July 2010, p7.

*There is a historic feuding going on between Oombulgurri family groups and Wyndham family groups. ... It used to always raise its head around Christmas time when people would fly in and influx Wyndham to basically seek alcohol, and then the feuding would carry on; and that culminated in one of the officers here being seriously bashed on Christmas day last year. But now the families that are feuding and have historically lived in Oombulgurri and in Wyndham are now residing predominantly in Wyndham, so it is not a one-off occasion of feuding; it is a continual feuding.*¹⁷²

A witness proposed that some residents would trade-off government aged-care services for the ability of their relatives to remain on their own country as “They want to see their elderly staying in country and dying in country.”¹⁷³

Another service area that is impacted by the outcomes of the strong family affiliation of Indigenous residents is housing:

*Aboriginal culture is wherever you go, whatever community, you will always have family somewhere, and the family is expected to house you. So we have families that pose us no problems at all, but all of a sudden they have an influx of 15 people coming in and going to their house, and they have no respect for that person’s house, because it is not their house, their name is not on the lease, and then all of a sudden problems are created for the person who has the tenancy agreement. So a house that should have only five people sometimes has 15 or 20, and then comments are made that it is because of the overcrowding that we have issues...*¹⁷⁴

The issue of the shortage of housing in the Kimberley, and the problems which arise from this shortage, are discussed in Chapter Five.

(b) Cultural awareness training

Given the importance of their culture to many Indigenous Kimberley residents, and the closeness of the family links in many communities, the Committee was surprised to hear from several witnesses of the lack of cultural awareness and orientation training for staff of major service providers, including Police. Such education and training would assist local staff, staff from other regions of the State who are Indigenous;¹⁷⁵ women providing services to Indigenous men;¹⁷⁶ or those who are unaware of the dramatic differences between Indigenous and non-indigenous communities:

¹⁷² Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p9.

¹⁷³ Ms Wendy McKinley, Acting Operations Manager, Halls Creek and Wyndham Hospitals, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p5.

¹⁷⁴ Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p9.

¹⁷⁵ Mr Heath Sanderson, Manager, Fitzroy Valley Men’s Shed, *Transcript of Evidence*, 30 July 2010, p12.

¹⁷⁶ Ms Veronica Yue, Ardyaloon Community, *Transcript of Evidence*, 27 July 2010, p11.

It is probably a very good example of officers who come up to relieve from Perth, the south of Perth and the north of Perth around the Gascoyne and Pilbara. We virtually have to tell them to forget whatever happens in their town because these are different people. They have different beliefs and cultures. We now have interagency meetings with the four communities, Police and DCP. We have broached the subject and in the near future all police officers ... will have cultural awareness training.¹⁷⁷

(c) Mobility

The academic literature on Indigenous mobility in Australia confirmed the evidence the Committee heard which identified kinship and relationship to family as the main reason for travel. Not, an aimless wandering into the ‘outback’ nor necessarily a trip to obtain alcohol. Family remains the principle social ‘currency’ for most Indigenous people in the Kimberley. A Centre for Aboriginal Economic Policy Research (CAEPR) article explains that an Indigenous person’s identity and status is negotiated through each of their wider ‘spheres of relatedness’ and:

temporary mobility is often the key mechanism for maintaining and cultivating this relatedness. Further, because family circumstances are dynamic and can change abruptly—a crisis may occur, a feud may erupt or an illness may suddenly arise—people’s mobility practices often reflect these characteristics.¹⁷⁸

Mobility of residents is a key aspect of Indigenous culture. This must be considered in any efficient delivery of alcohol programs in the Kimberley. A local Police sergeant advised that:

The people in this community travel very regularly. The fact that they are always in and out of Halls Creek, Broome, Kununurra, Kiwirrkurra, Lajamanu, Yuendumu; travelling is not an issue for them, they do manage to get around. They do not sit in Balgo.¹⁷⁹

This was confirmed by Mr Joe Ross from Fitzroy Crossing who gave the issue of mobility a personal cultural and historical context:

You have to understand too that Bidyadanga, Broome, Fitzroy Crossing, Halls Creek are on the rim of the Great Sandy Desert. That whole cultural block there has been moving over the last 30 years, ceremonially, up and down, and Broome is a stop-off point for the desert crew. So you have constantly got Bidyadanga people, Looma people, Fitzroy, my gang—the Bunuba ranges people—always went to Derby to interact. You have got this constant movement of people that have been going up and down this rim for thousands of years.¹⁸⁰

¹⁷⁷ Senior Sergeant Neville Ripp, OIC, Dampier Peninsula Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p5.

¹⁷⁸ Centre for Aboriginal Economic Policy Research, ‘On the Move? Indigenous Temporary Mobility Practices in Australia’, December 2008. Available at: <http://caepr.anu.edu.au/system/files/Publications/WP/CAEPRWP48.pdf>, p7. Accessed on 26 October 2010.

¹⁷⁹ Sergeant Mark Risdale, Balgo Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, pp7-8.

¹⁸⁰ Mr Joe Ross, FaHSCIA Contractor, *Transcript of Evidence*, 29 July 2010, p8.

However, the Committee was told of the negative impact of mobility on service delivery, “there is a central desire within Aboriginal communities to remove the curse of alcoholism from their midst. It is very difficult for them to police and to follow through with their young people because they have the mobility that allows them to go to other places and do other things.”¹⁸¹ The Committee was told that a small number of heavy drinkers travelled long distances to access alcohol:

*Aboriginal people, particularly those living in isolated communities are transient by nature and travel from community to community to visit relations or attend cultural functions. Community members from Balgo, Bililuna and Mulan visited Halls Creek and while there drank alcohol from the liquor outlets. Since the liquor restrictions some community members returned home whilst others have travelled to Kununurra or Broome. It should be noted that these people do in fact have homes to go to, they are not homeless, but choose to travel and live rough to the detriment of the host towns.*¹⁸²

Inspector Jim Cave noted an increase in transient movement into towns such as Broome, Halls Creek and Kununurra since the restrictions were put in place, but Police data shows that this had not increased the amount of offending in those towns. Kununurra Police have kept records on the origins of offenders and since June 2009 there has been an average of just 10% of offenders who were from Halls Creek, Balgo, Mulan or Bililuna, which they considered to be ‘normal’ for these communities.¹⁸³

Other reasons for travel across the region by Indigenous residents included “when the wet season comes in, generally there will be less people in the community [Balgo]; they will move to Broome and Kununurra, generally” as well as:

*they would regularly leave the community to go to funerals. ... they have large extended families ... **People die regularly** [emphasis added], and these people have families right across the desert areas of Western Australia, some further south, and in the Northern Territory. ... When they go for funerals, they will generally take the kids with them. They will go to these funerals and they may stay weeks or months longer than they need to before they come back, **and then those kids will get the chance to attend the school again** [emphasis added].*

*They will travel for royalties meetings... most of the communities within the Northern Territory and Western Australia hold football carnivals, and they will all disappear and travel for football carnivals. There are various reasons why they leave, and they do it very regularly.*¹⁸⁴

Chapter Three looks further at the educational impact on a young child of a family’s mobility.

¹⁸¹ Lieutenant General John Sanderson AC, Chairman, Indigenous Implementation Board, *Transcript of Evidence*, 12 October 2010, p2.

¹⁸² Submission No. 62 from Inspector Jim Cave, WA Police, 23 July 2010, p15.

¹⁸³ *Ibid.*

¹⁸⁴ Sergeant Mark Risdale, Balgo Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, pp7-8.

(d) Services need to fit in with cultural activities

Evidence indicates that all services in the Kimberley, including alcohol and drug services, need to be delivered in a flexible manner to allow for the mobility and the unique culture which exists there. Mr Ernie Bridge told the Committee of the processes used by the Unity of First People of Australia (UFPA) to ensure that their health programs were well attended:

*we are conducting a health assessment in Lombadina–Djarindjin in September and yet I am going out there tomorrow [29 July] on the plane to discuss with them the formalities of us going there. Even though we run the program, even though we have been in Lombadina–Djarindjin for several years, tomorrow I go out there with Jeanny and I formally sit down with them and we agree on a time schedule, on the style of health assessment we shall be undertaking, and the way in which the UFPA will be required to go about it. That is the other thing: there is all this pre-development of any activity. We do what others do not do.*¹⁸⁵

The Committee was told of a very different approach by a government agency:

*Basically we got these services coming in. They come to the front desk at the office: “We would like to see the chairperson.” I say, “Okay, here’s the chairperson. What can I do for you? They say, “Oh, I’ll get the service out here to deliver to you and one of my communities.” I say, “All right; how are you going to do it?” They say, “Oh, we’re going to come every three weeks. This is what we’re going to do here.” I say, “Well, who is going to do it for you? Who is going to facilitate? Who is going to organise it on the ground for you? Are you expecting me to do it when I’ve got a million other things to do?” We need to be more creative about this. I say, “Excuse me, take your service away and until we sort out what we’re doing, then you can come back to us.”*¹⁸⁶

The reasons for this level of detailed and intensive consultation and pre-planning was described:

*you have to first of all negotiate with that group because they may have a death there, they may have other activities happening or they may have Land Council going—you are competing against it. ... we very much negotiate with the community what times and dates are going to work for them. The health department will go in and say, “We’re doing this on that date.” It is like their glaucoma screening—“It will be happening between 28 August and 8 September. Jeanny, will you be helping?” I go, “Wait a minute. Let me get my calendar. No, I’m tied up for half a dozen days. I’m only available for a couple of days.” They are quite put out by it. It is like, “Aren’t you going to drop everything and just do it because we think it’s important?” Yes, it is important, but that list is a very, very long list. Often health, for the community person, is pretty low on the importance list.*¹⁸⁷

¹⁸⁵ Hon Mr Ernest Bridge, President, Unity of First People of Australia, *Transcript of Evidence*, 28 July 2010, p9.

¹⁸⁶ Ms Rowena Mouda, Chairperson, Ardyaloon Inc, *Transcript of Evidence*, 27 July 2010, p9.

¹⁸⁷ Ms Jeanny Catlin, Project Coordinator/Nurse, Unity of First People of Australia, *Transcript of Evidence*, 28 July 2010, p10.

The Committee was told that agencies that are based within a community find that their service delivery is generally not affected by such things as ‘sorry time’, but this is constantly being used as a reason by external agencies not to come to the communities.¹⁸⁸

Recommendation 8

The Departments represented on the Aboriginal Affairs Coordinating Committee adopt a common protocol for communicating with remote Kimberley communities to ensure that they are willing and prepared for all agency visits. These departments should coordinate the timing of their visits to maximise community participation.

(e) Using ‘connection to country’ to help young Indigenous people who have social or behavioural problems

Yiriman program in Fitzroy Crossing

A number of organisations, including the Police, support programs in the Kimberley where young Indigenous people are taken into remote areas to undertake activities coordinated by community elders to assist them keep off alcohol and ‘gunja’ (cannabis). One of the more successful programs of this type is the Yiriman program run by the Kimberley Aboriginal Law and Cultural Centre (KALACC) in Fitzroy Crossing:

But if there is going to be a serious approach by the government to fix problems in communities, they should include the knowledge and expertise of elders that we have in our community to work with government in approaching problems. ... like Wes was talking about the Yiriman project. That is a program where young people who are in trouble or at-risk are taken out bush by elders. They are taught respect and they are taught their culture to regain their identity and their pride. These are the sorts of things that we on the ground here like to see.¹⁸⁹

Over the past ten years, the Yiriman program has assisted over 3,500 young people aged 12 – 30 years and their families to become more engaged in their communities, their own health and in vocational opportunities.¹⁹⁰ Funding is being sought by KALACC from both the State and Federal Governments to assist a further 1,400 young people over the next four years. One of the reasons for the success of the Yiriman project was that it had been created by key elders:

¹⁸⁸ Sergeant David Risdale, Balgo Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p5.

¹⁸⁹ Mr Joe Ross, FaHSCIA Contractor, *Transcript of Evidence*, 29 July 2010, p5.

¹⁹⁰ Ms Flip Prior, ‘Bush Steps to a World of Promise’, *The West Australian*, 23 October 2010, p26.

*These days kids are experiencing drug and alcohol at 10, 11, 12 and 13 years of age. By all means I think we should have elders as role models visiting the schools ... Any influence that we can give our kids to direct them in the right path, and using our elders, I believe is one of the key strategies that we can use.*¹⁹¹

These elders had a vision for engaging youth in cultural activities ‘on country’ as a means of teaching them about sexual health, depression, employment opportunities and helping establish a sense of identity—the basic building blocks of successful young adults. Mr Kinnane described how the program was organised:

*They take them [young people] out country. They might go on a 200 or 300-kilometre walk over a period of 10 days during which time they are expected to do any number of things. There are days when they are expected to only speak their own language and there are days when they are expected to live only off what they find. They are expected to be able to be taught certain activities at night and to undergo those activities the next day. They are taught about particular cultural sites and stories for their country. When they catch a kangaroo they are taught how to butcher it and how to share it appropriately with their elders.*¹⁹²

There have been proposals for the program to be replicated by COAG in other locations, such as at Mulan and various Djuraballan COAG trials, but this has not yet happened. There is currently a review being undertaken by Murdoch University to evaluate the success of the Yiriman program. KALACC provided to the Committee a letter from the Health Minister, Hon Dr Kim Hames, in which he states his support for Government funding of the Yiriman program:

*I retain the view expressed in the report released in 2008 by the Parliamentary Standing Committee on Health and Education (Recommendation 130) stating that the Yiriman Project should be supported by government and I will urge my fellow Ministers to consider your request for funding favourably from within their portfolios.*¹⁹³

¹⁹¹ Mr Neil Carter, Cultural Heritage Officer, Kimberley Aboriginal Law and Culture Centre, *Transcript of Evidence*, 29 July 2010, p7.

¹⁹² Mr Stephen Kinnane, Researcher, Nulungu Centre for Indigenous Studies, Notre Dame University, *Transcript of Evidence*, 9 June 2010, p4.

¹⁹³ Mr Wes Morris, Coordinator, Kimberley Aboriginal Law and Culture Centre, Electronic Mail, 28 November 2010, p1.

Finding 5

The Yiriman program was recommended by the Education and Health Standing Committee in the previous Parliament as one that should receive additional support and be used as a model for other regions as over a number of years it had shown itself to be effective. This recommendation was accepted by the previous government, but no commitment for funding was provided as the Government went into care-taker mode,¹⁹⁴ and the program remains under-resourced.

The Senate's Community Affairs References Committee's 2010 report *The Hidden Toll: Suicide in Australia* highlighted the successful outcomes of the Kimberley Aboriginal Law and Cultural Centre's Yiriman program.¹⁹⁵

Recommendation 9

The Government provide additional funding to allow the Yiriman program to extend their operations across the Kimberley.

Similar programs in the Kimberley

Ngnowar–Aerwah in Wyndham runs a similar project to the Yiriman one, currently unfunded, through their Men's Shed program with the assistance of the local Police:

*They actually take out young men aged between 10 and 15. They take them out bush once a week. One of the counsellors will go out there as well. They have yarning sessions. It is all about hunting, fishing and all those types of things; then they sit down and have yarning sessions. These sessions are where they discuss the issues that are relevant to the young people. That is not just alcohol and other drugs—there is sexual health, family violence. It covers a broad spectrum of issues. We have found with this program the kids now will come to Ngnowar–Aerwah or they will go to the Police before they get to a crisis situation.*¹⁹⁶

¹⁹⁴ Western Australian Government, 'Response of the Western Australian Government to the Education and Health Standing Committee Report: *Ways Forward- Beyond the Blame Game*', 5 August 2008. Available at: [www.parliament.wa.gov.au/Parliament/commit.nsf/\(Report+Lookup+by+Com+ID\)/F8AD2B1768DC623CC825744A000E6F73/\\$file/Ministerial+Response.pdf](http://www.parliament.wa.gov.au/Parliament/commit.nsf/(Report+Lookup+by+Com+ID)/F8AD2B1768DC623CC825744A000E6F73/$file/Ministerial+Response.pdf), p10.

¹⁹⁵ Community Affairs References Committee, Australian Senate, '*The Hidden Toll: Suicide in Australia*', June 2010. Available at: www.aph.gov.au/senate/committee/clac_ctte/suicide/report/c06.htm#anc8. Accessed on 4 March 2011.

¹⁹⁶ Ms Lesley Evans, Chief Executive Officer, Ngnowar-Aerwah Aboriginal Corporation, *Transcript of Evidence*, 2 August 2010, p3.

The Wunan Foundation in Kununurra provides a similar connection-type program, but it is unique as it focuses on young girls who:

*are struggling to stay with school; it is very intense. It is working with kids at the hard end of ... Extremely challenged kids—kids, basically, who do not feel they have got a place in the world or a hope for the future...*¹⁹⁷

Another project which engages young Indigenous people and their traditional land is the Commonwealth-funded ranger program, which has received funds from the Indigenous Land Corporation.¹⁹⁸ The Kimberley Land Council (KLC) receives significant funding to maintain the Kimberley Ranger Program (KRP), which represents a number of community-based ranger groups that operate across the Kimberley area, engaging in cultural and Natural Resource Management projects. The KRP employs men and women to look after country while equipping them with TAFE qualifications in conservation and land management. The KLC has eight full-time ranger groups as well as six emerging groups from across the region. The program employs more than 50 rangers.¹⁹⁹

A witness told the Committee that the training involved with the ranger project could assist people to undertake other training and obtain employment:

*The ranger program seems to be capable of just growing and growing and growing, and therefore building up the number of people working in that sector. ... But it does seem to be very successful in getting people engaged, because it is something that people feel comfortable doing and feel interested in. We have talked to some of the people involved in the ranger program about: can we, sort of, structure it so that it becomes a transition point, and can we use the ranger program to get people involved, engaged, up-skilled and stable et cetera, and then create opportunities to move into other sectors where there is jobs growth?*²⁰⁰

Finding 6

A fundamental aspect of delivering services within the Kimberley is a recognition of the enduring links of the region's Indigenous residents to their culture, their connection to country and the importance of their broad family relationships.

¹⁹⁷ Mr Ralph Addis, Chief Executive Officer, Wunan Foundation, *Transcript of Evidence*, 2 August 2010, p3.

¹⁹⁸ Mr Ian Trust, Executive Chair, Wunan Foundation, *Transcript of Evidence*, 2 August 2010, p8.

¹⁹⁹ Kimberley Land Council, 'Rangers', nd. Available at: <http://klc.org.au/rangers/>. Accessed on 27 October 2010.

²⁰⁰ Mr Ralph Addis, Chief Executive Officer, Wunan Foundation, *Transcript of Evidence*, 2 August 2010, p8.

Recommendation 10

The Drug and Alcohol Office ensure that alcohol and drug services are available to all residents in the Kimberley. These services should be delivered to Indigenous residents, inclusive of all family groups. The Drug and Alcohol Office highlight in their annual report residents and communities who may have missed out on these services.

2.4 Service Delivery in Sustainable Communities

Data from the ABS shows that in 2008 37% of Indigenous people living in remote communities had never drunk alcohol, compared to 18% in towns. This difference is greater for women residents- with 47% of Indigenous women in remote communities having never drunk in comparison to 24 % in non-remote areas. However, these small remote communities have about the same proportion of Indigenous residents as non-remote areas who drink in a risky or very risky fashion (15% to 18%).²⁰¹

When considering the need for the future provision of services to deal with alcohol and drug issues in remote communities in the Kimberley, a key consideration is whether they are sustainable and cost-effective over the long-term for governments to provide key services to. This has been a consideration of recent State and Federal Governments:

- in 2005 the then-Federal Indigenous Affairs Minister, Ms Amanda Vanstone, referred to such communities as ‘cultural museums’ which left Indigenous people without a viable future.
- her successor, Mr Mal Brough, had his department carry out an audit of remote communities in the Northern Territory as to “whether they are very small, non-sustainable groupings without any economic base.”
- in 2006 the then-State Indigenous Affairs Minister, Ms Sheila McHale, said the Western Australian Government was working with the Commonwealth to identify how smaller communities can be supported and “there are some communities that would question their long-term sustainability.”²⁰²

²⁰¹ Australian Bureau of Statistics, ‘4715.0- National Aboriginal and Torres Strait Islander Health Survey, 2004-05’, 11 April 2006. Available at: [www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/B1BCF4E6DD320A0BCA25714C001822BC/\\$File/47150_2004-05.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/B1BCF4E6DD320A0BCA25714C001822BC/$File/47150_2004-05.pdf), p43. Accessed on 29 November 2010.

²⁰² Australian Broadcasting Corporation, ‘WA Govt Assesses Sustainability of Remote Communities’, 30 May 2006. Available at: www.abc.net.au/pm/content/2006/s1651333.htm. Accessed on 1 November 2010.

In 2006 in his first quarterly report after being appointed the Special Adviser on Indigenous Affairs in Western Australia, Lieutenant General (Retd) John Sanderson, discussed this issue after travelling widely and talking about the future with leaders ranging from small remote communities to those in settlements on the verge of major regional centres and said:

*it does not seem to be the size of the community that determines its viability, some very small communities on traditional lands having greater social viability and cohesion than much larger settlements that are comprised of people dislocated by European intervention. There are serious implications in this for any policy that is simply based on limiting support and development to those larger communities displaying aberrant behaviour, which seems to be the focus of Bilateral activity. The likely consequence of this imbalance is the social collapse of what are otherwise sound communities and the eventual transfer of these social problems to regional towns.*²⁰³

As an example of the difficulty of trying to assess the sustainability of small communities, there was conflicting evidence about Oombulgurri. Historically this community had between 150-200 residents but the Committee heard that a new \$3 million health and Police facility was now servicing just 10-20 people.²⁰⁴

The Committee did not investigate this issue in depth with witnesses in the Kimberley as it is outside of the Inquiry's terms of reference. It did hear evidence of the importance of the existence of these smaller, more remote, communities in assisting residents deal with the social impact of alcohol consumption as:

*The fact is that culturally, and for the safety of the families, they are viable. A lot of people will go and live in the smaller communities because there is no alcohol there and it is safer for their children. Financially they may not be viable, but culturally and for their spiritual health ... they are more than viable and they are important, and they should be supported and looked after. Moving everyone into a big community is going to cause more hassles and culturally I do not think that that is appropriate by any stretch of the imagination.*²⁰⁵

The new Minister for Indigenous Affairs, the Hon Mr Peter Collier, told the media that while the current ratio of government staff to residents in Oombulgurri was not viable, he had no plans to shut down communities:

The fact that we have over 200 remote Aboriginal communities in the State is, if anything, an acknowledgment of the diversity of Aboriginal people themselves. I've got no ambitions

²⁰³ Sanderson, J. *Special Adviser on Indigenous Affairs Quarterly Report to the Premier and the Minister for Indigenous Affairs 1st Quarter: 1 September 2006 - 30 November 2006*, 2006, p3.

²⁰⁴ Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p8.

²⁰⁵ Mrs Rosalie Lupton, Community Health Nurse Manager, Fitzroy Crossing Hospital, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p17.

*or intent of moving towards reducing that number. **Certainly reducing that number just by a stroke of the pen is to me, obscene** [emphasis added].²⁰⁶*

The Department of Indigenous Affairs is currently undertaking two projects in terms of service delivery to small communities. The first of these is the re-establishment of the Aboriginal Affairs Coordinating Committee (AACC), whose role is to coordinate the provision of government services to Indigenous communities. It has been expanded to include the Director General of the Department of the Premier and Cabinet and the Director General of the Department of Regional Development and Lands (see Appendix 7 for the full composition of the AACC).²⁰⁷ The AACC has appointed a chief operating officer who is undertaking efforts at improving whole-of-government coordination and delivery of services in pilot sites at Armadale, Roebourne and Oombulgurri.²⁰⁸

The second project is an essential services subcommittee of the AACC analysing the future provision of services to the State's approximately 290 remote communities. The subcommittee has been working with the Department of Planning to develop a planning framework and guidelines to assist departments who are delivering infrastructure into these communities.²⁰⁹

This subcommittee and the Department of Indigenous affairs are also liaising with the Federal Government over whether it is better to place new infrastructure in remote communities or larger regional centres:

The reality might well be that shifting 10 families from community A into a regional centre will have far more impact on 'closing the gap' with those opportunities about for employment, health and education. But of course the Indigenous housing national partnership does not provide for funding to go into a regional centre. It provides the funding predominantly regional communities. So the challenge is always around collaboration and coordination.²¹⁰

²⁰⁶ ABC Indigenous News, 'Remote communities viability questioned', 7 January 2011. Available at: www.abc.net.au/news/stories/2011/01/07/3108242.htm?site=indigenous&topic=latest. Accessed on 22 February 2011.

²⁰⁷ Mr Patrick Walker, Director General, Department of Indigenous Affairs, *Transcript of Evidence*, 23 February 2011, pp2-3.

²⁰⁸ *Ibid*, p4.

²⁰⁹ Mr Clifford Weeks, Acting Deputy Director General, Department of Indigenous Affairs, *Transcript of Evidence*, 23 February 2011, p9.

²¹⁰ Mr Patrick Walker, Director General, Department of Indigenous Affairs, *Transcript of Evidence*, 23 February 2011, p11.

Recommendation 11

The Minister for Indigenous Affairs report to Parliament by November 2011 on the Department of Indigenous Affairs' research into the viability and cost-effectiveness of small remote communities in the Kimberley.

CHAPTER 3 IMPACT ON CHILDREN

3.1 Children Hit the Hardest

State and national media has focused its reporting of the alcohol situation in the Kimberley on the effect this has had on children in the region.²¹¹ *The Australian* reported in 2009 a survey of children in Halls Creek that showed they rated “alcohol bans as their No1 wish, ahead of a local cinema and an international airport.”²¹² Of the approximately 30,000 people living in the Kimberley there are about 2,500 children under the age of four years and another 2,500 between the ages of five and nine years.²¹³

The Committee heard from many witnesses how alcohol had a large social impact on the children in the Kimberley and how the restrictions over the past three years had improved their situation. However, even though the situation has improved, the region is still in urgent need of additional services. For example, the Commissioner for Children and Young People told of her experience in the region:

*... they were also talking about the trauma associated with alcohol and violence that comes from alcohol, and children being raised in those environments. ... The trauma that a child in Fitzroy [Crossing] and in some of those communities experiences is considerably more than a child in the metropolitan area. If we then consider that there is no comprehensive range of services and there is no child psychologist employed by mental health services. When I was in Fitzroy [Crossing] there was one excellent social worker who was employed by Child and Adolescent Mental Health Services, and many in the community said to me, “We need 10 of that person” because not only is it dealing with the crisis and immediate trauma, it is dealing with the parents.*²¹⁴

In terms of the recent improvements, the Committee was told by Inspector Cave:

The introduction of liquor restrictions in Halls Creek and Fitzroy [Crossing] has also seen a change in the psychology of the community. Historically it was seen that children may actually be safer in large groups within the town site at night rather than at home where groups of adults were drinking. Now most homes within Halls Creek and Fitzroy are quiet at night and this allows for children to live a normal lifestyle, including being able to sleep at night and go to school in the morning. ... Halls Creek [Police] report that since the

²¹¹ See for example: Ms Jessica Strutt, *The West Australian*, ‘Grog Bans Loom for Kununurra’, 3 December 2009. Available at: <http://au.news.yahoo.com/thewest/a/-/wa/6542848/grog-bans-for-kununurra/>. Accessed on 12 November 2010.

²¹² Ms Paige Taylor, *The Australian*, ‘Booze Ban Tops Kids’ Wish List at Halls Creek in WA’, 12 January 2009. Available at: www.theaustralian.com.au/booze-ban-tops-childrens-wish-list/story-e6frfkxi-111118535978. Accessed on 12 November 2010.

²¹³ Mr Terry Murphy, Director General, Department for Child Protection, Letter, 23 November 2010.

²¹⁴ Ms Michelle Scott, Commissioner, Commissioner for Children and Young People, *Transcript of Evidence*, 18 August 2010, p5.

*commencement of Liquor Restrictions, attendance at the Halls Creek District High School has increased by an average of 30%.*²¹⁵

(a) Children on the street

The two reasons offered to the Committee why there were so many children on the streets of Kimberley towns was:

- “they might be physically or sexually abused if at home.”²¹⁶
- “they want to be with their mates and they are out and about. It is good fun.”²¹⁷

The Police told the Committee that children often said the streets were the safest place to be²¹⁸ and that when they found children on the street and wanted to remove them additional problems could arise if “everyone in that kid’s family is either drinking or playing cards or is violent—it is a violent home”.²¹⁹

While in many towns the children were in groups of five to 10, and aged between eight to 12 years old²²⁰, one service agency gave evidence that it had dealt with “three-year-olds up to 18” who had suffered physical and sexual abuse.²²¹

The Police Commissioner said that another issue for them was that these groups of young people often caused crime, as there are very few late-night support services in the Kimberley for young children who cannot be at home. He suggested **hunger as a reason** for many of these offences:

*the main drivers in places like Halls Creek for children to break into people’s property is to get food because they are not getting fed. ... It is a cycle that draws Police into quite a significant social problem. I would guess that if we could stop that problem in Halls Creek tomorrow, you could reduce the number of Police to five, because it is not inherently a busy town apart from the fact that it has alcohol-related problems.*²²²

With children as young as five-years-old walking the streets at night time without parental control, the Police confirmed they focus on “children at risk—children who are walking around the streets at night. We have conducted a number of operations with DCP, especially in Halls Creek and

²¹⁵ Submission No. 62 from Inspector Jim Cave, WA Police, 23 July 2010, p13.

²¹⁶ Mrs Margaret D’Antoine, Manager, Garl Garl Walbu Alcohol Association Aboriginal Corporation, *Transcript of Evidence*, 28 July 2010, p9.

²¹⁷ Inspector James Cave, Kimberley District Office, WA Police, *Transcript of Evidence*, 26 July 2010, p8.

²¹⁸ Submission No. 62 from Inspector Jim Cave, WA Police, 23 July 2010, p13.

²¹⁹ Ms Lesley Evans, Chief Executive Officer, Ngnowar-Aerwah Aboriginal Corporation, *Transcript of Evidence*, 2 August 2010, p10.

²²⁰ Mr Gregory Spinks, Coordinator, Numbud Patrol, *Transcript of Evidence*, 28 July 2010, p9.

²²¹ Ms Olwyn Webley, Kinway-Anglicare WA, Broome, *Transcript of Evidence*, 28 July 2010, p2.

²²² Dr Karl O’Callaghan, Commissioner of Police, WA Police, *Transcript of Evidence*, 26 May 2010, p5.

Kununurra. ...It works. We know that it works because of Halls Creek.”²²³ The large number of children on the streets led to one service provider suggesting more education programs after-hours for young people “I followed the Police one night and for goodness’ sake, there must have been about 20 underage kids, sitting on the kerb, drinking. They [Police] just drove up to them, looked at them, and drove off.”²²⁴

A Police witness said that the usual drinking age of children on the streets was 15 or 16 years, while his colleague suggested “There has been the occasional kid. I think he is 11. That is fairly unusual.”²²⁵ The DCP Regional Director said that for “every child we work with, there is overwhelmingly an alcohol issue in the family” and that in terms of the age they started drinking, “probably the most reported age group we become aware of would be about 13 or 14.”²²⁶

Other witnesses from both the East and West Kimberley confirmed that young people as young as eight years old were drinking alcohol late at night, often obtained from their parents.^{227,228} Children were able to access alcohol on the streets by following “the older people around who have alcohol and sit down with them and drink or they help themselves after people have fallen asleep or left alcohol behind”.²²⁹

At Mowanjum (near Derby), the Committee was told that the alcohol restrictions should punish parents rather than have a focus on the children as “it is not really the kids’ fault, is it? It is the parents’ fault. We should be targeting the parents in some way. Basically, there has to be some sort of punishment.”

In this community the children had approached the community Council to request action:

We had a community meeting one day, and we got a letter from the kids at Mowanjum asking us to do something about the alcohol problem because they could not get a good night’s sleep and therefore they could not learn the next day at school, and often they could not turn up to school because they had been kept awake all night with the partying

²²³ Inspector James Cave, Kimberley District Office, WA Police, *Transcript of Evidence*, 26 July 2010, p2.

²²⁴ Ms Leonie Kelly, Director/Chairperson, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 26 July 2010, p4.

²²⁵ Sergeant Noel Howie, Dampier Peninsula Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p6.

²²⁶ Ms Emma White, District Director, Department for Child Protection, *Transcript of Evidence*, 2 August 2010, p8.

²²⁷ Ms Mary Martin, Board Member, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 26 July 2010, p4.

²²⁸ Ms Edna O’Malley, Deputy Chair/Member, Miriuwung Gajerrong Ord Enhancement Scheme, *Transcript of Evidence*, 2 August 2010, p5.

²²⁹ Mrs Margaret D’Antoine, Manager, Garl Garl Walbu Alcohol Association Aboriginal Corporation, *Transcript of Evidence*, 28 July 2010, p2.

*going on from the alcohol. We have got by-laws here that are not worth the paper they are written on, because we have got no authority to enforce them.*²³⁰

(b) Children's experience of assault

Between 2009-10, education staff from the Western Australian Parliament coordinated the *Hear Me* program visiting remote Kimberley schools. As part of this program scrolls were collected from each school with children's stories and concerns. Disturbingly, about 90% of the scrolls contained stories with references to alcohol. The scrolls confirmed alcohol as a problem for children within these communities. In one instance the education staff were asked by a young girl "Can I tell you anything? ...I want the old drunk men to stop wanting sex with me."²³¹

The Police confirmed evidence of young children being sexually assaulted in Kununurra in 2009:

one [girl] was five and the other one was four. The perpetrator ... in this instance was a 12-year-old boy. He has been charged and put before the courts, obviously, and dealt with.

*We have run operations in the past where young girls as young as 12 are intoxicated and have been picked off the streets three nights in a row. That same young girl, 12 years old, was raped by three boys because she was so drunk that she passed out. Unfortunately, while she was passed out, the three boys helped themselves. ... that is the sort of risk and harm that is coming to some of the younger kids in Kununurra.*²³²

The Minister for Child Protection, Hon Ms Robyn McSweeney, recently provided data for the Kimberley to Parliament indicating there were 273 children in care on 11 October 2010 (or 8.1% of the State total)- 130 in East Kimberley and 143 in the West Kimberley. Of these children, 3 were being housed by NGOs and 163 were placed with departmental relative foster carers and 38 with non-relatives.²³³

The Minister told Parliament her department had been notified of suspected child sexual abuse arising from mandatory reports at a greater rate in the Kimberley than in the Pilbara and Goldfield districts, but at a lower rate for safety and wellbeing assessments for neglect and emotional and physical harm. Table 3.1 below summarises this data for the period 1 June 2010 to 31 August 2010. During this period there were 608 new reports of suspected child sexual abuse notifications to DCP across the State from the Police (47%), a child's teacher or principal (31%) or doctor (14%).

²³⁰ Mr Stephen Austin, Chief Executive Officer, Mowanjum Community, *Transcript of Evidence*, 28 July 2010, p2 & p5.

²³¹ Mrs Cherie Toovey, Tour Presenter, Parliamentary Education Office, *Transcript of Evidence*, 2 September 2010, pp3-4.

²³² Senior Sergeant Graham Sears, OIC, Kununurra Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, pp5-6.

²³³ Hon Ms Robyn McSweeney, MLC, Minister for Child Protection, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), Questions on Notice, 16 November 2010, pp8804-8805.

Table 3.1- The Number of Reports to DCP of Suspected Child Abuse, Neglect and Harm, by Select Districts (1 June 2010 to 31 August 2010)²³⁴

| DCP District | Reports of Suspected Child Sexual Abuse | Safety and Wellbeing Assessments with a Harm Assessment | Initial Inquiries Relating to Neglect | Initial Inquiries Relating to Physical Harm | Initial Inquiries Relating to Emotional Harm |
|--------------------|---|---|---------------------------------------|---|--|
| West Kimberley | 24 (3.9%) | 6 (1.4%) | 4 (0.8%) | 6 (1.7%) | 2 (0.9%) |
| East Kimberley | 29 (4.8%) | 3 (0.7%) | 34 (7.1%) | 7 (2.0%) | 3 (1.4%) |
| Pilbara | 24 (3.9%) | 8 (1.9%) | 7 (1.5%) | 16 (4.6%) | 10 (4.7%) |
| Goldfields | 38 (6.3%) | 21 (4.9%) | 41 (8.5%) | 26 (7.4%) | 22 (10.3%) |
| STATE TOTAL | 608 (100%) | 425 (100%) | 482 (100%) | 350 (100%) | 214 (100%) |

(c) Children left in the care of family members

An Inquiry witness proposed that the absence of parents because of their frequent movements led to many children missing school and missing meals, in particular breakfast:

They are not necessarily moving to other areas, but will go out of town drinking for three or four days at a time, leaving the kids with their grandmas. We have a lot of grandmas in town who are overwhelmed with children because people are leaving the town for two or three days—sometimes more. They may leave on pension day and not come back for a fortnight—until their pension is paid again.²³⁵

Not all of the communities the Committee visited had as deep problems with their children. For example, on the Dampier Peninsular children seemed safer due to the remoteness from major towns such as Broome and “the people are very family oriented up here with their kids ... I think they are very safe communities up here whereas kids do tend to wander but there is always, if I can say, 50 eyes on them, from aunties, uncles, whatever.”²³⁶

A researcher who was examining the impact of the alcohol restrictions in Fitzroy Crossing reported children’s improved welfare as the best example of the positive impact of the restrictions “Soon after the restriction, we immediately saw children looking healthier. ... Overnight we saw

²³⁴ Hon Ms Robyn McSweeney, MLC, Minister for Child Protection, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), Questions on Notice, 11 November 2010, pp8682-8684.

²³⁵ Ms Sharyn Burvill, Area Manager, Shire of Derby - West Kimberley, *Transcript of Evidence*, 29 July 2010, p3.

²³⁶ Senior Sergeant Neville Ripp, OIC, Dampier Peninsula Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p4.

children looking happier, they were getting more sleep and they were dressing better.” These improvements were seen by the major commercial businesses:

*There are two roadhouses, Ngiyali and Shell, where most people buy almost all of their food. Most people in Fitzroy Crossing do not cook in their kitchens. The roadhouses immediately saw this change, because people were buying different things, and the roadhouse operators decided to change their product lines. They sold clothes and children’s toys, and they brought in healthier food such as fruit and other things. These businesses have reported that they have had a dramatic increase in sales to local community members. We saw that happen immediately.*²³⁷

After many years of alcohol abuse in the Kimberley, the traumatic impact on children, many of whom are now adults, cannot be solved overnight by alcohol restrictions in any one location. There are now patterns in place, such as the inability of parents to continue to bring their children to school and the ease with which people remove children from school to take them somewhere else, that need to be addressed by services more widely than just DAO’s alcohol and drug services.²³⁸

(d) Children and housing

The Committee was told that the chief reason for children being on the street at night was “all a product of the alcohol issues and the overcrowding.” The issue of housing is discussed in more detail later but this witness thought that a major change could be achieved by a plan “to split families up so that they are not overcrowded. ...if we address the alcohol problem and the housing overcrowding, it will move a long way to [help] the children”.²³⁹

The Committee heard differing evidence on the importance of half-way houses to deal with children on the streets at night. One witness said:

*I think it would be a huge step forward if we had the resources to build a child shelter ... in the communities with the appropriate staffing. You may have situation in the community where some kids are not getting to bed at night because family members are drinking, fighting or gambling, or whatever is going on. They would have the option of somewhere to go to stay. ... To have a feed; to have somewhere to sleep for the night; to have someone to get them up in time for the school bus*²⁴⁰

On the other hand, the Committee was warned to think carefully about proposals for hostels as “we want to try to encourage the parents to have the responsibility for the children, or the set carers: whoever is getting the money for those children, is responsible for those children.” This

²³⁷ Mr Stephen Kinnane, Researcher, Nulungu Centre for Indigenous Studies, Notre Dame University, *Transcript of Evidence*, 9 June 2010, pp11-12.

²³⁸ Ibid.

²³⁹ Cr Fred Mills, President, Shire of Wyndham - East Kimberley, *Transcript of Evidence*, 2 August 2010, p13.

²⁴⁰ Cr Peter McCumstie, Councillor, Shire of Derby - West Kimberley, *Transcript of Evidence*, 28 July 2010, pp12-13.

witness thought they might be useful in the short term, but “you have to be very careful that they do not become a babysitting service” and instead proposed a “group home with the family. You need the family involved with these kids, instead of keeping taking them away. We have been very good at taking [children] away—you know.”²⁴¹

3.2 Education Programs and School Attendance

(a) Attendance rates

Attendance rates of Indigenous children at school (especially schools in remote and very remote areas of the State) have historically been lower than for non-Indigenous children. This is a problem in other jurisdictions too.²⁴² Data released in the Productivity Commission's annual report on Government Services show attendance rates for Year 10 students at public schools fell between 2007 and 2009 in every jurisdiction except Western Australia, where they were stable.²⁴³

Ms Evans, Curriculum Manager, Kimberley District Education, Department of Education, described the role of school-based attendance officers who are funded to improve attendance across schools:

- they are located in all of the region's larger schools, and some of the remote community schools.
- they play a significant role in working with a child's parents to follow up every day whether the child has come to school or not.

²⁴¹ Ms Lesley Evans, Chief Executive Officer, Ngngowar-Aerwah Aboriginal Corporation, *Transcript of Evidence*, 30 July 2010, p9.

²⁴² For NT rates for 2009-10, see: Department of education and Training, 'Enrolment and attendance statistics', 30 July 2010. Available at: www.det.nt.gov.au/students/at-school/enrolment-attendance/enrolment-attendance-statistics. Accessed on 4 November 2010.

²⁴³ Ms Verity Edwards, 'Gap in indigenous school attendance widening, not closing', *The Australian*, 14 February 2011. Available at: www.theaustralian.com.au/national-affairs/gap-in-indigenous-school-attendance-widening-not-closing/story-fn59niix-1226005373743. Accessed on 16 February 2011.

Recommendation 12

The Minister for Education provide to the Parliament by November 2011 a report on the school-based attendance officers the Department of Education employs in the Kimberley, including:

- the number of school-based attendance officers it has employed at each primary and high school in the region for each year between 2006-10;
- the number of these school-based attendance officer positions not filled at each primary and high school in the region for each year between 2006-10 and the duration of any vacancy;
- the contribution made by Police or other personnel in ensuring school attendance;
- the attendance rates for each term for the period 2006-10 for each school in the region; and
- what measures the Department will take to improve attendance rates in the Kimberley.

Ms Evans said the Department's position on attendance is that all children must go to school. DET strongly encourages parents to send their students to school away from remote communities because it cannot provide a very broad secondary education in the smaller schools. Ms Evans said the small remote communities cannot provide the sort of education that equips them to have jobs, nor is there a range of jobs in remote communities that can be provided for students once they finish their school:

*We have had an improvement in attendance in the time that I have been up here, which is 10 years, because we have put a lot of money and time into working on individual families through case management, in things like the football academies at Broome and Kununurra, and in encouraging the secondary-age students to go, for example, into the Broome hostel to get their secondary education.*²⁴⁴

Evidence presented to the Committee has confirmed that one of the most serious social impacts of alcohol consumption in the Kimberley was on children's attendance at school. The poor attendance could be due to many factors including that the children were too tired, too hungry or lacking in self esteem to participate in the classroom because they had missed so many school days.

²⁴⁴ Ms Jennifer Evans, Curriculum Manager, Kimberley District Education, Department of Education and Training, *Transcript of Evidence*, 26 July 2010, pp9-10.

A witness gave evidence that in Kununurra some children were on the streets during the day because they had been suspended from their school:

*I do not understand how the school can suspend kids and kick them off the school grounds during school hours. We see youngsters down the shopping centre and ask them what they are doing. They tell us they have been kicked out of school. We ask them why and they tell us it is for doing what they are doing now—messaging around. They know the rules. They know. I just do not understand how we can have 30 or 40 kids running around this town during the day on a school day because they have messed up at school.*²⁴⁵

On the Dampier Peninsular the school attendance rate was about 60% (which was considered “quite good”). Schools provided a breakfast for children and a bus service to pick them up for school. The Peninsular region includes Catholic schools at Beagle Bay and Djarindjin, and a government school at One Arm Point.²⁴⁶

In Kununurra, the attendance rate for Indigenous children was about 70-80% as the Police Aboriginal Police Liaison Officers (APLOs) were used to “round and chase them up” for school.²⁴⁷ The Committee was told by Dr Atkinson, Acting Medical Director/Medical Educator, Kimberley Aboriginal Medical Services Council, that many children are not re-enrolled in school “so the effective attendance based on our survey last year was less than that; it was more like 60% and that is across a range of towns and communities.”²⁴⁸ However, Ms Evans, from the Department of Education, said the Department’s view that “probably the lowest [attendance rate] would be 70[%] but we do have some remotes up to 90, 95[%].”²⁴⁹

An example of one of those remote schools with a very high attendance rate is the Dawul school at Doon Doon, south west of Kununurra, which had a rate of 97% over the past year. The Parliament’s *Hear me* program said the teacher at that school “engaged the students; she was passionate about what she was doing”. This program found that “The schools that offered the lunch program and involved the community, where there was a partnership with the community and where the mothers would always be there to cook lunch for the students, were functioning best.”²⁵⁰

²⁴⁵ Cr Fred Mills, President, Shire of Wyndham - East Kimberley, *Transcript of Evidence*, 2 August 2010, p8.

²⁴⁶ Sergeant Jane Korculanic, Dampier Peninsula Police Station, WA Police, and Sergeant Noel Howie, Dampier Peninsula Police Station, WA Police *Transcript of Evidence*, 27 July 2010, p6.

²⁴⁷ Ms Lesley Evans, Chief Executive Officer, Ngnowar-Aerwah Aboriginal Corporation, *Transcript of Evidence*, 2 August 2010, p4.

²⁴⁸ Dr David Atkinson, Acting Medical Director/Medical Educator, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 26 July 2010, p11.

²⁴⁹ Ms Jennifer Evans, Curriculum Manager, Kimberley District Education, Department of Education and Training, *Transcript of Evidence*, 26 July 2010, p11.

²⁵⁰ Mrs Cherie Toovey, Tour Presenter, Parliamentary Education Office, *Transcript of Evidence*, 2 September 2010, p5 & p8.

DET's hostel in Broome has been running for approximately two years and offers places for students mainly from the West Kimberley and from the Fitzroy Valley. A new hostel has just been opened in Kununurra and operates on the same model of bringing students in from the remote communities. Ms Evans thought that there will be another one built in Fitzroy Crossing as well. She was worried "if we were using those to teach the children literacy because they have not learnt in primary. I think we need to go back and say that they need to be literate by the time they end primary school."²⁵¹

As stated previously, non-consistent attendance at schools is a factor that leads to poor educational performance. It is accepted that it is very difficult for teachers to work within a classroom where the children in class on Monday, Tuesday and Wednesday are not the children who are there on Thursday and Friday. Ms Evans said "we have been very soft on parents in giving them an option about looking at schooling as something that requires a commitment. It is hard for all parents, not just for Aboriginal parents, to have their children go to school five days a week. The parents have to make a commitment to do that." Additionally, she said another reason for poor attendance was that children knew that they were not doing well:

*a child knows that it is not succeeding by the end of year 1. When children finish year 1 up here, many of them cannot read and many of them do not have basic maths skills, so their attendance tends to decrease as the children go up the school [grades] because they are not doing well.*²⁵²

Ms Evans described a typical Kimberley government school as being smaller than one in Perth, with some classes being kindergarten to year three with one teacher working across that spread of ability, and some of these K-3 classes would be 12 to 15 students, depending on the size of the community. If the school was a 'secondary remote' (not a district high school), there may be 10 to 20 students from year eight to year 12 with just one teacher attempting to provide science, and society and environment learning areas with students who, for many, by the time they reach secondary school do not have the literacy and numeracy skills to engage in the curriculum.²⁵³

(b) Reasons for low attendance rates

In addition to the cultural reasons outlined above, other obstacles to school attendance in the Kimberley given were that some children get teased at school because:

- they do not have very good clothes;
- they have not got shoes; or
- they have not got money for their lunch.

²⁵¹ Ms Jennifer Evans, Curriculum Manager, Kimberley District Education, Department of Education and Training, *Transcript of Evidence*, 26 July 2010, p12.

²⁵² Ms Jennifer Evans, Curriculum Manager, Kimberley District Education, Department of Education and Training, *Transcript of Evidence*, 26 July 2010, pp9-10.

²⁵³ Ibid.

Schools now offer encouragements for attendance, especially high schools, such as “you cannot play football unless you come to school on a regular basis, you cannot have a swim unless you go to school”.²⁵⁴ Other communities in the Kimberley are trying to encourage children to go to school by offering programs such as:

Broome

*A lot of kids miss school due to parents drinking late at night and substance abuse and everything else. They go without lunches. There is a bus system running for certain children who have that problem. The police and citizens youth club is doing that. Unfortunately, they pick them up only in the morning, but they do not drop them home in the afternoon.*²⁵⁵

Pandanus Park

*we started our own breakfast program 18 months ago with the sole intention of encouraging parents to bring the kids to our community kitchen. A couple of ladies get up early every morning to prepare breakfast of the kids and after breakfast they are there waiting for the school bus. We have a 90% school attendance rate, but it is waning again. It goes up and it goes down—it dips and wanes.*²⁵⁶

Mowanjum

*We have a breakfast program there for the kids. We get a bus from town to pick up the kids if they go to school in town. They come early. ... They come in about half past seven and they sit with the kids at the breakfast program. They have a feed. When they are ready, we go in. The headmaster at the school says, “Eddie, you can come in at any time.” The kids [50-55 out of 80] come in a bit late but all the kids have to report in.*²⁵⁷

A less-obvious reason offered for low attendance rates was the way in which Indigenous youth viewed high school. The Principal at Fitzroy Valley District High School (FVDHS) recounted various initiatives they have tried:

A lot of the [Indigenous] students are culturally seen to be a man or a woman, and sometimes school is seen as for little kids, which is part of the reason we have restructured our whole school. We now run a middle school, so we have a year 7 to year 9, and we have a senior school of year 10 to year 12 to try to capture those students before they start to fade away. We run a strong focus on VET programs—vocational education and training.

²⁵⁴ Dr David Atkinson, Acting Medical Director/Medical Educator, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 26 July 2010, p9.

²⁵⁵ Ms Leonie Kelly, Director/Chairperson, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 26 July 2010, p3.

²⁵⁶ Cr Peter McCumstie, Councillor, Shire of Derby - West Kimberley, *Transcript of Evidence*, 28 July 2010, p13.

²⁵⁷ Mr Eddie Bear, Chairman, Mowanjum Community, *Transcript of Evidence*, 28 July 2010, p5

*We currently run a Business Certificate I, a Building and Construction Certificate I, and we are trying to source somewhere to start a Rural Operations Certificate I course.*²⁵⁸

Mr Jefferies described the FVDHS as servicing 14 communities across the Fitzroy Valley. It has the second highest proportion of Indigenous students in the State's district high schools- 91.1%.²⁵⁹ Based on first semester data for 2009, the average attendance rate was 61.7%, and 12% of students attended 90% or more of the time.²⁶⁰ The school was rebuilt under the previous government and was recently described by the Minister for Education as "a wonderful design" as it was constructed in a way that:

*takes many things into account, including the surrounding area. The walkways around the school are very wide and are designed to follow the flow of the Fitzroy River. The school is also appropriate to the climate. The community has been very involved in the school.*²⁶¹

The FVDHS students come by bus from as far away as Jimbalakudunj (an hour and a half away). High school students come in from places such as Ngalingkadji and Bayulu; there are a few small communities on Tunnel Creek Road as well. It has approximately five language groups attending the school: Wangkatjunga (half way between Halls Creek and Fitzroy Crossing); Gooniyandi; Goonamah; Walmadjari; and Minmga (which is towards Derby). Student numbers vary between the wet and the dry season. In the wet season the numbers are about 300 to 320 students while during the dry season the numbers drop down to approximately 270 to 280.²⁶²

Mr Jefferies told the Committee that about two-thirds of the School's support staff were Indigenous and about 10% of teachers:

*I do not believe that that matters [Indigenous staff]. What matters are quality teachers and quality programs. One can walk through my school and look at the attendance figures; kids attend when they have a quality teacher—a teacher who cares about them and a teacher who is always looking to see how they can do things better and provide education in a local context, always linking back to the culture of the students.*²⁶³

The Committee was told by Dr Atkinson that poor levels of school attendance was linked to the level of alcohol and drug abuse in a community, but was also a long-term cause of this abuse, and that poor attendance had health impacts on children as well as the more obvious educational impacts:

²⁵⁸ Mr Paul Jefferies, Principal, Fitzroy Valley District High School, *Transcript of Evidence*, 30 July 2010, p5.

²⁵⁹ Hon Dr E. Constable, Minister for Education, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Question on Notice, 20 April 2010, p1703b.

²⁶⁰ Hon Dr E. Constable, Minister for Education, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Question on Notice, 10 November 2009, p8702.

²⁶¹ Hon Dr E. Constable, Minister for Education, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Estimates, 27 May 2009, pE246.

²⁶² Mr Paul Jefferies, Principal, Fitzroy Valley District High School, *Transcript of Evidence*, 30 July 2010, p2.

²⁶³ *Ibid.*

The key thing that might make a difference or would make a difference long-term [to levels of alcohol abuse] is school attendance. We have most children not going to school often enough that they do not get an education in the Kimberley. ... It is both a consequence of drug abuse and also a cause.

We did a survey of kids' hearts last year, looking for rheumatic heart disease, and half the kids who had rheumatic fever—that is, kids who had heart problems as a consequence of poor environmental living conditions—were not at school. We could not find them at school, and we went to survey kids at school, so the ones most in need are not getting there.²⁶⁴

In the Fitzroy Valley, the MWRC have addressed the situation of truancy by running a program for parents to get them “to understand their children’s education so that they know how important it is to send their kids to school. If the parents do not understand it or are not interested in it, the kids will miss that opportunity.”²⁶⁵

Recommendation 13

The Ministers for Education and Indigenous Affairs establish and fund a multi-disciplinary task force to improve school attendance rates in the Kimberley, with assistance from the Western Australian Aboriginal Advisory Council, the Indigenous Implementation Board and the Aboriginal Affairs Coordinating Committee.

This task force should gather evidence from local grass roots stakeholders (including parents) and report to Parliament by March 2012.

(c) Alcohol education programs

The Committee heard that when alcohol and drug educational programs were being offered in schools, they were offered too late as:

I think that at the moment it is only being delivered at high schools, ... because by the time that they are teenagers, they have already tasted alcohol. I think it needs to be brought up to upper primary, maybe grade five up, when they are starting to change.²⁶⁶

²⁶⁴ Dr David Atkinson, Acting Medical Director/Medical Educator, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 26 July 2010, p8.

²⁶⁵ Ms Emily Carter, Chairperson, Marninwarntikura Women’s Resource Centre, *Transcript of Evidence*, 30 July 2010, p6.

²⁶⁶ Ms Veronica Yue, Ardyaloon Community, *Transcript of Evidence*, 27 July 2010, p16.

The Committee was told that there are very few alcohol and drug programs that are continually offered in Kimberley schools. Many programs are offered on a one-off basis, with guest speakers coming in and telling children about certain health aspects of taking drugs and alcohol. The Committee was told that it is quite difficult to implement alcohol and drug programs in schools which have to be approved “by so many people before they can start to be delivered in schools—through the Department of Education, the school itself, even the P&C committees and things like that.” This means that it “is a very hit and miss sort of delivery in schools”.²⁶⁷

Evidence was given suggesting that the alcohol and drug programs might be more effective if they were delivered by local Indigenous staff:

*once upon a time we had our own Aboriginal people going into the schools and doing role plays, and that went really well with our kids, because they could see it, and the slang our kids use are what they understand, and our people were doing that, and they could relate that to what was happening on the streets. But if you show them a film or something, it would not really sink in. Who knows better than Aboriginal people what Aboriginal people are going through?*²⁶⁸

(d) Broader educational programs

In Kununurra, the Ord Enhancement Scheme is using a highly experienced former kindergarten teacher to run an early childhood education program called *Stepping Stones* for ‘grassroots’ Aboriginal families. Seed funding from Miriuwung Gajerrong provides a structured early childhood learning program in partnership with another Aboriginal corporation, Gawooleng Yawoodeng, which is a women’s refuge organisation with some family outreach and mobile playgroup activities. The teacher is picking up health issues, including children who might be alcohol-affected.²⁶⁹

A similar mobile playgroup in the Fitzroy Valley has been run for nearly two years by the Marninwarntikura Women’s Resource Centre and plays a very important role in helping mothers to “come along, and sitting down with their young ones. That gives us more time to look at whether there are special needs among younger ones, so we work along with community health.” At some of the sessions MWRC has the community health nurse from the hospital attend “helping parents out there and teaching parents also how to eat healthy.”²⁷⁰

²⁶⁷ Ms Jillian Coole, Clinical Team Leader, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, p13.

²⁶⁸ Ms Leonie Kelly, Director/Chairperson, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 26 July 2010, p4.

²⁶⁹ Ms Anna Moulton, Program Manager, Miriuwung Gajerrong Ord Enhancement Scheme, *Transcript of Evidence*, 2 August 2010, p9.

²⁷⁰ Ms Patricia Dick, Mobile Playgroup Worker, Marninwarntikura Women’s Resource Centre, *Transcript of Evidence*, 29 July 2010, p6.

(e) Other educational impacts of alcohol

The Principal of the Fitzroy Valley District High School, Mr Jeffries, gave evidence that “alcohol affects every aspect of the school. There is not a single part of the school that is not impacted by alcohol.” He explained:

*In terms of the part of my workforce that have alcohol dependency issues, they will, during the good times, be dry and coping, but during the bad times will get into the binge drinking habit, and on pay week we will not see them on Thursday or Friday.*²⁷¹

One of the reasons for absent staff was that “funerals are really significant. ... One thing one notices about working in Fitzroy Crossing is that death is just a [regular] part of everyday life.” The school recently documented the level of these unexpected absences and found the difference between a Perth-based senior high school with 1,100 students and the Fitzroy Valley High School with 300 students was that in a single pay period the Perth school may have two leave applications that they would have to electronically submit, but also keep the paper copy. He explained that during a recent departmental system reorganisation there were between 40 and 50 leave applications at the Fitzroy Valley High School. The workload issue on the registrar and staff to manage this level of absence was huge. There was an expectation that all of the Aboriginal workers at the school were functionally literate and are able to complete the leave forms.

(f) Protective behaviour programs

Sadly, yet very importantly, the Fitzroy Valley District High School has costs of approximately \$100,000 per annum to run a protective behaviour program. The damage caused by alcohol can be immediate and long term with domestic violence, sexual assault and the need for protective behaviour programs. As Mr Jefferies said:

*We have a strong focus on protective behaviours ...because of the alcohol and drug-fuelled sort of climate that we work in, the amount of abuse that occurs is huge. We made a connection with a lady... [from] Protecting Kids is Our Game. She came out here with the sexual assault detectives in 2007. ... She helps teachers write a 10-week program. She will actually model the really tricky lessons. Often it could be lessons relating to sexual assault. During that week I always end up with a disclosure. **I have actually never written so many referrals to DCP ever in my career as I have in the three years that I have been here.** [emphasis added] Protective behaviours is actually skilling up children with the language and the understanding of what it is if you do not think it is safe, what is public and what is private. I think it is probably one of the most important things that we do at school to support the children and the young people in the community when there are things happening due to alcohol-fuelled environments.*²⁷²

He said that they were important as “research has pointed to the fact that paedophiles will actually avoid a child that has got a very good vocabulary and is able to articulate what is going on... So it

²⁷¹ Mr Paul Jefferies, Principal, Fitzroy Valley District High School, *Transcript of Evidence*, 30 July 2010, p3.

²⁷² Mr Paul Jefferies, Principal, Fitzroy Valley District High School, *Transcript of Evidence*, 30 July 2010, p11.

is an important part of everything else that we do in our school.”²⁷³ The Principal said the school ran parent workshops and community protective behaviour workshops.

Mr Jeffries’ evidence reinforces that of Ms Evans that:

*the schools and their staff are one of the constants in the community and particularly in the remote communities. In many situations, they compensate for the dysfunction in those communities ... we have to look at schools as a positive resource when addressing alcohol issues. ... It has to be a way of thinking that is led by the community elders. Where there is a lead and the community elders are working with the schools, children’s attendance is improving.*²⁷⁴

3.3 Foetal Alcohol Spectrum Disorder

In recent reports the Committee has presented evidence, and recommended action on, the key challenges facing the State’s Indigenous children, particularly those presented by children diagnosed with Foetal Alcohol Spectrum Disorder (FASD).²⁷⁵ Dr Bower from the Telethon Institute for Child Health Research reminded the Committee during this Inquiry that FASD is under-diagnosed and under-reported and:

*alcohol has a very detrimental effect on foetal development and there is not a lot of action about that in Australia. We do not count the effects of it very well. Health professionals do not know a lot about it and yet it has devastating effects. We feel that it is really important that the messages about alcohol in pregnancy are understood and acted on.*²⁷⁶

Dr Bower reported that research at the Telethon Institute showed that only 12% of health professionals in Western Australia knew the diagnostic features of FASD and 97% were not prepared to deal with it. Worryingly, “There certainly does not seem to be any reduction in alcohol intake amongst women of childbearing age and women in pregnancy. Almost 60% of women, in the study we have done in Western Australia, drink alcohol during pregnancy.”

²⁷³ Ibid.

²⁷⁴ Ms Jennifer Evans, Curriculum Manager, Kimberley District Education, Department of Education and Training, *Transcript of Evidence*, 26 July 2010, p18.

²⁷⁵ See Education and Health Standing Committee, *Destined to Fail: Western Australia's Health System*, Legislative Assembly, Parliament of Western Australia, Perth, 2010, pp280-282; Education and Health Standing Committee, *Invest Now or Pay Later: Securing the Future of Western Australia's Children*, Legislative Assembly, Parliament of Western Australia, Perth, 2010, pp25-28; and Education and Health Standing Committee, *Healthy Child - Healthy State: Improving Western Australia's Child Health Screening Programs*, Legislative Assembly, Parliament of Western Australia, Perth, 2009, pp19-22. In its response to *Destined to Fail*, the State Government supported the Committee’s recommendation for further funds to deal with FASD in the Kimberley.

²⁷⁶ Dr Carol Bower, Researcher, Telethon Institute for Child Health Research, *Transcript of Evidence*, 8 June 2010, pp2-4.

In terms of the impact on children in the Kimberley, Dr Bower's key messages are:

- (i) about 50% of women do not know they are pregnant until well into their first trimester;
- (ii) the National Health and Medical Research Council (NHMRC) guidelines are that no alcohol consumption during pregnancy is the safest option;
- (iii) foetal alcohol syndrome is a condition that is not usually diagnosed at birth (the median age of diagnosis is around three); and
- (iv) it will be a while before the effects of FASD (such as effect on language development and later development of anxiety and depression) are seen and the costs of dealing with them appear in the State's health system.²⁷⁷

The question of how many children in the Kimberley have FASD is currently the topic of a Telethon Institute of Child Health Research project:

*We presume that there are large numbers, but it is hard to get a handle on it. A research project going on in the Fitzroy Valley this year is really trying to pin down how many kids are affected. Certainly, quite a number are affected right across the region and not just in the Fitzroy Valley.*²⁷⁸

The Committee heard that FASD rates in the Kimberley had rapidly increased over the past decade, and this condition has educational impacts on the children as well as health impacts:

*That [FASD rates] seems to have increased quite dramatically over the past 10 years and that creates problems in the schools in that the children have very poor concentration, they have significant memory loss and they have management problems. We have been working in the past few years on how you set up a classroom where you have some children who can learn fairly easily against some children who are really not going to learn very much from their schooling.*²⁷⁹

Alternatively, the Committee was told that if children affected by FASD were required to attend school, their conditions would be improved and they would become less disruptive:

For the FASD kids, although an element is due to alcohol, other elements, including their upbringing and environment, actually compound the problem and result in learning difficulties and behavioural management difficulties and those sorts of things. However, if

²⁷⁷ Ibid.

²⁷⁸ Dr David Atkinson, Acting Medical Director/Medical Educator, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 26 July 2010, p13.

²⁷⁹ Ms Jennifer Evans, Curriculum Manager, Kimberley District Education, Department of Education and Training, *Transcript of Evidence*, 26 July 2010, p12.

those kids went to pre-primary school, grade 1 and grade 2 every day, they would be better trained and therefore much less disruptive [emphasis added].²⁸⁰

The serious impact of FASD students on their peers, teachers and support staff in school was dramatically described by the Principal at the Fitzroy Valley High School:

*Conservatively, they talk about 25% of my school [student] population having FAS. Paediatricians are conservatively saying 25%. There are days when I feel like I am running one of the biggest behaviour centres in the State, and it is purely because a significant proportion of our school is FASD or early life trauma. It is 25% of my population, so you are looking at 75, 80 students my school, and I actually have one CAMHS worker who is shared across the entire Valley, and she is here four days a week.*²⁸¹

The witnesses in the small Beagle Bay community suggested that there were at least 3 children and “probably another 10 or 12 that you would suspect have some disability” from FASD. In Beagle Bay the local women elders were trying to educate the younger women on the dangers of drinking while pregnant:

*A lot of the elder women spend a lot of time with young pregnant mums and try to culturally talk especially about the effects of drinking while pregnant. There is certainly plenty of information here at the clinic; the school does its bit and the clinic sometimes goes into the school and picks a subject to talk about. It needs to be a combined effort; it is not just the clinic, the police or the school. I think all three do something towards the problem, but there is no way they could tackle that problem alone.*²⁸²

A grandfather in Derby told the Committee of the personal impact of FASD on his grandchildren:

*The parents are on the drugs and alcohol all the time and then they have babies who are going to suffer for the rest of their life. The miserable hurt. I have two grandkids at home now; one is 12 and one is nine. They have ADD and they have FASD because their mother and father were—and we are having a hell of a time, but that is just two. I can take you out there and show you another 100 in this town that are just the same.*²⁸³

The Committee also heard that there are now second-generation FASD children in the Kimberley:

We have talked about the drunks coming through the front door, but we have young women who are handicapped because of foetal alcohol syndrome, who are having children [emphasis added]. *They are foetal–alcohol affected. We have now got a second generation. You would have seen that. There is one particular person, and the nurses have*

²⁸⁰ Dr David Atkinson, Acting Medical Director/Medical Educator, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 26 July 2010, p13.

²⁸¹ Mr Paul Jefferies, Principal, Fitzroy Valley District High School, *Transcript of Evidence*, 30 July 2010, p8.

²⁸² Ms Maria Lombardi, Manager, Beagle Bay Clinic, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 27 July 2010, p3.

²⁸³ Mr Gregory Spinks, Coordinator, Numbud Patrol, *Transcript of Evidence*, 28 July 2010, p9.

*so much angst over this because they have already got one child they are not looking after, so DCP are hugely involved. This woman, as soon as she comes in, is supposed to be looking after the little one. **She has gone down to the pub and comes back absolutely inebriated and the cycle continues** [emphasis added].²⁸⁴*

The Ord Valley Area Health Service (OVAHS) runs an education program providing information on FASD and problems associated with alcohol consumption prior to and during birth to every woman between the ages of 15 and 45. These programs were denied funding three times in 2008-09 by the Federal Department of Health and Aging²⁸⁵, but now offer the following:

We go down to Coles there every week, we go to the supermarket over here, and we visit as many women as we possibly can and we educate them on what FASD does. We also educate the men as well. ... we have our "No Grog for 9" posters, key rings, et cetera, educational sessions. We go into the schools, talk to the connections. Actually this is the only thing that the school allowed us to talk to the mainstream, to the whole of school, about, and not just Aboriginal girls. They were actually able to talk to non-Aboriginal girls about FASD because it is a huge problem...²⁸⁶

A similar program for pregnant mothers is offered by Unity of First People of Australia (UFGA):

the Building Blocks for Better Health and it focuses on pregnancy. To prevent chronic disease, you need to have a healthy baby. The Kimberley has a disproportionately high rate of small birth weight babies or premature births. Research in Europe and Africa indicates that those types of babies have a 70% chance of developing chronic disease, unless they are actively looked after. The idea is to get the babies' weight as close to the normal health range as possible and to provide the mothers with an understanding of what is expected of them and why it is expected.²⁸⁷

A large FASD research project is also underway with the Nindilingarri Cultural Health Services working in partnership with the US-based George Institute²⁸⁸ and the University of Sydney. The Chairperson of Nindilingarri said the project received \$1 million from the Federal Government, but no funds from the State Government, and that since 2009 it had undertaken:

a lot of education around FASD, the Marulu project and the Lililwan FASD prevalence study, so that meant going to communities, going into schools, educating the teenagers in high schools about FASD and the impact of alcohol on the unborn child. We also sat with the women's group, we went into communities and we produced resources that we used.

²⁸⁴ Ms Ruth Bath, District Director of Nursing, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p8.

²⁸⁵ ABC, 'Foetal alcohol syndrome a serious concern', 9 April 2009. Available at: www.abc.net.au/lateline/content/2008/s2540437.htm. Accessed on 14 October 2010.

²⁸⁶ Mr Graeme Cooper, Chief Executive Officer, Ord Valley Aboriginal Health Service, *Transcript of Evidence*, 2 August 2010, pp5-6.

²⁸⁷ Ms Jeanny Catlin, Project Coordinator/Nurse, Unity of First People of Australia, *Transcript of Evidence*, 28 July 2010, pp7-8.

²⁸⁸ See www.georgeinstitute.org.au.

*You can see the two plastic cups that we have put messages on. Nindilingarri has given those cups to the [Fitzroy] Crossing Inn and they serve alcohol out of those cups. Also in front of me you can see the poster that goes with those cups, so that is placed down at the Crossing Inn.*²⁸⁹

This education material hasn't been accepted by the other major liquor outlet in Fitzroy Crossing—the Fitzroy River Lodge as “They do not believe it is appropriate to have that sort of message here because this is seen more as a place for tourists and they did not want to upset the tourists who come to the Lodge.”²⁹⁰

The Committee heard that the education campaigns in the Kimberley are having an impact on young women's drinking behaviour:

*We are also seeing some education campaigns having an impact with young women. For instance, a number of young women come to the [Fitzroy Valley] hospital and ask to be tested to see whether they are pregnant so that they know whether they should or should not drink.*²⁹¹

Finding 7

The Committee was advised that the Nindilingarri Cultural Health Services' research project and community education campaigns run in the Kimberley are already having a positive impact on the drinking behaviour of young women and should reduce the number of children who are affected by Foetal Alcohol Spectrum Disorder.

3.4 Mental Health Issues

(a) Mental health and youth suicide

The Committee's *Destined to Fail* report highlighted that the Kimberley has one of the highest suicide rates in Australia and suffers from a dire lack of mental health services. Data from the more-recent Western Australian Aboriginal Child Health Survey (WAACHS) supports the Committee's earlier research and reports that 20% of Indigenous children in Kununurra were at higher risk of mental health problems- a third higher than the proportion for the State's non-

²⁸⁹ Ms Maureen Carter, Chief Executive Officer, Nindilingarri Cultural Health Services, *Transcript of Evidence*, 29 July 2010, pp2-3.

²⁹⁰ Ibid.

²⁹¹ Mr Stephen Kinnane, Researcher, Nulungu Centre for Indigenous Studies, Notre Dame University, *Transcript of Evidence*, 9 June 2010, p13.

indigenous population (15%).²⁹² It is a dire situation that has not improved significantly since the Hope Report. There has been approximately 1 suicide a month for the past nine years in the Kimberley.²⁹³ Balgo parish priest Father John Purnell told the media in October 2010 he knew of 12 suicide attempts among local youth in the six weeks he had been based in the remote community.²⁹⁴

Following on from the tabling of the reports from the Gordon Inquiry and the State Coroner's inquiry into youth suicide, researchers were surprised to find in the 12 months prior to the WAACHS survey that 20% of youth in the Kununurra region had thought about ending their own life, and that 54% of these had made a suicide attempt compared to a lower figure of 22% in Broome.²⁹⁵

Documented in the WAACHS report was the extent to which young people in the Kimberley aged 12-17 years have high rates of unhealthy risk behaviours often driven by alcohol consumption, such as 37% reporting they have had a sexual relationship (compared to a State average of 28%). Ten per cent of Kimberley youth had drunk so much alcohol that they had vomited at least once in the past six months. The survey results for major centres in the Kimberley are in Table 3.2 below and include a comparison to State averages.

Table 3.2- Risky Behaviour of Kimberley Youth (aged 12-17 years old)

| | Smoked Tobacco | Drunk Alcohol | Smoked Cannabis | All Three Drugs |
|----------------------|----------------|---------------|-----------------|-----------------|
| Kununurra | 42% | 21% | 26% | 7% |
| Derby | 49% | 19% | 28% | 12% |
| Broome | 42% | 42% | 42% | 23% |
| State Average | 35% | 27% | 30% | 11% |

In the Kununurra region, 30% of male and 13% of female youth had drunk alcohol compared with 27% of both males and females throughout Western Australia. Ten per cent of Kimberley youth

²⁹² Telethon Institute for Child Health Research, 'The Social and Emotional Wellbeing of Aboriginal Children and Young People- Wunan (Kununurra) ATSIC Region', nd. Available at: www.ichr.uwa.edu.au/files/user17/Wunan_Regional_Profile_Volume_2.pdf, p4. Accessed on 29 October 2010.

²⁹³ Mr Wes Morris, Coordinator, Kimberley Aboriginal Law and Culture Centre, *Transcript of Evidence*, 29 July 2010, p3.

²⁹⁴ Ms Lanai Vasek, 'Call for action as Indigenous Suicide Reaches Crisis Level', *The Australian*, 23 October 2010. Available at: www.theaustralian.com.au/news/nation/call-for-action-as-indigenous-suicide-reaches-crisis-level/story-e6frg6nf-1225942448805. Accessed on 17 February 2011.

²⁹⁵ Telethon Institute for Child Health Research, 'The Social and Emotional Wellbeing of Aboriginal Children and Young People- Wunan (Kununurra) ATSIC Region', nd. Available at: www.ichr.uwa.edu.au/files/user17/Wunan_Regional_Profile_Volume_2.pdf, pp9-11. Accessed on 29 October 2010.

had drunk so much that they had vomited at least once in the past six months. The figures for the Broome and Derby regions of the Kimberley are similar to that for Kununurra, except for girls drinking alcohol. In the Broome region almost half of young females had drunk alcohol. Similarly, in Broome nearly all 17 year old males smoke cannabis.²⁹⁶ In Derby, only 2% of female youth reported having drunk alcohol, while about 30% of 17 year old females smoked cannabis weekly.²⁹⁷

Finding 8

Nearly 60% more Broome youth aged 12-17 years have consumed alcohol than the State average. This supports our earlier recommendation for the Government to enlist the support of Broome residents to widen the current section 64 restrictions.

(b) Programs for substance abuse

The Committee was told of educational programs to try to address the issue of substance abuse. One such program is run by the Ord Valley Aboriginal Health Service (OVAHS):

*We have been providing educational services on drugs and alcohol, mental health, safe sex et cetera for a couple of years now within the schools, through the Aboriginal Substance Misuse Connection program that I mentioned earlier, ... You need to have a lot of Aboriginal people working within the drug and alcohol services to make this work, because Aboriginal people listen to Aboriginal people. It is as simple as that.*²⁹⁸

OVAHS employ three staff members to run an education and counselling program which sees 100 young clients per year at a cost of \$350,000 per annum. This is about the same cost as incarcerating three people for a year in the Broome Prison. More information on the number of young Kimberley people who are incarcerated at very high rates is detailed in Chapter 7.

While solvent sniffing has reduced throughout the Kimberley, it can be a major mental health issue for some individuals who will sniff “paint, they will sniff deodorant, and they will sniff fly sprays... pretty much anything. ... there have been instances where they have sprayed cockroach

²⁹⁶ Telethon Institute for Child Health Research, ‘The Social and Emotional Wellbeing of Aboriginal Children and Young People- Kullari (Broome) ATSIC Region’, nd. Available at: www.ichr.uwa.edu.au/files/user17/Kullari_Regional_Profile_Volume_2.pdf, p9. Accessed on 29 October 2010.

²⁹⁷ Telethon Institute for Child Health Research, ‘The Social and Emotional Wellbeing of Aboriginal Children and Young People- Malarabah (Derby) ATSIC Region’, nd. Available at: www.ichr.uwa.edu.au/files/user17/Malarabah_Regional_Profile_Volume_2.pdf p9. Accessed on 29 October 2010.

²⁹⁸ Mr Graeme Cooper, Chief Executive Officer, Ord Valley Aboriginal Health Service, *Transcript of Evidence*, 2 August 2010, p2.

bombs directly into their mouths.” With the major mental health facilities in Perth, it is a serious drain on communities dealing with young people who have been returned to their communities by authorities in Perth:

*The particular person I was talking about before was put into a mental health facility in Perth, and whilst he was in that facility he stole fly spray and toilet deodorant and sniffed it, and he was diagnosed as being brain damaged. So despite being brain damaged and sniffing in a secure mental health facility, he was discharged from there as a substance abuser, not a mental health issue, and sent straight back into exactly the same circumstances that he came from.*²⁹⁹

3.5 Sporting Services

Sporting activities are successfully used in the Kimberley as rewards for residents, especially juveniles, to encourage them not to use drugs and alcohol. In addition, involvement in sport has a positive impact on participants’ happiness and well-being:

*The effects of alcohol and the effects of drugs are just invasive in all the communities, not just the remote communities, in the townships as well. Boredom is just astronomical. The sporting activities desperately need to be increased and facilitated. ... Do not underestimate sporting activities.*³⁰⁰

The link between avoiding alcohol as part of a youth justice approach to sport was provided to the Committee in Fitzroy Crossing. In this town football players are breathalysed before they are allowed to play, as the Police “have given the league a breathalyser”.³⁰¹

Sport is viewed in the Kimberley as a way of targeting youth to break the cycle of drinking. However, the Committee heard that once the football season finishes boredom sets in and the incidence and participation in drinking increases.³⁰² The emphasis of sporting programs, such as the Clontarf football program, and the installation of swimming pools in some communities has been to encourage a greater participation in formal schooling:

I can only talk for MG [Miriuwung Gajerrong] people, ... We put in the Clontarf program, we were the first ones to pay for Clontarf to actually leave Perth and come to our school [in Kununurra]. It was not a sporting thing to make the boys better sportsman; it was the carrot to bring them back to school. It would have been a successful story if the government had followed it, but we are stuck now because we have got all the kids in

²⁹⁹ Sergeant Mark Risdale, Balgo Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p9.

³⁰⁰ Ms Jeanny Catlin, Project Coordinator/Nurse, Unity of First People of Australia, *Transcript of Evidence*, 28 July 2010, p13.

³⁰¹ Senior Sergeant Ian Gibson, Officer in Charge, Fitzroy Crossing Police Station, WA Police, *Transcript of Evidence*, 29 July 2010, p7.

³⁰² Mr Joe Ross, FaHSCIA Contractor, *Transcript of Evidence*, 29 July 2010, p7.

*school now. But where are all the new programs to be introduced to get these children back into mainstream [education]?*³⁰³

The Committee heard that while students can be encouraged to stay at school and join the high school sporting programs, unfortunately they may have missed too much primary school education to undertake high school subjects.³⁰⁴

Recommendation 14

School staffing numbers in the Kimberley should be based on educational needs. Where schools are below the 60th percentile for normal academic achievement, the Minister for Education should ensure that either additional teaching staff are allocated to the school to enable additional tuition to be given to those students falling behind, or special needs classrooms are established within schools for one on one or intense supervised teaching. The Minister should report to the Parliament at the end of each year on schools in the State that are below the 60th percentile for normal academic achievement.

In addition, if more students are encouraged to remain at high school there may not be adequate staff and accommodation to cope with them:

*we are trying to get the Sporting Chance, which is the DEEWR-funded girls sporting academy, up and running. We have hit barrier after barrier and it boils down to staffing and housing. We have got to the stage now where we are looking at negotiating a teacher to pick up the coordinator role, because that is the only way I can have someone come in, who can do the job and also who we can provide housing for. We are in the very infancy of talking to Clontarf and we are hoping, if all the planets line up, that we will actually be running a series of sporting academies out of the school next year. There will be a dance and a basketball academy for girls, that will run under the banner of Sporting Chance and that is funded through DEEWR, but run through Madalah, a non-profit NGO.*³⁰⁵

³⁰³ Ms Edna O'Malley, Deputy Chair/Member, Miriuwung Gajerrong Ord Enhancement Scheme, *Transcript of Evidence*, 2 August 2010, p7.

³⁰⁴ Ms Anna Moulton, Program Manager, Miriuwung Gajerrong Ord Enhancement Scheme, *Transcript of Evidence*, 2 August 2010, p7.

³⁰⁵ Mr Paul Jefferies, Principal, Fitzroy Valley District High School, *Transcript of Evidence*, 30 July 2010, p5.

While some towns, such as Broome, were now offering sporting programs, students who go to these towns to study often struggle being separated from their families for long periods:

*[Derby] is too far; there is no hostel. If students are looking to move for education reasons, they generally go to Broome where there is a residential hostel based there. We do have some students go to the Christian Aboriginal parent's schools, the CAPS. There is one in Coolgardie and one in the Esperance, but you will probably only have one in 200 who will actually stay; they do not tend to cope.*³⁰⁶

The benefits of sporting programs for young Indigenous people was clearly outlined by the Police:

*The Clontarf model works very well. ... We consider ourselves to be in the same industry in that we are both dealing with the same client group. However, generally speaking what happens is once they get into that program, they very rarely stick their head up again for us [Police]. It is quite simply the fact they have an incentive to be at school. The incentive is if you do not come to school, you cannot train. If you cannot train, you cannot play. If you cannot play, you cannot go on their camps. It is pretty simple.*³⁰⁷

Others are hoping to use sport to get young girls and boys more involved. Comments supporting this include young girls “love their basketball, so we are looking to refurbish the basketball area”³⁰⁸ and “girls have got programs that have been generated around the place, particularly around basketball, through the Broome Senior High School. The girls are a little bit harder to peg for something that is as popular as football is for boys. However, basketball is one of them.”³⁰⁹

The benefit of community swimming pools has been shown in Bidyadanga, Jigalong, Fitzroy Crossing and other places. The new pool in Fitzroy Crossing “in the first eight weeks we had 8,000 kids through it.”³¹⁰ Due to cost of having a lifesaver, the Fitzroy Crossing pool is closed three months of the year in “the wrong time of the year”. This closure is in the tourist season so impacts on both locals and tourists.³¹¹

The Committee was told that across the Kimberley there was “a lack of alternative venues and a lack of alternative programs for kids to be involved in sport”, particularly lower-cost, and less-formal programs than those run by the Police and Community Youth Centre (PCYC). Some towns, such as Wyndham, lack programs for young women.³¹² The Committee heard that the

³⁰⁶ Ibid.

³⁰⁷ Senior Sergeant Robert Neesham, Officer In Charge, Broome Police Station, *Transcript of Evidence*, 26 July 2010, p8.

³⁰⁸ Ms Maria Lombardi, Manager, Beagle Bay Clinic, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 27 July 2010, p9.

³⁰⁹ Senior Sergeant Robert Neesham, Officer In Charge, Broome Police Station, WA Police, *Transcript of Evidence*, 26 July 2010, p9.

³¹⁰ Ms Sharyn Burvill, Area Manager, Shire of Derby - West Kimberley, *Transcript of Evidence*, 29 July 2010, p4.

³¹¹ Mr Joe Ross, FaHSCIA Contractor, *Transcript of Evidence*, 29 July 2010, p11.

³¹² Submission No. 64 from Sergeant Bradley Warburton, WA Police, 23 July 2010, p9.

PCYC, managed by the Police, has changed its focus to one that case-manages problematic kids, and this left:

*a whole raft of kids, hundreds and hundreds of them, who do not want to go to the Broome Recreation and Aquatic Centre because it costs too much to get in. They want to throw hoops, they want to kick footies, they want to play electronic games or whatever it might be. There is no real coordination between the year service providers. The service provision is generally done through NGOs other than the PCYC. NGOs are funded for a year. They have to find someone, train them up and, six months later, their contract is up.*³¹³

Senior Sergeant Ian Gibson said while there are swimming pools and formal sporting programs in some communities, the missing ingredient in many communities in the Kimberley are “sports and activities for adults, and people to coordinate them.” While Garnduwa Sports have some programs running, many local councils do not have a sport and recreation officer. Even where funding has been provided to cover basketball courts, “there was no organised basketball going on because there was nobody here to organise it.”³¹⁴

One of the differences in the Kimberley compared to other regions in the State seems to be a lack of volunteers to run clubs and programs without the assistance of paid staff. The Committee knows from its earlier research that the Kimberley has had trouble arranging a volunteer base for St Johns ambulances, and the ambulance services in most Kimberley towns have to be run by the Department of Health.³¹⁵ The Committee was told:

which is probably one of the most difficult one [issues] to overcome that I can see ...is: how do we get the community itself to be part of and have a collaborative and cooperative approach to what needs to be done? To put it in simple terms, juvenile crime, juvenile offending and antisocial behaviour in all Kimberley towns as well as Wyndham is on the increase. Some people say that there are not enough programs or services for the kids and the juveniles; whereas I tend to disagree in that when we look at Wyndham itself, we have a grassed football oval, two schools, one with a football oval, a rec centre, which the shire has and can provide staff for.

*We have Garnduwa, sport and rec, a swimming pool. ... We have a swimming club that used to be the best in the Kimberley here at Wyndham, which is defunct because the lady who is running the pool at the moment cannot get the support of families. It is okay to drop off the kids but she cannot get the support of the families. ...How do we bridge that gap and how do we get family participation and family involvement?*³¹⁶

³¹³ Senior Sergeant Robert Neesham, Officer In Charge, Broome Police Station, *Transcript of Evidence*, 26 July 2010, p8.

³¹⁴ Senior Sergeant Ian Gibson, Officer in Charge, Fitzroy Crossing Police Station, WA Police, *Transcript of Evidence*, 29 July 2010, pp11-13.

³¹⁵ Education and Health Standing Committee, *Destined to Fail: Western Australia's Health System*, Legislative Assembly, Parliament of Western Australia, Perth, 2010, p236.

³¹⁶ Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, pp3-4.

The Federal Government has committed funds to Indigenous sports programs such as *Learn, Earn, Legend* but these have a focus on adult players and lowering indigenous unemployment rates.³¹⁷ The State's Indigenous Sport Program provides a wide range of participation and development opportunities throughout its State-wide network of 11 Indigenous Sport Development officers, with the support of the Federal Government. Three of these officers are based in Broome, Derby and Kununurra.³¹⁸

Some of the gaps identified in the Kimberley which need to be addressed by the Department of Sports and Recreation include:

- (i) motivating adults to volunteer to run sports and leisure programs for young Indigenous people;
- (ii) additional programs to engage young Indigenous women; and
- (iii) programs that run outside of the existing AFL season.

Finding 9

Sporting programs are a useful way to help address the various reasons that lead youth in the Kimberley to consume alcohol, tobacco and illicit drugs. There is evidence that the current programs in this region are under-funded and need better coordination across the Kimberley.

³¹⁷ *Sydney Morning Herald*, '\$3.5 million for Indigenous Projects', 3 November 2010. Available at: <http://news.smh.com.au/breaking-news-national/35-million-for-indigenous-projects-20101103-17doi.html>. Accessed on 4 November 2010.

³¹⁸ Ms Natalie Brown, Sports Participation Adviser, Community Sport, Australian Sports Commission, Electronic Mail, 17 February 2011, p1.

Recommendation 15

The Minister for Sport and Recreation report to Parliament by December 2011 on the Department of Sport and Recreation's funding for existing Indigenous sporting programs in the Kimberley. This report should include proposals for increased funding for programs throughout the Kimberley that:

- (i) motivate Indigenous adults to volunteer to run sports and leisure programs for young people;
- (ii) engage young Indigenous women; and
- (iii) run outside of the existing Australian Football League season.

CHAPTER 4 CURRENT SERVICES

In this chapter we describe the role of key Government alcohol and drug service providers in the Kimberley, including the Police, the Department of Health (DOH), the Drug and Alcohol Office (DAO) and the Department for Child Protection (DCP).

4.1 Police Services

The staff and the services that the WA Police deliver to the Kimberley community provide the ‘backbone’ of the State Government’s attempts to address the excessive consumption of alcohol in the region. A health worker gave evidence that the Police presence in these communities was “heaven on a stick” as:

I have been around and been involved in those communities prior to there being a Police presence. The Police presence and DCP presence takes that case management load off; otherwise, there were nurses basically providing all those services around drug and alcohol-related issues, legal issues, domestic violence and all those sorts of things. It is a huge workload, particularly after hours. That has really made a big difference as far as the roles and workloads for [health] individuals are concerned.³¹⁹

The Director of Liquor Licensing confirmed to the Committee that under the *Liquor Control Act*, the Commissioner of Police is actually responsible for administering the Act and enforcing its provisions throughout the State. Western Australia is one of the few Australian jurisdictions that operate in this way. In other States liquor licensing tasks are undertaken by their own specialised enforcement teams assisting the Police.

In Western Australia the Department of Racing, Gaming and Liquor works very closely with the Police as:

*I am not resourced to do that [enforcement]. I have approximately 21 inspectors, and those 21 inspectors have to pick up surveillance et cetera at the casino. We also do racing and wagering, all the bookmakers and we do the Lotto draws on a contract basis. We also do matters to do with liquor in relation to premises inspections et cetera. I have the same powers, effectively, as the Police Commissioner, but **I am not resourced** [emphasis added].³²⁰*

If the Minister responsible for administering the *Liquor Control Act* had been made accountable for the costs resulting from alcohol abuse then the Act might focus on public health and the prevention of harm as a key priority, rather than responding to the economic case put by the liquor industry.

³¹⁹ Ms Monica Frain, Acting Director, Population Health, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p3.

³²⁰ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 12 May 2010, p3.

(a) Police resources across the Kimberley

The Police operations cover nearly 440,000 square kilometres and includes seven stations in the major towns and six Multi-Function Police Facilities (MFPFs) (implemented in 2005 after the Gordon Report) in smaller communities. As at July 2010, there were 166 Police officers stationed in the Kimberley, including eight Aboriginal Sworn Police Officers (two in Broome, two in Derby, two in Fitzroy Crossing and two in Halls Creek). The Police employ five Aboriginal Liaison Officers (APLOs) with reduced powers, (two in Broome, two in Wyndham and one in Fitzroy Crossing).³²¹ The Police operations are split into East and West Kimberley regions which are managed by one Inspector. Another Inspector manages the crime and other agencies portfolio from Broome

Regional police staff in Western Australia average about twice the number per 100,000 population (1 for 373 residents) than provided in the metropolitan area (1 for 729 residents), due to the challenges of large distances and remote communities.³²² Due to crime caused by alcohol consumption, the ratio for police staff to residents in the Kimberley is about twice that for the State's other regions.

Inspector Jim Cave's evidence to the Committee was that in the Kimberley:

*80% of Police tasking is alcohol-related. The majority of offences that are committed are alcohol-related. ... it is a huge concern for us. Public behaviour standards often do not meet the community's expectations, and alcohol is a significant contributing factor.*³²³

One of the Inspector's staff on the Dampier Peninsular said that up to 98% of his daily tasks were alcohol-related.³²⁴

In enforcing the *Liquor Control Act*, the Police in the Kimberley use a number of approaches by:

- infringing bar staff if they permit drunkenness on licensed premises. These infringements are used as a last resort and usually after a number of warnings have been issued to the licensee. Licensees have a requirement to provide Responsible Service of Alcohol training for all bar staff under Section 115 of the Act.
- enforcing the 'Close Proximity' section of the legislation. This makes licensees responsible for any consumption of takeaway packaged alcohol within a close proximity of their liquor establishment under Section 65 of the Act. This has

³²¹ Submission No. 62 from Inspector Jim Cave, WA Police, 23 July 2010, p2.

³²² WA Police, 'Annual Report 2010', 23 September 2010. Available at: www.police.wa.gov.au/LinkClick.aspx?fileticket=JHWf8dDRa3k%3d&tabid=935, pp8-9. Accessed on 26 October 2010.

³²³ Inspector James Cave, Kimberley District Office, WA Police, *Transcript of Evidence*, 26 July 2010, pp1-2.

³²⁴ Sergeant Noel Howie, Dampier Peninsula Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p4.

reduced the number of street drinkers in Broome (such as at Male Oval in the centre of China Town) and associated dumping of rubbish within the town centre.

- issuing Prohibition Orders under Section 152 of the Liquor Control Act, barring patrons from entering any licensed premises within the State. Currently there are two Kimberley residents on Prohibition Orders, one in Derby the other in Broome.
- issuing notices under Section 115 of the Act which allows licensees and Police to bar patrons from specific licensed premises if they are deemed violent, disorderly or anti social. There are two residents barred in Broome and one in Halls Creek.³²⁵

The large Police stations at Broome and Kununurra operate on a 24 hours a day, seven days a week basis, with rotating shifts (day, night and afternoon). All staff across the Kimberley work 44-hour work weeks compared to most public servants working 38 hour weeks. As an example of the staffing of a large station, the Committee was told that the Kununurra Police station had 28 staff—three detectives, one prosecutor, a forensic officer, a customer service officer and the rest general duties Police officers. There has been a 5% population growth in Kununurra each year for the past two years, mainly due to employment provided by the Ord River stage 2 expansion, infrastructure upgrades at the high school, the local TAFE, the airport and the hospital. The Committee was told that there has been no increase in staffing at the Police station, and the shortfall in staff is about 8 officers.

The Kununurra station includes a 24-hour lockup/prison where people are held for a period of time once they have been sentenced and until they can be transferred to the Broome Regional Prison. The Committee was told that “there might be times when we hold prisoners for three or four days before they are flown out to Broome and picked up by G4S.”³²⁶ The biggest impact on staffing was in relation to the lockup as “we have prisoners every day of the week. We have had up to 18 prisoners in at one time. The average is probably four to five prisoners.”³²⁷

In Kununurra during 2009-10 there has been a surge in minor crime with total reported offences up 20.9%, domestic assaults up 18.1%, non-domestic assaults up 20%, burglaries up 31.8%, and theft up 54%. A large number of these property-type offences are undertaken by juveniles, and this is an area where the work of the Police crosses into the social services area as:

*there is very much a night culture in Kununurra. ... if we detain a juvenile for roaming the streets or whatever or committing an offence, getting a responsible adult to take responsibility for the kids after hours is a huge problem for us.*³²⁸

³²⁵ Submission No. 62 from Inspector Jim Cave, WA Police, 23 July 2010, pp9-10.

³²⁶ Senior Sergeant Graham Sears, OIC, Kununurra Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, pp3-4.

³²⁷ Ibid.

³²⁸ Ibid.

(b) Building respect

Ms Rowena Mouda, Chairperson, Ardyaloon Inc, said one of the reasons the Police in the Kimberley have had such an impact on the alcohol situation was “Aboriginal people around this part of the country are proud people. They do not want to be in trouble with the law. They have got a lot of pride in themselves.” She acknowledged the positive attitude Police have to local residents:

Since Neville [Ripp], who is the Sergeant here now, came on board, he has made it his business to come and talk to people. If he has had a call-out that night, he comes back the next day or the day after to do one-to-ones—just talking to them. We have found that has helped. He comes to the office and the public area of the community and just talks to people in general, so people are comfortable with him.³²⁹

The Police are often heavily involved in the communities’ social activities, such as sport. The Police strategy to station mature and experienced staff in the Kimberley has led the Multi-Function Police Facilities (MFPPFs) at Warmun, Oombulgurri, Kalumburu, Balgo, Bidyadanga and Dampier Peninsula to be “working exceptionally well”. The process of obtaining suitable staff for the region was described by Inspector Cave:

We had difficulties before because the people who were actually attached to those stations were probably there for the wrong reasons. We have now gone through a process where we select the best people for the job. That does not necessarily entail money because that is an incentive to get people there. We have actually got people who are in the areas now that are concerned about the communities and work well with the communities.

You will talk to Neville Ripp at Dampier Peninsula ... We are having huge difficulties with the three communities at Dampier. We have chosen him. He works exceptionally well with all the communities. He has them all on side, and offending has reduced.

Kalumburu, we had the same difficulty. We had a couple of people up there that were not necessarily there for the right reasons. We now have. In fact I get a report from Kalumburu each week. They had a school holiday program. They work in with the high school doing motor drivers’ licences. You talked about motor drivers’ licences, and I have got a note here that I can talk about a little bit later. They have a Going Bush program with kids to get them out and about. They run a young men’s group and they have a Kicking Together, Living Together football program which works exceptionally well.³³⁰

The wide-spread impact of alcohol consumption in the Kimberley and the thinly-spread resources means the Police are always very busy. In 2008 Broome Police Station processed the highest number of people in the State. Administration involved with arrests has an impact on the other tasks that can be undertaken by the Police “When you talk about man hours, processing a person

³²⁹ Ms Rowena Mouda, Chairperson, Ardyaloon Inc, *Transcript of Evidence*, 27 July 2010, p3.

³³⁰ Inspector James Cave, Kimberley District Office, WA Police, *Transcript of Evidence*, 27 July 2010, p11.

through summons or arrest is by far away the biggest chunk of your time. While I am doing that I do not have a car on the road to be patrolling and conducting traffic enforcement et cetera.”³³¹

Table 4.1 below shows the number of arrests and summons in Broome compared to other regional towns. The current activity in Broome is still higher in population terms than the other major regional towns in Western Australia, except for South Hedland. This data shows that since the introduction of alcohol restrictions there has been a significant drop in arrests and summons in Broome compared to figures for 2008, while the data for other towns has not significantly altered.

Table 4.1- Comparison of Broome Arrests and Summons with Other Regional Towns (January-August 2008-10)³³²

| Location | 2008 | 2009 | 2010 | Change 2008-10 | Annual arrests per 10,000 residents |
|----------------------|--------------|--------------|--------------|----------------|-------------------------------------|
| Broome | 1,601 | 1,400 | 1,075 | 67.1% | 678 |
| Albany | 889 | 804 | 684 | 76.9% | 192 |
| Bunbury | 977 | 875 | 886 | 90.7% | 261 |
| Geraldton | 1,305 | 1,743 | 1,336 | 102.4% | 368 |
| Kalgoorlie | 1,505 | 1,542 | 1,288 | 85.6% | 401 |
| South Hedland | 1,033 | 1,229 | 1,090 | 105.5% | 775 |

A dramatic drop in charges related to alcohol has occurred in the Kutjungka Communities (Balgo) after the Halls Creek liquor restrictions were implemented in May 2009 and the Rabbit Flat (Northern Territory) restrictions were implemented in late August 2009, as shown in Table 4.2 below.

³³¹ Senior Sergeant Robert Neesham, OIC, Broome Police Station, WA Police, *Transcript of Evidence*, 26 July 2010, p4.

³³² Inspector Kim Massam, WA Police, Letter, 30 September 2010, p3. Population data from ABS, 3235.0 Population by Age and Sex, Regions of Australia, 2009- Table 6, 5 August 2010. See: www.abs.gov.au/Ausstats/abs@.nsf/mf/3235.0. Accessed 26 October 2010.

Table 4.2- Crime Data from the Balgo Multi-Function Police Facility (2008-2010)³³³

| | 2008 | 2009 | 2010 | Change 2008-10 |
|---|------|------|------|----------------|
| Adult charges | 516 | 292 | 69 | -87% |
| Adult charges-alcohol related | 344 | 204 | 18 | -95% |
| Juvenile charges | 138 | 44 | 36 | -74% |
| Juvenile charges-alcohol related | 24 | 5 | 0 | -95% |
| Adult sniffing | 4 | 8 | 0 | -75% |
| Juvenile sniffing | 21 | 20 | 5 | -76% |

Finding 10

There has been a dramatic drop in arrests and summons after the imposition of liquor restrictions in the Kimberley and the Police play a key role in policing the restrictions and controlling efforts at breaking them. For this trend to continue, the Kimberley district will continue to need to be resourced with sufficient experienced Police officers.

Other than Broome and Kununurra, the smaller Police Stations and MFPFs are not open 24 hours a day. Normally these stations would operate a day and night shift, seven days a week. In Derby, the Committee heard of the efforts of the Officer in Charge in establishing a three-shift roster to deal with a mini-crime wave:

with a spate of burglaries and a lot of juvenile crime in the early hours of the morning, the public were quite outraged, and understandably so. We were not happy either because while we were tucked up home in bed, some of the kids were running around. Although it has been a bit unpopular, on six days a week I have extended the shifts out to work eight at night till four in the morning. I did that predominantly to maintain the confidence of the Derby people in our ability to keep the town safe and well policed. I have to say that I think it worked fantastically well. It is not popular with my staff but it is in accordance with our EBA and working agreements, so they work it. The downside is that it stretches the dayshift and the afternoon shift—the numbers off [duty] there get stretched out—to provide that nightshift, but it is proving very good and very valuable.³³⁴

³³³ Submission No. 66 from Sergeant David Risdale, WA Police, 23 July 2010, p3.

³³⁴ Senior Sergeant Michael Wells, OIC, Derby Police Station, WA Police, *Transcript of Evidence*, 28 July 2010, p7.

An additional five to seven staff would be needed to provide 24-hour cover at the Derby Station. A staff of 20 is required to guaranteed having a day, afternoon and nightshift seven days a week with enough staff on the three shifts. A complicating factor is that Derby is not a big centre and Police have to have officers providing the custodial care for residents they arrest, thus requiring seven rather than five additional staff.

Similarly, the Committee heard that there are only three Police stationed on the Dampier Peninsular. This is a region with about 2,000 residents covering just under 100,000 square kilometres which includes the four major communities of Lombadina, Djarindjin, Ardyaloon and Beagle Bay (with about 1,200 residents), as well as about 55 smaller outstations. The furthest major community is Beagle Bay, which is about 85 kilometres from the Police Station.³³⁵ Under the Police Enterprise Bargaining Agreement, officers cannot attend an incident by themselves. With three staff, if there is an incident in the evening to be investigated away from the Station, any other residents who want assistance have to wait until the two officers have returned later the next day before obtaining help.³³⁶

The Committee heard from many witnesses of the problems in smaller towns of obtaining after-hours assistance from the Police in Broome, when the phone calls are diverted from their local Station:

*In the eyes of the Police, the community is low priority, so if there is action in town we cannot get a response from the Police here because the town takes priority. ...with Broome we definitely become very, very low priority because we are 200 kilometres away and so what; who cares? ... so that you ring Broome, and then they will pull someone out of bed if they do deem it worthy. But their idea of what is worthy is up to their discretion. In the real world you would ring the police—like if you were in Perth and you had a domestic violence going on in the house or something, the police would be there. Here if you have got a domestic violence, they say, "It's only mum; don't worry about it."*³³⁷

Residents on remote communities that tried to take their own action in relation to liquor restrictions, such as stopping cars entering their community and searching it for alcohol, have been told by Police that they do not have the authority to do this and will themselves be charged if they take such action.³³⁸

(c) Indigenous Officers and Aboriginal Police Liaison Officers

The Committee was told that the Aboriginal Police Liaison Officers (APLOs) based in Wyndham were "very effective" but that they were being phased out and were now only based in Wyndham, Broome, and Fitzroy Crossing.

³³⁵ Submission No. 63 from Senior Sergeant Neville Ripp, WA Police, 23 July 2010, pp2-3.

³³⁶ Ibid.

³³⁷ Mr Stephen Austin, Chief Executive Officer, Mowanjum Community, *Transcript of Evidence*, 28 July 2010, pp2-3.

³³⁸ Ibid.

These APLOs were described as:

*they are fantastic to engage with the community and run programs that are better delivered by Indigenous people. I look at the APLOs as a conduit to convey messages that sometimes are better delivered by Indigenous people to Indigenous people, and to also be out there and be some eyes and ears that will filter back to allow us to deliver our services better.*³³⁹

The effectiveness of the APLOs depended on factors such as whether they have family within an area and how well regarded they are. The Drug and Alcohol Office (DAO) recommended that APLOs had a key role to play in the Western Australian Aboriginal Alcohol and Other Drugs Plan by supporting school attendance through community patrols.³⁴⁰ A Victorian research report highlighted the importance of APLO-type staff in supporting the policing of illicit drug problems in Indigenous communities.³⁴¹

The transition of the APLOs to Police constables began in 2005 but five years later there seems to be no formal program to increase Indigenous officers in the WA Police, other than the establishment of the Indigenous and Community Diversity Unit in WA Police's recently created Community Engagement Division.³⁴² The Commissioner of Police acknowledged this problem and suggested an alternative model to the Committee:

*We find that if you do not capture young Aboriginal kids when they are finishing school, you lose them to wherever they go, and you cannot get them back. ... But it is a significant problem for us: you know, getting Halls Creek Indigenous people working in Halls Creek for the Halls Creek community. Because of the way we have recruited and trained people in the past, it has become an enormous challenge. One way forward with that, is the auxiliary police model. They do not have to undergo the full spread of tactical police training, but they can get enough training to deal with some of the liaison functions. You can then get someone locally, train them locally and keep them locally. That would be a good outcome.*³⁴³

Similarly, the Police in the Kimberley employ few Indigenous officers. The effectiveness of Indigenous staff may be limited if they come from a different region "because the cultural

³³⁹ Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p7.

³⁴⁰ Drug and Alcohol Office, 'Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drugs Plan 2005-09', 2005. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=459&Command=Core.Download, p13. Accessed on 28 October 2010.

³⁴¹ Australian Institute of Criminology, 'Policing Substance Abuse in Indigenous Communities', July 2009. Available at: www.aic.gov.au/publications/current%20series/rip/1-10/03.aspx, p26. Accessed on 28 October 2010.

³⁴² Inspector Kim Massam, WA Police, Letter, p2, 30 September 2010.

³⁴³ Dr Karl O'Callaghan, Commissioner, WA Police, *Transcript of Evidence*, 26 May 2010, p9. For information on the auxiliary police model, see www.stepforward.wa.gov.au/faq/auxiliary-faq.php. Accessed 28 October 2010.

differences between the Kimberley Aboriginal people and the metro and south Aboriginal people are vast.”³⁴⁴ The Commissioner had earlier given similar evidence “I can recruit an Indigenous police officer from Narrogin, but there is no point in sending him or her to Halls Creek, because they have no more respect among the local Indigenous people than any other non-indigenous person would have.”³⁴⁵

Finding 11

Local Indigenous Police staff from the Kimberley play a key role in many programs aimed at ‘repairing’ the damage caused by the consumption of alcohol and there is scope for increasing their numbers using the auxiliary police officer model.

Recommendation 16

The Minister for Police should ensure that the Kimberley district be resourced with sufficient experienced Police officers. The auxiliary police officer model should be used to increase the number of local Indigenous Police in the Kimberley.

4.2 Drug and Alcohol Office Services

The *Alcohol and Drug Authority Act 1974* provides the legislative basis for the operation of the WA Alcohol and Drug Authority (which operates under the title of the Drug and Alcohol Office), establishes the Board of the Authority and sets out its operation, including its relationship to the Minister for Health. The Drug and Alcohol Office (DAO) is responsible for coordinating drug and alcohol strategies and services in Western Australia.

DAO provides a range of prevention programs, a state-wide network of treatment services, professional education and training and research activities and funds the Kimberley Community Drug Service Team (KCDST). Services provided by the KCDST include:

- Counselling or intervention out of business hours;
- Outreach crisis intervention;
- Residential services;

³⁴⁴ Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, pp7-8.

³⁴⁵ Dr Karl O’Callaghan, Commissioner, WA Police, *Transcript of Evidence*, 26 May 2010, p9.

- Financial resources (such as Patient-Assisted Travel Scheme fares and accommodation) for those seeking treatment;
- Care and management of acutely intoxicated people in Sobering-Up Centres; and
- Screening or testing for drug use of Department of Justice clients on conditional orders.³⁴⁶

Table 4.3 provides a list of all the DAO-supported alcohol and other drug services in the Kimberley region in 2010 and identifies which services receive Commonwealth funding.³⁴⁷

Table 4.3- Location of Kimberley Alcohol and Drug Services (2010)

| Location | Organisation | Services | Funding Source |
|-------------------------|--|---|----------------------|
| Kimberley Wide | Kimberley Mental Health and Drug Service | Community Drug Service Team (CDST) Services include, prevention, education, community development, counselling and support and diversion services | DAO/ Commonwealth |
| Broome | Milliya Rumurra Aboriginal Corporation | Indigenous Program- Outpatient counselling and support/ Residential Rehabilitation for individuals and families & Diversion | DAO |
| | | Sobering Up Centre | DAO |
| Derby | Garl Garl Walbu | Sobering Up Centre | DAO |
| Fitzroy Crossing | Nindilingarri Cultural Health | Outpatient Service includes prevention, education, community development, counselling and support and diversion services in partnership with WA Country Health Services | DAO |
| Halls Creek | Jungarni Jutiya (Central Kimberley Consortium) | Outpatient counselling and support | DAO/ Commonwealth |
| | Halls Creek People's Church | Sobering Up Centre | DAO |
| Wyndham | Ngnowar-Aerwah Aboriginal Corporation | Indigenous Program- Outpatient counselling and support/Residential Rehabilitation for individuals and families & Diversion | DAO/ Commonwealth |
| | | Sobering Up Centre | DAO |

³⁴⁶ Drug and Alcohol Office, 'Kimberley Community Drug Service Team', 2010. Available at: www.dao.health.wa.gov.au/tabid/97/ctl/Detail/mid/425/xmid/113/xmfid/1/Default.aspx. Accessed on 3 November 2010.

³⁴⁷ Mr Neil Guard, Executive Director, Drug and Alcohol Office, Electronic Mail, 30 November 2010, p1.

| | | | |
|-----------|-----------------------------------|--------------------|-----|
| Kununurra | Waringarri Aboriginal Corporation | Sobering Up Centre | DAO |
|-----------|-----------------------------------|--------------------|-----|

(a) Sobering-Up Centres

Sobering-Up Centres (SUCs) are located in all of the major Kimberley towns except for Fitzroy Crossing. DAO, in consultation with the local community, closed the SUC in Fitzroy Crossing in early 2007 due to the low numbers of presentations. The funding was reorientated to other service delivery and the building used for a drug and alcohol service and a mental health service.

Police said they work closely with the local SUCs and use them as a diversionary tool in preference to arresting residents. In most cases Police will convey alcohol-affected people to either their home or the local SUC. All Kimberley towns also have Indigenous community-based night patrols which are usually funded by DIA. These also convey drunken residents to a Sobering-Up Centre or their homes.³⁴⁸

The Committee was told of two difficulties with these SUCs and night patrols:

- engaging the drinkers who do not want to go to a SUC, “the ones who want to stay out all the time and just keep drinking, drinking, drinking.”³⁴⁹
- the difficulty in calculating the effectiveness of these centres “our success is people coming to us in the first place and saying, “I have this problem. I want to do something about it. I want to come into your service”.”³⁵⁰

A DAO review of the results of the Kimberley alcohol restrictions has shown a drop in use of the SUCs over the past two years, especially in Broome (see Table 4.4 below).

³⁴⁸ Submission No. 62 from Inspector Jim Cave, WA Police, 23 July 2010, p14.

³⁴⁹ Ms Sally Malone, Regional Coordinator, Kimberley Community Drug Service Team, *Transcript of Evidence*, 26 July 2010, p10.

³⁵⁰ Ms Maria Lovison, Chief Executive Officer, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, p6.

Table 4.4- Presentation to Broome, Derby and Halls Creek SUCs (October 2006 - September 2009)³⁵¹

| Location | Pre-restrictions (2006-07) | Post-restrictions 1yr (2007-08) | Post-restrictions 2yr (2008-09) | Change |
|-------------|----------------------------|---------------------------------|---------------------------------|--------|
| Broome | 4,411 | 4,143 | 2,573 | -42% |
| Derby | 1,606 | 1,723 | 1,444 | -10% |
| Halls Creek | 1,503 | 1,509 | 891 | -41% |

A Sobering-Up Centre in action- the Garl Garl SUC and Numbud night patrol

The Garl Garl sobering-up centre (SUC) in Derby is managed by the Garl Garl Walbu Alcohol Association Aboriginal Corporation and has six staff; three male and three female casual workers. They start work at four o'clock in the afternoon. There is a male and a female from four o'clock until midnight and from midnight to eight o'clock the next morning. Similarly to other SUCs, clients are admitted and given clean pyjamas and can have a shower or go to bed. At Garl Garl "they are not given any food, but they can have water." Garl Garl has two dormitory-type rooms for men; one with six beds and one with seven. There is also a seven-bed room for the female clients. Clients have to be over 17 to use the SUC. In the first four months of 2010 it has serviced 290 female and 784 male clients, and in 2009 it serviced 408 female and 1,169 male clients.³⁵²

The Numbud night patrol has recently had its budget cut, however the Committee were told that in 2009 it transported between 14,000 to 16,000 people from Derby and Mowanjum. Often it would "take the same person home three times in one night ... yes; they would beat you back to town sometimes!" Numbud is funded from DIA but now only covers 20 hours a week, "before I used to work from, say, six o'clock to 12 o'clock or one o'clock in the morning." The focus on Numbud is not to take all of its clients to the SUC, but "we try to take them home and get them off the street and out of harm's way":

*Sometimes we will not take them home because we know all the boys and we know just about which ones are the violent ones and which ones are not. If they look like they are going to be violent, we take them to the sobering-up shelter so that they do not go home and cause trouble, but it does not work that way sometimes, though.*³⁵³

³⁵¹ Drug and Alcohol Office, 'Fitzroy Valley Alcohol Restriction Report December 2010', 2010. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1236&Command=Core.Download, p65. Accessed on 23 December 2010.

³⁵² Mrs Margaret D'Antoine, Manager, Garl Garl Walbu Alcohol Association Aboriginal Corporation, *Transcript of Evidence*, 28 July 2010, pp2-3.

³⁵³ Mr Gregory Spinks, Coordinator, Numbud Patrol, *Transcript of Evidence*, 28 July 2010, p4.

Finding 12

When drinkers are aware that someone else will pick them up, care for them and take them home when they are drunk, some of the drinkers lose their sense of responsibility for their anti-social behaviour. The benefit of providing government-funded transport in this manner must be balanced against enabling the few who use it to continue drinking.

Recommendation 17

The Minister for Mental Health provide annual funding, commencing in the 2011-12 budget, for compulsory rehabilitation programs for any person who has more than one court appearance related to anti-social or criminal behaviour associated with alcohol use.

The two key Indigenous-run organisations in the Kimberly that are funded by DAO and offer SUC services as well as rehabilitation programs are Milliya Rumurra in Broome and Ngnowar-Aerwah in Wyndham.

Milliya Rumurra Aboriginal Corporation Sobering-Up Centre and Rehabilitation Centre

Milliya Rumurra was established in 1978 and is a not-for-profit community controlled organisation that provides a residential rehabilitation service for people who are dependent on and abuse alcohol and other drugs. It is funded from two areas—the State funding is through the Drug and Alcohol Office and the Commonwealth's funding through the Office for Aboriginal and Torres Strait Islander Health (OATSIH), the Department of Health and Ageing and Aboriginal Hostels Ltd. Milliya Rumurra incorporates culture into its programs on alcohol and other drugs.³⁵⁴ Its mission is to offer a full range of services that are Indigenous-specific by providing a supportive, non-confrontational alcohol and drug-free environment.³⁵⁵

The residential rehab centre has 22 beds for adults and has the capacity to take up to four children, so that whole families can go there. There are six staff on Milliya Rumurra's clinical team. Four of those are residential staff and two of those are outreach workers who go to communities to deliver programs and do follow-up care for people who have left the centre. Since January 2010, 87 people have been through the rehabilitation service. The centre takes in people from throughout Western Australia, including Albany, Wagin and Geraldton.³⁵⁶ The prevention of a relapse is more

³⁵⁴ Ms Maria Lovison, Chief Executive Officer, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, p14.

³⁵⁵ Mr Christopher Bin Kali, Director, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 26 July 2010, p2.

³⁵⁶ Ms Jillian Coole, Clinical Team Leader, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, pp2-3.

difficult to provide in Broome as Milliya Rumurra does not have access to training facilities like TAFE:

*Part of your discharge plan for people leaving rehab is to help them develop life skills and to further their education and training so that they are employable and things like that. Up here you are actually sending people back to the exact same situation that they came from.*³⁵⁷

It has a SUC for those drinkers who are difficult to engage with “what we call the happy drinkers, the ones who are getting intoxicated on a regular basis. It is a place to go and then sober up in safety.”³⁵⁸ The SUC had nearly 5,000 admissions in 2003, but just over 3,000 in 2009 and just under 2,000 in 2010. The Broome patrol picks up over 2,000 people a month but most do not wish to go to the SUC, as “this is a democratic society. If people do not wish to go to a sobering-up shelter, then they cannot be taken there. It is a democracy. We are not forcing people to do anything that they do not want to do.”³⁵⁹

Ngnowar-Aerwah Aboriginal Corporation Sobering-Up Centre and Rehabilitation Centre

Ngnowar-Aerwah was incorporated in 1985 and its 16-bed sobering-up shelter was described as “very well run.” It looks after drinkers in Wyndham as follows:

*They go in and their clothes are taken and washed. They have a shower and go straight to bed. They sleep in the morning. They put their clean clothes back on, they have a proper, healthy breakfast, and off they go. That is an excellent service for keeping people, I guess, healthy and well looked after. They also have some contact with what treatment services are available. There is information and literature, and the staff there do engage them and talk about the possibility of change...*³⁶⁰

The sobering up centre and associated night patrol operate five days a week. The night patrol picks up about 100 people a night, “that is not so seasonal because people are drinking every day of the week. ...If they are injured, they will offer basic first aid and take them to the hospital... they pick up kids, too, because, otherwise, the kids would just be left out on the street.”³⁶¹

While describing the SUC as ‘very effective’, the Police said “it is sometimes not available when we need it, like if there is a big event on, then, unfortunately, some of the staff that are employed

³⁵⁷ Ms Jillian Coole, Clinical Team Leader, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, p6.

³⁵⁸ Ms Sally Malone, Regional Coordinator, Kimberley Community Drug Service Team, *Transcript of Evidence*, 26 July 2010, p10.

³⁵⁹ Cr Graeme Campbell, Shire President, Shire of Broome, *Transcript of Evidence*, 26 July 2010, p3.

³⁶⁰ Ms Sally Malone, Regional Coordinator, Kimberley Community Drug Service Team, *Transcript of Evidence*, 26 July 2010, p10.

³⁶¹ Ms Lesley Evans, Chief Executive Officer, Ngnowar-Aerwah Aboriginal Corporation, *Transcript of Evidence*, 2 August 2010, p4.

to provide that service want to go to the event, which means that the service is not there.”³⁶² Given the geography of Wyndham, the SUC also plays an important local transport role:

*On Sundays, when the licensed bottle shop in the main town site area is closed, everyone moves four or five kilometres out of town to where the pub is. The sober-up bus not only picks up people who are intoxicated or affected by alcohol; they also run quite a regular service in that on an hourly basis they will be at certain points, and people use it for that, which is good because it moves people away from the area instead of having massive numbers of people there. So they definitely play a good role.*³⁶³

Ngnowar-Aerwah also offers a residential rehabilitation centre that has just been provided \$6 million for refurbishments so that “we could better cater for families and for couples as well.” Previously it only took single people but wishes to extend their role and work with Indigenous families. Clients come in for 13 weeks if they are self-referrals, and 15 weeks if they families. This allows children to be enrolled into school and “for the family to start working together within rehab before programs start for them. They come in for 19 weeks for court referrals, as many of these clients are a bit resistant but it is preferable to prison.” Once the current capital works are completed there will be three family units catering for up to two couples and 10 children. Ngnowar-Aerwah also offer a Men’s Shed program and runs a *Building Solid Families* program which deals mainly with mental health clients, “we have quite a few co-morbid, diverse clients within Wyndham.”³⁶⁴

Services in smaller centres in the Kimberley

The Committee heard of the lack of alcohol and drug services on the Dampier Peninsular:

*We do not have a huge service out here; they probably come out monthly—mental health services and drug and alcohol services. There is nobody on the ground in Beagle Bay, so really what is required is a permanent mental health worker and a drug and alcohol rehab person who can live here, housing being the main problem, because there is nowhere for those people to stay.*³⁶⁵

The Dampier Peninsular has about 1,800 residents, about the same number as other regional centres with full-time staff, such as Fitzroy Crossing, Ravensthorpe and Wagin. Fly-in services come on a three-weekly to six-weekly basis, “spend two hours with us, maybe an hour or two with you guys [Police], and then onto the next community.”³⁶⁶ Residents on the Peninsular do not rely just on government services, but “We also have to generate our own income to top-up and open

³⁶² Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p6.

³⁶³ Ibid.

³⁶⁴ Ms Lesley Evans, Chief Executive Officer, Ngnowar-Aerwah Aboriginal Corporation, *Transcript of Evidence*, 2 August 2010, p2.

³⁶⁵ Ms Maria Lombardi, Manager, Beagle Bay Clinic, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 27 July 2010, p1.

³⁶⁶ Ms Rowena Mouda, Chairperson, Ardyaloon Inc, *Transcript of Evidence*, 27 July 2010, p2.

the doors of an office—the administration building—and provide a service for people to get their mail and cash, because we do not have a bank or anything. The community does that.”³⁶⁷

(b) Kimberley Community Drug Service Team³⁶⁸

The Kimberley Community Drug Service Team (KCDST) was established in 1998 as part of the State’s Drug Strategy. The KCDST operates as ‘a team within a team’ in the Kimberley Mental Health and Drug Service. Recurrent program funding is provided through the Drug and Alcohol Office with some non-recurrent funding through Commonwealth and other funding bodies.

The mental health and drug service teams are co-located at Broome, Derby and Kununurra. They deliver services via a ‘hub and spoke’ outreach basis to remote communities and other regional towns, from the three largest towns:

- Broome: Beagle Bay, Djarindjin, Lombadina, Ardyaloon, Bidiyadanga and Broome and surrounding areas.
- Derby: Looma, Pandanus Park, Mowanjum, Fitzroy Crossing and the communities of the Fitzroy Valley, Balgo and the Kutjunka communities (Mulan, Bililuna).
- Kununurra: Halls Creek, Warmun (Turkey Creek), Ringer’s Soak, Frog Hollow, Violet Valley, Doon Doon, Wyndham, Kalumburu and Oombulgurri.

The KCDST funded staff in late 2010 was 11.68 FTE, with 7.28 FTE currently filled and 4.4 FTE currently vacant. The KCDST staff distribution is shown in Table 4.5.

Table 4.5- Location of Kimberley Community Drug Service Team Staff (2010)

| | Broome | Derby | Kununurra |
|--------------------------------|--------|-------|-----------|
| Regional Coordinator | 1.0 | | |
| Training Coordinator | 1.0 | | |
| Community Drug Service Workers | 2.0 | 2.0 | 3.0 |
| Indigenous Diversion Program | 1.0 | | 1.0 |
| Admin support/ Data entry | 0.68 | | |

KCDST services about 250 clients across the Kimberley, with about 60%-70% being Indigenous. In the regional service centres, the proportion of Indigenous clients is much higher (between 78-99%). KCDST data shows an increase in clients from 150 in 2005 to 250 in 2010, with retention

³⁶⁷ Ms Rowena Mouda, Chairperson, Ardyaloon Inc, *Transcript of Evidence*, 27 July 2010, p7.

³⁶⁸ Ms Sally Malone, Regional Coordinator, Kimberley Community Drug Service Team, Letter, 23 July 2010.

and completion rates moving from less than 40% in 2008 to 80% in 2010. Clients are seeking assistance with:

- alcohol- about 80% of clients;
- cannabis- about 14% of clients;
- opiates- about 4% of clients (mainly re-directed prescribed opiates: codeine or morphine-based tablets, methadone and sub-oxone); and
- tobacco, volatile substance use ('sniffing'), heroin, amphetamines and hallucinogens - low or infrequent numbers.

Finding 13

The Kimberley Community Drug Service Team provides critical services in assisting residents to cut their consumption of alcohol and other drugs, but faces severe difficulties to recruit, retain and accommodate staff. This makes it difficult for them to offer regular programs other than in Broome, Derby and Kununurra.

4.3 Child Protection Services

(a) Summary of services- East Kimberley

The other major government provider of services in the Kimberley dealing with the impact of alcohol and drugs is the Department for Child Protection (DCP). One of its responsibilities is to ensure accommodation and services are provided to children in need who are the victims of alcohol abuse. In the Kimberley, DCP has staff co-located with Police in six Multi-Function Police Facilities (MFPFs).

DCP must ensure a child is accommodated and protected and has to balance the risks of removing a child from their family, and possibly their wider family with later concerns that this removal may contribute to some form of mental stress or illness. The decision not to place a child with the child's larger family group may be taken because of issues such as overcrowded housing:

we look at the capacity of the family to keep a child safe. When you talk about the key carers, they are not doing a bad job in a context that is impossible to manage. There is this tension whether you remove a child from the family where in fact the immediate family does have the capacity to care for them; however, they do not because of the housing situation and they are not likely to get a house for a very long time. It is the same when we try to place a child who has been removed from their family. There are plenty of relatives out in the East Kimberley who are more than capable of looking after these kids, but they

*do not have a house or they are in an overcrowded house and, therefore, they will not meet the scrutiny of the assessment.*³⁶⁹

The Committee heard from the Regional Director for the East Kimberley that there were approximately 400 children receiving DCP services from about 80 case-management staff and another 20 staff who work in a residential shift-work capacity. The West Kimberley DCP region has a similar number of staff. Of the approximately 400 children in the East Kimberley:

- 124 children are in care (and are the legal responsibility of DCP);
- a further 120 are under investigation or assessment; and
- about another 100 are in DCP's family support-type areas.³⁷⁰

In terms of key staff positions in the East Kimberley, DCP has 16 investigators in Kununurra, four in Wyndham, ten in Halls Creek and in Kununurra there are many non 'card-carrying' positions in DCP's parent-support program. Card carriers are DCP staff who hold statutory delegations under the *Children and Community Services Act 2004*. They are case managers who work with children in care and investigate child abuse. Non card-carrying staff provide intensive support to parents and "they go into the homes and 'walk' alongside people...In Halls Creek we have four; and in Wyndham we do not have any base; they outreach from Kununurra. We have four card carriers [investigators]: one each in Balgo, Oombulgurri, Kalumburu and Warman."³⁷¹

DCP manages the East Kimberley Family and Domestic Violence Hub based in Kununurra with an outreach program to Kununurra, Wyndham, Oombulgurri, Kalumburu and Warman. This Hub includes two specialist domestic violence workers, one for women and one for men. There are two community development community education officers and DCP are recruiting people in the remote communities to become support workers to that program. DCP is also putting infrastructure around men's and women's shelters in the remote communities and providing systemic advocacy, training and education of other service providers around domestic violence.

(b) DCP hours of operation

There appears to be some confusion as to the DCP hours of services in the Kimberley. DCP services were criticised by other agencies, including the Police, for finishing at around 4pm each afternoon. Inspector Cave told the Committee "to find a government agency that will assist us—we work 24/7 and they do not—is very, very difficult." In addition he said:

When you are out and about on the streets at three o'clock in the morning and come across five-year-old kids, we take them home or bring them back to the Police station until we can

³⁶⁹ Ms Emma White, District Director, Department for Child Protection, *Transcript of Evidence*, 2 August 2010, pp5-7.

³⁷⁰ Ibid.

³⁷¹ Ibid.

*get a responsible adult. In my mind, DCP should be working on it at the same time as we are because that child is there as a child at risk.*³⁷²

Similarly, in Kununurra the Committee heard from a Justice of the Peace that:

*Government agencies here—so-called support agencies—knock off at four o'clock. After four o'clock you struggle to get help. ... I have had children in Court before me...who had been bailed out to, for example, an 80-year-old grandfather ...So the kid was bailed out and was back in Court before me on a Saturday to stay there until Monday when he went before the magistrate again. The kids are in there on their own. There is no Department for Child Protection, there is no youth services. The kids front up to Court with no-one because it is outside agency hours.*³⁷³

The DCP Director General, Mr Murphy, was asked about the working hours of DCP staff by the Committee after it returned from the Kimberley. He called this criticism “a bit of a caricature of the actual situation... If there was a five or six-year-old on the street, we would expect to be notified of that and to take action. I could not be clearer about that, and that does happen.”

The Director General told the Committee how the DCP Kimberley after-hours process operates:

*people have to ring a call centre based in Perth and staffed 24/7. That enables us to look up the child's records, the family and so forth, and if it is a Police officer, for example, to ask them: “Do you know that this child normally lives with such-and-such? Have you been around there to return the child to that place? Are things okay?”*³⁷⁴

The Police gave evidence that DCP's Crisis Care in Perth had “suggested on one occasion that we just drive a baby down to the hospital to get it seen to, and on another that the Police officers actually mix a formula for the baby and feed the baby.”³⁷⁵

DCP Regional Director, Ms White, disputes this perception:

We have seven-day-a-week, after-hours rosters in each town in the Kimberley. That has been quite a new thing in the last couple of years. So, people do not like to ring Perth to get a local response. It is not comfortable to them. It is a cumbersome process. They feel quite frustrated that perhaps they have to wait on line for 15 minutes or it takes half an hour for Crisis Care to get a local response. I appreciate that, but I also think that is how we record information and get background information, and there is always the local response. ... After hours is an ongoing, contentious issue in the Kimberley, as long as I have been here and long before. Three or four years ago there was a full inquiry into after

³⁷² Inspector James Cave, Kimberley District Office, WA Police, *Transcript of Evidence*, 26 July 2010, pp2-3.

³⁷³ Cr Fred Mills, President, Shire of Wyndham - East Kimberley, *Transcript of Evidence*, 2 August 2010, p8.

³⁷⁴ Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 18 August 2010, p3.

³⁷⁵ Senior Sergeant Graham Sears, OIC, Kununurra Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p4.

*hours in the Kimberley region, and the data available showed that in fact the numbers did not warrant a full-time person or an FTE dedicated to that response.*³⁷⁶

The Director General believes that it is quite reasonable for the Police and others to deal with DCP over the telephone, provide information on that basis, and for the Police to take children home if needed. He told the Committee that if there are protection issues then DCP has staff on-call 24/7 throughout the Kimberley, and they will be contacted and will come out and take whatever action is necessary. Many witnesses would disagree with the Director General and would argue that if Police are to take on the role of DCP staff then they should be educated and paid appropriately for these additional responsibilities.

DCP has instituted night patrols by its staff in Halls Creek, Broome and Kununurra. In Kununurra, DCP patrols on Thursday, Friday and Saturday nights. This process has been developed as “a matter of cost effectiveness”. Mr Murphy said that if the Government made a decision that DCP should run a service through the night or into the evening “then we would find things to do” though he did not think the current demands warranted additional evening staff.³⁷⁷

Mr Murphy did concede that DCP was in the next 12 to 18 months extending a youth justice program for older youth to the Kimberley and the Pilbara. This program is already working in Geraldton and Kalgoorlie. This new program has DCP working with key agencies such as Police and Corrective Services into the evening and includes some emergency beds in safe houses for children who are on bail. This program also provides care to children as young as 10-12 years old. DCP’s hostel in Broome was designed for 10-12 children and in August 2010 there were often between 19 and 23 children housed there (some as young as five or six years old).³⁷⁸

Finding 14

Improving the current inadequate communication between Government agencies which offer urgent services for children in the Kimberley would enhance the outcomes for children.

³⁷⁶ Ms Emma White, District Director, Department for Child Protection, *Transcript of Evidence*, 2 August 2010, pp2-3.

³⁷⁷ Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 18 August 2010, p3.

³⁷⁸ Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 18 August 2010, pp5-6.

Recommendation 18

The Minister for Police provide the Commissioner of Police with additional resources to allow the completion of incident reports for every child under 16 years of age found on the streets after 10.00pm in the Kimberley during 2011. This incident report data be made available to the Ministers for Indigenous Affairs, Regional Development, Health, Education and Child Protection. The Minister for Child Protection prepare a Report on this data for Parliament by June 2012 detailing how the Government has, and will continue to address, this issue.

Recommendation 19

In Kimberley locations that have Department for Child Protection staff, the Department for Child Protection be given responsibility to take a child to a safe house if they are found on the streets after 10pm. In other locations, the Police continue to undertake this role. The Minister for Child Protection provide the funding to ensure that this occurs.

(c) Demand for services

For 2010-11, the Department of Child Protection has a budget of about \$440 million and 50% of its child clients are Indigenous. In the current budget DCP states that “the number and proportion of Aboriginal and Torres Strait Islander children in care has increased at a much higher rate than the number of available placement options with Indigenous carers or relatives.”³⁷⁹

Parliament was told in September 2010 by the Minister for Child Protection that no funds were to be provided to the Kimberley region from the \$28 million provided for the expansion of responsible parenting services in regional areas. Only 3.4 FTE of the new DCP 34 FTE of front-line workers to support children and young people in care and protect them from abuse were for the Kimberley region- 1 FTE to Broome, 1 FTE to Fitzroy Crossing and 1.4 FTEs to Kununurra.³⁸⁰

The Committee heard from the DCP Director General, Mr Murphy that over the past few years the Kimberley FTE numbers had increased by 89% and that “to be frank, if we doubled our staff in the Kimberley they would be just as busy as the existing staff are because there are endless

³⁷⁹ Department for Child Protection, nd. Available at: www.dtf.wa.gov.au/cms/uploadedFiles/State_Budget/Budget_2010_11/01_part_13_child_protection.pdf, p708. Accessed on 1 November 2010.

³⁸⁰ Hon Mr A.J. Simpson, MLA, Parliamentary Secretary representing the Minister for Child Protection, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 14 September 2010, p6583.

amounts to be done.” In terms of factors leading to this high demand for DCP services, Mr Murphy said:

57% of child protection clients have drug and alcohol problems. The reasons for coming into the child protection system are always multiple. ... We often refer to the “holy trinity” of drugs and alcohol, mental health and domestic violence as the three big causes of family dysfunction that give rise to the need for child protection intervention.³⁸¹

Ms White told the Committee that there had actually been an increase and a slight change in their work in the East Kimberley since the introduction of the alcohol restrictions. This was corroborated by the Police who said that there were now more charges for domestic violence, for example, because:

Families are more likely to engage. There was an increase in domestic violence, but I think that was around people’s ability to remember details of the night and report. The violence I would say at a guess was already occurring, but because it has been reported [to Police], that referral comes to us. Certainly with our non card-carrying services, the engagement really increased, so that increased our workload, but in a positive way. I think what happens when the alcohol restrictions are in place is that some of the causal factors come to the fore. Some of the systemic issues, mental health issues in the family, housing, confused identity, culturally people are not strong, they are not connected—all that stuff comes much more to the forefront.³⁸²

The average length of stay for children placed with DCP is between three and four months, but some have been in care for a year. Police also bring in young people they have found on the streets for an overnight stay or for two days. After a period of 24 hours DCP needs to apply to the Children’s Court or find another solution for a young person and DCP “often accommodate kids in hotels with staff members around the clock.” The major DCP placement facility in the East Kimberley is in Halls Creek with 20 beds and staffed by 36 staff. Another eight-bed facility is presently being built in Kununurra and another four beds in Wyndham.³⁸³

The Committee heard from witnesses that there is some confusion regarding the criteria and guidelines used by the Department for Child Protection (DCP) to determine when a child should be removed from their family. There was an impression that DCP did not move swiftly enough to remove children at risk, particularly those Indigenous children living in circumstances impacted by drug and alcohol use. This is a difficult and controversial area and the debate regarding appropriate standards of parental responsibility, and the need for Government intervention in specific circumstances, is an ongoing one across the State, not just in the Kimberley.

³⁸¹ Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 18 August 2010, p2&p7.

³⁸² Ms Emma White, District Director, Department for Child Protection, *Transcript of Evidence*, 2 August 2010, p7.

³⁸³ Ms Emma White, District Director, Department for Child Protection, *Transcript of Evidence*, 2 August 2010, pp4-5.

This issue was addressed in January 2007 by the Ford Report. This report noted that in June 2006 there were 851 Indigenous children placed in ‘out of home’ care, or 38% of the State’s total number of children in care (despite Indigenous children representing just 6% of the State’s children).³⁸⁴ It listed the clear guiding principles set out in the *Children and Community Services Act 2004* as to how DCP must assess children who are at significant risk of harm or neglect. Amendments to section 12 of the Act came into effect on 31 January 2011. These reinforced the principle that the placement of Indigenous children must ensure that the best interests of the child remain paramount.³⁸⁵

The Committee considers that children in the Kimberley at risk from living in families affected by alcohol and illicit drugs would benefit if DCP made their principles and guidelines clearer to their government and NGO colleagues. Improved communication mechanisms between DCP and other agencies would benefit children at risk in the Kimberley.

Finding 15

There are many children in the Kimberley living in family conditions where alcohol and drugs are causing them harm. Because of the harm done by earlier governments removing children from their families, there is an ongoing debate and a lack of clarity for staff as to when it is in a child’s interest to be removed from a dysfunctional family.

Recommendation 20

The Minister for Regional Development allocate Royalties for Regions funding in the 2011-12 budget to initiatives that support families and address responsible parenting in the Kimberley region.

³⁸⁴ Ms Prudence Ford, *Review of the Department for Community Development*, Government of Western Australia, Perth, 2007, p96.

³⁸⁵ Department of Child Protection, ‘Amendments to the *Children and Community Services Act 2004*- Key Features’, 2011. Available at: <http://www.dcp.wa.gov.au/Documents/Key%20features.pdf>. Accessed on 28 February 2011.

Recommendation 21

The Minister for Child Protection report to Parliament by 1 July 2011 on measures taken by the Department of Child Protection to improve its communications with other government and non-government staff working with children in the Kimberley. These measures and communications should ensure that all agencies understand the Department's protocols for removing at risk children from their families.

Recommendation 22

The Minister for Child Protection ensure that the Department for Child Protection's annual report include data identifying how many Indigenous and non-indigenous children in each region across the State are living in 'at risk conditions' associated with the consumption of alcohol and illicit drugs. The annual report should establish key performance indicators to ensure these statistics improve.

(d) Northern Territory experience

The Northern Territory faces similar issues in relation to the care of children and established an *Inquiry into the Child Protection System in the Northern Territory*. The Board of Inquiry was appointed by the Chief Minister in December 2009 in the wake of adverse publicity arising from a number of tragedies and public complaints about the inadequate responses of child protection services. The Inquiry's final report, *Growing Them Strong, Together: Promoting the Safety and Wellbeing of the Northern Territory's Children*, was published in late 2010 and recommended:

- an organisational reform in the NT's child protection services;
- a re-orientation towards a more collaborative approach to the task; and
- an immediate investment in more staffing resources for statutory child protection and out of home care services.

Finally, it urged a more robust commitment to developing culturally appropriate, early intervention and preventive services to ensure that the statutory services are able to keep up with demand. It cautioned that the NT Government needed to invest as much, if not more, into

preventing the need for vulnerable children to be placed in care as it does to investigating and monitoring families and removing children from their homes.³⁸⁶

4.4 Health Services

The Department of Health, through the WA Country Health Service (WACHS), offers the following services in the Kimberley³⁸⁷:

Hospital Services

- Broome Hospital- 34 bed hospital offering levels 3-4- Regional Resource Centre (until October 2012). Post-November 2012- 46 bed hospital offering levels 3-4- Regional Resource Centre plus, 4 bed mental health unit.
- Derby Hospital- 43 bed (inclusive of 4 special care nursery cots) hospital offering levels 2-4- Integrated District Health Service.
- Fitzroy Crossing Hospital- 14 acute beds + 2 boarder beds- Small Hospital.
- Halls Creek Hospital- 8 bed hospital offering levels 3-4.
- Kununurra Hospital- 32 bed hospital (plus 10 bed aged care unit) offering levels 2-4- Integrated District Health Service.
- Wyndham Hospital- 5 bed hospital + 2 boarder beds.³⁸⁸

WACHS has developed a formal relationship with Darwin Hospital for use by patients from the East Kimberley who are flown there by the RFDS:

*we now have a nice working relationship with Darwin, which is working, and WACHS and ourselves work hard. We have formally acquired the use of six beds at Darwin, which we try to fill. That means that if I have patients, particularly in the eastern Kimberley who need to go to a tertiary centre, I do not have to go cap-in-hand pleading to Darwin, I can arrange it and go. ... Darwin is good; it does not refuse to take our patients.*³⁸⁹

³⁸⁶ Bamblett, M., Bath, H. and Roseby, R. *Growing Them Strong, Together: Promoting the Safety and Wellbeing of the Northern Territory's Children. Summary Report of the Board of Inquiry into the Child Protection System in the Northern Territory*, Northern Territory Government, Darwin, 2010, p2. See: www.childprotectioninquiry.nt.gov.au/__data/assets/pdf_file/0009/49779/CPSR_Summary.pdf.

³⁸⁷ Department of Health, 'Kimberley', 3 April 2007. Available at: www.health.wa.gov.au/services/detail.cfm?Unit_ID=91. Accessed on 28 October 2010.

³⁸⁸ Ms Iggy Zahl, Office of the Regional Director, WACHS Kimberley, Electronic Mail, 29 October 2010, p1. For bed numbers see: www.health.wa.gov.au/emergencyactivity/beds/countrymhealth.cfm.

³⁸⁹ Dr Brian Collings, Senior Medical Officer, Royal Flying Doctor Service, Western Operations, *Transcript of Evidence*, 28 July 2010, p9.

WACHS is reviewing the number of beds contracted in Darwin, aware that a new dialysis unit at Kununurra is due to open and “we need to see whether the demand is there. The next two that we would look at for Darwin would be renal, mental health and potentially cancer—oncology and radiotherapy-type care.”³⁹⁰

Aged Care Services

Kimberley Aged and Community Services is located in Broome with offices in Derby, Fitzroy Crossing, Halls Creek and Kununurra.

Community & Public Health Services

- The Community Health Service is located in Broome with offices in Derby, Fitzroy Crossing, Halls Creek, Wyndham and Kununurra.
- Kimberley Population Health Unit is located in Broome and is responsible for the Kimberley Aboriginal Health Promotion Unit in Broome, Kununurra Population Health Unit and Lombadina Public Health Unit.
- Kimberley Remote Area Health (KRAH) (East) in Kununurra and KRAH (West) in Derby.

Mental Health Services

Kimberley Mental Health team is located in Broome with offices in Derby and Kununurra, and co-located with the Kimberley Community Drug Service Team. The number of Kimberley Mental Health and Drug Service (KMHDS) staff has increased “considerably in the past two years with the creation of a team leader position, an extra clinician on the adult team and an extra child and adolescent clinician funded by DCP with mandatory reporting.” This is in addition to its three adult clinicians, two child and adolescent clinicians and three community drug service positions (only two currently filled). Additionally, there are four positions in Kununurra (only two are filled) and a vacant Indigenous mental health worker position that has not been filled for about 12 months (despite two recruitment drives).³⁹¹

(a) Services offered

Ambulance services

Kununurra’s ambulance service is run by St John Ambulance and has one community paramedic appointed about two years ago. Recently WA Country Health Service (WACHS) secured funding to upgrade seven ambulances across the Kimberley with St John’s funding an additional community paramedic to assist in Wyndham, as there is more difficulty in getting volunteers in

³⁹⁰ Ms Kerry Winsor, Regional Director, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p6.

³⁹¹ Mr Terry Howe, Registered Nurse, Kimberley Mental Health and Drug Service, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p10.

remote areas. Derby, Fitzroy Crossing and Halls Creek hospitals run their own ambulance services- the only hospitals in Australia that do. One of the hospital's orderlies and a nurse go out on all ambulance calls.³⁹²

Fitzroy Valley services

Fitzroy Crossing Hospital was recently rebuilt and this has had a positive impact of staff:

I have worked in both the old hospital and the new hospital. Nursing recruitment and retention has always been a problem. When I took over the position of director of nursing we had a 50% agency rate of nurses, which was difficult on clients because every three months there were new faces in the hospital, and poor for morale. Since the liquor restrictions and the new establishment of the hospital, we have almost 100% permanent nursing staff. Staff who have left and come back pre and post the liquor restrictions cannot believe the change in the population.³⁹³

The WACHS nursing staff undertake a range of roles in smaller hospitals that they would not be responsible for in metropolitan hospitals:

in the small sites like Halls Creek and Fitzroy, those nursing staff become very multi-skilled, multiple-disciplined workers, and they will take on the roles of social work as well as allied health, pharmacy and radiography. People will just assume that you need nursing staff, but in actual fact their scope of practice is really broad. So in those areas, even if we had funding for the social worker, I am not sure we would be able to recruit one, and you may be better off to increase the scope of the nursing role than having a social worker.³⁹⁴

The WACHS nursing staff in Fitzroy Crossing include the manager, 15 nurses, two Aboriginal health workers and *Healthy for Life* staff. The biggest issues for WACHS are recruitment and retention of staff and the Nursing Manager said “for example, I have not had a child health nurse here since May. I am the child health nurse.”³⁹⁵

Recent changes at the Fitzroy Valley Hospital has seen the start of a program where the Hospital's GPs go out to the remote communities three days a week:

the same medical practitioner goes to the same community continuously on a regular basis so that there is that continuity of care, so that all the fundamental things that make chronic disease management a useful intervention are starting to be put in place.³⁹⁶

³⁹² Mr David Williams, Acting Operations Manager, Kununurra, Wyndham and Halls Creek District Hospitals, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p14.

³⁹³ Mrs Carol Erlank, Director of Nursing, Fitzroy Crossing Hospital, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p6.

³⁹⁴ Ms Kerry Winsor, Regional Director, WA Country Health Service, Kimberley, *Transcript of Evidence*, 26 July 2010, p9.

³⁹⁵ Ibid.

³⁹⁶ Dr Ralph Chapman, Acting Senior Medical Officer, Fitzroy Valley Health Services, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p9.

Another aspect of the Fitzroy Valley is the unique partnership that exists between the Nindilingarri Cultural Health Service and WACHS in that “unlike many other areas within the Pilbara–Kimberley–Goldfields, there is not the same duplication of activity in relation to the clinical delivery of care.” WACHS provide the clinical services and “Nindilingarri is then able to concentrate on ... the primary care and the preventative strategies.”³⁹⁷

Remote area nurses

The operation of remote nursing clinics is similar in the East and West Kimberley. WACHS has three large remote clinics at Wangkatjungka, Noonkanbah and Bayulu serviced from Fitzroy Crossing. The RFDS also services Yakanarra, Millijee, Koorabye and Djugerari and WACHS staff use the RFDS to travel to these communities. Communities not serviced by air do not get visited by nurses in the wet season. The tiring operation of a remote clinic by a nurse was described to the Committee:

Another thing that impacts on people is the travel. Wangkatjungka is 120 kilometres away. She travels there and back every day, four days a week. You leave here at eight; we are not allowed to leave before the sun comes up because that is against WACHS' policy. We have to be back before dark, so you are leaving here at eight and not getting out there until 9.30 [am]. You run a really busy clinic and you see 20 or 30 patients by yourself. No doctor goes with me to Wangkatjungka; [but] you get a doctor once a fortnight, ... then going around and making sure they all have their medication, because I have to ring a doctor to get an order and the patient does not always stay, so I then go and chase them to their house to make sure they get their medication to improve their health, I then drive home.

*I not only then have to drive home, I have to do all my paperwork because I do not have internet connection at my clinic. ... Then I go home. Then I come back and do it all again the next day. I go home to a well-laid out but small unit. I cannot have my family there because I have nowhere to put them other than on a sofa bed or in my lounge room. ... It goes on and on.*³⁹⁸

WACHS is trying to recruit six remote area nurses- three for Halls Creek and three for Fitzroy Valley, who will have a “range of skills that take you from the critically ill baby turning up on the doorstep right through to palliative care and everything in between.”³⁹⁹

East Kimberley services

The Kununurra Hospital manages six residential remote area clinics across the region, including Kalumburu, Oombulgurri and Warmun. There are residential nurses at each of these sites and services are provided on a 7.30am to 4.30pm basis, plus a 24-hour emergency on-call service.

³⁹⁷ Mr Brian Wilson, Acting Operations Manager, Derby-Fitzroy Health Services, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p5.

³⁹⁸ Mrs Rosalie Lupton, Community Health Nurse Manager, Fitzroy Crossing Hospital, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p11.

³⁹⁹ *Ibid.*

These clinics are visited on a fly-in, fly-out basis by a number of specialists, generally on a weekly basis for medical clinics. These visiting services include mental health services, drug and alcohol services, child and maternal health services, and allied health services.⁴⁰⁰

The Wyndham Hospital is small. It has five beds- one palliative care bed and four acute beds. It has two long-stay patients at the moment, an aged-care lady who has lived in Wyndham all her life and a terminally-ill child, leaving just three acute beds. These are full most of the time.

In terms of aged-care services, the Kununurra aged-care facility is co-located with the hospital and is managed by the State, while in Wyndham there is a low-care, aged-care facility of approximately nine beds run by Frontier Services. This is an important issue for health staff as there is no Home and Community Care program (HACC) or Silver Chain nursing domiciliary service in the East Kimberley. They have to balance the desire of Indigenous people “to have their old ones in country” while having a duty of care toward an elderly person who is a “high risk of falls, wandering, demented”.⁴⁰¹

4.5 Non Government Organisations’ Programs

DAO funds rehabilitation centres in the Kimberley such as the Milliya Rumurra and Ngnowar-Awrwah Aboriginal Corporations in Broome and Wyndham. Other non government organisations run a variety of programs to assist in treating the immediate and long term effects of alcohol on residents and their family but are not funded by DAO.

Kimberley Aboriginal Medical Services Council (KAMSC)

KAMSC has provided important medical services across the Kimberley since 1986. Indigenous staff represent more than 70% of its 300-strong workforce. The KAMSC membership comprises:

- Ord Valley Aboriginal Health Service OVAHS (established in 1984);
- Jurrugk Aboriginal Health Service (established in 1997);
- Yuri Yungi Medical Service (established in 1987);
- Derby Aboriginal Health Service Council (established in 1998);
- Beagle Bay Aboriginal Community; and
- Bidyadanga Aboriginal Community.⁴⁰²

⁴⁰⁰ Ms Monica Frain, Acting Director, Population Health, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p3.

⁴⁰¹ Ms Ruth Bath, District Director of Nursing, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, pp4-5.

⁴⁰² Kimberley Aboriginal Medical Services Council, ‘History of Kimberley ACCHS’, 2010. Available at: www.kamsc.org.au/history.html. Accessed on 23 December 2010.

The Committee was told that KAMSC “are responsible for primary care in about half the communities and half the day-to-day services provided across the [Kimberley] region”.⁴⁰³ It had a budget of about \$18 million in 2007-08 and provides:

- medical services at remote clinics;
- the Centre for Primary Health Care Training Education and Research (CAPTER), incorporating programs to train Aboriginal Health Workers, medical undergraduates and GP Registrars;
- a Population Health Unit;
- regional renal dialysis services;
- a Social and Emotional Wellbeing Unit; and
- a Health Promotion Unit.⁴⁰⁴

Unity of First People of Australia (UFPA)

An example of a successful project was one undertaken by UFPA which assisted “36 young people, men and women ... graduated. They got ... a certificate II from TAFE as skills accreditation. ... They sat their aptitude tests the following day, the Thursday, and do you know, they had a success rate of 80% ... [for] entry into the Australian Defence Force.” This outcome was one where “we have now got 36 young Indigenous persons who have gone from an alcohol-consuming lifestyle to a rejection of alcohol because of what they were taught through this program on the reasons why they should reject it.”⁴⁰⁵

Ord Valley Aboriginal Health Service

The Ord Valley Aboriginal Health Service (OVAHS) is the second oldest in the Kimberley (and the fourth oldest in Australia) and has operated for 26 years. OVAHS provides a “culturally appropriate service and a holistic approach to health service provision in the east Kimberley and down to Glen Hill and Doon Doon, across the [NT] border to several communities. We do that for the Katherine West Health Board”. OVAHS services include a clinic, a mental health service, a drug and alcohol service, a *Bringing Them Home* service and youth services. It operates the largest Federal-funded child and maternal health *New Directions* program in Australia providing services to mothers and their young children.

⁴⁰³ Dr David Atkinson, Acting Medical Director, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 26 July 2010, p6.

⁴⁰⁴ Kimberley Aboriginal Medical Services Council, ‘KAMSC Annual Report 2007-08’, 2008. Available at: www.kamsc.org.au/downloads/kamsc_annual_report07_08.pdf. Accessed on 23 December 2010.

⁴⁰⁵ Hon Mr Ernie Bridge, President, Unity of First People of Australia, *Transcript of Evidence*, 28 July 2010, p3.

OVAH's staff include 3.5 FTE doctors, 12 nurses, eight Aboriginal health workers and a number of other allied health workers. The social support unit provides drug and alcohol, mental health and youth counselling and has 10 staff members- six of whom are Aboriginal as "that is what the answer is—Aboriginal people providing services to Aboriginal people."⁴⁰⁶

Kinway-Anglicare's standby suicide response service

Kinway-Anglicare's standby suicide response service is based in Broome and is funded by the Federal Department of Health and Ageing. This service supports families and communities following a death by suicide. Kinway provides an initial crisis response and coordinates the service provision to families and communities after the crisis to prevent them being bombarded with too many services, as this may add to community confusion, and increase the crisis. Kinway has found that with many agencies involved, there is a poor collection of data on suicides. In the Kimberley, over the past 12 months approximately:

- 50% of the completed suicides have been between the ages of 15 and 25 years;
- about 78% of those have been Indigenous; and
- around 80% of Indigenous suicides have been men.⁴⁰⁷

Alternatives to Violence Project

There are 52 Alternatives to Violence Project (AVP) facilitators involved in its program in Western Australia, of whom the Committee was told about 20 are active and "we now have six in Broome just started up there." The Broome Prison is charged \$400 for a three-day AVP workshop. The AVP fee covers "our travel around here, but in Broome it nowhere near covers our airfares and accommodation because until we get these six facilitators up there trained up, one or two of us goes up there each time to help with the workshop."⁴⁰⁸ The program is funded by an anonymous donor who provided \$10,000 for Indigenous programs, especially those working with Indigenous women.

Men's Shed programs

There are a number of men's shed programs in different stages of development in the Kimberley. The Fitzroy Valley Men's Shed is one of the most developed and is supported by the Australian Children's Trust (ACT) and has been in operation since May 2009. The ACT is a public benevolent institution founded by Mrs Nicola Forrest, the CEO, and her mining magnate husband,

⁴⁰⁶ Mr Graeme Cooper, Chief Executive Officer, Ord Valley Aboriginal Health Service, *Transcript of Evidence*, 2 August 2010, p2 & p5.

⁴⁰⁷ Ms Zoe Evans, Coordinator of Standby Suicide Response Service, West Kimberley, Kinway-Anglicare WA, Broome, *Transcript of Evidence*, 28 July 2010, pp3-4.

⁴⁰⁸ Mrs Sally Herzfeld, Volunteer, Alternatives to Violence Project, *Transcript of Evidence*, 2 September 2010, p4.

Mr Andrew Forrest. The Men's Shed's activities are aimed at men over 17 years who must be sober when they attend. Other than the industrial training, the Men's Shed offers medical support:

Initially, we had a weekly clinic and the staff from the Nindilingarri clinic would come down. That was for medications, dressing changes and on-the-spot counselling. We also participate in monthly men's health days networking with the Flying Doctor and its health professionals—to get two doctors in place. Basically, on those days we have a full 'Pit-Stop' health check. It starts off with individuals providing a urine specimen and checks for eyes, blood sugar and diabetes and ends with a one-on-one with the doctor.⁴⁰⁹

Marninwarntikura Women's Resource Centre (MWRC)

The MWRC shelter in Fitzroy Crossing has 22 beds and is a 24-hour service for women and children escaping family and domestic violence. The shelter is available for women at any hour and “we give them emergency food and accommodation and try to assist them if they need any further help after that. Sometimes it is a bit difficult because there is no long-term accommodation available for them, if they want to leave.” Women can stay a maximum of two weeks “but sometimes we might extend it if we think it is necessary and if they have nowhere else to go.”⁴¹⁰

The MWRC has a community garden program that addresses the link between drinking, health and nutrition and offers a Certificate II course in horticulture units to shelter attendees.⁴¹¹ The MWRC also utilises an arts therapist providing programs for women to engage in relaxing and meditative art forms such as belly castings:

That is the result of working with Vanessa, the community health midwife. She recruits and I do the bellies! The idea behind that is inspired by a project that was running already with Beyond Empathy. It worked specifically with young women to, I guess, provide a positive experience during their pregnancy ... to improve bonding and feeling positive about the pregnancy. ... The spin-off of that has been doing the babies' hand and footprints, which has been a popular and really lovely activity; a lot of the mums have really loved and taken a lot of time decorating them.⁴¹²

The MWRC family violence prevention and legal unit is funded by the Department of the Attorney General. Their staff include a family therapist, a therapy worker and two lawyers who fly in and out. It operates an early intervention prevention program with mediation, and has two workers at the Wangkatjungka community, about an hour from Fitzroy Crossing.⁴¹³

⁴⁰⁹ Mr Heath Sanderson, Manager, Fitzroy Valley Men's Shed, *Transcript of Evidence*, 30 July 2010, pp2-3.

⁴¹⁰ Ms Lisa Brough, Team Leader, Women's Shelter, Marninwarntikura Women's Resource Centre, *Transcript of Evidence*, 29 July 2010, p8.

⁴¹¹ Mr Paul Miller, Manager, Community Garden, Marninwarntikura Women's Resource Centre, *Transcript of Evidence*, 29 July 2010, p3.

⁴¹² Ms Bridget Miller, Art Therapy Coordinator, Marninwarntikura Women's Resource Centre, *Transcript of Evidence*, 29 July 2010, p8.

⁴¹³ Ms Christine Gray, Manager, Family Violence and Prevention Unit, Marninwarntikura Women's Resource Centre, *Transcript of Evidence*, 29 July 2010, p3.

Nindilingarri Cultural Health Services

The Committee heard from the Nindilingarri Cultural Health Services in Fitzroy Crossing how it works closely with WACHS in providing community health programs. Many Fitzroy Valley residents were now receptive to new education programs, such as a:

*nutritionist, he is in demand by the community. They are wanting information around healthy eating, education around healthy foods, and we have only got one of him. ...With our environmental health, that is another program that the community engages with. We are finding that since the alcohol ban, there has been a huge demand for our programs in the community.*⁴¹⁴

(a) Non government services

The strategic direction outlined by the State Government for the non government community sector is to see it playing a greater role in service delivery. This message was conveyed by the Premier, Hon Mr Colin Barnett, at the Western Australian Council of Social Service (WACOSS) Conference in May 2010:

*We happen to believe, as a government, that services for people - human services - are often best delivered by community-based organisations because community-based organisations tend to be far closer to those that they are assisting. They tend to be more adaptive, more flexible, able to respond to huge changes in circumstances and they are also far more successful than government in bringing in broader community support, whether it's through corporate support, volunteers, family members or whatever else.*⁴¹⁵

The case to build the capacity of the not for profit sector is compelling, particularly in regional and remote Western Australia. WACOSS estimates that the community services sector is 30% underfunded. Many of the cost pressures contributing to this funding shortfall are caused by the NGOs being located in regional areas. The rising costs of delivering services, especially accommodation, fuel and transport, utilities, insurance, regulatory costs (such as Police clearances and working with children checks) and security needs are due to the growing complexity and risks associated with their type of service delivery.

There are more than 60,000 employees in the State's network of non government community service organisations delivering crucial family, health, mental health, drug and alcohol services. About 17% of this workforce are delivering these services in regional areas and a further 8% deliver these services in remote areas of the State. Workers in these services:

⁴¹⁴ Ms Maureen Carter, Chief Executive Officer, Nindilingarri Cultural Health Services, *Transcript of Evidence*, 29 July 2010, p13.

⁴¹⁵ Western Australian Council of Social Service, *Investing in Outcomes, Making it Count for the People of WA-2011-12 Pre Budget Submission*, Perth, 2010. Available at: www.wacoss.org.au/Libraries/P_A_State_Budget_Pre-Budget_Submission/Pre-Budget_Submission_2011-12_%e2%80%93_Investing_in_Outcomes_Making_it_Count_for_the_People_of_WA_Oct_2010.sflb.ashx, p8. Accessed on 24 February 2011.

- earn on average approximately 30% less than their city based colleagues;
- 19% of them earn less than \$30,000 per annum;
- 37% earn an average of between \$31,000 and \$40,000 per annum;
- 33% earn an average of between \$41,000 to \$50,000 per annum; and
- 11% earn over \$51,000 per annum.⁴¹⁶

Low retention rates and challenges in staff development and promotion heighten the stress faced by NGOs that are already seeking to provide services with inadequate funding and resources.

The consequent inability to attract and retain employees is a constant threat to the viability of community services. This situation is magnified in regional locations such as the Kimberly. Community service organisations cannot find housing for their employees and continue to pay their staff vastly less than comparable employees in the cities or in the public sector, and there is limited capacity to improve the situation within current funding levels. Unless the under-valuation of this sector is corrected, the viability of many of the Kimberly's community services cannot be assured.

WACOSS estimates that an additional 20% increase in contract funding should be applied for regional service delivery to recognise the higher costs for service providers operating in rural, regional and remote Western Australia. This increase is necessary to ensure adequate and equitable wages for staff, and secure the viability of social services for communities in these regions.

This issue was first highlighted in WACOSS' 2009-10 Budget submission to the Government and the Premier has subsequently acknowledged that the historical funding shortfall for community sector delivery of State-funded community services is a critical issue that will be addressed in the next State budget. The growing capacity constraints facing community services in regional WA are profound. WACOSS has stated that there must be an additional \$212.7 million allocated to the contracts for services offered by the State in order to pay the true cost of service delivery in regional areas to close the 30% wage differential between an NGO employee and their government equivalent, who often do similar tasks.⁴¹⁷

The Committee was told of several NGO-managed programs in Kununurra that have failed in the past few years:

- the Marralum program, a bush-camp style of rehabilitation service that finished in about 2000;

⁴¹⁶ Ibid, pp16-17.

⁴¹⁷ Ibid.

- the Waringarri program that sought to run a rehabilitation service that finished in about 2005;
- a Kununurra youth service that ceased in about 2005;
- a men's service that ceased in 2006; and
- a mothers-and-babies program whose funds ran out in 2007.⁴¹⁸

The Committee heard from the Police about one of the pressures that NGOs in the Kimberley face:

*The Government can throw money and deliver programs but until the family engage and want to receive those, we only have limited value. ... A lot of the programs are dependent on who is running them. If you get somebody who is inspirational and dedicated, that program will go full speed. If you do not have the right people or they leave, the continuity of a lot of programs is lacking because they are based on the person running those programs.*⁴¹⁹

⁴¹⁸ Ms Sally Malone, Regional Coordinator, Kimberley Community Drug Service Team, Electronic Mail, 22 October 2010, p1.

⁴¹⁹ Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p11.

The problem of staff turn-over in NGOs was reinforced on the Dampier Peninsular:

One person will come and build a bit of a rapport with a few people and then move on and then someone will start fresh again and not know anyone and not know where they are going.⁴²⁰

Recommendation 23

The Treasurer ensure that by the end of 2011 a regional funding index of at least 20% be provided to enable government and non government organisations to attract and retain staff in the Kimberley.

⁴²⁰ Sergeant Noel Howie, Dampier Peninsula Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p8.

CHAPTER 5 FUTURE SERVICE NEEDS

5.1 Overview

The Committee heard from many witnesses about the additional services required to assist Kimberley communities deal with alcohol and drug issues. These services are urgently needed given the ‘window of opportunity’ provided by the restrictions imposed over the past three years. In order of priority, the services requiring additional resourcing:

- Department of Housing- additional housing for government and non-government staff;
- Police – increased capacity for proactive policing in the community;
- Department for Child Protection – increased uptake in positive parenting programs and provision of child shelters;
- Drug and Alcohol Office- prevention, treatment and support staff;
- Department of Health – more remote area nurses and new technology to assist delivery of services to remote communities;
- Department of Training – increased need for adult education and readiness for work programs; and
- Department of Sport and Recreation – provision of more positive alternatives to alcohol use, especially for girls.

This chapter provides some of the evidence presented to the Committee on these additional needs, many of which the Committee has been unable to cost.

As the Committee was repeatedly told:

I often say that we have an agency for everything that opens and closes in this country but to get them to come out and do anything for the community, there are very few. They all come out here telling us how good they are but to get them to do anything for a community, very few do anything. ... first of all come and sit down on the ground with the people and find out exactly what they want before you make decisions regarding their life. Making some of these decisions as they did with the CDEP [Community Development Employment Projects program] here turned our community on its head.

*I was here when it happened. Rather than put some money in that, they should actually sit down and hear what the people are trying to say.*⁴²¹

The critical need presented by most witnesses to the Committee was for additional housing to house programs and service staff allocated to the Kimberley, and to encourage existing staff to stay in the region.

5.2 Lack of All Forms of Housing

The Committee programmed its hearings to gather information and evidence that addresses the Inquiry's terms of reference. The key theme emerging from the evidence was that the main limiting factor in preventing alcohol and drug problems and establishing new treatment programs was the severe lack of housing in the Kimberley.

Housing is needed to accommodate program staff, government departmental staff and to house the new services. The Fitzroy Valley Principal said "That is the brutal, harsh reality ... but housing is probably the one thing that is stopping a lot of stuff happening in the town. A lack of housing."⁴²²

Most other witnesses agreed, "Across every government organisation and NGO here the underlying problem is generally not getting the funding for these positions, it is housing and it comes up at every single meeting that we have in this town." The Fitzroy Futures Forum has corresponded with government departments for answers to this problem but their queries have not been acted on and "housing is the number one issue."⁴²³ Table 5.1 indicates that the Kimberley has the largest number of children and dependents on the Department of Housing waiting lists of any region in the State (outside of the metropolitan area), and nearly a third of those in the State on the priority waiting list.

The Department of Housing provided information that 5-10% of its tenants have alcohol and drug problems. In evidence to the Committee, Mr Parry said that this number may have increased as the department has moved towards a 'greatest-need model'. Historically it would house about 20% of its applicants who would be on the priority list but:

*Now we are around about 60% in terms of numbers or quantity of the people in greatest need—and those are the people with demonstrated urgent need, and they will have drug and alcohol issues, and we seek to link them into the appropriate services in whichever area, and we are seeking to link them in before we house them; at this stage we are trying to identify early.*⁴²⁴

⁴²¹ Mr Stephen Austin, Chief Executive Officer, Mowanjum Community, *Transcript of Evidence*, 28 July 2010, p5.

⁴²² Mr Paul Jefferies, Principal, Fitzroy Valley District High School, *Transcript of Evidence*, 30 July 2010, p10.

⁴²³ Ms Sharyn Burvill, Area Manager, Shire of Derby - West Kimberley, *Transcript of Evidence*, 29 July 2010, pp11-13.

⁴²⁴ Mr Steven Parry, General Manager, Service Delivery, Department of Housing, *Transcript of Evidence*, 21 February 2011, p4.

Table 5.1- Department of Housing Regional Waiting List Data (as at 31 January 2011)⁴²⁵

| Region | Children and Dependents on Waitlist | Proportion of Children and Dependents on Waitlist | Children and Dependents on Priority Waitlist | Proportion of Children and Dependents on Priority Waitlist |
|-------------------------------|--|--|---|---|
| Kimberley | 1,454 | 22.6% | 343 | 30.1% |
| Goldfields | 415 | 6.8% | 25 | 2.4% |
| Mid West/ Gascoyne | 1,168 | 19.6% | 172 | 20.2% |
| Pilbara | 824 | 13.6% | 222 | 22.5% |
| Great Southern | 519 | 18.9% | 91 | 10.1% |
| South West | 1,302 | 23.0% | 83 | 10.1% |
| Wheatbelt | 294 | 5.6% | 50 | 3.7% |
| TOTAL | 5,976 | | 986 | |

Table 5.2 below provides recent data on the most current waiting lists for public housing in four Kimberley towns as well as the Department of Housing properties for Government Regional Officers Housing (GROH) allocated to Government agencies.

⁴²⁵ Hon Mr Troy Buswell, Minister for Housing, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Question On Notice, 23 February 2011, p83.

Table 5.2- Selected Kimberley Public Housing Stock (as at 31 August 2010)⁴²⁶

| Location | GROH Properties ⁴²⁷ | Public Housing Stock | Priority Applications | Total Applications | Wait Turn Average Waiting Times (years) |
|------------------|--------------------------------|----------------------|-----------------------|--------------------|---|
| Broome | 103 | 786 | 136 | 668 | 4.4 |
| Derby | 100 | 285 | 20 | 214 | 2.6 |
| Fitzroy Crossing | 63 | 44 | 3 | 58 | 2.9 |
| Halls Creek | | 158 | 20 | 136 | 0.9 |

(a) Government staff accommodation

Staff from the WA Country Health Service (WACHS) acknowledged that a lack of housing limited the delivery of their services “Housing is something that trips us up fairly regularly. There is just not enough housing for staff as we recruit them. We would probably recruit more people if we had the resources and the houses to put them in.”⁴²⁸

Another WACHS witness agreed that housing is a substantial issue for service providers, especially the affordability of housing. Housing not only affects the ability of agencies to employ staff, but also its ability to retain a workforce:

*not just in the professional but in the non-professional areas [cleaners, security staff], is heavily dependent on ability to find affordable housing in town. ... clearly it is difficult for people who want to have their own property, particularly the lower income workers.*⁴²⁹

In Broome, the Committee was told that “I know every government department in town has the same issues. ... We have some [Government Regional Officers’ Housing] GROH housing and we also have some private rentals, but even with the subsidised rates it is still hard.”⁴³⁰

⁴²⁶ Legislative Council Tabled Paper 2728, 14 October 2010.

⁴²⁷ Hon Mr Bill Marmion, Minister for Housing, Western Australia, Legislative Assembly, Parliamentary Debates (Hansard), Questions On Notice, 9 November 2010, pp8384-8385.

⁴²⁸ Ms Sally Malone, Regional Coordinator, Kimberley Community Drug Service Team, *Transcript of Evidence*, 26 July 2010, p3.

⁴²⁹ Mr Kim Darby, Operations Manager, Broome Hospital, WA Country Health Service, Kimberley, *Transcript of Evidence*, 26 July 2010, p4.

⁴³⁰ Mr Alan Clements, Acting Superintendent, Broome Prison, Department of Corrective Services, *Transcript of Evidence*, 26 July 2010, p5.

Government staff gave evidence that this issue “has been raised time and time again as the most significant factor in being able to attract and retain staff.” Agencies in the Kimberley have identified shortfalls in staff housing, prepared briefing notes through an area office and have seen little action, but remain “hopeful that that will see additional funding provided to help address those problems.” In Fitzroy Crossing alone, within Nindilingarri and WACHS, “there is a shortfall of approximately 20 properties. So we are looking at an infrastructure cost there of between \$6 million and \$10 million.”⁴³¹ The Director General of Housing told the Committee that the resolution of this issue lay with each of the 46 agencies that his department provided housing for. Each agency determined their own priority for housing their staff in regional areas via an annual Budget bid.⁴³² The Department of Housing discusses with its client agencies every year their demand forecasts:

*so we are the broker for the agency. They tell us their requirements and we will go and source the accommodation from our own stock, or construction of new or spot purchase, or leasing from the private market. So, we are demand driven and we are constantly negotiating with our client agencies about their forecasts for anticipated demand.*⁴³³

Not only do agencies lack enough housing for staff, but the Committee was told “from the Police perspective, housing is very basic and nothing new. It is 30 or 40 years old.”⁴³⁴ The Director General of the Department of Housing confirmed to the Committee that the needs of government staff had changed over the years and that his department had received “\$200 million from Royalties for Regions to build GROH housing, and we are on target to finish 400-plus houses as a result of that expenditure.” About 120 of these new GROH houses are in the Kimberley region⁴³⁵ taking the total number to just over 1,100 properties.⁴³⁶

A recent initiative in addressing the housing issue for government staff was when the Minister for Health and the Minister for Housing committed to having the Department of Health involved in the Government Regional Officers’ Housing (GROH) program. The Regional Director said “there is a major piece of work underway looking at what the implications are for that, what it will cost, which properties would go and which would stay.” Department of Housing are likely to take over the management of the WACHS housing stock as from July 2011.⁴³⁷ Some of the housing will be

⁴³¹ Mr Brian Wilson, Acting Operations Manager, Derby-Fitzroy Health Services, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p6.

⁴³² Mr Grahame Searle, Director General, Department of Housing, *Transcript of Evidence*, 21 February 2011, pp11-12.

⁴³³ Mr Peter Lonsdale, Director, Housing Programs, Department of Housing, *Transcript of Evidence*, 21 February 2011, p11.

⁴³⁴ Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p11.

⁴³⁵ Mr Grahame Searle, Director General, Department of Housing, *Transcript of Evidence*, 21 February 2011, p3.

⁴³⁶ Mr Peter Lonsdale, Director, Housing Programs, Department of Housing, *Transcript of Evidence*, 21 February 2011, p11.

⁴³⁷ *Ibid.*

held by DOH for short-term frequent staff, such as locums, who are in the region for short periods. One of the areas of opportunities is in places such as Halls Creek there are some DOH housing blocks which are very large, “with a dinky old little house on it.”

*Even with or without the GROH arrangement we had spoken to the Department of Housing about the potential for them to take that land, knock down what is on it, build on it and we would lease it back—just take off the allowance that we gave you the land...*⁴³⁸

The Department for Child Protection (DCP) Regional Director agreed with her WACHS colleague that:

*there are lots of complicating factors, I think, to service delivery in the Kimberley. Recruitment and retention of staff is just extremely difficult. ... There is no housing. We could not support those young people into appropriate services—there are not any. ... You know, it is easy to build an accommodation, it is easy to put a roof over someone’s head in a way, but it is all the other sort of stuff.*⁴³⁹

The former Minister for Housing, in responding to concerns about housing for government staff in the Kimberley, suggested two factors which had slowed the provision of these houses. The first was native title and heritage issues and the second was the restriction of the supply of land for housing caused by a limited water supply in some towns such as Halls Creek. In terms of native title, the Government is ‘well underway’ in developing Indigenous Land Use Agreements (ILUAs) and is looking at using land where native title has been extinguished. The Minister reported that the following new government properties had been completed or are under constructed in the two years 2008-11: Balgo-1, Broome- 31, Camballin- 2, Derby- 24, Djugerari- 1, Fitzroy Crossing- 15, Halls Creek- 6, Kununurra- 24, Warmun- 1, and Wyndham- 9.⁴⁴⁰

A Fitzroy Valley witness agreed “there is actually very little land left in Fitzroy Crossing that can be built on because everything else is below the floodplain. ... The only land that is available is on Bunaba ground and the native title issues over that have not been sorted.” This witness said that the Federal Government is developing about 30 houses in Fitzroy Valley for government workers and NGO staff. However, a lot of work is yet to be done as to the type of housing appropriate to the needs of the residents:

*People in our community want separate sleeping arrangements, but communal living and cooking arrangements. So what is the federal government providing? Four by twos that all need air conditioning that people on social security cannot afford. It is not just about providing housing; it is about providing the appropriate resources for it.*⁴⁴¹

⁴³⁸ Ms Kerry Winsor, Regional Director, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p8.

⁴³⁹ Ms Emma White, District Director, Department for Child Protection, *Transcript of Evidence*, 2 August 2010, p3.

⁴⁴⁰ Hon Mr Bill Marmion, MLA, Minister for Housing, Letter, 8 September 2010.

⁴⁴¹ Ms Sharyn Burvill, Area Manager, Shire of Derby - West Kimberley, *Transcript of Evidence*, 29 July 2010, p12.

(b) NGO accommodation**(i) Staff housing**

NGOs in the Kimberley also require substantially more housing for their staff. The Director General of the Department of Housing acknowledged this problem and said that the department was discussing with the Government how best it could assist:

*In a large number of places, be it the highly publicised ones of Karratha and Port Hedland or the lesser well known—Derby, at the moment—rental prices are exorbitant, to be honest, and NGOs are finding it very difficult to operate in that part of the State given the cost of the housing they need to provide for their staff.*⁴⁴²

A CEO at Balgo said “we have to go back before that to have enough infrastructure to get these professionals out here. There are no houses to put them in. I could create 20 jobs tomorrow but there would be no houses to put anyone in so it is a pointless exercise until we can get appropriate housing for professionals.” Balgo lacks rental properties, “there is nowhere to rent here. Broome has the same problem. The health department is paying \$1,000 a week to rent houses in Broome for the health professionals. We have fewer options out here.”

Another problem that has arisen in Balgo is that local residents employed in NGO programs as service delivery staff can not be provided with housing “As a health service provider, I would ideally like to be able to provide a house for him. A house is provided to me free of charge, but we can not provide a house for our local employees.”⁴⁴³

The Committee was told there is no privately available rental housing in Fitzroy Crossing, “Either your employer provides you with a house ... or you are in a Homeswest house.” In Fitzroy Crossing 70 families are waiting for a Homeswest house and the waiting list was eight years. In terms of impact on services:

*One of our local NGOs, a sporting organisation, was given funding for three years to employ a youth coordinator in this town to try to sort out what is happening with our kids. It has had to hand the money back because it cannot find a house for a staff member. And that is not the only case...*⁴⁴⁴

The Marninwarntikura Women’s Resource Centre (MWRC) told the Committee that it had two houses provided by the Federal Attorney-General’s department- one for its sexual assault counsellor and one for its lawyer. Both houses are three-bedroom houses but staff do not need three bedrooms or the amount of land the single house is placed on. One house only has a single

⁴⁴² Mr Grahame Searle, Director General, Department of Housing, *Transcript of Evidence*, 21 February 2011, p2.

⁴⁴³ Mr Christopher Cresp, Chief Executive Officer, Palyalatju Maparnpa Health Committee, *Transcript of Evidence*, 27 July 2010, p12.

⁴⁴⁴ Ms Sharyn Burvill, Area Manager, Shire of Derby - West Kimberley, *Transcript of Evidence*, 29 July 2010, pp11-12.

person in it but MWRC are going to divide that up so that it will have a two-bedroom unit and a one-bedroom motel-style unit. For most of their needs “one or two-bedroom units would be more useful.”⁴⁴⁵

Ms Wendy Duncan, the Parliamentary Secretary representing the Minister for Regional Development, told Parliament in October 2010 that the Department of Regional Development and Lands administers the funding available through Royalties for Regions for housing provided to NGO’s staff. Decisions on funding are made through the normal Government approval processes via the Department of Treasury and Finance budget processes. Other specific contestable funding is available through the regional grants scheme managed by the Kimberley Regional Development Commission. Ms Duncan outlined the current Government plans to provide 48 houses in the Kimberley for NGOs:

*a total of 48 houses are, or are in the process of, being provided to NGOs. This includes three houses vested with the Kimberley Group Training organisation in Kununurra, a 24-bed Aboriginal hostel being managed by the Wunan Foundation in Halls Creek, and one house to be leased by the Rural Clinical School of WA in Kununurra. The Bunuba Aboriginal Corporation in Fitzroy Crossing and the MG Corporation in Kununurra have been contracted to provide a total of 20 houses.*⁴⁴⁶

(ii) Client housing

Another issue for these NGOs is housing clients in their own communities. The Committee was told that Milliya Rumurra:

*have a grandmother, a daughter and a granddaughter with us at the moment from Halls Creek. They do not have any housing in Halls Creek, so when they go back They will go back into that same situation of trying to stay with family, so they will face overcrowding and alcohol and drugs being there on a daily basis.*⁴⁴⁷

Milliya Rumurra reported to the Committee “The first priority would be housing, and it would be about transition housing. We are finding that ... clients go straight back to the communities or straight back into Broome here. A lot of them do not have homes”. Transition housing in Broome would allow Milliya Rumurra to give their clients continuous support and help them into employment, education or training. They would like clients to have an opportunity to stay for about six months if clients need this time to blend back into society.

The State Government has allocated in the 2010-11 Budget \$12.5 million to the Department of Housing for the construction of a managed visitor accommodation facility at One Mile in Broome

⁴⁴⁵ Ms Christine Gray, Manager, Family Violence and Prevention Unit, Marninwarntikura Women’s Resource Centre, *Transcript of Evidence*, 29 July 2010, p9.

⁴⁴⁶ Ms Wendy Duncan, MLC, Parliamentary Secretary representing the Minister for Regional Development, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), Questions Without Notice 12 October 2010, p7313.

⁴⁴⁷ Ms Maria Lovison, Chief Executive Officer, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, p9.

by December 2012. This facility is subject to negotiations with the Nillirr Irbanjin Aboriginal Corporation, the native title holders, and will include the provision of a hostel and a dry camping area for Indigenous people visiting Broome from other towns.⁴⁴⁸ The Department of Housing said the hostels were based on a model in operation in Ceduna and Port Augusta. There is a central place with hot meals and essential services provided and visitors can come and stay for up to three months. No alcohol is allowed on the premises, but if people arrive drunk, they will be let in. The Department said “in Broome we are still trying to negotiate a site, and those discussions are ongoing.”⁴⁴⁹

(c) Housing in communities

The overcrowding in Kimberley housing is endemic “often a family has more than one family living in the house, so it becomes a huge thing to try to accommodate three families in one little house.”⁴⁵⁰ In terms of the demand for additional housing, the Committee was told that in the East Kimberley “housing is almost always a big challenge. People have got to wait five years ... but certainly there would be demand for 200 or 300 [houses].” The bulk of these demands are for ‘priority placements’ which is for health or domestic violence-related reasons and that “people who are aspiring to get into the workforce, get their kids in school, get up and get going, there is a very much reduced opportunity for housing for those people.”⁴⁵¹

There is a similar demand in Halls Creek where the Shire CEO said “it was difficult to get accurate figures on how many homes were needed because often people did not bother applying for government housing when they knew there were no homes available ... if we had another 200 houses in Halls Creek tomorrow, they would all be full.”⁴⁵²

In Kununurra, the Committee heard support for ‘transitional housing’ to address these long waiting lists:

*Transitional housing basically comes with rules. First off, you choose the people who go in there; they are the people who put their hands up and say, “Look, we want to have a go at getting our kids educated, holding a job, and basically going forward.” I think we need to give those people that opportunity.*⁴⁵³

⁴⁴⁸ Hon Dr Kim Hames, Minister for Indigenous Affairs, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Questions on Notice, 10 November 2010, p8570.

⁴⁴⁹ Mr Grahame Searle, Director General, Department of Housing, *Transcript of Evidence*, 21 February 2011, p13.

⁴⁵⁰ Mr Paul Miller, Manager, Community Garden, Marninwarntikura Women’s Resource Centre, *Transcript of Evidence*, 29 July 2010, p9.

⁴⁵¹ Mr Ralph Addis, Chief Executive Officer, Wunan Foundation, *Transcript of Evidence*, 2 August 2010, p7.

⁴⁵² *The Australian*, ‘Hope Springs at Halls Creek With New Water Bores’, 21 July 2010. Available at: www.theaustralian.com.au/news/nation/hope-springs-at-halls-creek-with-new-water-bores/story-e6frg6nf-1225894771255. Accessed on 12 November 2010.

⁴⁵³ Mr Ian Trust, Executive Chair, Wunan Foundation, *Transcript of Evidence*, 2 August 2010, p9.

The Committee heard from a witness with ‘seven or eight years’ experience with housing that it was costing the State Government between \$350,000 to \$450,000 to build a Homeswest three-by-two house. This is similar to the figure provided by the Department of Housing of \$460,000-480,000 per house in 2009-10.⁴⁵⁴ While alternative prefab housing products are available, the witness said “but by the time you have finished the whole package, I am not sure that you could even talk about a 25% saving”.⁴⁵⁵

The Committee was told of alternatives to the current expensive model based on building a standalone home on its own block. More use should be made of alternatives such as a block of units that would be suitable for a young family with one child or two children, but could be a stepping stone to a bigger property.⁴⁵⁶ Another alternative for government was to find a way to offer joint equity schemes and this would start a turnover of stock and then the government “does not have to fund all the complete new stocks that are being built; they can be built from the sales of some of the houses.”⁴⁵⁷

For NGOs, the other key issue is that “we need to have higher expectations of tenants to live well in a house and maintain it as an asset for themselves and the state. Far too much of the money is being invested and housing is deteriorating too quickly, and there are limited consequences for irresponsible behaviours from tenants.” To help tenants change their behaviour they also needed:

*the wraparound supports that go with it. You cannot just put these people in a house and expect them to succeed. There are things like money management, how to use their money, and you have to exercise a bit of tough love. If there is a raging party ongoing in one of your transitional houses, someone has to go over there and knock on the door. Basically, you have to run those things like a private estate would—where there are certain rules for living there. The good thing about the transitional housing model, I think, is that it is a two-way obligation thing: if you do not abide by the rules, then eventually you are going to have to go and find somewhere else to live.*⁴⁵⁸

The Department of Housing told the Committee of its work with NGOs such as Anglicare and Centacare and other departments such as DAO, Corrections and Child Protection on programs such as the Better Life project in Halls Creek. This \$1.5 million per annum whole-of-government project “focuses predominantly on education, children and housing. ...because ultimately it is not about the Department of Housing resolving the issues if they do not have any appropriate services for resolving the particular people’s issues.”⁴⁵⁹ The Department of Housing said there have been

⁴⁵⁴ Ms Helen Harvey, Executive Director, Aboriginal Housing Services, Department of Housing, Letter, 29 October 2010.

⁴⁵⁵ Mr Ralph Addis, Chief Executive Officer, Wunan Foundation, *Transcript of Evidence*, 2 August 2010, p9.

⁴⁵⁶ Mr Ian Trust, Executive Chair, Wunan Foundation, *Transcript of Evidence*, 2 August 2010, pp9-10.

⁴⁵⁷ Ibid.

⁴⁵⁸ Ibid.

⁴⁵⁹ Mr Steven Parry, General Manager, Service Delivery, Department of Housing, *Transcript of Evidence*, 21 February 2011, p4.

no tenants in the Kimberley evicted due to damage to their properties and only two for disruptive behaviour. Almost all evictions are due to tenants not paying their rent.⁴⁶⁰

(d) Current State Government housing programs

The Department of Housing provides over 2,600 houses in 130 Indigenous communities and services such as power and water to 91 communities. It spends an average of \$25 million per annum from the Australian Government to upgrade the services to these 91 communities and about \$13 million per year to provide housing management services such as inspections and rent collection.⁴⁶¹

The 2008 response of the previous State Government to the Hope Report included the promise of additional housing (recommendations 2, 17 and 18) under the section ‘Community Infrastructure and Planning’.⁴⁶² At about the same time as this response was prepared, the current Deputy Premier criticised the Carpenter Government on its development of housing in the Kimberley, when the “housing wait list numbered nearly 900.”⁴⁶³

Another important reform in the National Partnership Agreement between Western Australia and the Federal Government (described below) is to bring in a public housing–type management model across all Indigenous communities where rents, on average, are 25% of a tenant’s income. Many satellite communities around major centres such as Halls Creek have different models “each individual one, depending on what stage they are at, has a different management model. Some of them are not managed directly by ourselves.” For Housing Department tenants, Western Australia has one of the highest levels of automatic payment of rent through Centrelink, with about 80% using this service.⁴⁶⁴

Table 5.2 above includes Government data from August 2010 showing a waiting list for public housing of nearly 1,100 for the towns of Broome, Derby, Halls Creek and Fitzroy Crossing. The waiting time for Broome applicants is over four years and nearly three years for Derby and Fitzroy Crossing.

In opposition in 2007, during debate on a Matter of Public interest, the current Regional Development Minister, Hon Brendon Grylls, raised the matter of lack of Kimberley housing and

⁴⁶⁰ Mr Gregory Cash, Director, Affordable Housing Policy, Department of Housing, *Transcript of Evidence*, 21 February 2011, p7.

⁴⁶¹ Submission No. 28 from Department of Housing, 6 August 2009, p3.

⁴⁶² Department of Indigenous Affairs, ‘State Government’s Response to the Hope Report’, April 2008. Available at: www.dia.wa.gov.au/Documents/ReportsPublications/WASStateGovtResponsetoHopeReprtFinalVersionPublic8April08.pdf, pp8-9. Accessed on 12 November 2010.

⁴⁶³ Hon Dr Kim Hames, MLA, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 20 November 2007, p7376.

⁴⁶⁴ Mr Steven Parry, General Manager, Service Delivery, Department of Housing, *Transcript of Evidence*, 21 February 2011, p8.

said that there were 65 people on the wait list in Halls Creek. Table 5.1 above shows that this had increased by 2010 to 120 people on the wait list. This situation was reflected in the evidence provided to the Committee by many witnesses.

Mr Grylls acknowledged in 2007 that the main challenge was the cost of providing housing and said that “the concept of building traditional Kimberley-style housing in those communities is not going to deliver a solution to the chronic overcrowding.” Instead he suggested that the then-Labor Government use a process utilised by a company called Blue Ridge in Karratha which built 70 new dwellings for the mining industry in about six months. Mr Grylls suggested that the process of reducing the wait list “should not be a 10-year program, but a one-year program” by using transportable houses that cost half what traditional housing cost in the Kimberley. He proposed this could be done by rethinking “the way we build housing in remote communities”, starting with a pilot program in Halls Creek to build 100 houses, and then roll this program out across the Kimberley.⁴⁶⁵

In terms of State funds, the Government has allocated \$15 million in its 2010-11 Budget for Aboriginal housing in the Kimberley. This will build 30 new transitional houses for Indigenous tenants who have jobs or are moving into the workforce in Fitzroy Crossing, Halls Creek and Kununurra. The land will be provided by Bunuba Inc in Fitzroy Crossing, MG Corp in Kununurra and the Shire of Halls Creek.⁴⁶⁶

The 2010-11 Budget outlined other new housing initiatives including Royalties for Regions funding of \$13 million for the construction of two Indigenous Visitor Hostels. This includes a 50-bed centre in Broome providing short-term accommodation for visiting Indigenous people. The Royalties for Regions, Housing our Workforce program will provide 400 homes over two years for key government workers, including 109 properties in the Kimberley.⁴⁶⁷ A combined State and Federal Government \$10 million program will provide four hostels in the Kimberley, including at Fitzroy Crossing.⁴⁶⁸

The Government is undertaking housing projects using some ideas proposed above in other regions, especially the Pilbara. These include the Ngarluma Aboriginal Sustainable Housing project announced in October 2010. It is being partly-funded by the Royalties for Regions program and will be overseen by a not-for-profit organisation in conjunction with government services. It will give Aboriginal people the chance to enjoy home ownership through shared-equity arrangements. The Ngarluma community gave up its native title rights over land as part of a

⁴⁶⁵ Mr Brendon Grylls, MLA, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 20 November 2007, p7384.

⁴⁶⁶ Hon Mr Brendon Grylls, MLA, Minister for Regional Development, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Questions Without Notice, 9 November 2010, pp8327-8328.

⁴⁶⁷ Department of Treasury and Finance, ‘Housing Authority’, 20 May 2010. Available at: www.dtf.wa.gov.au/cms/uploadedFiles/State_Budget/Budget_2010_11/06_part_18_housing_authority.pdf?n=8880, p906. Accessed on 3 November 2010.

⁴⁶⁸ Hon Mr Bill Marmion, MLA, Minister for Housing, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Questions On Notice, 9 November 2010, p8383.

commercial deal with the State Government and 50 blocks have been sold to the Government to help pay for the project.⁴⁶⁹ Another project in the Pilbara will receive \$30 million in Royalties for Regions program funding. The Landcorp project at the Warambie Estate in Karratha will use transportable houses to build a village of 100 houses by Christmas 2010.⁴⁷⁰

The State Government will shortly consider a State Affordable Housing Strategy which will detail a range of new initiatives to increase the supply of housing in the Kimberley, but this is unlikely to ease the shortage in the next two to three years.

The Committee was told by the Department of Indigenous Affairs of community demand for programs similar to the 'Homemaker' program that operated in the 1970s and 1980s.⁴⁷¹ The Department of Housing facilitates a program called the 'In Home Practical Support Program' (IHPS), which is described as a contemporary version of the old homemaker program. This program aims to improve the sustainability and longevity of Indigenous housing in remote, regional and urban areas by "developing the home living skills of Aboriginal people participating in the program." Participants have the opportunity to improve their skills, including family budgeting and the knowledge of tenancy obligations to manage and maintain a healthy home. The IHPS connects with other programs and services to address a family's environmental health, community development and social issues.⁴⁷²

Recommendation 24

The Minister for Housing ensure that by the end of 2011 the Department of Housing makes the 'In Home Practical Support Program', or a similar program, available to all Kimberley social housing residents.

Finding 16

A critical shortage exists of housing in the Kimberley for government and non government staff and their clients, and this shortage reduces the ability for Government and community organisations to deliver alcohol and drug services to this region.

⁴⁶⁹ Mr Daniel Hatch, *The West Australian*, '\$11m Model Housing Project for Pilbara', 25 October 2010. Available at: <http://au.news.yahoo.com/thewest/a/-/breaking/8190793/11m-model-housing-project-for-pilbara/>. Accessed on 25 October 2010.

⁴⁷⁰ Ms Marissa Lague, 'Karratha Estate Gets Flood of Applications', *The West Australian*, 3 November 2010, p18.

⁴⁷¹ Mr Clifford Weeks, Acting Deputy Director General, Department of Indigenous Affairs, *Transcript of Evidence*, 23 February 2011, p10.

⁴⁷² Department of Housing, 'AHI Programs', 2010. Available at: www.dhw.wa.gov.au/402_478.asp. Accessed on 24 February 2011.

Recommendation 25

The State Government allocate additional funding to address housing shortages in the Kimberley. The Committee anticipates more detailed recommendations on housing from the present inquiry being conducted by the Community Development and Justice Standing Committee.

(e) Federal housing programs

The majority of funds to develop new houses and refurbish existing ones for Indigenous communities in the Kimberley is sourced from the Federal Government via the National Partnership Agreement on Remote Indigenous Housing (NPARIH), as part of COAG's 'Closing the Gap' program. The agreed targets for the five-year period 2009-13 are for 295 new houses and 1,025 refurbished ones at a cost of \$31.8 million.⁴⁷³ Across Australia, NPARIH will provide funding of \$5.5 billion over 10 years and aims to provide about 4,200 new houses and upgrades to around 4,800 existing houses in remote communities. Contracts were let in 2009-10 for the refurbishment of more than 150 houses with the majority of these in 13 Kimberley communities.⁴⁷⁴

The State's Housing Minister told Parliament that Western Australia had exceed the Federal Government's annual goal (of 75 new houses and 150 refurbishments), the only jurisdiction to do so. The Commonwealth rewarded the State for bettering its target with additional funding of \$4 million.⁴⁷⁵

This program has made use of transportable houses for remote communities from major providers in either Perth or Alice Springs and Darwin in the Northern Territory to meet the tight NPARIH deadlines. The Department of Housing said "as a general rule, our experience is that transportable housing commercially works well if you only need a very small number, but when the numbers

⁴⁷³ Ms Helen Harvey, Executive Director, Aboriginal Housing Services, Department of Housing, Letter, 29 October 2010.

⁴⁷⁴ Department of Families, Housing, Community Services and Indigenous Affairs, 'National Partnership Agreement on Remote Indigenous Housing', 21 October 2010. Available at: www.fahcsia.gov.au/sa/indigenous/progserv/housing/Pages/RemoteIndigenousHousing.aspx. Accessed on 12 November 2010.

⁴⁷⁵ Hon Mr Bill Marmion, Minister for Housing, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), *Parliamentary Debates* (Hansard), Question Without Notice, 17 August 2010, p5600.

get big, in situ construction is the better option.” The average cost of the transportables was about \$460,000, including site costs, which is slightly higher than the cost for an in situ house.⁴⁷⁶

The NPARIH aims to employ a minimum of 20% Indigenous staff and the Department of Housing is currently at a level of 34%, and is aiming for a higher proportion.⁴⁷⁷

The recent *Coordinator General for Remote Indigenous Services Six Monthly Report December 2009 – August 2010* shows that the Western Australian Government “recommits to the resolution of [native title] tenure issues as a priority and provides a timeframe for action to ensure new housing is delivered to communities in the greatest need.” This report also highlights that a site visit in September 2009 provided feedback from Halls Creek that the residents believe that too many houses are being constructed for government staff and too few for the community. In Fitzroy Crossing, complaints have been made on the speed of delivery of the program and the lack of houses for NGO programs.⁴⁷⁸

Finding 17

The Department of Housing has exceeded the targets set under the National Partnership Agreement on Remote Indigenous Housing program by building more houses and employing more Indigenous staff than required.

5.3 WA Police

While the existing restrictions and bans have reduced the amount of policing work undertaken by the WA Police in the Kimberley, the Committee was told in various locations of further needs:

- a fourth officer on the Dampier Peninsular to allow the Police to have two teams of two officers (there is a vacant house in this location).⁴⁷⁹
- another eight officers in Kununurra to allow the proper staffing of the lockup 24 hours a day to ensure duty of care to the prisoners.⁴⁸⁰

⁴⁷⁶ Mr Graeme Jones, Acting Executive Director, Aboriginal Housing, Department of Housing, *Transcript of Evidence*, 21 February 2011, pp15-16.

⁴⁷⁷ Ibid.

⁴⁷⁸ Office of the Coordinator General for Remote Indigenous Services, ‘Second CGRIS Six Monthly Report’, 5 October 2010. Available at: www.cgris.gov.au/site/report2010_status_of_community_issues_first_report.asp. Accessed on 12 November 2010.

⁴⁷⁹ Senior Sergeant Neville Ripp, OIC, Dampier Peninsula Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p3.

⁴⁸⁰ Senior Sergeant Graham Sears, OIC, Kununurra Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, pp3-5.

- a bail or after-hours facility in Kununurra for juveniles rather than have them housed in the station's cells.⁴⁸¹
- a 24-hour Police facility in Fitzroy Crossing to deal with the situation where drunks have returned to houses.⁴⁸²
- the use of community facilities at Noonkanbah to allow Police to stay for several days in the community.⁴⁸³

The Committee understands that the large distances and resource demands caused by alcohol-fuelled incidents means that many smaller communities do not have ready access to Police. As in Perth, residents feel that the presence of Police will help prevent many potentially violent situations created by the consumption of alcohol. At Noonkanbah, the Committee was told "I think that would pick up people's eyes to the horizons and say, "Oh, well, the Police are here, which is good." It would show also to the community that there is a caring effect from the Police department particularly."⁴⁸⁴ Similarly, the Committee heard in Fitzroy Crossing "everyone knows that after nine o'clock, there are no Police driving around. If there are Police who are on, they are on suicide watch at the Police station."⁴⁸⁵

Recommendation 26

The State Government consider a social responsibility levy on liquor license holders in the Kimberley and other regions to fund the Police resources required to manage harm from excessive alcohol consumption.

⁴⁸¹ Ibid.

⁴⁸² Mr Heath Sanderson, Manager, Fitzroy Valley Men's Shed, *Transcript of Evidence*, 30 July 2010, p7.

⁴⁸³ Mr John Smith, Yungngora (Noonkanbah) Community, *Transcript of Evidence*, 30 July 2010, p10.

⁴⁸⁴ Ibid.

⁴⁸⁵ Mr Heath Sanderson, Manager, Fitzroy Valley Men's Shed, *Transcript of Evidence*, 30 July 2010, p9.

Recommendation 27

The Minister for Police increase the WA Police budget for the Kimberley in the 2011-12 State Budget by at least 10% to account for the region's increased population growth and to ensure that the social benefits obtained from the current alcohol restrictions are maintained. New Police resources that need to be provided in the Kimberley include:

- a fourth officer on the Dampier Peninsular to allow the Police to have two teams of two officers;
- another eight officers in Kununurra to allow the proper staffing of the lockup 24 hours a day to ensure duty of care to the prisoners;
- a bail or after-hours facility in Kununurra for juveniles rather than have them housed in the station's cells;
- a 24-hour Police facility in Fitzroy Crossing to deal with the situation where drunks have returned to houses; and
- the use of community facilities at Noonkanbah to allow Police to stay for several days in the community.

5.4 Department for Communities and Department for Child Protection

Mr Terry Murphy, Director General of the Department for Child Protection, told the Committee that he anticipates the allocation of additional resources to DCP via its budget resource allocation model. He suggested these additional funds should meet the needs flowing from an increase in children in the Kimberley region.⁴⁸⁶ This model was one result of the review of the former Department for Community Development by Ms Prudence Ford and was developed by DCP with assistance from the Department of Treasury and Finance. It should take account of issues such as the growth of the number of young children in the Kimberley and provide an estimate of service delivery and support FTE.⁴⁸⁷

The DCP budget model may however miss new initiatives required in the Kimberley due to the serious effects of alcohol consumption, such as the recommendation made by one witness for a shelter to suit children over the age of 12 years to be built and staffed in the larger Kimberley towns. As well as a children's shelter, it was felt that where there are women's shelters they

⁴⁸⁶ Mr Terry Murphy, Director General, Department for Child Protection, Letter, 23 November 2010.

⁴⁸⁷ Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 18 August 2010, p8.

should allow temporary accommodation for older children as “kids over a certain age cannot even access, so if mum goes there with two five-year-olds and a 16-year-old, the 16-year-old is not allowed in. So what is mum going to do—let her oldest son or daughter walk the streets, or go back?”⁴⁸⁸

The Committee heard that an obvious service area that is missing in the Kimberley is “youth accommodation across the board”. Ms White gave evidence that:

*I think if we opened a youth accommodation tomorrow in Kununurra we would fill it up and we would not be able to support those young people into independent living. There is no housing [for staff]. We could not support those young people into appropriate services—there are not any. ... So, whilst I think it is a really good part of the solution, my nervousness around it is: what happens around that service?*⁴⁸⁹

Similarly, the Committee heard that “Fitzroy Crossing is crying out for is a youth facility. ... more like a drop-in centre. ... A PCYC.”⁴⁹⁰

Short-term accommodation for children in Derby was also a priority as “80% of that volume crime committed by juveniles is usually very late at night or early in the morning and possibly after when we have knocked off.” The importance of the accommodation in Derby is that DCP have no facilities in Derby in which to place juveniles overnight “The nearest facility to place them would appear to be a hostel in Broome, which is 225 kilometres away. The end result is that any youths who are around at that time of morning stay out there at the time of morning.”⁴⁹¹

Ideas for new accommodation in Derby included housing children at the sobering-up centre when a child’s parents were spending the night there:

*You would have to have two sides—one for boys and one for girls. I would say 20 beds for each because you never know; on some nights I reckon that I could fill them. But this is not just these people; it is for the little ones. ... I do not like it seeing; it is women with little babies—one year old, two years old, even a few months old—drunk and the baby is lying in the dirt.*⁴⁹²

Derby had previously received funds for truancy patrols to support the work of Department of Education staff. The Committee heard that a local group had received \$100,000 from the proceeds of crime fund but this had now ceased and the truancy patrol no longer operated:

⁴⁸⁸ Mr Graeme Cooper, Chief Executive Officer, Ord Valley Aboriginal Health Service, *Transcript of Evidence*, 2 August 2010, p7.

⁴⁸⁹ Ms Emma White, District Director, Department for Child Protection, *Transcript of Evidence*, 2 August 2010, p3.

⁴⁹⁰ Mr Heath Sanderson, Manager, Fitzroy Valley Men’s Shed, *Transcript of Evidence*, 30 July 2010, p10.

⁴⁹¹ Senior Sergeant Michael Wells, OIC, Derby Police Station, WA Police, *Transcript of Evidence*, 28 July 2010, p2.

⁴⁹² Mr Gregory Spinks, Coordinator, Numbud Patrol, *Transcript of Evidence*, 28 July 2010, p10.

*Up until last year, for two years I ran a truancy patrol in this town. I got funding from the Attorney General's office for two years to do that. You can ask the schools; it worked wonders. Now I have no funding, I have a bus sitting there...*⁴⁹³

In Fitzroy Crossing it was suggested that having a facility to accommodate 6-10 male domestic violence perpetrators would increase child protection as the lack of such a facility means the Police have to “remove the victim [and children] when we should not have to, and that is something that really could change.”⁴⁹⁴

Recommendation 28

In the 2011-12 State Budget, the Minister for Child Protection provide the Department for Child Protection with funding to construct/maintain and staff a ‘safe house’ for children at risk in the larger Kimberley towns of Broome, Derby, Halls Creek, Fitzroy Crossing, Wyndham and Kununurra.

5.5 The Need for Additional Drug and Alcohol Programs

An obvious gap throughout the Kimberley is drug and alcohol services based in local communities. Most of the current services summarised above are based in either Broome (West Kimberley) or Kununurra (East Kimberley), with other locations serviced on a fly-in/fly-out basis. The current situation for providing alcohol and mental health services in Balgo was described as:

*They are very poorly coordinated services. They tend to turn up sometimes quite unannounced—you might get a fax the day before with the names of the people who they want to see. So confidentiality is an issue when it comes to these sorts of things: people do not like their names to be put on a fax and sent to an organisation because someone from mental health wants to talk to them. There are a whole lot of confidentiality issues that they do not respect before they come to these regions. We have tried to make them do it and they are getting much better. ... the issues including the time that it takes for them to get here; their effectiveness on the ground; the fact that they do not have designated office space in which to do any work; the fact that it takes a long time to develop relationships with communities and the people who might seek to use the service; and seeing different faces each time or seeing them sometimes at a minimum six-weekly visit—normally we might see them three times a year, if we are lucky.*⁴⁹⁵

⁴⁹³ Mr Gregory Spinks, Coordinator, Numbud Patrol, *Transcript of Evidence*, 28 July 2010, pp6-7.

⁴⁹⁴ Senior Sergeant Ian Gibson, Officer in Charge, Fitzroy Crossing Police Station, WA Police, *Transcript of Evidence*, 29 July 2010, p10.

⁴⁹⁵ Mr Christopher Cresp, Chief Executive Officer, Palyalatju Maparnpa Health Committee, *Transcript of Evidence*, 27 July 2010, p3.

The need for more local alcohol services was put succinctly by Professor Wilkes:

*last year it cost \$368 per night in a prison and \$98 a night in a rehabilitation treatment service. If you are talking about all of those Aboriginal fellows you saw in the Broome jail as being in there because of alcohol-related crimes ... then maybe we do need to rethink where we put our resources.*⁴⁹⁶

The current restrictions have provided a ‘window of opportunity’ and there is now an opportunity to undertake further preventative measures, as well as restorative ones:

*In the isolated remote areas, I think improved preventative counselling services would go a long way to assist while those people are dry and off the grog, before they come to a larger area where the alcohol is more available.*⁴⁹⁷

The location of staff in more communities across the Kimberley is a proposal supported by local residents:

*That came out of the [Billard] summit we have just been to. People were saying that they want to make their own choices and have their own people in the community to do this. It has not worked that well in the past where service providers have flown in. They are calling us seagulls—we are flying in, working on the problem and then flying out again. It needs more consistency.*⁴⁹⁸

The next six months were seen as vital in starting to increase the drug and alcohol services in the Kimberley, as the ‘window of opportunity’ provided by the current restrictions may fade.⁴⁹⁹ Many local staff are tired of constantly telling government and parliamentary representatives of their needs:

*It is my own personal opinion that I am witnessing the decline, in terms of the restrictions [that] were brought in, everyone in town was saying that we needed the backup and we needed the support of mental health, we needed the support of drug and alcohol counsellors. It has been a mantra. **This is the third parliamentary standing committee I have actually addressed on a range of issues, so you can understand why I can get a bit cynical** [emphasis added].*⁵⁰⁰

Support for the parents, the communities and the students through flooding the place with mental health support—that is, drug and alcohol counsellors. The mantra has been, since

⁴⁹⁶ Associate Professor Ted Wilkes, National Drug Research Institute, Curtin University, *Transcript of Evidence*, 2 September 2010, p10.

⁴⁹⁷ Sergeant Thomas Stafford, Broome Police Station, WA Police, *Transcript of Evidence*, 26 July 2010, p18.

⁴⁹⁸ Ms Jillian Coole, Clinical Team Leader, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, p4.

⁴⁹⁹ Drug and Alcohol Office, ‘Fitzroy Valley Alcohol Restriction Report December 2010’, 2010. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1236&Command=Core.Download. Accessed on 23 December 2010.

⁵⁰⁰ Mr Paul Jefferies, Principal, Fitzroy Valley District High School, *Transcript of Evidence*, 30 July 2010, p3.

*the restrictions came in, that this is a window of opportunity and we need to make the most of it, but it has not happened. ... I actually think the habitual routine now is that when it is a big pay week, you drive to Derby. The amount of alcohol that is coming back into town, I think, is actually increasing. We are actually seeing that in the escalation of—we are getting more, sort of, traumatised kids at school, who are exhibiting behaviours that are difficult to manage.*⁵⁰¹

A key aspect of the development of additional services was the need for services to work together, rather than remain in their own ‘silos’:

*The main issue is more resources; people are stretched, and so they are busy and working on their own, and there are gaps, rather than them treading on each other’s toes or anything like that. My main concern would be that there needs to be more resources to deal with the consequences of alcohol abuse There is scope for better coordination. It is largely, I think, a general principle in the Kimberley that problems with coordination happen because of direction from elsewhere, so people within the region tend to work things out and coordinate things, but if you are part of a system like the state government, which has directions from Perth that apply across the whole state, then you have to work your way through that system, and that can be quite difficult for people working within systems.*⁵⁰²

In terms of extending the existing services, the Committee heard that training services for new staff were also a key need:

*Our service has a training coordinator whose role is to build the capacity of not just our service but all the alcohol and drug services in the region. She is only one person, though, and there is some more work coming out of that in the COAG initiative. So there is going to be more capacity building within the agencies to build the future workforce, and I think that is absolutely crucial.*⁵⁰³

(a) Proposals for additional services- Drug and Alcohol Office

The Drug and Alcohol Office (DAO) provided the Committee with a supplementary submission that outlined a need for a new approach. It proposed that alcohol and drug staff be expanded to be based in four hubs in the Kimberley (see Figures 5.1 and 5.2 below). Staff and services would be added to Fitzroy Crossing and Halls Creek to allow the better servicing of these major towns and the smaller outlying communities that they service.

The number of new positions was based on information gathered through key stakeholder meetings, community consultation in the development of the Local Implementation Plans for the

⁵⁰¹ Mr Paul Jefferies, Principal, Fitzroy Valley District High School, *Transcript of Evidence*, 30 July 2010, p8.

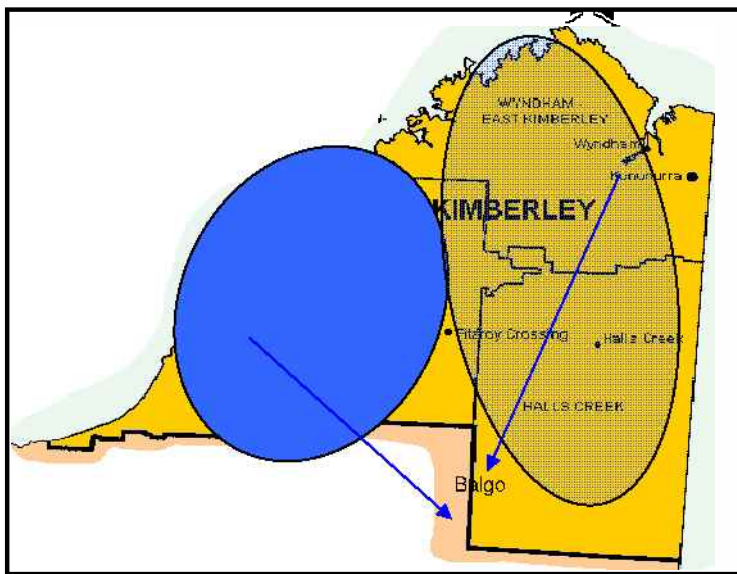
⁵⁰² Dr David Atkinson, Acting Medical Director/Medical Educator, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 26 July 2010, p7.

⁵⁰³ Ms Sally Malone, Regional Coordinator, Kimberley Community Drug Service Team, *Transcript of Evidence*, 26 July 2010, p4.

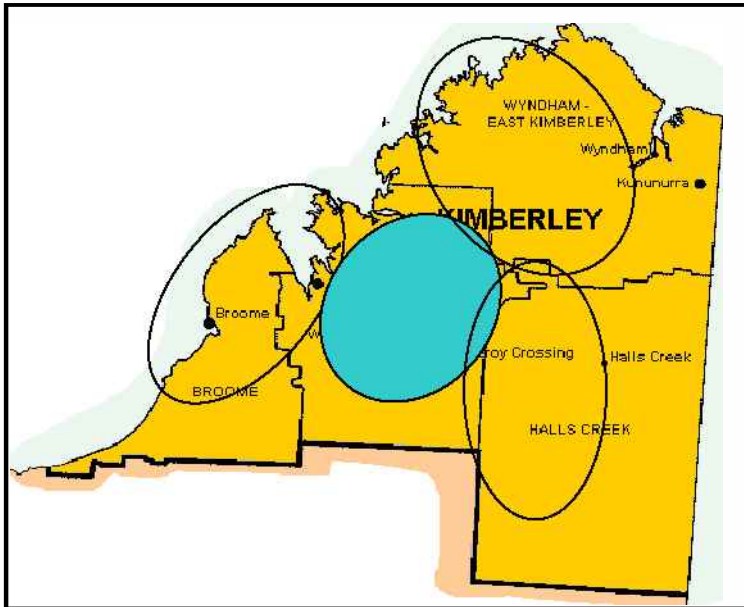
COAG Remote Services Delivery program and through the Halls Creek and Fitzroy Crossing liquor restriction evaluations. DAO told the Committee:

Increasing levels of demand for both prevention and treatment measures have now exceeded the ability of the existing services to adequately meet them. Increased activity over the past two years has only been possible due to reconfiguring of existing resources. There is no further capacity to do this without impacting on existing and essential services funded or directly provided by the Drug and Alcohol Office (DAO) in other regions of Western Australia.⁵⁰⁴

Figure 5.1- Current Two-zone Model of Service Delivery



⁵⁰⁴ Submission No. 74 from Mr Neal Guard, Executive Director, Drug and Alcohol Office, 15 October 2010, p1.

Figure 5.2- Proposed Four-zone Service Delivery Model

The proposal would assist in meeting the future needs of Kimberley communities in relation to drug and alcohol services by:

- releasing the pressure on the existing two hub, enabling these areas and their surrounding communities to receive more comprehensive service delivery;
- enabling the evidence-based initiatives of the Kimberley Regional Action Management Plan to be implemented in a timely and effective manner;
- creating an in-town service in Fitzroy Crossing that will more adequately service the 45 Fitzroy Valley communities; and
- creating an in-town service in Halls Creek that will better service the surrounding communities, including Warmun, Balgo, Yiyili and Ringer Soak.⁵⁰⁵

DAO proposed that the region required an additional 18.5 FTE service staff (half of which would be Indigenous) and an additional 2.5 FTE support workers in Perth. This would provide:

- 3.0 FTE - Drug and Alcohol Prevention/ Community Development Officers;
- 6.5 FTE - Treatment and Support Officers; and
- 9.0 FTE - Local Aboriginal Drug and Alcohol Support Workers.

⁵⁰⁵ Submission No. 74 from Mr Neal Guard, Executive Director, Drug and Alcohol Office, 15 October 2010, p4.

This increase in alcohol and drug workers in Fitzroy Crossing and Halls Creek was supported by a witness:

Can I finally say that the other thing that we are sadly lacking in—it is just so obvious—is alcohol and drug counsellors. ...You have to ask why, really, but we just do not have them. ...and we have been saying for the over two and a half years I have been here. We have been saying it ad nauseam, and it has just gotten to the stage now where it is becoming ridiculously and abundantly obvious that the attention is not being provided to Fitzroy Crossing.⁵⁰⁶

Another witness in Fitzroy Crossing stressed the need for new DAO staff to be a mix of both male and female:

even before these restrictions were put in place, we all said that we would need resources: we need the drug and alcohol counsellors and we need the support systems. ...We just do not have people on the ground. We did have a female drug and alcohol counsellor for a while, but the men would not go to her.⁵⁰⁷

This proposal was supported by a researcher analysing the impacts of the restrictions in Fitzroy Crossing:

There are also issues of gender that come into play with this. The Kimberley is a strongly genderised community between men and women both in terms of culture and how people approach things. The drug and alcohol counsellor and youth counsellor are both women. That works well for dealing with children, but the most heavily affected and heavily impacting drinkers are men. While men have been using those services, there needs to be those sorts of considerations as well.⁵⁰⁸

The estimated additional funding required by DAO for these 21 FTE was \$3.1 million per annum. A table in Appendix 8 outlines the current State and Commonwealth Government funded drug and alcohol resources in the Kimberley region and the additional resources required to meet the increased demand for services.

The need for new Indigenous drug and alcohol workers was summarised as “Aboriginal people are the ones who have to look after Aboriginal people. It is as simple as that. These issues will not be fixed by more government services”⁵⁰⁹ and supported by non-DAO program staff:

⁵⁰⁶ Senior Sergeant Ian Gibson, OIC, Fitzroy Crossing Police Station, WA Police, *Transcript of Evidence*, 29 July 2010, p13.

⁵⁰⁷ Ms Sharyn Burvill, Area Manager, Shire of Derby - West Kimberley, *Transcript of Evidence*, 29 July 2010, p3.

⁵⁰⁸ Mr Stephen Kinnane, Researcher, Nulungu Centre for Indigenous Studies, Notre Dame University, *Transcript of Evidence*, 9 June 2010, p12.

⁵⁰⁹ Mr Graeme Cooper, Chief Executive Officer, Ord Valley Aboriginal Health Service, *Transcript of Evidence*, 2 August 2010, p10.

In relation to our workforce, we are very committed to developing our Indigenous mental health and drug and alcohol workforce. We need some FTE to do this.

...At a very minimal calculation, we need 10 Indigenous FTE across the region so that wherever we have mental health services and drug and alcohol services we have trained Indigenous drug and alcohol and mental health staff. There is competition in the workforce for this type of staff.⁵¹⁰

The need for these workers to be Indigenous is highlighted by some of the deep-seated issues that need to be addressed in a culturally-sensitive fashion:

in regards to alcohol, programs that start to address some of the intergenerational trauma, which I think has led some of the issues that are particularly present in suicide stuff now. I think programs or services that can start to unravel some of that would be my ideal. ... Basically, trauma, grief, loss, sexual abuse and all of those things that have happened five generations back from your elders to your mid-40s to your 20s to your teenagers to your young people, because all of that stuff is compacting, so your children who are born tomorrow are going to carry all of this stuff here and are all going to learn the exact same coping strategies as what Nana and Pop, mum and dad and uncle and auntie have all learnt—that is, to bury that stuff down.⁵¹¹

Another witness from the Milliya Rumurra Aboriginal Corporation in Broome suggested that there needed to be full time staff in locations other than the region's five major towns, including:

...Bidyadanga, Fitzroy Crossing, Warmun, Kalumburu, Umbulgari, Beagle Bay, One Arm Point, Lombadina Djarindjin, and maybe up the Gibb River. ... Balgo, yes. Mulan, Bililuna—all those communities.⁵¹²

Ms Lovison suggested that these smaller communities could use one of their own residents, with appropriate training, to provide the alcohol and drug services, and that this approach would also solve the problem with providing them with housing:

Well, it [housing] would not be a problem if we are going to use community people to work with us. ...That is what we would like to do. We would like to have local alcohol and other drug workers in these big communities—people who live there, so they will already have their housing there. Our issue would be to support and train them to work in those areas. Our outreach workers give that support when they go out.⁵¹³

⁵¹⁰ Mr Robert Goodie, Regional Manager, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 26 July 2010, p7.

⁵¹¹ Ms Zoe Evans, Coordinator of Standby Suicide Response Service, West Kimberley, Kingway-Anglicare WA, Broome, *Transcript of Evidence*, 28 July 2010, p9.

⁵¹² Ms Maria Lovison, Chief Executive Officer, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, p4.

⁵¹³ Ibid.

The training of these local residents could be undertaken in a coordinated fashion by agencies:

*looking at ways to work with the community and have the community control these things. One way of doing that is by having the communities appoint these people and maybe having the training go out to them. If we had four or five people in one area, maybe we could get trainers to go out there and do the training instead of those people leaving their communities for two or three weeks. I think it is about the system changing to suit community people rather than us imposing our way of working on them.*⁵¹⁴

The Committee was told that presently on the Dampier Peninsular “the only detox thing in town is the jail.”⁵¹⁵

While the region contains a number of sobering-up centres, an expansion of the number of large rehabilitation and treatment centres, from the current two in Broome (Milliya Rumurra) and Wyndham (Ngnowar-Aerwah), is a particularly acute need:

In relation to [diversionary] alternatives for the Court and alternatives for Police, alternatives are limited; they really are. For example, the Broome sobering-up shelter is one of the busiest. It is utilised by everyone from all points of the compass.

*...I think the intelligent part of that [additional treatment facilities] is that it will address the root cause rather than the outcome. The thing about that is if, over three months, that person can get enough life skills to move on and become a valuable contributor to the community, then that is a massive plus. As it stands at the minute, there is no treatment—so what happens is you deal with the symptom, never deal with the cause.*⁵¹⁶

Another witness called for the more alcohol rehabilitation services in the East Kimberley as the “rehabilitation centre out at Wyndham that now has a 12-months waitlist to get into the place, and it has just expanded dramatically.”⁵¹⁷ The Committee was told that the sobering-up centres should be staffed on a 24-hour basis to ease the load on admission to WACHS health facilities:

*I wear my nursing hat here and say that Kununurra and Wyndham are growing areas. We are getting far more pressure on us to do more things in the hospital, which we are doing. We have all these so-called soft admissions “just in case”. They should not be in hospital.*⁵¹⁸

⁵¹⁴ Ms Maria Lovison, Chief Executive Officer, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, p4.

⁵¹⁵ Mr Daniel Howard, Bus driver, Djarindjin Aboriginal Corporation, *Transcript of Evidence*, 27 July 2010, p16.

⁵¹⁶ Senior Sergeant Robert Neesham, Officer In Charge, Broome Police Station, WA Police, *Transcript of Evidence*, 26 July 2010, p12.

⁵¹⁷ Cr Fred Mills, President, Shire of Wyndham - East Kimberley, *Transcript of Evidence*, 2 August 2010, p7.

⁵¹⁸ Ms Ruth Bath, District Director of Nursing, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p9.

Funding was seen as a major issue affecting the provision of drug and alcohol services by NGOs. The Committee felt that, providing outcomes are assessed by key performance indicators, there should be longer funding periods for NGOs. The largest centre in the Kimberley, Milliya Rumurra, has to apply for its funding each year. Not only did this make it difficult for the Centre, but it “sets up a bit of a rollercoaster for workers as well.”⁵¹⁹

Continued funding should be provided when a program is successful, as the Committee heard from one NGO that “once it started up and started to become successful and doing what it was meant to be doing, funding was pulled away, and then these things fall in a heap.”⁵²⁰ Another witness from Derby described the process:

*it was working really well—it was called Jaida Barru—then you could not get funding for it. Something that worked well, there was no funding. I find it is really most prohibitive for a lot of things because you can have good people doing good things but they spend half their bloody time chasing money.*⁵²¹

The Committee heard examples where funding cuts have had a seemingly disastrous impact on residents. For instance, in Balgo:

*a lot of capacity has been removed from the community to deliver services that the community used to do like before. At one stage we were getting \$2.5 million [per annum] to administer and to look after the community. Now we get about \$200,000 to do the same thing. Funding for our CEOs, we pay for our own CEO out of our savings that the community has saved with them, like Woodman and the airport development. CDEP has been removed. Now, everyone is staying on unemployment benefits, so there is work for the dole scheme. Housing has been taken away from the community and given to the Department of Housing and works to deliver services. So what we have now is a community full of unemployed people living in public housing.*⁵²²

The other issue was the co-morbidity of alcohol and drug problems with mental health issues:

*In the three and a half months that I have worked at Milliya Rumurra we have had seven medically diagnosed mental illness clients who have had alcohol and drug problems as well. We have found that quite hard on our resources, especially the ones who need that one-on-one intense attention. And finding other services to help us to come in with mental health expertise is quite hard.*⁵²³

⁵¹⁹ Ms Jillian Coole, Clinical Team Leader, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, p15.

⁵²⁰ Mr Bede Lee, Chairman, Palyalatju Maparnpa Health Committee, *Transcript of Evidence*, 27 July 2010, p6.

⁵²¹ Ms Elsie Archer, President, Shire of Derby - West Kimberley, *Transcript of Evidence*, 28 July 2010, p16.

⁵²² Mr Bede Lee, Chairman, Palyalatju Maparnpa Health Committee, *Transcript of Evidence*, 27 July 2010, p11.

⁵²³ Ms Maria Lovison, Chief Executive Officer, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, p10.

The issue of alcohol and mental health co-morbidity illustrates the need for new services to be put in place with a whole-of-government approach:

Our clients suffer dual diagnosis to a large extent around drug and alcohol and mental health. We would like to see an increase in the availability of treatment services so where someone is requesting detox, where someone is wanting home-based withdrawal, where someone wants to deal with their drug and alcohol issue alongside their mental health issue, we would seek to develop that workforce. At the moment we have a workforce that is in the psychological world,... in the counselling model. We, as a mental health service provider, would like to add the treatment component to that level of service.⁵²⁴

The Committee believes DAO needs to include in its proposal a request for additional mental health workers in Fitzroy Crossing. The co-morbidity between alcohol, drugs and mental illness was apparent in many of the hearings and was quantified by a witness who said:

There are not the resources here for the people of the Valley to do the healing. There needs to be a full alcohol and drug team, and there needs to be a full mental health service, as one of the basic mechanisms for people to do the healing that is starting to occur because of the liquor restrictions. ... In my estimation, with my two and a half years experience, I believe that we need at least four mental health clinicians and four Indigenous mental health workers here in the Valley.⁵²⁵

There was a proposal to the Committee to merge DAO with the Mental Health Commission (MHC). It was felt that this would probably result in the long-term allocation of more funds into acute mental health programs at the cost of community drug and alcohol services. The two agencies have to work closely together and it is hoped that with the Barnett Government creation of the new portfolio of Minister for Mental Health (who is now responsible for both DAO and the MHC) future assessment, planning, implementation and evaluation of programs in the Kimberley will be better co-ordinated.

Another suggestion put to the Committee was for the creation of a new Department for the Kimberley that would co-ordinate programs across the region:

We have had many conversations with the Minister for Indigenous Affairs. The problem there is his portfolio deals with Indigenous affairs specifically, it does not deal with alcohol and drugs et cetera. The Minister for Health deals with health issues arising out of alcohol and drugs. The Minister for Police deals with the police issues arising. What I would prefer to see is a [single] portfolio.⁵²⁶

⁵²⁴ Mr Robert Goodie, Regional Manager, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 26 July 2010, p7.

⁵²⁵ Ms Joanne Wraith, Child and Adolescent Mental Health Professional, KMHDS, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p4.

⁵²⁶ Cr Peter McCumstie, Councillor, Shire of Derby - West Kimberley, *Transcript of Evidence*, 28 July 2010, p14.

Some witnesses believe that such a proposal would decrease the plethora of agencies that local communities need to deal with on a daily basis. It was supported by another witness who said its main advantage would be simpler lines of accountability:

I would definitely support that [one agency]. One of the biggest problems we have with that, I believe, is accountability, where if you do have agencies with varied sources of funding, they do not answer to any single person. If we set up a model where people were answering to one central agency and were accountable to that agency, they would have to say, "This is what we have done, this is what we have achieved; we are effective because we have achieved this," rather than just going down a line where they are doing the same thing over and over again, and not seeing any results.⁵²⁷

Another suggestion is to give one of the Government's current Ministers responsibility for the Kimberley and for liaising with other Ministers to ensure their departments are providing appropriated coordinated services and programs. This could be the Minister for Indigenous Affairs, the Minister for Regional Development, the Minister for Health, the Minister for Police or the Minister for Child Protection. The proposal's key issue is to ensure one Minister was accountable for Government programs across the Kimberley.

Another witness suggested to the Committee a way to ensure government departments work together was to co-locate the existing agencies into one section of the region's larger towns, such as Broome, Derby, Halls Creek, Fitzroy Crossing and Kununurra. The Committee was told that in Kununurra:

we have about 22 different government departments and government bodies in this municipality, located in 17 different locations. So we have the Court and the Police, but then if you want to get Child Protection involved, that department is in another street. If you want to get Indigenous Affairs, DIA, involved, it is in another area. My concept was to bring everything into one governance area, for example, in the justice precinct. The justice precinct could be set up and across the road we could have State Government bodies, NGOs and a whole range of other bodies.⁵²⁸

Moving from the broader community to a family level, another similar proposal was made by the previous Education and Health Standing Committee of the 37th Parliament for 'healthy living centres' which would:

pool relevant funding and programs so that on-ground initiatives are linked and co-ordinated in situ and are not subject to reams of red tape and debilitating bureaucracy. It would ensure the placement of a 'co-ordinator' (employed either by the State or Federal government) with the authority and capacity to flexibly respond to the actual needs within particular communities, to build and maintain relationships with community members at all levels, and to liaise with relevant government agencies and private sector and non-government stakeholders. ...Features of this initiative would be the capacity to establish

⁵²⁷ Sergeant Mark Risdale, Balgo Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p6.

⁵²⁸ Mr Gary Gaffney, Chief Executive Officer, Shire of Wyndham - East Kimberley, *Transcript of Evidence*, 2 August 2010, p9.

family training programs, home maker support services, healing centres that tackle alcohol and drug addictions, as well as responding to the needs to reunite families and communities following the trauma of violence and abuse.

However, the concept proposed here extends beyond the arena of social support services (though this is an important part) and extends to the realms of training and employment programs, sport and recreation, and the establishment of practical and tangible linkages with economic development opportunities and private sector activities within each region. The overall philosophy is that social health within remote communities is directly related to expanding the opportunities for community members to find a sense of purpose and opportunity for achievement, from whichever source or direction.⁵²⁹

Recommendation 29

In its 2011-12 State Budget, the Minister for Mental Health fund the Drug and Alcohol Office's proposal for increased resources in the Kimberley to enable services to be provided to the region based on four zones rather than two.

(b) Department of Racing, Gaming and Liquor

The imposition of restrictions in the Kimberley has imposed an additional workload on the Department of Racing, Gaming and Liquor (DRGL), and this is likely to increase as other communities seek section 175 restrictions. DRGL considers that the number of communities in the Kimberley with restrictions will 'steadily increase' in the next five years, as well as in other regions such as the Pilbara and the Goldfields. Provisions in the new *Liquor Control Amendment Act 2010*, which allows owner/occupiers to apply to the Director of Liquor Licensing to have their premises declared a restricted residence, will create further work for the department.

The DRGL is currently seeking about \$1.2 million from the Government to handle this increased work, with recurrent costs for new staff of about \$400,000 per annum and costs for IT systems development of about \$150,000.⁵³⁰

⁵²⁹ Education and Health Standing Committee, *Ways Forward- Beyond the Blame Game: Some Successful Initiatives in Remote Indigenous Communities in WA*, Legislative Assembly, Parliament of Western Australia, Perth, 2008, pp171-173.

⁵³⁰ Submission from Ms Janine Belling, Department of Racing, Gaming and Liquor, 29 October 2010, pp1-5.

Recommendation 30

In its 2011-12 State Budget, the Minister for Racing and Gaming fund the Department of Racing, Gaming and Liquor proposal for increased resources to provide services flowing from the greater number of communities applying for section 175 restrictions.

5.6 Department of Education

The Committee believes that, based on the evaluation of key performance indicators, the Government support educational programs such as the innovative *Joodoogeb-be-gerring Werlelemen* program in Kununurra aimed at disengaged girls. Some of the girls involved in this program “have not been to school for seven years.” This is based on evidence provided by the Ord Enhancement Scheme (OES) Committee which has sought to “look at striking at different levels in the education system.” The OES is looking for government support for this program which “provides them with more of a one-to-one and a higher ratio of teaching staff to students, plus also life skills, plus also some of that cultural input, that we have also supported to happen through the language centre here in Kununurra with the Clontarf [football program] boys.”⁵³¹

Support for this program could be provided by adjusting the Government’s funding formula for schools in the Kimberley and other remote areas. Evidence leads the Committee to recommend to the Government that school funding mechanisms be reviewed, particularly in remote areas and during the wet season, as it heard:

*the funding that the school gets is based on the number of kids who attend in two weeks in February. If the children are not attending in that period then that affects the staffing levels for the school for the rest of the year, regardless of whether or not it might take even an additional month, particularly with the wet season, for all the kids to come in from other outlying communities, and also after that school-holiday break to get kids back into an attendance pattern.*⁵³²

The Committee was told that the other aspect of this funding issue is that:

specialist funding for catching up kids in education comes through the NAPLAN tests, and the trouble with NAPLAN ... and a lot of them [students] will actively avoid it because they are so embarrassed about their lack of ability to understand the tests, which are worded in a very high-standard Australian English, and the context of text is so far removed culturally from the kids’ day-to-day experience in terms of the social environment of living in the bush. It is a very city-oriented document; that is what we have had reported to us. ...

⁵³¹ Ms Anna Moulton, Program Manager, Miriuwung Gajerrong Ord Enhancement Scheme, *Transcript of Evidence*, 2 August 2010, p8.

⁵³² Ibid.

*A lot of the kids are incapable of even sitting it and actively seek not to sit it, so the school is not actually capturing those results; there is no realistic picture of the level of need in Kununurra.*⁵³³

Recommendation 31

In introducing and evaluating initiatives to encourage Kimberley students to attend school, by December 2011 the Minister for Education should:

- review the current school funding mechanism so that it recognises the unique challenges faced by schools in the Kimberley;
- amend the Education Act to facilitate three year olds attending kindergarten at public schools; and
- increase the Department of Education's budget to support educational programs which have been evaluated and have key performance indicators which have proven successful in engaging children to remain at school, such as the *Joodoogeb-be-gerring Werlelemen* program in Kununurra.

5.7 Department of Health

This section outlines some proposals for addressing the future needs of the Kimberley's health sector, as reported to the Committee. Many of these needs are not costed but can be grouped into three areas:

- (i) additional staff;
- (ii) housing for new staff (see above); and
- (iii) technology to address the huge physical area to be covered.

Additional staff required

The Committee heard that the new Fitzroy Valley Hospital has only three medical practitioners to deal with its 4,300 residents and "given the burden of morbidity in the valley with chronic disease and the extremely high Aboriginality, we probably should have double the number of doctors now." Additional medical practitioners are needed to effectively target chronic disease that exists resulting from amongst other things 40 years of high alcohol consumption in the region. Dr Chapman gave evidence that "six is too many in the long term, but another one or two would

⁵³³ Ibid.

make a significant difference ... especially if they are trained in drug and alcohol and mental health stuff.”⁵³⁴

In addition, the Committee heard that the Nindilingarri Cultural Health Services are running the drug and alcohol programs in Fitzroy Crossing and have proposed creating a hub with WACHS which would mean another six people would be needed to adequately service this part of the Kimberley⁵³⁵.

The Committee was told of an urgent need in Fitzroy Crossing for a resident paediatric team, including speech therapy, occupational therapy, allied health and physiotherapy. Currently these staff visit from Derby but the need is urgent in Fitzroy Crossing as:

*There is a small but significant proportion of children in the metropolitan area who have significant developmental needs and who require a complex paediatric team approach in order to address their needs. ... We have the opposite here. We have a significant proportion of the population where the majority of children will have complex developmental needs, and it needs a comprehensive paediatric team approach.*⁵³⁶

In terms of children’s health, the Committee was alerted to the lack of psychologists needed to liaise with DET and work with school children. The Fitzroy Valley needed another four psychologists to allow health staff to heal “the whole family and giving all the services that are required for whole families—working in a systemic way.”⁵³⁷

The Committee was told in a later hearing with the Director General of Health that the demand for allied health staff for child health issues in regional areas such as the Kimberley was increasing at a faster rate than the 7.5% per annum increase in the metropolitan area. This was due to the increase in the number of young Indigenous children, with the town of Karratha having an average age of approximately 11 years. Another factor was the previous lack of services, as “when you put a service in the town or make it accessible we start to bring in demand.”⁵³⁸

Another area of need in the Kimberley is the important work being undertaken on understanding FASD, and planning for FASD services in the Kimberley. This requires a full-time coordinator.⁵³⁹ Other new health staff needed in the Fitzroy Valley region include:

⁵³⁴ Dr Ralph Chapman, Acting Senior Medical Officer, Fitzroy Valley Health Services, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p16.

⁵³⁵ Ms Hayley Diver, Regional Training Coordinator, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 29 July 2010, p11.

⁵³⁶ Mr Brian Wilson, Acting Operations Manager, Derby-Fitzroy Health Services, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p14.

⁵³⁷ Ms Joanne Wraith, Child and Adolescent Mental Health Professional, KMHDS, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p13.

⁵³⁸ Mr Kim Snowball, Director General, Department of Health, *Transcript of Evidence*, 23 February 2011, p7.

⁵³⁹ Ms Emily Carter, Chairperson, Marninwarntikura Women’s Resource Centre, *Transcript of Evidence*, 29 July 2010, p13.

- additional child health nurses;
- a male and a female drug and alcohol counsellors; and
- another community midwife.⁵⁴⁰

The Committee heard in Kununurra that staff there had “just about completed a request [to WACHS] based on nursing, using the nursing hours per patient day calculation. It looks like we will be asking for an extra 10 nurses.”⁵⁴¹ In places like Halls Creek, WACHS struggle to get non-clinical staff such as orderlies and cleaning and hotel services staff. Once again housing was related to this difficulty as “We are really good at encouraging them to come to work, but we could make it better if we could access accommodation for our staff.”

As with other government departments, another witness highlighted to the Committee the difficulty in obtaining staff (even when the FTE for the positions have been allocated by WACHS) and where they might live once they are recruited:

*The other aspect to it of course is not just around getting the resources in terms of dollars; it is also about finding the staff, the physical resources. So you might get approval to put on an extra two or three FTE or an extra Aboriginal liaison officer, or what have you, but if you do not have someone to be able to put down on the ground, it is just notional, and with that comes accommodation, of course, so it is not just the salary.*⁵⁴²

Another important challenge for WACHS is obtaining more Indigenous people in its workforce “to provide an Aboriginal face to the majority of our clientele that comes in” as currently “there are not a lot of Aboriginal nurses or doctors around.”⁵⁴³

New technology and infrastructure

The Committee was told of the importance in the Kimberley of new technology investment. In particular, a satellite network throughout the region between the clinics to “link up electronic health records.” The practical use of such a system was described as:

Even things like STI tracking and those sorts of things are very dependent on being able to get the information off PathWest computer systems while we are there and we can go out and find the patient. It is no good going out to Wangkatjunka and not having the results. Whilst Telstra says that it covers 98% of Australia, unfortunately it is 90% of the east coast of Australia It does not apply up here, so we really do need good communication technology at the remote clinics to allow us to deliver safer and better services. Even basic

⁵⁴⁰ Mrs Carol Erlank, Director of Nursing, Fitzroy Crossing Hospital, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p13.

⁵⁴¹ Mr David Williams, Acting Operations Manager, Kununurra, Wyndham and Halls Creek District Hospitals, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p5.

⁵⁴² Ms Wendy McKinley, Acting Operations Manager, Halls Creek and Wyndham Hospitals, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p6.

⁵⁴³ Mr David Williams, Acting Operations Manager, Kununurra, Wyndham and Halls Creek District Hospitals, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p12.

*things, like drug allergies and [record] stuff like that, which could have a really significant impact...*⁵⁴⁴

The Committee was told that “I have been here for four years and I have been asking for it [satellite network] for four years. We need something at the [remote] clinics; this is ridiculous.”⁵⁴⁵

The Committee heard that a new CT scanner is urgently required at Broome as patients involved in a car accident or assault should have access to this as part of their diagnostic care. WA Country Health Service plans to provide one in the next two to three years.⁵⁴⁶

Better health record management

In terms of the future planning of the Kimberley’s health services, the needs extend beyond the physical IT infrastructure to better health record management and how data is captured. A key priority for the Kimberley in the primary health Clinical Services Plan for 2009-12 developed by WACHS is “a single client record to be available electronically”.⁵⁴⁷

The Committee was told that “I do not think that our coding system really allows for us to capture the secondary or cause” of diseases linked to alcohol.⁵⁴⁸ The current system was described to the Committee:

*If somebody comes up and they have got gastritis, bowel cancer or something like that, or even just minor gastritis, which might be alcohol-related, but they have come up in a sober, sane state, then it is probably not going to go down as alcohol-related, so we do not pick up half our stuff. We actually collect manual stats here at Wyndham and I can say that over the year the nurses put down on a monthly basis anything from 10 to 15 people affected by alcohol. My assumption from that is that [they are] those who come in drunk*⁵⁴⁹

In terms of data collection, death certificates do not currently put alcohol as a cause of death unless it is alcohol poisoning or there is cirrhosis of the liver. This has led to the situation where local health staff “run on two different sets of statistics.”

⁵⁴⁴ Dr Ralph Chapman, Acting Senior Medical Officer, Fitzroy Valley Health Services, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p18.

⁵⁴⁵ Mrs Rosalie Lupton, Community Health Nurse Manager, Fitzroy Crossing Hospital, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p16.

⁵⁴⁶ Dr Erik Beltz, Senior Medical Officer, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p5.

⁵⁴⁷ Wilson, B. *et al. East Kimberley Primary Health Clinical Services Plan*, WA Country Health Service, Department of Health, Perth, 2010, p10.

⁵⁴⁸ Ms Wendy McKinley, Acting Operations Manager, Halls Creek and Wyndham Hospitals, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p6.

⁵⁴⁹ Ms Ruth Bath, District Director of Nursing, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p6.

Mrs Frain told the Committee:

There is the hospital-based ones and the community health-based ones [statistics], and neither the twain shall meet. Certainly the community health statistics and the remote area health statistics are nowhere near enough to plan; ... There is no recall in the care planning capacity. If I had to suggest anything that was going to allow us more time to be able to devote to brief intervention issues around drugs and alcohol, I would say fix that up, really.⁵⁵⁰

Finding 18

Information technology and records management are a critical priority for the WA Country Health Service in the Kimberley. Given the challenges of large distances, small and mobile populations, and many different locations, these IT services should receive additional funds.

Recommendation 32

The Minister for Health ensure that the Department of Health works with the Federal Government to urgently upgrade the WA Country Health Service's information technology and record management systems in the Kimberley by December 2011.

Other needs- remote clinics

The Committee was told there was a need to fill the gaps in the service provided to remote clinics:

I would like permanent clinics at Wangkatjunka, Noonkanbah and Yakanarra—properly staffed remote area clinics with two remote area nurses and all the support services as well. I think we need to double my staff; I think we need two midwives, two child health nurses, two school health nurses and two sexual health nurses.⁵⁵¹

The physical state of some of the WACHS remote nursing stations also requires attention, with them being described by a witness as:

⁵⁵⁰ Ms Monica Frain, Acting Director, Population Health, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p6.

⁵⁵¹ Mrs Rosalie Lupton, Community Health Nurse Manager, Fitzroy Crossing Hospital, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p16.

*small and overcrowded; there is nowhere for patients to stay that is out of the wind, the cold and the rain. There is one room and one doctor's room. It is not culturally appropriate. They are old. The one at Bayulu is falling down.*⁵⁵²

Domestic violence programs for men

Very few witnesses raised with the Committee an important need in the region- dealing with the male perpetrators of domestic violence:

*we have no men's service here. We have a female service. ... men are regarded as the perpetrator because they inflict the violence on the female and their family and they have to run. Now, we have got a place for the victims but we do not have a place for the perpetrators. ... We have had the women's service here for about 30 years and we have never had a men's service here to accommodate them. You are fixing up the women's place by sheltering them—they are the victims—but our men, the perpetrators who are doing this, are not getting any help.*⁵⁵³

Aged care

One future need not yet on the region's planning horizon is aged care. The Committee was told "that it is a huge burden that is coming into every society and certainly here it has hit us right between the eyes very strongly over the last couple of weeks ... We have had an empty long-stay bed in Kununurra, ... for several months, then all of a sudden we have got people knocking from everywhere."⁵⁵⁴

(a) Royal Flying Doctor Service

In the Kimberley region, the major hospital (and other government services) is in Broome but the centre for the Royal Flying Doctor Service is at Derby. This entails many additional flights between Broome and Derby to transfer patients or aircraft. A witness told the Committee "to lift our base here [Derby] and move it to Broome, assuming we could find the houses, assuming we could get some space at the airport and assuming that WACHS was happy with it, would cost us I think about a few bob short of \$2 million."⁵⁵⁵

⁵⁵² Mrs Rosalie Lupton, Community Health Nurse Manager, Fitzroy Crossing Hospital, WA Country Health Service- Kimberley, *Transcript of Evidence*, 29 July 2010, p11.

⁵⁵³ Ms Edna O'Malley, Deputy Chair/Member, Miriuwung Gajerrong Ord Enhancement Scheme, *Transcript of Evidence*, 2 August 2010, p13.

⁵⁵⁴ Ibid.

⁵⁵⁵ Dr Brian Collings, Senior Medical Officer, Royal Flying Doctor Service, Western Operations, *Transcript of Evidence*, 28 July 2010, p9.

The Committee was told that there is a need for additional RFDS aircraft as Kimberley hospitals may not have facilities to treat all patients who may require extensive surgery. Thus a patient, “gets either halfway-ed in an ambulance or RFDS-ed out.”⁵⁵⁶

(b) Mental Health Commission

One of the key services currently lacking in the Kimberley are mental health services. Three recommendations made to the Committee were for “a reasonable group of mental health nurses in the [Fitzroy] Valley.” This would ensure services would be also available to the remote communities where there is an:

*enormous number of people who have acquired brain injury and drug-induced psychosis. ... They may not fit the nice, squeaky clean criteria of mentally ill people, but they require an enormous amount of management in terms of medications and organisation of services. When they go wrong, either out there in the remote communities or in Fitzroy Crossing, they go enormously wrong, and then we are usually putting an enormous amount of pressure on the RFDS to come and take them out.*⁵⁵⁷

The sole resident child and adolescent mental health worker in Fitzroy Crossing is employed by the Kimberley Mental Health and Drug Service in Broome and explained her situation where the Fitzroy Valley contained about 4,000 people from four main language groups:

I work with young people from zero to 25 here in the Valley. Normally, child and adolescent mental health workers work with young people from zero to 18 and families. When I first came to this role, I was asked to go up to 25 years of age ..., the known vulnerability of the 15 to 25-year-old age group around attempted and completed suicide. ... I probably have a caseload of about 30-plus families, which means that I am kept very busy. There is a mental health service that comes in once a fortnight from Derby and that services the adult mental health clients here in the valley. ...

*That clinician and I work very closely together ... I am supported by the clinical team of the Derby mental health team. I have a clinical meeting with those people once a week through videoconferencing. That is where my clinical accountability is, so I do all my intake and referrals at that meeting and I do all my clinical reviews at that meeting.*⁵⁵⁸

An additional suggestion was for “a mental health hub in Halls Creek, probably full-time workers in Halls Creek, we could spend more time in Balgo and Halls Creek to save the staff from Kununurra having to do so much travel.”⁵⁵⁹ Finally, the Committee heard recommendations for

⁵⁵⁶ Mrs Carol Erlank, Director of Nursing, Fitzroy Crossing Hospital, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p15.

⁵⁵⁷ Dr Ralph Chapman, Acting Senior Medical Officer, Fitzroy Valley Health Services, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p15.

⁵⁵⁸ Ms Joanne Wraith, Child and Adolescent Mental Health Professional, KMHDS, WA Country Health Service, Kimberley, *Transcript of Evidence*, 29 July 2010, p4.

⁵⁵⁹ Mr Terry Howe, Registered Nurse, Kimberley Mental Health and Drug Service, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p10.

more services provided by the non government sector, such as “family support NGOs and more youth support NGOs.” Other specific programs recommended were the Headspace program and “an expansion of Kinway, which is Anglicare ... I would also like to see the Warringari chill-out space properly funded into the future.”⁵⁶⁰

In terms of future planning, the Mental Health Commission (MHC) told the Committee that it has recently completed a consultation process for the Western Australian *Mental Health Towards 2020: Consultation Paper*. The paper was produced by PricewaterhouseCoopers from a consultation process with inputs from many stakeholders and it includes 91 identified initiatives. There have been over 250 submissions to the consultation and a high level of participation in public consultations throughout the State, including the Kimberley region.

Other planned initiatives are the implementation of a Statewide Specialist Aboriginal Mental Health Service, funded by the MHC through COAG Closing the Gap funding (\$27.5 million over three years), and the WA Suicide Prevention Strategy (\$13 million over three years). While the MHC did not provide a regional breakdown of these budgets, both of these initiatives should improve the future level of mental health services in the Kimberley.⁵⁶¹

5.8 Department of Indigenous Affairs

The Department of Indigenous Affairs (DIA) is currently working with other State Government agencies through the Aboriginal Affairs Coordinating Committee (AACC) to identify new ways of working in a coordinated, whole-of-government way, in order to ‘close the gap in Indigenous disadvantage’. It has appointed a Chief Operating Officer to champion the work of the AACC to develop models of sustainable improvement in three communities, including Oombulgurri in the Kimberley. This position is jointly-funded from several departments. The process commenced in July 2009 and has had success in forming the Roebourne Aboriginal Congress to unite the various Indigenous stakeholders in Roebourne.⁵⁶²

The Committee heard of the limited funding available to DIA and this explains the disappointment of several organisations dealing with it. For example, the Men’s Shed in Kununurra is nearly completed but there is no operational funding for it. DIA was approached for funding of about \$200,000 for a staff position operational costs. But that application “has now gone to head office and I have been told is going to take a fair amount of time before we actually hear.” The project would use three GPs and a Registrar from the Ord Valley Area Health Service (OVAHS)⁵⁶³, plus

⁵⁶⁰ Ms Emma White, District Director, Department for Child Protection, *Transcript of Evidence*, 2 August 2010, pp8-9.

⁵⁶¹ Ms Myra Browne, Acting Director Policy, Strategy and Planning, Mental Health Commission, Electronic Mail, 30 November 2010, p1.

⁵⁶² Aboriginal Affairs Coordinating Committee, Annual Report 2009-2010, prepared by Chief Operating Officer, Aboriginal Affairs Coordinating Committee, Department of Indigenous Affairs, Perth, 10 September 2010, p3.

⁵⁶³ Dr Erik Beltz, Senior Medical Officer, WA Country Health Service, Kimberley, *Transcript of Evidence*, 2 August 2010, p14.

“we would be calling on the resources around the community that do outreach and they would come in.”⁵⁶⁴

The success of the Yiriman project in assisting young Indigenous people not to drink heavily and with their addictions to alcohol and drugs has been described in Chapter Two. Its work has been acknowledged by several State and Federal parliamentary inquiries. In March 2009 Kimberley Aboriginal Law and Culture Centre (KALACC) submitted a business case to DIA which requested a sum of \$7 million over four years (\$1.75 million per annum) for a youth program to service the entire Kimberley. The cost of keeping one young person incarcerated in jail is approximately \$100,000 per annum. If the Yiriman project were able to prevent 18 Indigenous people being incarcerated for a year it would be cost effective. The Department of Corrective Services (DCS) has been allocated \$43 million (\$10.75 million per year) from the Royalties for Regions program for their youth justice programs over four years.⁵⁶⁵ This program will hopefully prevent 108 Indigenous people being incarcerated for a year.

KALACC told the Committee that the Director General of the Department of Indigenous Affairs thought that the \$7 million request was unreasonable.⁵⁶⁶ The Committee has recommended in Chapter Two that, based on successful key performance indicators, the Government reconsider funding the Yiriman program. These indicators should assess the success of the program on individual participants, on the number of young Indigenous people who have been in trouble with the justice system, and the level of youth suicides in the Kimberley .

The lack of transport for the large number of communities around the Fitzroy Valley was also highlighted, and this is another matter that DIA, or the Department of Transport, should support:

*I would say something like a bus for communities, and then getting a dedicated bus driver and provide a proper bus service with a regular set of hours would be the easiest way to go. The one bus could service four outlying communities [Bayulu, Three Mile, Eight Mile and Muladja] ... It might be three hours before they come back to town or it might be every two hours, but they would do a cycle: they would have two or three or four appointed bus drivers and they run from seven o'clock in the morning right through until about six or seven o'clock at night. That would mean that businesses could operate and function properly and get stuff to or fro.*⁵⁶⁷

⁵⁶⁴ Ms Lesley Evans, Chief Executive Officer, Ngnowar-Aerwah Aboriginal Corporation, *Transcript of Evidence*, 2 August 2010, p3.

⁵⁶⁵ Mr Wes Morris, Coordinator, Kimberley Aboriginal Law and Culture Centre, Electronic Mail, 28 November 2010, p1.

⁵⁶⁶ Mr Wes Morris, Coordinator, Kimberley Aboriginal Law and Culture Centre, *Transcript of Evidence*, 29 July 2010, p8.

⁵⁶⁷ Mr Paul Miller, Manager, Community Garden, Marninwarntikura Women's Resource Centre, *Transcript of Evidence*, 29 July 2010, p13.

5.9 Justice and Corrective Services

(a) Department of the Attorney General

The Attorney General outlined in the last Budget that new professional and administrative staff would be placed into the East and West Kimberley and Pilbara regions, based on programs that had already been successful in Kalgoorlie and Geraldton:

*we will have a juvenile justice supervisor, an Aboriginal team advisor, a juvenile justice team coordinator, five youth justice officers, four Aboriginal support workers, one juvenile justice team Aboriginal support worker, one educational and vocational support worker and one community work supervisor in each of those areas.*⁵⁶⁸

These new professional and administrative staff, and the planned 40% Indigenous employment positions at the new Derby Prison, will be welcomed by the local Indigenous residents. However, many will be filled on a fly-in/fly-out basis by people who will service these areas on a rotating basis.

Another new emphasis are partnerships with external service providers to enhance the delivery of services in the community and prison-based programs. However, the Attorney General did not agree with the proposition that there are adults and juveniles in the Kimberley who are imprisoned for matters “of minor import, where the laws can be easily changed to ensure that they are not imprisoned. That is not the case.” Hopefully these new staff and programs will assist in preventing people from reoffending.⁵⁶⁹

Evidence presented to the Committee shows that many of the sexual assaults in the Kimberley are drug and alcohol-related. But there are not enough programs in locations such as Fitzroy Crossing and Derby for anger management as it relates to drugs and alcohol. The Committee heard that Court magistrates were asking whether there was anyone who could do these programs as an alternative to a sentence “but there is nothing there.”⁵⁷⁰ Another suggestion to assist families deal with anger management was for the existing Alternatives to Violence Project program offered in the Broome Prison to be offered as a complement to the *Hey Dad!* program in Halls Creek and Fitzroy Crossing.⁵⁷¹

⁵⁶⁸ Hon Mr Christian Porter, MLA, Attorney General, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Budget Estimates, 1 June 2010, pE151.

⁵⁶⁹ Ibid.

⁵⁷⁰ Ms Olwyn Webley, Kinway-Anglicare WA, Broome, *Transcript of Evidence*, 28 July 2010, p2.

⁵⁷¹ Mr Peter Fry, Volunteer, Alternatives to Violence Project, *Transcript of Evidence*, 2 September 2010, p5. The *Hey Dad!* program has been described as an effective program that assists fathers to become more comfortable in their role with their children and it can be adapted to address the needs of men in different cultural and family situations. See www.broomediocese.org/keppdf2008/KCP0803pp1to11.pdf.

Recommendation 33

In its 2011-12 Budget, the Attorney General increase the resources provided to non government organisations who are meeting key performance indicators to prevent criminal activities, incarceration, or repeat incarceration. An example of such a program could be the *Alternatives to Violence Project* program offered in the Broome Prison.

(b) Department of Corrective Services

The Department of Corrective Services is proposing a new Drug and Alcohol Through-care Service (DATS) program with staff based in the East and West Kimberley and in the Fitzroy Valley. DATS is currently available in the Perth metropolitan area and would provide counselling, support and referral service for both Indigenous and non-indigenous prisoners to support their transition back to their local communities upon release.

The cost of the proposed program is \$1.1 million in 2011-12 for a cohort of adult prisoners from the Kimberley numbering over 380.⁵⁷² The Committee supports this proposal as it would address a key deficiency in the current services provided by government agencies and will hopefully assist prisoners reduce their drinking when they return to their communities, and thus reduce the recidivism rate.

Recommendation 34

In its 2011-12 Budget, the Minister for Corrective Services fund the Department of Corrective Services to implement the proposed 'Drug and Alcohol Through-care Service' in the Kimberley, ensuring there are key performance indicators to measure the program's effectiveness.

5.10 Income Management

The Committee was told that problems with income management in the Kimberley were related to excessive drinking. This was more noticeable in relation to Centrelink payments or mining royalty payments in the East Kimberley. While royalty payments have been agreed by previous governments the fact that they are now causing harm by being used to purchase large quantities of alcohol for binge drinking brings into the question whether these payments could be better managed by the current Federal Government.

⁵⁷² Ms Jackie Tang, Deputy Commissioner, Offender Management and Professional Development, Department of Corrective Services, Letter, 22 November 2010.

(a) Income management in the Kimberley

There is currently a pilot of income management in the Kimberley under Commonwealth legislation in conjunction with Centrelink and funded by Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). The Committee had the need for such a program in the Kimberley explained by a medical specialist “I think that the Federal government needs to change the welfare system so that people do not have unfettered access to cash to be able to just waste it and their family then goes without ... we are not addressing the underlying poverty”.⁵⁷³

The Director General of the Department for Child Protection (DCP) told the Committee of a compulsory aspect of the pilot “We literally did a sweep through known families and houses in Kununurra and we put about 150 families on income management. Those families will be on income management for 12 months. We are seeing some positive results on that but we are not seeing it fixed.” He explained the impact on families:

What tends to happen is that they are all angry at first—all of them—but as their rent is paid and there is food on the table and they are not being humbugged for gambling and grog money by other members of the family, a significant number of them get happier about it.

*We would anticipate, lots of those going on to voluntary income management or at least locking up a lot of their money through Centrepay with Centrelink as they come off. That said, those families live in extended families and we have not cut off all the grog or stopped all the gambling. ... **I am very confident that it has prevented us taking children into care when they might otherwise have had to be.***⁵⁷⁴

The Committee was told that “quarantining of income was extremely successful in Balgo ... We had more than 80 people signed up on the basics card in Balgo, and 97% of those people volunteered for it.”

⁵⁷³ Dr Suzanne Phillips, Senior Medical Officer, Broome Hospital, WA Country Health Service, Kimberley, *Transcript of Evidence*, 26 July 2010, p5.

⁵⁷⁴ Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 18 August 2010, p7.

The reason proposed for this success was that the Police, the Department for Child Protection and other agencies promoted the benefits of isolating some of their funds and:

*A lot of mothers were worried about the money being spent on alcohol, cigarettes and especially gambling. They could not do anything about it. We had to empower them to stand up and say, "I would like to have my funds managed." They agreed to do that. ... Only 30% could then be spent on the cigarettes and gambling.*⁵⁷⁵

The proposal that families who are badly affected by alcohol issues should be compulsorily placed on the BasicsCard was raised by a number of witnesses. For example, one witness said "if it is targeted at the families who are really in trouble, it could be a useful part of the mix. I do not think putting everyone under income management, like they did in the Territory, is going to do very much good."⁵⁷⁶

The Kimberley is one of two areas in Western Australia where families can participate in this voluntary income management (VIM) scheme. The other is the Perth suburb of Cannington. Another witness thought that currently those who volunteered were not the families most in need:

*The last time I spoke to someone from Centrelink, I think they were quite surprised at the number of people who had taken it up. But I think the people who have taken it up are the ones who are not the problem people. They are the grandmothers and grandpas who are sick of being robbed of their cash by the spendthrifts, the drunkards and the layabouts. Aboriginal people find it very hard to refuse their relations.*⁵⁷⁷

There was support for a voluntary, case-by-case, application of this scheme, especially where "alcohol is controlling the house", where children are being affected and where families:

*want to continually spend all their money on alcohol and that and neglect their kids, yes, definitely. This is where the government really needs to step in.*⁵⁷⁸

At Mowanjum (near Derby), there were families on the BasicsCard and it was explained to the Committee:

Some of them love it. Some of them got recommended onto it and then hated it. I recommended to a couple of women. We had Centrelink pushing it one day and I said, "Look, you need to go and see these people, but you cannot manage your money from fortnight a fortnight. You are coming to me. You are hungry. You are expecting the community to keep you going to your next one comes." I said, "Look, get onto this Basics

⁵⁷⁵ Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p4.

⁵⁷⁶ Dr David Atkinson, Acting Medical Director/Medical Educator, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 26 July 2010, p16.

⁵⁷⁷ Mr Martin Peirson-Jones, Director, Kimberley Accommodation Pty Ltd, *Transcript of Evidence*, 30 August, p2.

⁵⁷⁸ Mr Stephen Austin, Chief Executive Officer, Mowanjum Community, *Transcript of Evidence*, 28 July 2010, p8.

Card and that will help you manage your money.” She went on it for a while and then said she did not want it. Her family situation changed a bit. Her partner came back out of jail, and so there was a bit of pressure. And then after that it went back to the way it was, and they could not manage money. But at least she had money every day for those kids.⁵⁷⁹

The voluntary income management (VIM) program was seen as a beneficial process for families affected by gambling, as “gambling is a big issue within the Indigenous community here. You see some of the card games that are just massive, and the money that gets won lost at those games is quite phenomenal.”⁵⁸⁰ Another Police witness reported going “to gambling games and see kids running around and not being cared for. At the biggest one I saw \$20,000 sitting in a pot.”⁵⁸¹ This observation was agreed to by a witness at the other end of the Kimberley “The mobs play cards amongst themselves; the big card games. I think the Police were telling you phenomenal amounts of money have passed hands in this township. They are talking \$70,000 to \$80,000 a night in gambling.”⁵⁸²

(b) Federal income management trial

The Federal Government recently released an evaluation of the BasicsCard program trial in Western Australia. Its recommendations were mainly about improving the communications about the benefits of the program to increase the take-up of VIM and to reduce the stigma associated with income management (IM). The political sensitivity of the program can be seen in the first recommendation being to “develop and test new program names to rebrand the term ‘income management’.”

The evaluation findings highlight that there is a low take-up of financial management services by IM clients, such as financial counselling. A key recommendation for VIM clients in the Kimberley was that they needed to be able to use their BasicsCard with more merchants. The BasicsCard only being accepted in some places was one of the main reasons why previous VIM clients had left the program.

The report looked at clients using the Child Protection Scheme of Income Management (CPSIM). Eighty percent of the clients were female, these figures being consistent across Perth and the Kimberley region. One-third of the clients did not understand why they were going on the CPSIM after their initial meeting with their DCP caseworker. Once people had been on CPISM approximately 60% reported that they would consider going onto VIM at the conclusion of CPSIM. One of the report’s recommendations was that clients be given the choice of whether they

⁵⁷⁹ Ibid.

⁵⁸⁰ Senior Sergeant Ian Gibson, Officer in Charge, Fitzroy Crossing Police Station, WA Police, *Transcript of Evidence*, 29 July 2010, p11.

⁵⁸¹ Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p4.

⁵⁸² Mr Gary Gaffney, Chief Executive Officer, Shire of Wyndham - East Kimberley, *Transcript of Evidence*, 2 August 2010, p4.

would prefer 50% or 70% of their income support payment to be subject to income management.⁵⁸³

(c) Making VIM compulsory

The human devastation caused by alcohol, and the direct link it had to the high suicide rates of young Indigenous people, led the Western Australian Coroner in 2008 to recommend that:

*the Federal Government should take over the household budgets of dysfunctional Aboriginal families where children are at risk of neglect, to ensure welfare payments are not spent on alcohol, pornography, cigarettes and gambling.*⁵⁸⁴

He also suggested a voucher system be implemented instead of cash payments for child support to help limit the amount of money parents spent on alcohol.⁵⁸⁵ If such a scheme was made compulsory, a witness suggested to the Committee that as alcohol and gambling affected the whole community “the BasicsCard needs to be extended to not just Indigenous [residents] but everybody”.⁵⁸⁶

Problems with making IM a compulsory scheme included the observation that “community members do not think of their social security benefits as a privilege. They see them as a right that the government owes them”. The process of encouraging people onto an IM scheme, whether on a voluntary or compulsory basis, was seen by a number of witnesses as one that should be taken up by the community itself, or the community elders:

*I think it would come much better from the community, if it were the community elders who made those decisions, but you would be placing a lot of pressure on those elders in doing that [BasicsCard], because a lot of the community are their family or their extended family. I think it would cause a lot of problems for them, but that is just my opinion.*⁵⁸⁷

Another witness told the Committee that programs like VIM could not be copied from other jurisdictions “I think the Cape York model, the Family Responsibilities Commission, is probably overkill.” Finally, this witness recommended action on IM in line with the theme flowing through

⁵⁸³ Department of Families, Housing, Community Services and Indigenous Affairs, ‘Evaluation of the Child Protection Scheme of Income Management and Voluntary Income Management Measures in Western Australia’, September 2010. Available at: www.fahcsia.gov.au/sa/families/pubs/cpsim_vim_wa/Documents/evaluation_of_IM_trials_WA.pdf. Accessed on 5 November 2010.

⁵⁸⁴ Ms Jessica Strutt, *The Age*, ‘WA Coroner Calls For Takeover of Indigenous Income’, 26 February 2008. Available at: www.theage.com.au/news/national/wa-coroner-calls-for-takeover-of-indigenous-income/2008/02/25/1203788254189.html. Accessed on 5 November 2010.

⁵⁸⁵ Ibid.

⁵⁸⁶ Mr Gary Gaffney, Chief Executive Officer, Shire of Wyndham - East Kimberley, *Transcript of Evidence*, 2 August 2010, p4.

⁵⁸⁷ Ms Lesley Evans, Chief Executive Officer, Ngnowar-Aerwah Aboriginal Corporation, *Transcript of Evidence*, 2 August 2010, p8.

this report “it would be a continuation of allowing the community to make its own decisions, and government just becomes facilitators in the process—the police, the whole lot.”⁵⁸⁸

Recommendation 35

The Premier and Treasurer negotiate with the Federal Government on income management to discourage welfare payments in Western Australia being spent on alcohol, cigarettes, pornography and gambling by:

- supporting the suggestion made by the Coroner in 2008 to place dysfunctional families on compulsory income management;
- enabling compulsory income management to be an option for both the Courts and Department for Communities; and
- enabling Centrelink payments to be paid to different clients on different days of the week.

5.11 Cross-border Services Needed

The work of the Police in Balgo in working with a licensee in the Northern Territory to restrict the sale of full-strength beer provides an example of the need for the Western Australian and Northern Territory Governments to work together to address alcohol and illicit drug issues near their common border. There are a number of Indigenous communities from the East Kimberley through to the people living in the Ngaanyatjarra Lands at Warburton who have cultural links to Indigenous communities in the Northern Territory and South Australia.

For example, the Committee heard that:

The Northern Territory – Western Australia borderline was only put there by the government. Us Indigenous people had our own boundary of our Miriuwung–Gajerrong tribe. Now, when it comes to benefit, as you guys know, our Ord final agreement here does not bring in our Northern Territory Miriuwung–Gajerrong people. They are left in the dark. They are not on any of these good programs that we have got. They are eliminated because of that borderline. When the government negotiates for Ord stage 3, you can see that we will be eliminated from it and they will go ahead. That knowledge and

⁵⁸⁸

Mr Joe Ross, FaHSCIA Contractor, *Transcript of Evidence*, 29 July 2010, p11.

*understanding of bringing people and government together is not there. They need to build on some good partnerships so that the outcome can reach the Indigenous people.*⁵⁸⁹

Another example of the close co-operation of the Western Australian Police and their Territory counterparts in Timber Creek (230 kilometres away) and Katherine (500 kilometres away) dealing with crime was given to the Committee:

*the aim is that all of my staff will be, sworn special constables in the Northern Territory and we have reciprocal arrangement with the Northern Territory officers being sworn in as WA Police special constables. So that gives us the power to police across the border, but only under Northern Territory legislation. So, we cannot go across the border, drag young Johnny back who has driven a stolen car across the border; we actually apprehend him in the Northern Territory and then take him to the nearest police station and then process him under Northern Territory law. And then if there is a need, we will go through the extradition process to bring him back to WA if the offences are serious enough.*⁵⁹⁰

In any future planning for alcohol and drug services, the Government should build on the existing links (including agreements to share health services) to work closely and cooperatively with other jurisdictions.

5.12 Local Government Services

A number of local government witnesses were not supportive of the alcohol restrictions, although they reported the high cost to their shires of dealing with alcohol-related issues, such as garbage collection. Some of this ill-feeling could be due to being left out of the negotiations between the State and Federal Government in COAG's 'Closing the Gap' programs. The Committee was told:

*That is a large issue—the delivery of municipal services. We have had the federal and state government join up to the Bridging the Gap program but they sort of forgot local government. Now they have remembered local government is the one that they want to deliver those municipal services and we are going through an engagement process at this point in time. We are saying, “That’s fine, we would sign up to it but we need to do a whole lot of work finding out what we need to do and what sort of service communities want; whether they would be on the edge of town, out of town or right out of town.”*⁵⁹¹

In Broome, the Committee heard that there is no income from providing services to Indigenous communities, “There are no rates, if that is the question that you are asking. We do receive funding in relation to the Cape Leveque road and some of the Indigenous road accesses.” The

⁵⁸⁹ Ms Edna O’Malley, Deputy Chair/Member, Miriuwung Gajerrong Ord Enhancement Scheme, *Transcript of Evidence*, 2 August 2010, p12.

⁵⁹⁰ Senior Sergeant Graham Sears, OIC, Kununurra Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p12.

⁵⁹¹ Mr Gary Gaffney, Chief Executive Officer, Shire of Wyndham - East Kimberley, *Transcript of Evidence*, 2 August 2010, p11.

Council does receive some Commonwealth funding, “We also receive funding under the Federal assistance grant scheme under the extraordinary heading of “Aboriginal disability factor”. ... That equates to \$35 per Indigenous man, woman and child. If you expect the local government or anybody to provide services for \$35 per annum, you are not going to get much.”⁵⁹²

The Department of Local Government (DLG) told the Committee that it is working closely with 22 local governments to plan for the future introduction of local government services in the State’s Indigenous communities. DLG acknowledges that “municipal services in Indigenous communities are delivered or funded by the Commonwealth to standards that are low in comparison with services delivered to mainstream towns.” The Kimberley region is a major focus of DLG’s work as over 220 of the State’s 287 Indigenous communities are located there. Additionally, all of Western Australia’s Remote Service Delivery priority sites funded by the Federal Government are in the Kimberley, at Beagle Bay, Ardyaloon, Fitzroy Crossing and Halls Creek. The proposed State and Federal project to deliver services is not yet funded, but DLG expects that the implementation of new service delivery to these communities will occur during 2013-16, should a funding package be negotiated.⁵⁹³

Recommendation 36

The State Government should urgently conclude negotiations with the Federal Government for a funding package for the delivery of services by local shires to remote communities.

5.13 School Chaplains

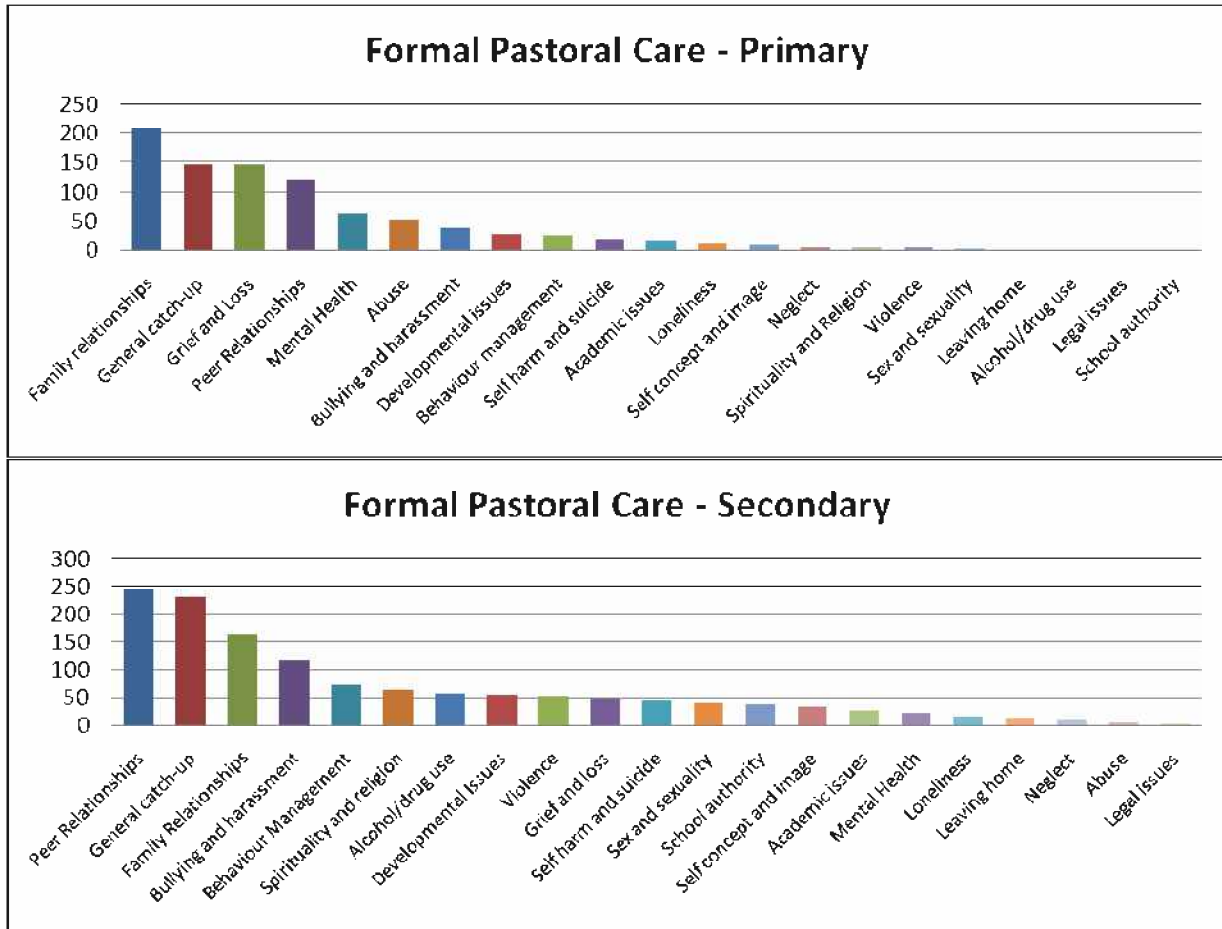
The Committee has heard that the school chaplain program provides a valuable service to many students. For example, six chaplains are employed by YouthCARE in three high and six primary schools in the City of Bayswater. In the first two terms of 2010 a total of 919 primary and 1,359 secondary students requested a time to see a chaplain for formal episodes of pastoral care and nearly 3,000 primary and 1,100 secondary students had casual pastoral care contact with a chaplain. A description of the types of issues dealt with in the formal episodes is shown in Figure 5.3 below.⁵⁹⁴

⁵⁹² Mr Kenneth Donohoe, Chief Executive Officer, Shire of Broome, *Transcript of Evidence*, 26 July 2010, p6.

⁵⁹³ Ms Wendy Murray, Executive Director, Strategic Policy and Local Government Reform, Department of Local Government, Letter, 1 November 2010.

⁵⁹⁴ Mr Peter Abetz, MLA, Electronic Mail, 16 October 2010, p1.

Figure 5.3- Types of Pastoral Care Provided in City of Bayswater (Terms 1 and 2, 2010)



However, in the Kimberley this program is limited to just three schools:

- Broome Primary School – 2 chaplains – 3 days of chaplaincy;
- Broome Senior High School – 1 chaplain – 4 days of chaplaincy; and
- Kununurra Senior High School – 2 chaplains – 7 days of chaplaincy.

The Committee was told of the Fitzroy Valley High School’s efforts at employing a chaplain. They had the funds to employ a chaplain full-time through their own efforts, Youthcare, and the Australian Children’s Trust, which had guaranteed two days a week. The school advertised the position and had no applicants because “a lot of it is linked to housing; there is no housing, so people are reluctant to come to town if they do not have housing.”⁵⁹⁵

⁵⁹⁵ Mr Paul Jefferies, Principal, Fitzroy Valley District High School, *Transcript of Evidence*, 30 July 2010, p2.

Recommendation 37

The Minister for Education seek Federal funding by the end of 2011 to provide Kimberley schools with pastoral care, chaplaincy or other social support services. If this is not successful, the Minister for Regional Development enable Royalties for Regions funds to be utilised for accommodation and support for these workers.

CHAPTER 6 ILLICIT DRUG USE

6.1 Introduction

The Committee received little evidence from any witness during its hearings in the Kimberley that illicit drugs pose as major a problem, or cost the community anywhere near as much as alcohol does. This is not to say that there is no consumption of these drugs (such as cannabis, heroin, amphetamine and ecstasy). Many witnesses gave evidence of wide-spread low-level smoking of cannabis across the region. Statistics from DAO from 2004 (see Table 6.1 below) confirm that the Kimberley region has higher levels of cannabis usage than other regions in the State.

The Police also gave evidence of their efforts at working very closely with the substance abuse intelligence desk in the Northern Territory (involving Police in Darwin, Katherine and Alice Springs):

*In fact we ran an operation on the Duncan Highway last week with Halls Creek Police and Katherine Police. We are working exceptionally close together. We have operations scheduled for Kununurra, working with Darwin and Katherine. Balgo will be working with Alice Springs. We use their facilities, their drug dogs, and we are getting quite good intelligence.*⁵⁹⁶

The remoteness of the Kimberley helps in some way to protect it from large-scale drug importations but the Police need to liaise with other jurisdictions as “most of our cannabis comes up from Adelaide. It is good quality hydroponic cannabis. ... It comes from Adelaide because of the crime groups that are there”. Any use of amphetamine and ecstasy is limited to the “hotel and nightclub set, not necessarily involved in the communities or Aboriginal people” and seems to have been brought to the region by “outlaw motorcycle gangs. ... We know they are involved with the transportation across the whole of the country.”⁵⁹⁷

⁵⁹⁶ Inspector James Cave, Kimberley District Office, WA Police, *Transcript of Evidence*, 26 July 2010, p13.

⁵⁹⁷ Ibid.

Table 6.1- Proportion of Western Australian Regional Population using Illicit Drugs in the Past 12 Months, 2004⁵⁹⁸

| Region | Cannabis | Amphetamines | Ecstasy | Any Illicit Drug |
|-------------------------------|--------------|--------------|-------------|------------------|
| Kimberley | 30.2% | 7.8% | 3.8% | 35.9% |
| Pilbara-Gascoyne | 14.9% | 2.5% | - | 16.7% |
| Midwest- Murchison | 14.0% | 3.6% | 4.1% | 18.4% |
| Goldfields-South East Coastal | 22.5% | 5.3% | 7.7% | 25.3% |
| North Metropolitan | 14.4% | 5.2% | 4.9% | 18.3% |
| South Metropolitan | 12.4% | 4.0% | 4.1% | 16.1% |
| Wheatbelt | 4.7% | - | - | 11.4% |
| South West | 13.1% | 5.7% | 3.2% | 14.8% |
| Great Southern | 11.3% | 2.4% | 0.5% | 11.5% |
| TOTAL | 13.7% | 4.5% | 4.1% | 17.3% |

6.2 Cannabis

Medical professionals gave evidence to the Committee of their concern about the widespread use of cannabis in the Kimberley:

It is incredibly widespread and it is debilitating. It diminishes people's motivation; they sit around more and it is a very widespread problem. It does not come to the attention of either the Police or medical services as much because they just sit around and do not cause any trouble, but it is part of the big overall problem that we have in the region. ... an awful lot of people, when they talk to their doctor, admit to fairly large-scale cannabis consumption on a regular basis.⁵⁹⁹

The medical problems associated with cannabis are primarily mental health ones, with some physical injuries associated with fighting and 'humbug', often over financial aspects of its use.

⁵⁹⁸ Submission No. 37- Part A, Drug and Alcohol Office, 25 August 2009, p10.

⁵⁹⁹ Dr David Atkinson, Acting Medical Director/Medical Educator, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 26 July 2010, pp7-8.

Similarly to alcohol, cannabis affects:

*people's motivation; their willingness to get up and do a day's work, their willingness to look after their kids, their willingness to get up in the morning and get the kids ready for school. It is lying around the house so the kids can access it; they will pinch it from their parents or from older siblings. Older kids will give it to younger kids and younger kids, like the world over, will slavishly ape what the older kids are doing anyway.*⁶⁰⁰

Another set of problems arise when both cannabis and alcohol are used together, as they frequently are in the Kimberley. One of the reasons why cannabis usage is widespread but not heavy amongst the Indigenous population in the Kimberley is “there is not a lot of ready cash to go around to go and buy cannabis.” Generally for residents it is cheaper to purchase alcohol as it is more readily available. Police told of their experience:

*is not as prevalent as what it might be if this were a mining town where people with very high incomes and a lot of available cash to spend on drugs of recreation, if you may like to call them. I do not like to call them recreation drugs because drugs are drugs at the end of the day. So, cannabis is not as prevalent in that aspect amongst the Indigenous people.*⁶⁰¹

Anecdotal evidence provided to the Committee linked the Kimberley liquor restrictions with the increase in cannabis use as the restrictions “effectively reduced alcohol availability in Fitzroy Valley by 86% overnight.”⁶⁰² However, the Kimberley Community Drugs Team reported no increase in the use of their services from people with problems arising from their cannabis use.⁶⁰³ Similarly, health staff in Fitzroy Crossing are not seeing an increase in presentations at the hospital and nursing staff “are not seeing evidence of people being stoned all the time.”⁶⁰⁴

DAO's Halls Creek 12-month evaluation report in liquor restrictions also notes a possible increase in cannabis use but found no evidence to support these claims.⁶⁰⁵

In Fitzroy Crossing, the Committee was told by the Police that “we have an emerging trend towards cannabis. Three years ago, the cannabis use in town was fairly negligible, but it is now becoming more prevalent. It seems to be supplied by extended family members from Derby or

⁶⁰⁰ Ms Sally Malone, Regional Coordinator, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 2 August 2010, p9.

⁶⁰¹ Senior Sergeant Graham Sears, OIC, Kununurra Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p10.

⁶⁰² Mr Stephen Kinnane, Researcher, Nulungu Centre for Indigenous Studies, Notre Dame University, *Transcript of Evidence*, 9 June 2010, p6.

⁶⁰³ Ms Sally Malone, Regional Coordinator, Kimberley Community Drug Service Team, *Transcript of Evidence*, 26 July 2010, p4.

⁶⁰⁴ Mr Stephen Kinnane, Researcher, Nulungu Centre for Indigenous Studies, Notre Dame University, *Transcript of Evidence*, , 9 June 2010, p6.

⁶⁰⁵ Drug and Alcohol Office, ‘Halls Creek Alcohol Restriction Report December 2010’, 2010. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1231&Command=Core.Download, p10. Accessed on 23 December 2010.

Broome.”⁶⁰⁶ The claim that cannabis distribution originated in Broome and Derby was confirmed by Mr Boke at Noonkanbah station.⁶⁰⁷

The Committee heard a conflicting story from those living in the more remote communities that “in most of the Kimberley, marijuana is normal to people. You see people drinking [smoking] it every day and they think, ‘That’s just normal; we’ll just do what they do.’”⁶⁰⁸ In another community, the Committee was told:

*Our number one problem according to Bede [Chairperson] and our committee is ganja. ... our people go into Halls Creek, buy ganja and bring it back out to the community to sell to the local people. ... Bede informs me that it is being sold to anyone from the age of 12 upwards. ... it costs them \$100 for a little bit, so it is very expensive.*⁶⁰⁹

The Committee heard that additional problems created by the smoking of cannabis was the effect this has had on reducing the sexual inhibitions of young females. Consequently, this has led to high rates of teenage pregnancies and sexually transmitted infections (STIs). The Committee was told that pregnant girls continue to smoke cannabis during and after their pregnancies.⁶¹⁰

Cannabis Law Reform Act 2010

While the Committee was in the Kimberley, the Cannabis Law Reform Bill 2009 was making its way through Parliament. The consensus view from the evidence collected on the impact of this Bill on Kimberley residents was that it would be dramatic as cannabis smoking is widespread in both the Indigenous and non-indigenous residents. The age groups that have the highest smoking rates are the 12- 40 year olds. People up to the age of 40 years are already heavily represented in the Broome Prison for other crimes (see Appendix 11). Mr Cooper, CEO of the Ord Valley Aboriginal Health said:

If you are able to police it [new law] and if you are able to arrest those people who are using it, you will probably decimate the community. I do not say that lightly. Enough people are smoking it to ensure that a lot of people will go to jail. I do not know where you are going to put them—maybe in the work camp over at Wyndham. ... I do not think imprisonment is the answer. I think community education at a very young age is the answer. We have been providing educational services on drugs and alcohol, mental health, safe sex et cetera for a couple of years now within the schools, ... You need to have a lot of

⁶⁰⁶ Senior Sergeant Ian Gibson, OIC, Fitzroy Crossing Police Station, WA Police, *Transcript of Evidence*, 29 July 2010, p2.

⁶⁰⁷ Mr Denis Boke, Yungngora (Noonkanbah) Community, *Transcript of Evidence*, 30 July 2010, p5.

⁶⁰⁸ Mr Christopher Bin Kali, Director, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 26 July 2010, p3.

⁶⁰⁹ Mr Christopher Cresp, Chief Executive Officer, Palyalatju Maparnpa Health Committee, *Transcript of Evidence*, 27 July 2010, p4.

⁶¹⁰ Mr Christopher Cresp, Chief Executive Officer, Palyalatju Maparnpa Health Committee, *Transcript of Evidence*, 27 July 2010, p13.

*Aboriginal people working within the drug and alcohol services to make this work, because Aboriginal people listen to Aboriginal people.*⁶¹¹

Mr Cooper pointed to the problems when people return from incarceration and find “the same cues are there—the same cues for drugs, alcohol, abuse, whatever, all those cues are still there. The house is still overcrowded”. He also highlighted the likely ramifications for future employment prospects on the Ord River Scheme of both the Indigenous and non-indigenous residents if they are arrested under the new law:

*I really do not know how the community would actually react or the Chamber of Commerce and Industry would react when all of the workers, non-Aboriginal people, who are working on the Ord enhancement scheme are put into the work camp or jail because they are smoking ganja, and they are drinking copious amounts of alcohol and abusing people left, right and centre. Go to the pub on a Friday night, and there are hardly any Aboriginal people there; it is all “gurrier” there; and they are all smoking dope and they are all drinking alcohol and whatever. ... and if you are going to start arresting non-Aboriginal people for carrying 10 grams of dope, you are going to have hardly any workers here because it is a huge issue. It is a community-wide issue. That is why you have to educate.*⁶¹²

This was confirmed by another witness in Kununurra who gave evidence “Our experience is probably 50 to 70% of candidates for jobs can be knocked out through drug screening. ... It is very large—that is not a scientific figure, but it is not 5%, as you would expect in a more normal population.”⁶¹³

The use of cannabis, but not other illicit drugs, appears in the Broome Prison:

*the drug of choice in prison up here appears to be cannabis—that is, behind alcohol. ... But talking to some of the prisoners, I do not believe that it is a major issue in the Kimberley. ... At the moment, I do not believe that anything but cannabis is our problem, and we are talking about catching two or three users a month at most. We have a fairly stringent program for checking.*⁶¹⁴

⁶¹¹ Mr Graeme Cooper, Chief Executive Officer, Ord Valley Aboriginal Health Service, *Transcript of Evidence*, 2 August 2010, pp2-4.

⁶¹² Mr Graeme Cooper, Chief Executive Officer, Ord Valley Aboriginal Health Service, *Transcript of Evidence*, 2 August 2010, pp2-4..

⁶¹³ Mr Ralph Addis, Chief Executive Officer, Wunan Foundation, *Transcript of Evidence*, 2 August 2010, p2.

⁶¹⁴ Mr Alan Clements, Acting Superintendent, Broome Prison, Department of Corrective Services, *Transcript of Evidence*, 26 July 2010, p9.

The weakness of the new Act seems to be the lack of rehabilitation services in remote regions of the State, such as for the current largely Indigenous cohort in Broome Prison:

*a large proportion of the prison population up here is Aboriginal and there is very little support available in prisons for people to turn their substance using behaviours around. We have an early intervention program for mild to moderate offenders, but by the time people get prison, their problems are out of control; that is why they are there. ... There are very few resources and it is an opportunity missed. With a captive prisoner population we could do so much more for people in prison but the resources just are not there in the justice system.*⁶¹⁵

Finding 19

Second to alcohol, the use of cannabis is a major health concern in the Kimberley and an unexpected outcome of the *Cannabis Law Reform Act 2010* may be an increase in the number of Indigenous people imprisoned in the region.

Recommendation 38

The Minister for Corrective Services work with the Minister for Mental Health to provide funding in their 2011-12 budgets for the Department of Corrective Services to ensure all Kimberley prisoners with a history of illicit drug use and alcohol problems undertake rehabilitation programs, irrespective of the length of their sentence.

6.3 Other Drugs

(a) Solvents

The sniffing of solvents and petrol has reduced in the Kimberley since the introduction of Opal unleaded petrol. However, the small number of young people still sniffing place a great demand on their communities. The Committee heard that on the Dampier Peninsula there was one young man who had been caught with aerosols such as Mortein and had been sent to Katherine for three months to access mental health services.⁶¹⁶

⁶¹⁵ Ms Sally Malone, Regional Coordinator, Kimberley Community Drug Service Team, *Transcript of Evidence*, 2 August 2010, p9.

⁶¹⁶ Ms Maria Lombardi, Manager, Beagle Bay Clinic, Kimberley Aboriginal Medical Services Council, *Transcript of Evidence*, 27 July 2010, p6.

In some remote communities, close to where unleaded petrol is still available (such as Rabbit Flat in the NT), cannabis is the ‘drug of choice’ for young people but there is a “core group of problem sniffers and when they are in the community we have a sniffing issue; when they seem to be out of the community we do not have a sniffing issue.” Most of the “opportunistic sniffers will get hold of unleaded fuel when the hardcore sniffers are in the community.”⁶¹⁷ Tourism also has impacted on this problem as:

*Most of our unleaded fuel comes in from Halls Creek and Kununurra. People coming from those towns will drive down to Tanami with unleaded fuel in their vehicles. ...That core group of sniffers will sniff pretty much anything. Like I said, there have been instances where they have sprayed cockroach bombs directly into their mouths. They will sniff paint, they will sniff deodorant, and they will sniff fly sprays.*⁶¹⁸

The Committee was told that in the East Kimberley sniffing is not a major problem although there had been one instance in Kununurra of a young girl who was sniffing deodorant and as a result of that had died. Her tragic circumstances:

*has had an impact on a lot of the kids here in the local community and a lot of them have actually mentioned to us, “Oh, we don’t do that any more since that girl died.” So, whilst it is a tragic accident, it has had a lesson for others in the community.*⁶¹⁹

(b) Other illicit drugs

The Committee heard conflicting evidence on the amount of other illicit drugs in the region. One witness in Broome told the Committee “It is all drugs—any illicit drugs. We have got all sorts in town, from heroin to speed to crack”⁶²⁰ while the Regional coordinator of the Kimberley Community Drug Service Team said “There is not a huge problem with opiates up here. Most of the opiates that we see are redirected prescribed morphine tablets. There is not much actual powder heroin.”⁶²¹

Sergeant Wells told the Committee of a substantial seizure in early 2010 of amphetamines coming in on a truck destined for Derby.⁶²² In Derby two witnesses gave similar evidence of a small but growing problem with ‘hard’ drugs. A nurse gave evidence “Marijuana is just the tip of the iceberg now. In the last five to seven years amphetamines, ecstasy and that has been coming up.

⁶¹⁷ Sergeant Mark Risdale, Balgo Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p9.

⁶¹⁸ Ibid.

⁶¹⁹ Senior Sergeant Graham Sears, OIC, Kununurra Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p12.

⁶²⁰ Ms Mary Martin, Board Member, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 26 July 2010, p3.

⁶²¹ Ms Sally Malone, Regional Coordinator, Kimberley Community Drug Service Team, *Transcript of Evidence*, 2 August 2010, p11.

⁶²² Senior Sergeant Michael Wells, OIC, Derby Police Station, WA Police, *Transcript of Evidence*, 28 July 2010, p6.

... But the other drugs are accelerating in their presence”⁶²³ while Cr Peter McCumstie, a local shire councillor, confirmed:

*ganja is the least of your worries. What makes you think that is the only thing? Let me assure you that it [other illicit drug use] is widespread and growing by the minute. We are not just talking about cannabis; we are talking about cannabis right up to whatever you can get in the metropolitan area. The transient nature of the population and the fact that you have so many people travelling between towns and communities is making that happen far quicker than anyone is aware. If I can make you walk out of this room today with one thought in mind, it is that the problem—alcohol and drug related—is underestimated horribly.*⁶²⁴

Mr McCumstie told the Committee that the region had three to five years to manage the use of other illicit drugs and “the only way you are ever going to get a handle on it is there has to be one agency that is coordinating all the services, is fully resourced and able to deal with the problem.”⁶²⁵ The Committee heard anecdotal evidence that these drugs were originally introduced for use in the tourist and mining sectors but now had Indigenous families involved in their sale and supply, such as the distribution of amphetamines and heroin, “which was unheard of 15 or 20 years ago.”⁶²⁶

At the conclusion of its tour in Kununurra and Wyndham, the Committee heard further evidence that alcohol was the main drug problem in the East Kimberley:

*I suppose in the more permanent-type settlements of Wyndham we see more use of marijuana, but we are not seeing pills and tablets. We are not seeing GBH, we are not seeing uppers, and we are not seeing a whole range of the party-type drugs come to town.*⁶²⁷

Similarly, the usage of cannabis seems to vary between towns and remote communities:

*I think, in terms of the ganja issue, ganja is probably not as big an issue in the East Kimberley, from what we see, as grog, but certainly in some remote communities our understanding is that about 60 or 70% of adults are users—not just adults.*⁶²⁸

⁶²³ Ms Jeanny Catlin, Project Coordinator/Nurse, Unity of First People of Australia, *Transcript of Evidence*, 28 July 2010, p11.

⁶²⁴ Cr Peter McCumstie, Councillor, Shire of Derby - West Kimberley, *Transcript of Evidence*, 28 July 2010, pp3-4.

⁶²⁵ Cr Peter McCumstie, Councillor, Shire of Derby - West Kimberley, *Transcript of Evidence*, 28 July 2010, p7.

⁶²⁶ Mr Alan Clements, Acting Superintendent, Broome Prison, Department of Corrective Services, *Transcript of Evidence*, 26 July 2010, p9.

⁶²⁷ Mr Gary Gaffney, Chief Executive Officer, Shire of Wyndham - East Kimberley, *Transcript of Evidence*, 2 August 2010, p2.

⁶²⁸ Mr Ralph Addis, Chief Executive Officer, Wunan Foundation, *Transcript of Evidence*, 2 August 2010, p2.

Finding 20

The risk from so-called 'hard' drugs in the Kimberley differs from town to town. In Broome they were first introduced by the large number of itinerant tourists and fly-in/fly-out miners.

Recommendation 39

The Minister for Mental Health ensure that by the end of 2011 all education and awareness programs in the Kimberley on the risks of alcohol include the dangers posed by the consumption of illicit drugs. These programs should be based on key performance indicators to assess their effectiveness.

CHAPTER 7 JUSTICE ISSUES

7.1 Introduction

A large part of the annual budgets that the State and Federal Governments spend on Indigenous programs is spent overcoming the impact of alcohol and illicit drugs. Lt General Sanderson gave evidence that the cost to the State justice system could be as high as \$500-600 million per year:

*We have been trying to learn how much the State spends on these [Indigenous] issues each year. We think it is about \$1.7 billion. It cannot give us an accurate figure. It certainly cannot tell us what it is getting for the money. We know that about 30% of that is spent on the justice and corrective system rather than on resolving issues. That means that what we are doing now is not working and that doing more of it is unlikely to work.*⁶²⁹

Western Australia's Chief Justice recently described the interaction between the State's Indigenous population (particularly juveniles) as 'tragic' and the situation in this State:

is significantly worse than in any other part of the country. In terms of rates of juvenile detention and remand in custody, we have the highest rates in the nation and the figures are...8.11 per 1,000 on an average day. That compares to 6.1 in New South Wales, 2.86 in the Northern Territory

In Western Australia, Aboriginal juveniles are 43 times more at risk of being detained in custody than non-Aboriginal juveniles. That reflects the disproportion in the adult system as well. ... The most recent figures I have for Indigenous incarceration in Western Australia show that:

- in December of last year [2009] the rate was approximately 4,400 per 100,000-
- 20 years ago it was 1,300 per 100,000.⁶³⁰

This data is also skewed by gender. If women are taken out of these figures, then the rate for Indigenous men jumps to 8,000 per 100,000. The Chief Justice says that "America is by far the most punitive country in the world" and their overall rate of incarcerating African-Americans is only 1,000 per 100,000.

The other concern for the Chief Justice is that "punitive responses in this area have not worked." He provides data on the high recidivism rates for Indigenous juveniles to support this argument:

For those released between 1 July 1998 and May 2009, the recidivism rate for male Aboriginal juveniles was 80% and, for females, 65%. For male Aboriginal adults, it was

⁶²⁹ Mr Heath Sanderson, Manager, Fitzroy Valley Men's Shed, *Transcript of Evidence*, 30 July 2010, p6.

⁶³⁰ Hon. Wayne Martin, Chief Justice, Supreme Court of Western Australia, Commonwealth of Australia, House of Representatives, Standing Committee on Aboriginal and Torres Strait Islander Affairs, Hansard, 30 March 2010, p10.

*70% and for female Aboriginal adults it was 55%. So, as a measure of protecting the community by discouraging re-offending, custody is not effective.*⁶³¹

He concludes by stating that “because the causes of the problem are not found in the criminal justice system, the solutions are not likely to be found in the criminal justice system either.” For the Chief Justice, the solutions must be proactive, multifaceted and targeted at all the aspects of Aboriginal disadvantage and social disadvantage. He believes that “strategies like justice reinvestment strategies and proactive programs designed to improve the living and social conditions of Aboriginal people are much more likely to be effective than a punitive response.”

The Government is aware of the importance of this issue and the Attorney General recently listed new initiatives to address the high level of Indigenous incarceration in Western Australia, many funded by the Royalties for Regions funds:

- \$43.5 million for support and protection services for children and young people, support for individuals at risk or in crisis and additional child protection staff;
- \$27.9 million for responsible parenting in regional areas;
- \$6 million for the Foodbank project;
- \$195,000 for expanding school breakfasts;
- \$49.7 million for improved access to community child health services;
- \$13 million for short-stay accommodation; and
- \$15 million for Aboriginal housing in the Kimberley.⁶³²

7.2 Services Offered by the Department of Corrective Services

The Department of Corrective Services (DCS) provides the following services in the Kimberley:

- district office based in Broome with full-time staff also located in Kununurra;
- an outreach service is provided to Derby, Halls Creek and Fitzroy Crossing;
- a regional prison is located in Broome;
- there is a Police lock-up and a 20-bed work camp at Derby (called Bungarun); and

⁶³¹ Hon. Wayne Martin, Chief Justice, Supreme Court of Western Australia, Commonwealth of Australia, House of Representatives, Standing Committee on Aboriginal and Torres Strait Islander Affairs, Hansard, 30 March 2010, p10.

⁶³² Hon Mr Christian Porter, MLA, Minister for Corrective Services, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Questions Without Notice, 26 May 2010, pp3451-3452.

- there is a 20-bed work camp at Wyndham, with construction underway to expand it to 40-beds.

The Superintendent described the prison in Broome:

Indigenous prisoners are massively overrepresented in Broome prison. Broome is largely an Aboriginal prison. Today there are 129 prisoners of which only seven are Caucasian—13 of those women, so that presents problems in itself. In a large number of the offences that the prisoners are in prison for, alcohol has been a factor, and in some a significant factor.

The offences vary—various range of assaults, domestic violence issues, breaches of VROs—but also there is a significant number of prisoners who have alcohol-related traffic offences; DUIs or they have lost their licence for DUI and then continue to drive without a licence and end up in prison because they have not paid fines.

I would only be guessing and I know that the department can actually produce reasonably accurate stats, but at Broome you are probably looking at around 70 to 80% of the prisoners, at least, are in there for alcohol-related offences.⁶³³

The prisoners at the Broome Regional Prison are from all over the State, with only 6-10 from Broome and the rest from throughout the Kimberley region or southern regions. Appendix 9 provides a list of the locations from which the prisoners came to the Broome Prison during 2009-10. Appendix 10 indicates that 75% of the prisoners incarcerated in September 2010 were aged between 25- 45 years of age.

DCS provides programs in the Broome Prison aimed at addressing offending behaviour. However, in a list of all treatment programs offered by DCS in 2009-10, only two from a total of 24 were offered in Broome.⁶³⁴ Another limitation on these programs is that if prisoners are rated as medium and maximum-security prisoners, then they are transferred away from their families to prisons in the south of the State. Another major constraint is that prisoners have to be in prison for more than six months and voluntarily agree to undertake and engage with a program. The Committee heard of one prisoner who did not agree to undertake programs:

we released a prisoner at ten to nine in the morning. I spoke to him just before midday. He had already bought a carton of beer. He had been in prison for 22 months... he was assessed for programs, he declined one and the other one was not available. The one that he declined was a substance abuse program...⁶³⁵

If a prisoner is assessed as undertaking more than six months in the prison then they have an individual management plan (IMP) developed within 28 days from the time that they are

⁶³³ Mr Alan Clements, Acting Superintendent, Broome Prison, Department of Corrective Services, *Transcript of Evidence*, 26 July 2010, pp2-3.

⁶³⁴ Submission No. 26 from Department of Corrective Services, 11 August 2009, pp4-17.

⁶³⁵ Mr Alan Clements, Acting Superintendent, Broome Prison, Department of Corrective Services, *Transcript of Evidence*, 26 July 2010, pp2-3.

sentenced. Often the IMP for long-term prisoners may include courses having to be booked up to four years in advance “because the programs are that full that far ahead”, especially for some of the intensive sex offender programs. There are usually only 10 people on a program and some of the programs may run for 10 to 12 weeks. Some of the sex offender and violent offender treatment programs run for six months, three or four times a year.⁶³⁶

In terms of dealing with domestic violence, the Committee was told:

You have IMMASU which runs here at Broome. It is Indigenous Men Managing Anger and Substance Use [program]. That runs every quarter. Again, it runs for about 10 to 12 weeks. Most of the programs do that, and at the end of the program the facilitators write their reports. The reports are then forwarded on to the parole board when we actually put a parole report together.

Another program which has just started in Broome is the *Indigenous Family Violence* program. It was scheduled to run once a year. Despite 26 men being assessed as requiring the program at Broome Prison it did not commence because there were no facilitators. Prisoners had to be sent to other prisons to participate in the course. Unlike in the metropolitan area, DCS often finds that facilitators do not want to come to the Kimberley to run programs as they are being asked to leave their home for three to four months. Additionally, it is costly to find accommodation as rents can range between \$500 and \$800 per week—if a house is available.

Another problem which impacts on female prisoners is that if they require programs, they often have to be sent to Bandyup Prison in Perth. The Committee heard:

We run a local program called BOAS or Building on Aboriginals Skills. Most groups run with about 10 to 12 participants, but we are very unlikely to have 10 women who require the program at any one time in Broome for three months. At the moment, today, we have 13 women, but of that 13 not all may be required to do the program, or it would not fit in with their IMP—if they all have IMPs.⁶³⁷

Under section 95 of the Prisons Act, some prisoners may be able to go to Alcoholics Anonymous or other voluntary program, but DCS have found that the Prisoners Review Board does not give these programs the same weight as it gives clinical programs. Often prisoners who have not done any work to address their offending behaviour have been denied parole—extending their stay in prison and the cost to the community. It was suggested that sometimes this is not their fault:

Prisoners cannot get into a program—it is not their fault; perhaps they have said they will do a program but it is not available or they have declined a program because they will be

⁶³⁶ Mr Alan Clements, Acting Superintendent, Broome Prison, Department of Corrective Services, *Transcript of Evidence*, 26 July 2010, p4.

⁶³⁷ Mr Alan Clements, Acting Superintendent, Broome Prison, Department of Corrective Services, *Transcript of Evidence*, 26 July 2010, pp6-7.

*sent 2,500 kilometres away from where they live and as well as not having contact with their family, they will not have family visits—and that presents us with a few issues.*⁶³⁸

Another reason offered to the Committee why prisoners may not undertake programs or not be successful when entering them is that their substance abuse may start at around the age of 12 to 14 years, and by the time they come to an adult prison, they have been addicted for anywhere from 4 to 8 years—sometimes longer.⁶³⁹

The DCS non-prison activities in the Kimberley are provided to 370 clients from five towns and approximately 200 remote communities. Of these, there are 160 adult clients who have been identified by DCS with the requirements for program intervention. A majority of the client issues or behaviours relate to alcohol and/or substance abuse. The Committee heard that the drug of choice by DCS clients was alcohol, in terms of their offending. Links have been made with the existing alcohol and drug-related services and these services provide skilled and appropriate support for DCS clients in the towns and remote locations. There is a limited amount of support that can be given to DCS clients due to a lack of human resources and other demands. The Committee was told by DCS that the three most common situations relating to alcohol offences are “number one, alcohol and driving; two, alcohol and assaults; and, three, alcohol and partner violence.”⁶⁴⁰

7.3 Alcohol-related Crime

The Committee heard in Noonkanbah that there were a number of community members who had already been in jail three times this year and confirmation that they were there because “Many from drink driving. ...From fighting. ...Domestic violence. When the blokes are drunk they come back and bash their wives.”⁶⁴¹

In Kununurra the Committee was told that “easily 80% of domestic violence is centred around alcohol.” The East Kimberley domestic violence hub is based in Kununurra and is a joint initiative between the Police and the Department for Child Protection. Within this hub are other government and non-government agencies such as the Department of Housing, Ngnowar-Arewah, and Jungarni. These organisations hold regular meetings to discuss “recidivist domestic violence families.” A family is identified in this way if a certain amount of domestic violence incidents occur. The joint operation of these agencies was described as:

We basically work out an action and a plan for how we can better manage the situation. The Department of Housing would identify that there are X amount of people within the house. That might heighten the reason why domestic violence is evident. They will see what they can do to assist. Ngnowar will engage with the program and service delivery that it has. The police will identify any incidents they have attended. DCP will identify the

⁶³⁸ Ibid.

⁶³⁹ Ibid.

⁶⁴⁰ Mr Norm Smith, Manager, Department of Corrective Services, *Transcript of Evidence*, 26 July 2010, p2.

⁶⁴¹ Ms Francine Cox, Yungngora Community, *Transcript of Evidence*, 30 July 2010, p7.

*children and do anything it can to assist. It is definitely a coordinated and collaborative multi-agency approach to try to reduce it [domestic violence].*⁶⁴²

Kununurra has the Government's *StrongFamilies* program, another multi-agency attempt to deal with families affected by the impact of alcohol. Mr Murphy, DCP's Director General, described to the Committee how DCP is the lead agency for this program but they have formal interagency agreements with Education, Health, Drug and Alcohol Office, Mental Health Commission, Corrective Services, Housing, and Western Australian Council of Social Service (WACOSS) for non-government agencies. Mr Murphy said that the program began in the 1990s and was very successful in that "if a family is identified as just totally not coping but lots of agencies are involved, it is about pulling them all together ... sorting out who is the lead agency and then what the others will all do in support."⁶⁴³

7.4 Prison as a Deterrent

The Committee was told by a number of witnesses, that while there are a large number of Indigenous people in the justice system in the Kimberley, being sent to prison did not deter them from further criminal activity. This is a problem peculiar to regions such as the Kimberley with a high number of Indigenous youth as "75% of boys incarcerated in our juvenile institutions between the ages of 10 and 17 are Aboriginal kids ... That is ludicrous; we are only 3% of the population."⁶⁴⁴ The situation was described to the Committee as:

*The rates of recidivism here are extremely high—extremely high. Prison is not seen as a deterrent to anything related to alcohol, related to domestic violence. Unfortunately, at times it is seen as a bit of a holiday camp: you get fed three meals a day; you are in a clean environment; you have got access to televisions; you have got access to sporting facilities. You access stuff that is far better than what you have got in your own communities. ... that the group that is the most dysfunctional group tends to be in prison, so you get to see your mates, your group, within Broome prison itself ...*⁶⁴⁵

The Committee was told that some prisoners had planned their return to prison to coincide with holidays such as Christmas:

one of my community members came to me prior to Christmas to tell me he had to go off CDEP [Community Development Employment Program] for a while. I asked him, "Why do you have to go off CDEP for a while: do you have to go to a funeral or something?" He said, "No; they have had a bench warrant against me for a long time, but Christmas is

⁶⁴² Sergeant Bradley Warburton, OIC, Wyndham Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, pp10-11.

⁶⁴³ Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 18 August 2010, p8.

⁶⁴⁴ Associate Professor Ted Wilkes, National Drug Research Institute, Curtin University, *Transcript of Evidence*, 2 September 2010, p10.

⁶⁴⁵ Mr Christopher Cresp, Chief Executive Officer, Palyalatju Maparnpa Health Committee, *Transcript of Evidence*, 27 July 2010, p6.

*coming so I am going to prison.” He was coming to town to hand himself in for a TV, three meals a day, Christmas lunch and clothes. From prison, you go to the work camp [at Derby]—wonderful!*⁶⁴⁶

Alternatively, the Committee heard that due to the lack of a dentist in a town such as Derby and lack of any dental therapy in a community, jail is sometimes a good option to have teeth repaired quickly. For most offenders, once they get out of prison they are back into the same drinking environment, and “We are back with everyone else and we are back into the usual system. There is no change, no alternative, so we get in trouble again.”⁶⁴⁷ This attitude to incarceration seems to extend to some juveniles:

*I actually escorted a young boy from Kalumburu down to Rangeview detention centre and I asked him on the plane, “How do you feel about being taken out of your country? What impact does that have on you being away from your family?” He said, “Oh, look; most of my family are down in Rangeview anyway. My cousins and brothers are down there and I go down there and I get three good meals a day and I get to play Xbox and PlayStation and there’s a new pool table they’ve just finished and they’ve got a new table tennis table. I’m looking forward to doing that.” He even mentioned Friday night was fish and chip night and he was looking forward to that.*⁶⁴⁸

7.5 Juvenile Justice in the Kimberley

The President of the Children’s Court believes by the time young Indigenous people come before a court to be sentenced and are incarcerated “we are visiting the train wreck; the children are seriously damaged ... statistics clearly show that the point when this became urgent is long gone. We need some change in the way that government agencies go about their business.” These comments to a Federal Parliamentary inquiry into juvenile justice comes as data from Western Australia indicate:

the number of damaged Aboriginal children appearing before the Children’s Court who are themselves expecting a child or have children is increasing. If these damaged children each have six children and they in turn each have six children, in two generations, ... the number of damaged Aboriginal children could increase exponentially, from a multiple of one to 36. ...It must not be forgotten that we are talking about children.

An unacceptable number of Aboriginal children, less than 10 years of age—that is, the age of criminal responsibility—are at risk and are committing offences. ... many children aged 10 enter the Children’s Court with some years of being at risk and of having committed

⁶⁴⁶ Cr Peter McCumstie, Councillor, Shire of Derby - West Kimberley, *Transcript of Evidence*, 28 July 2010, p10.

⁶⁴⁷ Ms Jeanny Catlin, Project Coordinator/Nurse, Unity of First People of Australia, *Transcript of Evidence*, 28 July 2010, pp11-12.

⁶⁴⁸ Senior Sergeant Graham Sears, OIC, Kununurra Police Station, WA Police, *Transcript of Evidence*, 2 August 2010, p11.

*offences but not having been before the Court because they have not reached the age of criminal responsibility.*⁶⁴⁹

According to the State's Chief Justice, as juveniles enter the criminal justice system they become labelled, become conditioned to the notion that they are an offender, and the likelihood of their re-offending increases significantly. He referred to calculations by the Auditor-General that the 250 worst kids in the Western Australian juvenile justice system (those who offend most regularly and repeatedly) will cost Western Australia's justice system about \$100 million as they pass between the ages of 10 and 17, or about \$400,000 per child. Seventy-five per cent of those 250 children are Indigenous children. He commented that the most likely outcome:

*is that they will graduate into the adult criminal justice system. For \$400,000 we could send them to Geelong Grammar, put them up at a Perth hotel during the summer, send them to a Swiss finishing school and still have change. The money we are spending simply is not working. It is not effective, so we have to think much more proactively, much more effectively, about solutions that actually work.*⁶⁵⁰

(a) Juvenile Justice Teams

In the Kimberley, the Police gave evidence that "kids are roaming the streets at night time because they don't want to be home for one reason or another." Police have a duty of care to both victims and juvenile offenders and the Committee was told the main difficulty in relation to juveniles is the inability to contact responsible adults to bail a child before he or she attends court. On most occasions where offenders are remotely located the Magistrate will hold a video or telephone conference before making decisions to remand in juvenile offenders in custody or on bail. A new initiative by the Department of Justice is the introduction of 'Justice Field Officers' in Broome by December 2010 (similar to a program already underway in Geraldton).⁶⁵¹

A common way of dealing with juvenile offenders in the Kimberley is the referral of their case to 'juvenile justice teams' (JJTs). A meeting is organised with a responsible adult and the offender to discuss the offence with the Police and the Department of Justice, in accordance with the Young Offender's Act. The State's Chief Justice referred to a report by the Auditor General which found that the JJT diversionary program had "broken down" and this had led to a reduction in the number of children sent to JJTs by the Police as "there was too much delay and the programs delivered by juvenile justice teams were not culturally appropriate".⁶⁵²

⁶⁴⁹ Judge Denis Reynolds, President, Children's Court of Western Australia, Commonwealth of Australia, House of Representatives, Standing Committee on Aboriginal and Torres Strait Islander Affairs, Hansard, 30 March 2010, p4.

⁶⁵⁰ Hon. Wayne Martin, Chief Justice, Supreme Court of Western Australia, Commonwealth of Australia, House of Representatives, Standing Committee on Aboriginal and Torres Strait Islander Affairs, Hansard, 30 March 2010, p10.

⁶⁵¹ Submission No. 62 from Inspector Jim Cave, WA Police, 23 July 2010, pp11-12.

⁶⁵² Hon. Wayne Martin, Chief Justice, Supreme Court of Western Australia, Commonwealth of Australia, House of Representatives, Standing Committee on Aboriginal and Torres Strait Islander Affairs, Hansard, 30 March 2010, p7.

The Committee heard similar evidence from Police in the Kimberley:

There has been a backlog of JJT meetings across the State and across the entire Kimberley. There are 80 JJT matters outstanding in the West Kimberley and 35 for the East Kimberley, this puts us in a difficult position. Juvenile offenders that haven't appeared before the JJT are still offending, some at an incredible rate but in the majority of cases Magistrates refer all offences back to the JJT until the juvenile offenders have been dealt with in that process.⁶⁵³

Recommendation 40

The Attorney General increase funds in the 2011-12 budget for the Kimberley Juvenile Justice Teams. Key performance indicators be used to measure the effectiveness of these teams and the Attorney General report to Parliament annually on the current outstanding Juvenile Justice Team matters in the Kimberley region.

(b) Joint patrols with the Department for Child Protection

In an effort to reduce the neglect of children within the community, Police and the Department for Child Protection in Broome, Halls Creek and Kununurra conduct random joint patrols targeting at-risk children who are roaming the streets during the evening or night. This provides an immediate deterrent as the community see the Police and DCP staff working together, with DCP providing follow-up on incidents observed during the patrols. In the longer term, it provides an information data-base to assist DCP for future planning. An additional flow-on effect from these patrols is an improved working relationship between DCP and Police. Police provide many referrals to the DCP and have no hesitation in providing information which may assist in securing the safety and improved living conditions for children.

(c) Department of Corrective Services programs

For youth justice programs, Department of Corrective Services (DCS) primarily access the Kimberley Mental Health and Drug Service (KMHDS) for counselling and mandated sessions. Their youth justice officers do brief interventions with clients and use Department of Justice worksheets addressing alcohol and drug use. In terms of the level of support that is provided from KMHDS for clients in remote communities, "it can be as little as once a month, and has been less than that" when they have staffing difficulties.⁶⁵⁴ DCS staff travel to the larger centres of Kalumburu and Balgo once a fortnight.

⁶⁵³ Submission No. 62 from Inspector Jim Cave, WA Police, pp11-12.

⁶⁵⁴ Ms Gaelyn Shirley, Team Leader, Youth Justice, Department of Corrective Services, *Transcript of Evidence*, 26 July 2010, p4.

DCS staff in Broome gave evidence that they are expecting another 20 officers across the region, with “a number of Aboriginal support officer positions, programs officer positions, psychologist, team leaders, youth support officers” for new regional youth justice services.⁶⁵⁵ This will enable DCS to introduce a prevention and diversion service which will commence work with young people when they are cautioned by Police and they “will then go to the families and offer a prevention support service to them.” The new youth justice staff will be working up until 10 o’clock at night and on weekends as well. DCS is hoping that it will be able to co-locate with Police, drug services and DCP to improve cooperative relationships.⁶⁵⁶

The Committee was reminded in Fitzroy Crossing of the importance of Indigenous culture and that juveniles might benefit if “Surely, there should be some input from the elders. We have that here already; some of our elders go sit with the magistrate”.⁶⁵⁷ This witness was referring to two initiatives over the past two years by the Kimberley Aboriginal Law and Culture Centre (KALACC) on developing a pilot diversion programs:

Between January and April 2009 we worked with a couple of pastoral stations in the Fitzroy Valley. There had been a crime spree the previous Christmas and about 10 youths found themselves in front of the magistrate. We had a good relationship with the magistrate so he entrusted those youths in our care for a period of four months. We took them to pastoral stations for four months and we worked them hard. ... at the second appearance in front of the magistrate ... got the elders to sit alongside him. ... it gave the elders an active role in what happened to the direction of those 10 young people.

*This year we have just recently completed a second case. There was a second mini-crime spree, again, with about 10 young people involved in a number of activities—breaking and entering and burglaries. This time we did not work with pastoral stations; we took them to a very remote and isolated outstation, which is used on an occasional basis, right on the fringes of the Great Sandy Desert and they did a number of cultural activities there for a period of about three months. Again, at the conclusion of that second pilot program, elders appear with the magistrate and concluded the process that way.*⁶⁵⁸

The Police supported these trial programs and said they “have been very, very successful. We support those and will continue to do so.” Finally, the Committee was told by Police in Fitzroy Crossing “from a juvenile perspective, we do not have, comparatively speaking, a major juvenile crime issue in town. ... Most of the juvenile crime we have is opportunistic, and generally tends to be from boredom”.⁶⁵⁹

⁶⁵⁵ Ibid.

⁶⁵⁶ Ms Gaelyn Shirley, Team Leader, Youth Justice, Department of Corrective Services, *Transcript of Evidence*, 26 July 2010, pp6-7.

⁶⁵⁷ Ms Emily Carter, Chairperson, Marninwarntikura Women’s Resource Centre, *Transcript of Evidence*, 29 July 2010, p6.

⁶⁵⁸ Mr Wes Morris, Coordinator, Kimberley Aboriginal Law and Culture Centre, *Transcript of Evidence*, 29 July 2010, p6.

⁶⁵⁹ Senior Sergeant Ian Gibson, OIC, Fitzroy Crossing Police Station, WA Police, *Transcript of Evidence*, 29 July 2010, p10.

7.6 NGO Programs

There are a number of non government agencies, such as Milliya Rumurra Aboriginal Corporation in Broome, providing services to the Courts across the Kimberley, especially legal aid and pre-sentencing services such as the Indigenous Diversion Program. The Committee was told that while some clients who use these services have huge long-term alcohol issues:

*they are not long-term alcoholics. They are binge drinkers and it just so happens that when the situation happened they were drinking and it has come to the attention of the courts, so then it becomes a drug and alcohol issue. But it is not actually a drug and alcohol issue it is a social issue—overcrowded housing, family violence, unemployment, boredom and all sorts of issues—but it is deemed to be a drug and alcohol issue.*⁶⁶⁰

Milliya Rumurra offers a day program for prisoners in Broome but would like to expand this to two-days a week for both men and women. They are waiting for the Department of Corrective Services to approve it. Milliya Rumurra report to DCS if clients leave their Indigenous Diversion Program early. They do not track clients down as they want to maintain their relationship with them so that they will continue to voluntarily attend their rehabilitation program. If their programs are seen as a mandated service Milliya Rumurra are worried that clients would be fearful of attending.⁶⁶¹

The Alternatives to Violence Project (AVP) is a small community-based series of workshops run in the Broome Prison, and others in the south of the State. Although AVP does not set out to deal with substance abuse, they told the Committee “what we find is that substance abuse is a recurring theme” and “that there has not been a workshop at which substance abuse has not appeared as a major factor for the violence that has landed people in prison.” AVP described their workshops as:

*It is sometimes called Peaceful Pathways. This one, in very familiar red, black and yellow, has kind of been designed for the Nyoongah community but is transferable across the state, of course. ... What has been so powerful is that we have inmate facilitators working with us. ... When we have inmate facilitators, we usually have two or three inmate facilitators and two outmate facilitators—that is us and our colleagues.*⁶⁶²

During their workshops in Broome, they have found that alcohol and drugs “comes up every single time we have a brainstorm about the causes of violence.” They have found that one of the hardest things for prisoners is to go back into their community where the drinking and violent behaviour has remained the same and tell other residents “I’m going to try and be different.”⁶⁶³

⁶⁶⁰ Ms Jillian Coole, Clinical Team Leader, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, p7.

⁶⁶¹ Ms Maria Lovison, Chief Executive Officer, Milliya Rumurra Aboriginal Corporation, *Transcript of Evidence*, 1 August 2010, pp12-13.

⁶⁶² Ms Jo Vallentine, Activist, Alternatives to Violence Project, *Transcript of Evidence*, 2 September 2010, pp2-3.

⁶⁶³ Mr Peter Fry, Volunteer, Alternatives to Violence Project, *Transcript of Evidence*, 2 September 2010, p3.

In Fitzroy Crossing, a new two-day course on alcohol and driving, and alcohol and assaults, has been offered in the smaller communities over the past 12 months. While only short, the “workshops are based on an education-type of awareness-raising issues about the offending, how alcohol contributes to that and the different consequences that then brings to the community.” Another more intensive family violence program is being offered on the Dampier Peninsula in conjunction with the Kimberley Aboriginal Medical Services Council’s social, emotional and wellbeing unit for men aged in their early 20s to mid-30s. It has been slower to coordinate as:

*it has kind of been a very difficult area to get communities to be involved in; one, because we are asking them to be volunteers; and, two, the issues that we are actually dealing with clients are not very easy issues to deal with. And if they are living in that community or have family links to those people, then a lot of the times people do not want to really get involved.*⁶⁶⁴

7.7 Alcohol and Driving Infringements

(a) 2007 Wyatt Report

Indigenous Western Australians account for approximately 40% of the State’s prison population, but only 3.5% of its population. There is a very strong link between alcohol consumption, driving infringements and the number of young Indigenous people in the State’s prisons. The Committee heard from one community elder “that is 99%. Alcohol and driving go hand-in-hand. It is all driving without a licence, driving and alcohol—the three of them just go hand-in-hand.”⁶⁶⁵

The Wyatt Report in 2007 found that Indigenous drink-driving and licensing convictions had risen by around 80% between 2002 and 2004, and more than doubled for more serious drink-driving convictions.

It also found that in 2004-05:

- Of the State’s Indigenous prison population, about 30% are related to drink-driving or licensing offences;
- 853 Indigenous people were imprisoned for Motor Vehicle/Driver’s Licence or Driving Under the Influence (DUI) listed as their most serious offence; and
- Indigenous women represented 60% of the total female prison population and almost 20% were imprisoned for DUI, Dangerous or Reckless Driving, MDL offences or other motor vehicle offences, compared to only 6% of non- Indigenous women.⁶⁶⁶

⁶⁶⁴ Mr Joe Ross, FaHSCIA Contractor, *Transcript of Evidence*, 29 July 2010, pp3-4.

⁶⁶⁵ Mr Stephen Austin, Chief Executive Officer, Mowanjum Community, *Transcript of Evidence*, 28 July 2010, p9.

⁶⁶⁶ Wyatt, B. MLA, ‘Indigenous Licensing and Fine Default: A Clean Slate’, Committee to Explore the Effect of Motor Driver’s Licence and Driving Laws on Remote Communities, Perth, September 2007, p1.

DAO's 24-month evaluation report of the Fitzroy Crossing restrictions found a dramatic reduction in the amount of drink-driving infringements for each random breath test (RBT) since their introduction:

- 6.1 RBTs for every drink driving charge – October 2006 to September 2007 (pre-restrictions).
- 20.5 RBTs for every drink driving charge – October 2007 to September 2008 (period 1 post-restrictions).
- 19.6 RBTs for every drink driving charge - October 2008 to September 2009 (period 2 post-restrictions).⁶⁶⁷

The report found that the issues of obtaining and maintaining a driver's licence among Indigenous communities in Western Australia and incarceration rates are inextricably linked- especially in the Kimberley (see Table 7.1 below). Several important factors in this link include:

- **Lack of payment facilities.** Some payment facilities are 400km away and people driving to payment centres have been charged with driving while under suspension.
- **Reliance on mail to inform offenders of licence suspension.** Some people were not aware their licence had been suspended because they had not received notification. In addition to this, all communities during the consultations said that even when they did receive notification they were unable to read the correspondence or could not understand the suspension.
- **No alternative transport.** In all remote communities there were few alternative transport options for individuals under suspension who may then feel forced to drive to access services and attend to cultural business.
- **Capacity to pay.** Income levels among Indigenous Western Australians are on average lower than for the broader community. Increased enforcement and harsher penalties do little to change behaviour among Aboriginal offenders, rather they serve to further disadvantage individuals and families.⁶⁶⁸

⁶⁶⁷ Drug and Alcohol Office, 'Fitzroy Valley Alcohol Restriction Report December 2010', 2010. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1236&Command=Core.Download, p25. Accessed on 23 December 2010.

⁶⁶⁸ Wyatt, B. MLA, 'Indigenous Licensing and Fine Default: A Clean Slate', Committee to Explore the Effect of Motor Driver's Licence and Driving Laws on Remote Communities, Perth, September 2007, p21.

Table 7.1- Regional Drivers under Motor Vehicle Driver's Licence Suspension (2007)

| Region | People currently under suspension |
|-------------------------------|-----------------------------------|
| Remote (incl East Kimberley)* | 5,436 |
| Kimberley | 4,761 |
| Pilbara | 2,843 |
| Goldfields | 3,353 |
| Murchison Gascoyne | 2,837 |
| Wheatbelt | 1,061 |
| Southern | 5,333 |

* 'remote' regions include the following Kimberley communities (as well as some from eastern parts of the Pilbara, Murchison Gascoyne and the Goldfields): Halls Creek, Fitzroy Crossing, Wyndham, Djarindjin, and Warmun.

(b) Committee evidence

School Drug Education and Road Aware (SDERA) offers a pre-driver education program in schools in the Kimberley and has a manager based in Broome to coordinate these programs. At the end of this program, young people can get their learner's permits through the school system by sitting a test at school. They can also get a discount when they present their certificate of completion to licensing, which acts as an incentive for students to undertake this road safety program. The problem for learner drivers in the Kimberley is obtaining the 25 hours of practise to complete their training as:

*the stumbling block is their ability to access a roadworthy vehicle and a supervising driver. Often the drivers in the communities do not have a licence or they have fines or are struggling with all sorts of issues themselves. ... In fact, a whole lot of things mitigate against good and safe road user practices—even if they do get their learner's permit.*⁶⁶⁹

In Warburton, a community of about 500 to 600 people, the Police told the State's Chief Justice that there were fewer than 20 adults in Warburton who were able to provide the supervision required to enable young people to get licences. So there are huge structural impediments to actually getting licences.⁶⁷⁰ This evidence was confirmed by the Police who said that the current system is not working at the moment:

⁶⁶⁹ Mr Bruno Faletti, State Manager, School Drug Education and Road Aware, Department of Education and Training, *Transcript of Evidence*, 26 July 2010, p16.

⁶⁷⁰ Hon. Wayne Martin, Chief Justice, Supreme Court of Western Australia, Commonwealth of Australia, House of Representatives, Standing Committee on Aboriginal and Torres Strait Islander Affairs, Hansard, 30 March 2010, pp8-9.

*We have done our bit in getting our Aboriginal Police Liaison Officers up here to do their theory part of things, but it is then falling off. The problem I see there is that they lose interest; they do not have any faith in the system. When you tell them they have to wait six months, they lose interest, they go away and it is all too hard for them. The same applies to the process of having a logbook where they have to show the hours. Some of these kids do not have their own bedroom. They might share with two or three other kids. A little sister might decide she wants to do some drawing one day or take the logbook to aunt's place one day. That log book is then lost, so ends the process of how far they will go.*⁶⁷¹

The Committee heard that previous governments considered a special license for Kimberley drivers and when that was rejected as “a permit was suggested for use in the regions.”⁶⁷² This issue was recently addressed by the State’s Chief Justice, who said:

The introduction of local driver’s licences for remote communities is something that deserves attention. In these remote areas ... there is a vast distance from one place to another. ... People need to get from one place to another for cultural reasons, or just to move about, and the idea of not having a licence really inhibits all of those things. For someone to go to prison just because they did not have a licence, and there is no aggravating circumstances, is a problem that needs to be addressed. ... There needs to be tailoring of legal requirements and conditions for Aboriginal people to suit local people and local circumstances.

*With a lot of these areas of the State you could have a licence that is valid for the Kimberley or for any remote area in the State but not valid for the metropolitan area. ... Often they have been driving a very ordinary motor vehicle under very ordinary road conditions for a very long time, so, frankly, they are probably better at handling a motor vehicle than are a lot of kids in the metropolitan area. So it is not as if they are lacking skills.*⁶⁷³

The current situation leads to a cycle where local residents may have been driving from a very young age on the beach or in the bush and think they can drive, but the Police “charge someone for no licence, they get a suspension and it compounds because they get suspension on suspension and they have no hope of ever getting a licence.”⁶⁷⁴

The Committee heard that some residents offended up to eight to 10 times for drink-driving who “come to court in Derby on magistrates day are quite blasé if they then get a term of imprisonment. Indeed, a large percentage of our Indigenous people do not respect the need to have

⁶⁷¹ Senior Sergeant Neville Ripp, OIC, Dampier Peninsula Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p9.

⁶⁷² Mr Norm Smith, Manager, Department of Corrective Services, *Transcript of Evidence*, 26 July 2010, p7.

⁶⁷³ Hon. Wayne Martin, Chief Justice, Supreme Court of Western Australia, Commonwealth of Australia, House of Representatives, Standing Committee on Aboriginal and Torres Strait Islander Affairs, Hansard, 30 March 2010, p9.

⁶⁷⁴ Sergeant Noel Howie, Dampier Peninsula Police Station, WA Police, *Transcript of Evidence*, 27 July 2010, p9.

a driver's licence or not drive while affected by liquor, ... and when they come out, do not necessarily change their ways."⁶⁷⁵ This was confirmed by a witness from DCS:

*in terms of work and development orders, because in actual fact they go forward, cop a fine, and then perhaps lose contact with all of that through the whole system. Then, of course, they have not either converted the fine to community work or gone through the time-to-pay process, and then, of course, the work and development order is cancelled through warrant, and often even the warrants are not executed for quite some time, and it is just by chance half the time that they are, and then, of course, they are plucked out straightaway, and inside [prison] they go.*⁶⁷⁶

The State Government has provided some Royalties for Regions funds to address driving issues in the Kimberley. Of the \$3.4 million that has gone to the not-for-profit sector for 34 projects (of which 19 were for Indigenous organisations) an amount of \$300,000 was provided to the Karrayili Adult Education Centre to focus on driver education and training for the people in the Fitzroy Valley.⁶⁷⁷ Appendix 11 lists data for 2007 from the Wyatt Report showing the high number of people in the Kimberley and other remote regions having fine default offences for offences such as failing to vote, not wearing bicycle helmets and travelling without a ticket.

The President of the State's Children's Court recently made some comments in relation to legislative and administrative reforms needed in this area, particularly in terms of the need for greater discretion to be given to courts to impose fines that are within the means of Aboriginals to pay and greater discretion given to impose drivers licence disqualifications. He commented that too many people in remote communities, for offences which are not related to the driving of a motor vehicle, have their motor vehicle driver's licenses disqualified under fines enforcement legislation. This may lead to the situation in some communities where Aboriginal people cannot get work, for example driving the local garbage collection truck, because they cannot get a license.⁶⁷⁸ Police told the Committee that a license that referred to geographical boundaries was previously used in Western Australia and that a driving license for remote communities would 'work exceptionally well'.⁶⁷⁹

The Attorney General told Parliament this year that he and the Minister for Indigenous Affairs had "devised plans for regional and community Aboriginal licenses in remote areas" but he did not

⁶⁷⁵ Senior Sergeant Michael Wells, OIC, Derby Police Station, WA Police, *Transcript of Evidence*, 28 July 2010, p5.

⁶⁷⁶ Mr Norm Smith, Manager, Department of Corrective Services, *Transcript of Evidence*, 26 July 2010, p7.

⁶⁷⁷ Ms Wendy Duncan, MLC, Parliamentary Secretary- Mining and Pastoral, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 19 August 2009, p6108.

⁶⁷⁸ Judge Denis Reynolds, President, Children's Court of Western Australia, Commonwealth of Australia, House of Representatives, Standing Committee on Aboriginal and Torres Strait Islander Affairs, Hansard, 30 March 2010, p7.

⁶⁷⁹ Inspector James Cave, Kimberley District Office, WA Police, *Transcript of Evidence*, 26 July 2010, p11.

believe that these will have a major impact on the rate of Indigenous imprisonment and called such arguments “simply a statistical nonsense.”⁶⁸⁰

The data in Appendix 11 of residents impacted by fine default offences in the Kimberley show that between 30-40% are for alcohol-related fines and nearly 75-80% for either alcohol or driving-related fines. This is a far higher level than for other regions, such as the Pilbara, with similar high levels of Indigenous residents. The evidence above from Police and DCS witnesses indicates that such a regional driving license will be an important factor in reducing the Kimberley imprisonment rates.

Finding 21

There is a strong relationship between alcohol consumption and driving infringements, and the subsequent imprisonment of the Kimberley’s Indigenous residents.

Recommendation 41

The Attorney General report to Parliament by December 2011 on alternative forms of punishment for the non-payment of fines in the Kimberley to reduce the number of people losing their driving license.

Recommendation 42

The Attorney General report to Parliament by December 2011 on how a community Aboriginal driving license might be used safely in the State’s remote areas.

⁶⁸⁰ Hon Mr Christian Porter, MLA, Attorney General, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Budget Estimates, 1 June 2010, pE148.

APPENDIX ONE

SUBMISSIONS RECEIVED

List of submissions received for the inquiry.

| Date | Name | Position | Organisation |
|-----------------|-------------------------------|---------------------------------------|---|
| 30 July 2009 | Mr Wes Morris | Coordinator | Kimberley Aboriginal Law and Culture Centre |
| 11 August 2009 | Mr Steve Parry | Acting Deputy Director General | Department of Housing |
| 11 August 2009 | Mr Ian Johnson | Commissioner | Department of Corrective Services |
| 19 August 2009 | Ms Michelle Scott | Commissioner | Commissioner for Children and Young People WA |
| 25 August 2009 | Mr Neil Guard | Executive Director | Drug and Alcohol Office |
| 23 July 2010 | Inspector James Cave | Kimberley District Office | WA Police |
| 23 July 2010 | Senior Sergeant Neville Rip | OIC, Dampier Peninsula Police Station | WA Police |
| 23 July 2010 | Sergeant David Risdale | Balgo Police Station | WA Police |
| 23 July 2010 | Senior Sergeant Michael Wells | OIC, Derby Police Station | WA Police |
| 23 July 2010 | Senior Sergeant Graham Sears | OIC, Kununurra Police Station | WA Police |
| 23 July 2010 | Sergeant Bradley Warburton | OIC, Wyndham Police Station | WA Police |
| 15 October 2010 | Mr Neil Guard | Executive Director | Drug and Alcohol Office |
| 29 October 2010 | Ms Janine Belling | Acting Director General | Department of Racing, Gaming and Liquor |
| 8 November 2010 | Mr Wes Morris | Coordinator | Kimberley Aboriginal Law and Culture Centre |

APPENDIX TWO

HEARINGS

List of hearings for the inquiry.

| Date/ Location | Name | Position | Organisation |
|--------------------------------|-------------------------|--|---|
| 10 November 2009 | Dr Peter Flett | Director General | Department of Health |
| 16 February 2010 | Mr Kim Snowball | Acting Director General | Department of Health |
| 11 May 2010 | Ms Myra Browne | Director, Policy, Strategy and Information | Drug and Alcohol Office |
| | Mr Eric Dillon | Acting Executive Director | Drug and Alcohol Office |
| | Mr Simon (James) Hunter | Project Manager, Policy | Drug and Alcohol Office |
| | Mr Gary Kirby | Director, Prevention and Workforce Development | Drug and Alcohol Office |
| 12 May 2010 | Mr Barry Sargeant | Director General | Department of Racing, Gaming and Liquor |
| 26 May 2010 | Dr Karl O'Callaghan | Commissioner of Police | WA Police |
| 8 June 2010 | Dr Carol Bower | Researcher | Telethon Institute for Child Health Research |
| 9 June 2010 | Mr Stephen Kinnane | Researcher | Nulungu Centre for Indigenous Studies, Notre Dame University |
| 26 July 2010 Broome | Mr Alan Clements | Acting Superintendent, Broome Prison | Department of Corrective Services |
| | Ms Rebecca Ross | Regional Programs Development Officer | Department of Corrective Services |
| | Mr Norm Smith | Manager | Department of Corrective Services |

EDUCATION AND HEALTH STANDING COMMITTEE

| | | | |
|---------------------|--------------------------------|---|---|
| | Ms Gaelyn Shirley | Team leader, Youth Justice | Department of Corrective Services |
| | Ms Jennifer Evans | Curriculum Manager, Kimberley District Education | Department of Education and Training |
| | Mr Bruno Faletti | State Manager, School Drug Education and Road Aware | Department of Education and Training |
| | Dr David Atkinson | Acting Medical Director/Medical Educator | Kimberley Aboriginal Medical Services Council |
| | Mr Robert Goodie | Regional Manager | Kimberley Mental Health and Drug Service |
| | Ms Sally Malone | Regional Coordinator | Kimberley Community Drug Service Team |
| | Mr Christopher Bin Kali | Director | Milliya Rumurra Aboriginal Corporation |
| | Ms Leonie Kelly | Director/Chairperson | Milliya Rumurra Aboriginal Corporation |
| | Ms Mary Martin | Board Member | Milliya Rumurra Aboriginal Corporation |
| | Cr Graeme Campbell | Shire President | Shire of Broome |
| | Mr Kenneth Donohoe | Chief Executive Officer | Shire of Broome |
| | Mr Kim Darby | Operations Manager, Broome Hospital | WA Country Health Service, Kimberley |
| | Dr Suzanne Phillips | Senior Medical Officer, Broome Hospital | WA Country Health Service, Kimberley |
| | Ms Kerry Winsor | Regional Director | WA Country Health Service, Kimberley |
| | Inspector James Cave | Kimberley District Office | WA Police |
| | Senior Sergeant Robert Neesham | OIC, Broome Police Station | WA Police |
| | Sergeant Thomas Stafford | Broome Police Station | WA Police |
| 27 July 2010 | Mr Peter Hunter | Councillor | Ardyaloon Inc |

EDUCATION AND HEALTH STANDING COMMITTEE

| | | | |
|--|---------------------------------|--|--|
| Beagle Bay/ One Arm Point | Ms Rowena Mouda | Chairperson | Ardyaloon Inc |
| | Ms Veronica Yue | | Ardyaloon Community |
| | Mr Brian Lee | Chairperson | Djarindjin Aboriginal Corporation |
| | Mr Daniel Howard | Bus driver | Djarindjin Aboriginal Corporation |
| | Ms Maria Lombardi | Manager, Beagle Bay Clinic | Kimberley Aboriginal Medical Services Council |
| | Senior Sergeant Neville Ripp | OIC, Dampier Peninsula Police Station | WA Police |
| | Sergeant Jane Korculanic | Dampier Peninsula Police Station | WA Police |
| | Sergeant Noel Howie | Dampier Peninsula Police Station | WA Police |
| 27 July 2010 Balgo | Mr Christopher Cresp | Chief Executive Officer | Palyalatju Maparnpa Health Committee |
| | Mr Bede Lee | Chairman | Palyalatju Maparnpa Health Committee |
| | Sergeant David Risdale | Balgo Police Station | WA Police |
| 28 July 2010 Derby | Mrs Margaret D'Antoine | Manager | Garl Garl Walbu Alcohol Association Aboriginal Corporation |
| | Ms Olwyn Webley | | Kinway-Anglicare WA, Broome |
| | Ms Zoe Evans | Coordinator of Standby Suicide Response Service, West Kimberley | Kinway-Anglicare WA, Broome |
| | Mr Stephen Austin | Chief Executive Officer | Mowanjum Community |
| | Mr Eddie Bear | Chairman | Mowanjum Community |
| | Mr Vincent Bear | Elder and Councillor | Mowanjum Community |
| | Mr Gregory Spinks | Coordinator | Numbud Patrol |
| | Ms Elsia Archer | President | Shire of Derby - West Kimberley |

EDUCATION AND HEALTH STANDING COMMITTEE

| | | | |
|--|-------------------------------|--|--|
| | Mr Peter McCumstie | Councillor | Shire of Derby - West Kimberley |
| | Mr Paul White | Deputy President | Shire of Derby - West Kimberley |
| | Dr Brian Collings | Senior Medical Officer | Royal Flying Doctor Service, Western Operations |
| | Hon Mr Ernest Bridge | President | Unity of First People of Australia |
| | Ms Jeanny Catlin | Project Coordinator/ Nurse | Unity of First People of Australia |
| | Senior Sergeant Michael Wells | OIC, Derby Police Station | WA Police |
| 29 July 2010 Fitzroy Crossing | Mr Joe Ross | FaHSCIA Contractor | |
| | Mr Shayne Stewart | General Manager | Crossing Inn |
| | Mr Geoffrey Brooking | Chairman | Kimberley Aboriginal Law and Culture Centre |
| | Mr Neil Carter | Cultural Heritage Officer | Kimberley Aboriginal Law and Culture Centre |
| | Mr Wes Morris | Coordinator | Kimberley Aboriginal Law and Culture Centre |
| | Ms Hayley Diver | Regional Training Coordinator | Kimberley Mental Health and Drug Service |
| | Ms Sally Malone | Regional Coordinator | Kimberley Community Drug Service Team |
| | Mr Patrick Green | Director | Leedal Pty Ltd |
| | Mr John Rodrigues | Chief Operations Manager | Leedal Pty Ltd |
| | Ms Emily Carter | Chairperson | Marninwarntikura Women's Resource Centre |
| | Ms Patricia Dick | Mobile Playgroup Worker | Marninwarntikura Women's Resource Centre |
| | Ms Christine Gray | Manager, Family Violence and Prevention Unit | Marninwarntikura Women's Resource Centre |

EDUCATION AND HEALTH STANDING COMMITTEE

| | | | |
|--|----------------------------|---|---|
| | Ms Lisa Brough | Team Leader, Women's Shelter | Marninwarntikura Women's Resource Centre |
| | Ms Maggie Kirby | Administrative Assistant | Marninwarntikura Women's Resource Centre |
| | Ms Bridget Miller | Art Therapy Coordinator | Marninwarntikura Women's Resource Centre |
| | Ms Tammy Munroe | Mobile Playgroup Worker | Marninwarntikura Women's Resource Centre |
| | Mr Paul Miller | Manager, Community Garden | Marninwarntikura Women's Resource Centre |
| | Mr Billy Surprise | Certificate II student | Marninwarntikura Women's Resource Centre |
| | Mr Matthew Waye | Certificate II student | Marninwarntikura Women's Resource Centre |
| | Ms Maureen Carter | Chief Executive Officer | Nindilingarri Cultural Health Services |
| | Ms Sharyn Burvill | Area Manager | Shire of Derby - West Kimberley |
| | Dr Ralph Chapman | Acting Senior Medical Officer, Fitzroy Valley Health Services | WA Country Health Service, Kimberley |
| | Mrs Carol Erlank | Director of Nursing, Fitzroy Crossing Hospital | WA Country Health Service, Kimberley |
| | Mrs Rosalie Lupton | Community Health Nurse Manager, Fitzroy Crossing Hospital | WA Country Health Service, Kimberley |
| | Mr Brian Wilson | Acting Operations Manager, Derby-Fitzroy Health Services | WA Country Health Service, Kimberley |
| | Ms Joanne Wraith | Child and Adolescent Mental Health Professional, KMHDS | WA Country Health Service, Kimberley |
| | Senior Sergeant Ian Gibson | OIC, Fitzroy Crossing Police Station | WA Police |
| 30 July 2010 Fitzroy Crossing | Mr Paul Jefferies | Principal | Fitzroy Valley District High School |

EDUCATION AND HEALTH STANDING COMMITTEE

| | | | |
|------------------------------------|----------------------------|--|--|
| | Mr Heath Sanderson | Manager | Fitzroy Valley Men's Shed |
| 30 July 2010 Noonkanbah | Mr Denis Boke | | Yungngora (Noonkanbah) Community |
| | Mr Dickey Cox | Community Elder | Yungngora (Noonkanbah) Community |
| | Ms Francine Cox | | Yungngora (Noonkanbah) Community |
| | Mr Malcolm Skinner | | Yungngora (Noonkanbah) Community |
| | Mr John Smith | | Yungngora (Noonkanbah) Community |
| 1 August 2010 Broome | Ms Jillian Coole | Clinical Team Leader | Milliya Rumurra Aboriginal Corporation |
| | Ms Maria Lovison | Chief Executive Officer | Milliya Rumurra Aboriginal Corporation |
| 2 August 2010 Wyndham | Ms Lesley Evans | Chief Executive Officer | Ngnowar-Aerwah Aboriginal Corporation |
| | Ms Ruth Bath | District Director of Nursing | WA Country Health Service, Kimberley |
| | Ms Wendy McKinley | Acting Operations Manager, Halls Creek and Wyndham Hospitals | WA Country Health Service, Kimberley |
| | Ms Monica Frain | Acting Director, Population Health | WA Country Health Service, Kimberley |
| | Sergeant Bradley Warburton | OIC, Wyndham Police Station | WA Police |
| 2 August 2010 Kununurra | Ms Emma White | District Director | Department for Child Protection |
| | Ms Sally Malone | Regional Coordinator | Kimberley Community Drug Service Team |
| | Ms Edna O'Malley | Deputy Chair/Member | Miriuwung Gajerrong Ord Enhancement Scheme |

EDUCATION AND HEALTH STANDING COMMITTEE

| | | | |
|-------------------------|------------------------------|---|--|
| | Ms Anna Moulton | Program Manager | Miriuwung Gajerrong Ord Enhancement Scheme |
| | Mr Graeme Cooper | Chief Executive Officer | Ord Valley Aboriginal Health Service |
| | Mr Gary Gaffney | Chief Executive Officer | Shire of Wyndham - East Kimberley |
| | Cr Fred Mills | President | Shire of Wyndham - East Kimberley |
| | Dr Erik Beltz | Senior Medical Officer | WA Country Health Service, Kimberley |
| | Mr Terry Howe | Nurse, Kimberley Mental Health and Drug Service | WA Country Health Service, Kimberley |
| | Mr David Williams | Acting Operations Manager, Kununurra | WA Country Health Service, Kimberley |
| | Ms Kerry Winsor | Regional Director | WACHS, Kimberley |
| | Sergeant Scott Moyle | Kununurra Police Station | WA Police |
| | Senior Sergeant Graham Sears | OIC, Kununurra Police Station | WA Police |
| | Mr Ralph Addis | Chief Executive Officer | Wunan Foundation |
| | Mr Ian Trust | Executive Chair | Wunan Foundation |
| 18 August 2010 | Mr Terry Murphy | Director General | Department for Child Protection |
| | Ms Michelle Scott | Commissioner | Commissioner for Children and Young People |
| 30 August 2010 | Mr Martin Peirson-Jones | Director | Kimberley Accommodation Pty Ltd |
| 2 September 2010 | Mr Peter Fry | Volunteer | Alternatives to Violence Project |
| | Mrs Alison (Sally) Herzfeld | Volunteer | Alternatives to Violence Project |
| | Ms Jo Vallentine | Activist | Alternatives to Violence Project |
| | Mrs Cherie Toovey | Tour Presenter, Education Office | Parliament of Western Australia |

EDUCATION AND HEALTH STANDING COMMITTEE

| | | | |
|--------------------------|--------------------------------------|--|---|
| | Associate Professor Ted Wilkes | National Drug Research Institute | Curtin University |
| 8 September 2010 | Hon Mr Terry Waldron, MLA | Minister for Racing and Gaming | |
| 22 September 2010 | Mr Barry Sargeant | Director General | Department of Racing, Gaming and Liquor |
| 12 October 2010 | Lieutenant General John Sanderson AC | Chairman | Indigenous Implementation Board |
| 20 October 2010 | Hon Mr Tom Stephens, MLA | Member for Pilbara | Parliament of Western Australia |
| | Professor D'Arcy Holman | Independent Chairman | Road Safety Council of Western Australia |
| 21 February 2011 | Mr Grahame Searle | Director General | Department of Housing |
| | Mr Greg Cash | Director, Affordable Housing Policy | Department of Housing |
| | Mr Graeme Jones | Acting Executive Director, Aboriginal Housing Services | Department of Housing |
| | Mr Peter Lonsdale | Acting Director, Housing Programs | Department of Housing |
| | Mr Steve Parry | General Manager, Service Delivery | Department of Housing |
| 23 February 2011 | Mr Patrick Walker | Director General | Department of Indigenous Affairs |
| | Mr Cliff Weeks | Deputy Director, Corporate Strategy | Department of Indigenous Affairs |
| | Mr Brian Wilkinson | Chief Operating Officer | Aboriginal Affairs Coordinating Committee |

APPENDIX THREE

BRIEFINGS

List of briefings for the inquiry.

| Date | Name | Position | Organisation |
|-------------------------|--------------------|-------------------------|---|
| 10 December 2010 | Mr Patrick Walker | Director General | Department of Indigenous Affairs |
| | Mr Cliff Weeks | Deputy Director General | Department of Indigenous Affairs |
| | Mr Brian Wilkinson | Chief Operating Officer | Aboriginal Affairs Coordinating Committee |
| 13 December 2010 | Mrs Lee Musumeci | Principal | Challis Early Childhood Education Centre |

APPENDIX FOUR

LEGISLATION

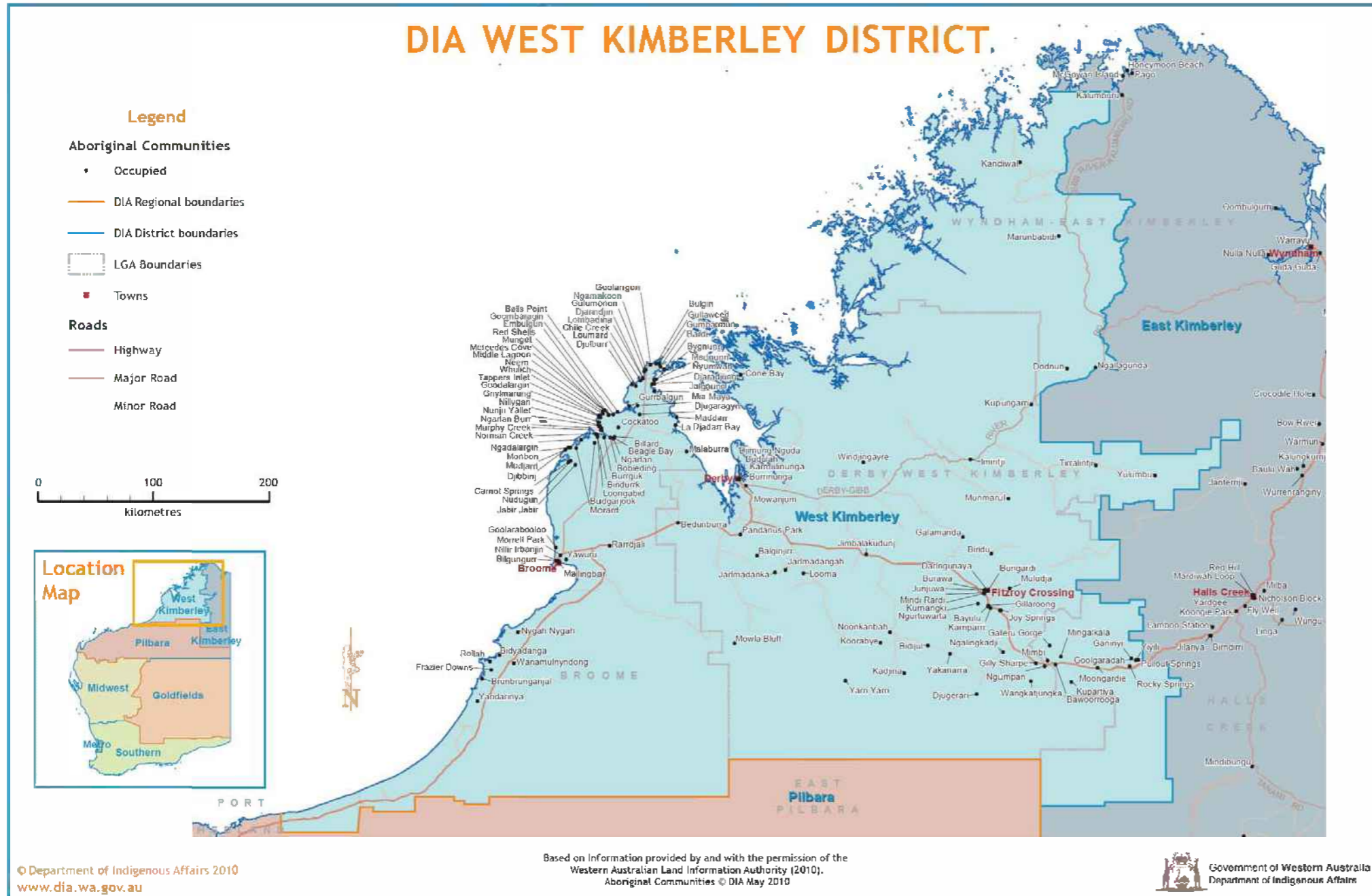
List of Legislation used in the inquiry.

| Legislation | State |
|---|-------------------|
| Alcohol and Drug Authority Act, 1974 | Western Australia |
| Cannabis Law Reform Act 2010 | Western Australia |
| Children and Community Services Act, 2004 | Western Australia |
| Liquor Control Act, 1988 | Western Australia |
| Liquor Control Amendment Bill, 2010 | Western Australia |

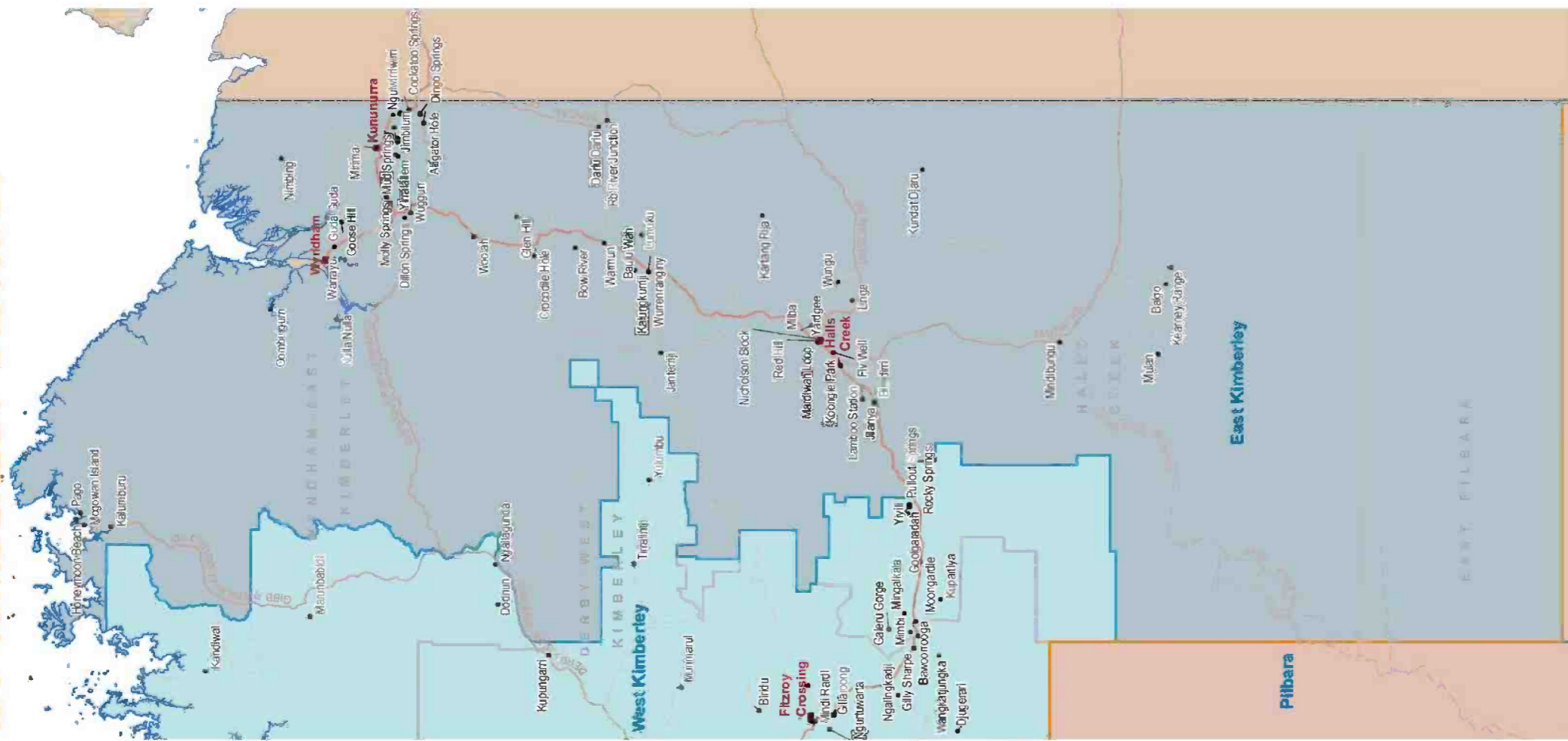
APPENDIX FIVE

MAPS OF WEST AND EAST KIMBERLEY

DIA WEST KIMBERLEY DISTRICT



DIA EAST KIMBERLEY DISTRICT



Legend

Aboriginal Communities

- Occupied
- DIA Region boundaries
- DIA District boundaries
- LGA boundaries

Towns

Roads

- Highway
- Main Road
- Minor Road
- Canning Stock Route



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Western Australian Land Information Authority (2010).
Aboriginal Communities © DIA May 2010



Government of Western Australia
Department of Indigenous Affairs

APPENDIX SIX

ALCOHOL CONSUMPTION DATA

Table A6.1- Australian Alcohol Consumption by Age and Level of Consumption (2007-08)⁶⁸¹

| | 15-17 yo | 18-24 yo | 25-34 yo | 35-44 yo | 45-54 yo | 55-64 yo | 65-74 yo | Over 75 | TOTAL |
|--|----------|----------|----------|----------|----------|----------|----------|---------|--------------|
| Never consumed | 44.2% | 7.7% | 7.0% | 5.5% | 3.9% | 5.9% | 8.3% | 12.1% | 8.4% |
| Last consumed > 12 mths | 3.3% | 1.2% | 2.6% | 4.2% | 6.2% | 7.5% | 6.6% | 10.6% | 4.9% |
| Last consumed 1 week- 12 mths | 26.7% | 22.2% | 19.2% | 15.3% | 13.9% | 14.1% | 16.9% | 17.1% | 17.3% |
| Last consumed <1 week- Low risk | 23.0% | 52.0% | 53.5% | 59.0% | 59.6% | 53.7% | 53.9% | 51.6% | 53.8% |
| Last consumed <1 week- Risky | - | 6.1% | 8.3% | 7.1% | 7.2% | 9.3% | 6.2% | - | 6.9% |
| Last consumed <1 week- High risk | - | 10.2% | 9.1% | 8.2% | 8.5% | 7.6% | 5.3% | - | 7.5% |

This data categories are based on the National Health and Medical Research Council's Australian Alcohol Guidelines for short-term and long-term risk of alcohol-related harm. In summary:

- Short-term risk of harm (particularly injury or death) is associated with given levels of drinking on a single day.
- Long-term risk of harm is associated with regular daily patterns of drinking.
- For short-term risk, for adult males the consumption of up to 6 standard drinks on a single day/occasion is considered 'Low risk', 7 to 10 per day 'Risky', and 11 or more per day 'High risk'.

⁶⁸¹ Australian Bureau of Statistics, '4364.0- National Health Survey: Summary of Results, 2007-2008 (Reissue)- Table 1.3 Health Risk Factors: Age and Sex', 23 November 2010. Available at: [www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/34956B30B06FFB1DCA2577E30018F07A/\\$File/43640DO011_20072008.xls](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/34956B30B06FFB1DCA2577E30018F07A/$File/43640DO011_20072008.xls). Accessed on 29 November 2010.

- For short-term risk, for adult females the consumption of up to 4 standard drinks on a single day/occasion is considered 'Low risk', 5 to 6 per day 'Risky', and 7 or more per day 'High risk'.
- For long-term risk, for adult males the consumption of up to 28 standard drinks per week is considered 'Low risk', 29 to 42 per week 'Risky', and 43 or more per week 'High risk'.
- For long-term risk, for adult females the consumption of up to 14 standard drinks per week is considered 'Low risk', 15 to 28 per week 'Risky', and 29 or more per week 'High risk'.⁶⁸²

Table A6.2- Changes to Alcohol Consumption by Age and Level of Consumption (1995-2005)⁶⁸³

| | 18-24 yo | 25-34 yo | 35-44 yo | 45-54 yo | 55-64 yo | 65-74 yo | Over 75 | TOTAL |
|-------------------------------------|----------|----------|----------|----------|----------|----------|---------|--------------|
| 2004-05 | | | | | | | | |
| Never consumed/ low risk | 86.0% | 86.8% | 85.4% | 84.4% | 84.5% | 89.6% | 94.7% | 86.6% |
| Risky/ High risk | 14.0% | 13.2% | 14.6% | 15.6% | 15.5% | 10.4% | 5.3% | 13.4% |
| 2001 | | | | | | | | |
| Never consumed/ low risk | 88.7% | 89.3% | 88.0% | 87.6% | 88.2% | 92.0% | 95.4% | 89.2% |
| Risky/ High risk | 11.3% | 10.7% | 12.0% | 12.4% | 11.8% | 8.0% | 4.6% | 10.8% |
| 1995 | | | | | | | | |
| Never consumed/ low risk | 90.7% | 90.9% | 91.8% | 90.5% | 92.8% | 92.8% | 96.7% | 91.8% |
| Risky/ High risk | 9.3% | 9.1% | 8.2% | 9.5% | 7.2% | 7.2% | 3.3% | 8.2% |

⁶⁸² Australian Institute of Health and Welfare, 'National Drug Strategy Household Survey - detailed findings', 22 November 2005. Available at: www.aihw.gov.au/publications/phe/ndshsdf04/ndshsdf04-c01.pdf, p2. Accessed on 29 November 2010.

⁶⁸³ Australian Bureau of Statistics, '4364.0- National Health Survey: Summary of Results, 2004-05', 27 February 2006. Available at: [www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/3B1917236618A042CA25711F00185526/\\$File/43640_2004-05.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/3B1917236618A042CA25711F00185526/$File/43640_2004-05.pdf), p46. Accessed on 29 November 2010.

Table A6.3- Alcohol Risk Level and Consumption by Indigenous Status (2004-05)⁶⁸⁴

| | 18-24 yo | | 25-34 yo | | 35-44 yo | | 45-54 yo | | 55-64 yo | |
|--|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|
| | Indig. | Non-indig. | Indig. | Non-indig. | Indig. | Non-indig. | Indig. | Non-indig. | Indig. | Non-indig. |
| Never consumed | 9% | 8% | 7% | 7% | 9% | 7% | 11% | 8% | 17% | 12% |
| Last consumed > 12 mths | 7% | 4% | 12% | 5% | 13% | 5% | 20% | 6% | 28% | 10% |
| Last consumed 1 week- 12 mths | 33% | 27% | 28% | 24% | 24% | 21% | 20% | 18% | 21% | 18% |
| Last consumed <1 week- Low risk | 33% | 47% | 36% | 51% | 34% | 52% | 31% | 50% | 21% | 47% |
| Last consumed <1 week- Risky | 9% | 8% | 8% | 7% | 9% | 8% | 7% | 10% | 6% | 7% |
| Last consumed <1 week- High risk | 7% | 6% | 9% | 6% | 10% | 6% | 10% | 6% | 4% | 5% |

⁶⁸⁴ Australian Bureau of Statistics, '4715.0- National Aboriginal and Torres Strait Islander Health Survey, 2004-05', 11 April 2006. Available at: [www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/B1BCF4E6DD320A0BCA25714C001822BC/\\$File/47150_2004-05.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/B1BCF4E6DD320A0BCA25714C001822BC/$File/47150_2004-05.pdf), pp45-46. Accessed on 29 November 2010.

APPENDIX SEVEN

COORDINATION OF INDIGENOUS POLICY DELIVERY IN WESTERN AUSTRALIA

Aboriginal Affairs Coordinating Committee (AACC) members⁶⁸⁵:

- Mr Patrick Walker, Department of Indigenous Affairs (Chair)
- Mr Peter Conran, Department of the Premier and Cabinet
- Mr Kim Snowball, Department of Health
- Mr Tim Marney, Department of Treasury and Finance
- Mr Terry Murphy, Department for Child Protection
- Dr Karl O'Callaghan, Western Australian Police Service
- Ms Sharyn O'Neill, Department of Education
- Mr Grahame Searle, Department of Housing
- Mr Paul Rosair, Department of Regional Development and Lands
- Mr Wayne Bergmann, Chair of the Western Australian Aboriginal Advisory Council

Aboriginal Affairs Coordinating Committee - Senior Officers Group (SOG) members:

- Department of Indigenous Affairs
- Department of the Premier and Cabinet
- Mental Health Commission
- Drug and Alcohol Office
- WA Country Health Services
- Department of Education
- Department of Planning

⁶⁸⁵ Ms Julia Knapton, Policy Strategy & Information, Drug & Alcohol Office , Electronic Mail, 19 October 2010, p1.

- Department for Child Protection
- Department of Housing
- WA Police
- Department of Treasury and Finance
- Department of the Attorney General
- Department of Corrective Services
- Department of Sport and Recreation
- Department of Culture and Arts
- Department of Training and Workforce Development
- Commissioner for Children and Young People (observer)

Western Australian Aboriginal Advisory Council members⁶⁸⁶

- Mr Wayne Bergmann - Broome (Chair)
- Mrs Leslie-Ann Conway - Kalgoorlie
- Ms Colleen Drage - Northampton
- Ms Raylene Gordon - South Hedland
- Mr Michael Hayden - Alexander Heights
- Ms Glenda Humes - Bunbury
- Mr Robert Isaacs OAM - Langford
- Ms Rhonda Murphy - Fitzroy Crossing
- Mr Harvey Murray - Cosmo Newberry Community (via Laverton)
- Mr Eddie Oxenbridge - Medina
- Mr Bill Stephen - Mallingbar community (near Broome)

⁶⁸⁶ Section 18 (1) of the *Aboriginal Affairs Planning Authority Act 1972* states that there “shall be established a council, to be known as the Aboriginal Advisory Council, for the purposes of advising the Authority on matters relating to the interests and well-being of persons of Aboriginal descent”. This Act also outlines that the council shall consist of Aboriginal people. www.dia.wa.gov.au/en/Boards-And-Committees/WAAAC. Accessed 21 October 2010.

- Ms Vanessa Kickett - Ballajura

Indigenous Implementation Board⁶⁸⁷

- Lieutenant General John Sanderson AC (Chairman)
- Dr Mark Bin Bakar
- Mr Kim Bridge
- Ms Ricky Burges
- Dr Sue Gordon AM
- Mr Brendan Hammond
- Dr Helen Milroy
- Professor Fiona Stanley AC
- Ms Dawn Wallam

The Drug and Alcohol Strategic Senior Officers' Group (DASSOG)⁶⁸⁸

- Department of the Attorney General;
- Department for Child Protection;
- Department for Communities;
- Department of Corrective Services;
- Department of Education [including School Drug Education and Road Aware];
- Department of Health;
- Department of Housing;
- Department of Indigenous Affairs;

⁶⁸⁷ The purpose of the IIB is to build stakeholder involvement, ensure that recommendations from earlier reports have been implemented where appropriate, consider the structural underpinnings of Indigenous disadvantage and recommend ways in which service delivery can be enhanced. See: www.dia.wa.gov.au/en/Boards-And-Committees/IIB/. Accessed 21 October 2010.

⁶⁸⁸ Drug and Alcohol Office, 'DRAFT Drug and Alcohol Interagency Strategic Framework for Western Australia 2010-2015', nd, p14. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1191&Command=Core.Download. Accessed on 25 October 2010.

EDUCATION AND HEALTH STANDING COMMITTEE

- Department of Local Government and Regional Development;
- Department of Racing, Gaming and Liquor;
- Drug and Alcohol Office;
- Mental Health Commission;
- Office of Road Safety; and
- WA Police [including Office of Crime Prevention].

APPENDIX EIGHT

ADDITIONAL RECURRENT SPECIALIST DRUG AND ALCOHOL RESOURCES PROPOSED FOR THE KIMBERLEY

The following table outlines the existing State and Commonwealth Government-funded drug and alcohol resources currently based in the Kimberley region and DAO's proposed additional resources required to meet the increased demand for services.⁶⁸⁹

| Region | Location | Specialist Drug And Alcohol Resources (State and Commonwealth funded) | | Annual Cost Of New Resources |
|----------------|-----------------|--|--|------------------------------|
| | | Current Resources* | New Resources | |
| Kimberley-wide | Central Support | | Approximately 2.5 FTE (and programs costs) to support: <ul style="list-style-type: none"> • Community Development • Liquor Licensing • Aboriginal Workforce Development | \$300,000 |
| West Kimberley | Broome/Derby | Community-based resources | • 1 FTE (HSU L6) Drug and Alcohol Prevention/Community Development Officer. | \$180,000 |
| | | 7 FTE (CDST) - 2 based in Derby. | • 1 FTE (HSU L6) Drug and Alcohol Treatment and Support Officer to service the Dampier Peninsula. | \$180,000 |
| | | 1 FTE (CDST) - Training co-ordinator | • 2 FTE (HSU L4) Local Aboriginal Drug and Alcohol Support Workers to service the Broome/Dampier Peninsula area. | \$240,000 |
| | | 1 FTE - Diversion worker | • 2 FTE (HSU L4) Local Aboriginal Drug and Alcohol Support Workers to service the Derby area. | \$240,000 |
| | | Residential Rehabilitation Broome-Milliya Rumurra Sobering-up centres Broome-Milliya Rumurra SUC Derby- Garl Garl Walbu SUC | | |

⁶⁸⁹ Submission No. 74 from Mr Neal Guard, Executive Director, Drug and Alcohol Office, 15 October 2010, pp7-10.

EDUCATION AND HEALTH STANDING COMMITTEE

| | | | | |
|-----------------------|-------------------|---|---|---|
| | Fitzroy Crossing | <p><u>Community-based resources</u> 1 FTE Drug and Alcohol Prevention Officer (NCHS) 0.5 FTE Drug and Alcohol Treatment and Support officer (NCHS and WACHS partnership) 1 FTE – Local Aboriginal Drug and Alcohol Support Worker</p> | <ul style="list-style-type: none"> • 2.5 FTE (HSU L6) Drug and Alcohol Treatment and Support Officers. • 1 FTE (HSU L4) Local Aboriginal Drug and Alcohol Support Worker | <p>\$450,000</p> <p>\$120,000</p> |
| East Kimberley | Halls Creek | <p><u>Community-based resources</u> 1 FTE Drug and Alcohol Treatment and Support Coordinator (Jungarni) Jungarni-Jutiya - Drug and alcohol drop in centre and treatment referral service <u>Sobering-up centre</u> Halls Creek – Peoples Church Sobering up Centre</p> | <ul style="list-style-type: none"> • 2 FTE (HSU L6) Drug and Alcohol Treatment and Support Officers. • 1 FTE (HSU L6) Drug and Alcohol Prevention/Community Development Officer. • 2 FTE (HSU L4) Local Aboriginal Drug and Alcohol Support Workers to service the Halls Creek and Kajunka area. | <p>\$360,000</p> <p>\$180,000</p> <p>\$240,000</p> |
| | Kununurra/Wyndham | <p><u>Community-based resources</u> 2 FTE Drug and Alcohol Treatment and Support Workers (CDST) 1 FTE Diversion worker Ngnowar Aerwah – town based drug and alcohol counselling. <u>Residential Rehabilitation</u> Wyndham - Ngnowar Aerwah <u>Sobering-up centres</u> Kununurra - Waringarri Aboriginal Corporation Sobering-up Shelter Wyndham - Ngnowar Aerwah Sobering-up Service</p> | <ul style="list-style-type: none"> • 1 FTE (HSU L6) Drug and Alcohol Prevention/Community Development Officer. • 1 FTE (HSU L6) Drug and Alcohol Treatment and Support Officer. • 2 FTE (HSU L4) Local Aboriginal Drug and Alcohol Support Workers to service the Kununurra/Wyndham area. | <p>\$180,000</p> <p>\$180,000</p> <p>\$240,000</p> |

EDUCATION AND HEALTH STANDING COMMITTEE

| | | TOTAL EXISTING: <u>Community- based resources</u> 12.0 FTE | NEW FTE: | ADDITIONAL ANNUAL BUDGET: |
|--|--|---|--|--|
| | | <u>Residential Rehabilitation</u> | • 2.5 x Central Support | • \$300,000 |
| | | Broome - Milliya Rumurra | • 3.0 x Drug and Alcohol Prevention/ Community Development Officers | • \$540,000 |
| | | Wyndham - Ngnowar Aerwah | • 6.5 x Drug and Alcohol Treatment and Support Officers | • \$1,170,000 |
| | | <u>Sobering-up centres</u> 5 x Services | • 9 x Local Aboriginal Drug and Alcohol Support Workers | • \$1,080,000 |
| | | | | TOTAL (recurrent): \$ 3,090,000 |

* CDST – Community Drug Service Team

KMHS – Kimberley Mental Health Service

NCHS – Nindilingarri Cultural Health Services (Fitzroy Crossing)

APPENDIX NINE

SOURCE OF PRISONER RECEPTIONS/TRANSFERS INTO BROOME PRISON: 1/8/2009 to 31/7/2010

| Community/Suburb/Town | Number of Prisoners* | Percentage of Prisoners* |
|-----------------------|----------------------|--------------------------|
| Balgo Hills Community | 30 | 4% |
| Bayulu | 8 | 1% |
| Bayulu Community | 1 | 0% |
| Beagle Bay | 6 | 1% |
| Bedunburru | 1 | 0% |
| Bell Springs | 3 | 0% |
| Bidyadanga Community | 20 | 3% |
| Billiluna Community | 8 | 1% |
| Bondini | 1 | 0% |
| Boulder | 1 | 0% |
| Broome | 136 | 18% |
| Bungardi | 1 | 0% |
| Cable Beach | 2 | 0% |
| Carnarvon | 2 | 0% |
| Cheeditha | 1 | 0% |
| Cockatoo Springs | 3 | 0% |
| Connolly | 1 | 0% |
| Coolgardie | 1 | 0% |
| Cottesloe (Metro) | 1 | 0% |
| DarIngunaya | 1 | 0% |
| Derby | 38 | 5% |

EDUCATION AND HEALTH STANDING COMMITTEE

| | | |
|------------------------|----|----|
| Djarindjin | 9 | 1% |
| Djilimbardi | 1 | 0% |
| Djugerari | 3 | 0% |
| Doon Doon | 2 | 0% |
| Emu Springs | 3 | 0% |
| Fitzroy Crossing | 13 | 2% |
| Galamanda | 2 | 0% |
| Geraldton | 1 | 0% |
| Gibb River | 1 | 0% |
| Gilaroong | 3 | 0% |
| Glen Hill | 3 | 0% |
| Guda Guda | 1 | 0% |
| Halls Creek | 39 | 5% |
| Hollows Springs | 2 | 0% |
| Imintji | 5 | 1% |
| Jarlmadangahburr | 1 | 0% |
| Jigalong Community | 3 | 0% |
| Jimbalakudunj | 1 | 0% |
| Joy Springs | 4 | 1% |
| Junjuwa | 21 | 3% |
| Kadjina | 2 | 0% |
| Kalumburu | 20 | 3% |
| Karmulinunga Community | 3 | 0% |
| Karratha | 2 | 0% |
| Katherine (NT) | 1 | 0% |
| Kennedy Hill Community | 16 | 2% |

EDUCATION AND HEALTH STANDING COMMITTEE

| | | |
|--------------------------------|----|----|
| Kiwirrkurra Community | 1 | 0% |
| Koongie Park | 1 | 0% |
| Kunawarriji | 2 | 0% |
| Kununurra | 49 | 6% |
| Kurnangki Community | 4 | 1% |
| La Grange | 1 | 0% |
| Lake Gregory (Mulan) Community | 1 | 0% |
| Lamboogunian | 2 | 0% |
| Lesmurdie | 1 | 0% |
| Loanbung | 1 | 0% |
| Lockridge (Metro) | 1 | 0% |
| Looma Community | 20 | 3% |
| Mardiwa Loop | 5 | 1% |
| Maylands (Metro) | 1 | 0% |
| Meekatharra | 2 | 0% |
| Millars Well | 1 | 0% |
| Milliya Rumurra | 1 | 0% |
| Mindi Rardi Community | 5 | 1% |
| Mirima | 13 | 2% |
| Molly Springs | 5 | 1% |
| Moongardie | 2 | 0% |
| Moonyoonooka | 1 | 0% |
| Morangup | 1 | 0% |
| Mount Lawley (Metro) | 1 | 0% |
| Mowanjum Community | 25 | 3% |
| Mt Barnett | 3 | 0% |

EDUCATION AND HEALTH STANDING COMMITTEE

| | | |
|---------------------|----|----|
| Mud Springs | 3 | 0% |
| Muddewah Loop | 2 | 0% |
| Mulan Community | 9 | 1% |
| Muludja | 6 | 1% |
| Newman | 4 | 1% |
| Ngumpun Community | 2 | 0% |
| Nicholson Block | 2 | 0% |
| Noonkanbah | 6 | 1% |
| Nulleywah Community | 4 | 1% |
| One Arm Point | 3 | 0% |
| One Mile Community | 17 | 2% |
| Oombulgurri | 9 | 1% |
| Pago | 1 | 0% |
| Pandanus Park | 6 | 1% |
| Parnpajinya | 3 | 0% |
| Perth (Metro) | 1 | 0% |
| Point Samson | 1 | 0% |
| Port Hedland | 2 | 0% |
| Pullout Springs | 1 | 0% |
| Pumajina Community | 1 | 0% |
| Punmu | 2 | 0% |
| Robb River Junction | 3 | 0% |
| Red Hill | 4 | 1% |
| Ringers Soak | 5 | 1% |
| Rockingham (Metro) | 1 | 0% |
| Roebourne | 2 | 0% |

EDUCATION AND HEALTH STANDING COMMITTEE

| | | |
|--------------------------|------------|----|
| South Hedland | 5 | 1% |
| Southern River (Metro) | 1 | 0% |
| Spalding | 1 | 0% |
| The "Ranch" | 1 | 0% |
| Three Mile Community | 1 | 0% |
| Timber Creek (NT) | 1 | 0% |
| Tirralintji | 1 | 0% |
| Tjukurla | 1 | 0% |
| Turkey Creek | 2 | 0% |
| Wangkatjunka | 7 | 1% |
| Wanneroo (Metro) | 1 | 0% |
| Warburton Community | 1 | 0% |
| Warmun | 10 | 1% |
| Warnbro (Metro) | 1 | 0% |
| Warralong Community | 1 | 0% |
| Warrayu Community | 6 | 1% |
| West Leederville (Metro) | 1 | 0% |
| Wickham | 1 | 0% |
| Wiluna | 1 | 0% |
| Wyndham | 13 | 2% |
| Yakanara | 5 | 1% |
| Yandeyarra Community | 1 | 0% |
| Yardgee | 9 | 1% |
| Yiyili Community | 5 | 1% |
| TOTAL | 755 | |

Note: Where prisoners were received more than once from a different town or community, they are counted for each town or community.

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APPENDIX TEN

BROOME PRISON CENSUS: as at 31/7/2010 (by age group)

| Age Group | Number of Prisoners | Percentage of Prisoners |
|--------------|---------------------|-------------------------|
| <20 years | 3 | 2.4% |
| 20-24 years | 7 | 5.6% |
| 25-29 years | 26 | 20.6% |
| 30-34 years | 26 | 20.6% |
| 35-39 years | 24 | 19.0% |
| 40-44 years | 18 | 14.3% |
| 45-49 years | 13 | 10.3% |
| 50-60 years | 9 | 7.1% |
| TOTAL | 126 | |

APPENDIX ELEVEN

FINE DEFAULT OFFENCES, 2007

Very remote regions (incl Halls Creek, Balgo)

| Offence Category | Offence Type | No. of Offences | Total Offences | Proportion of Offences |
|------------------------|-------------------------------------|-----------------|----------------|------------------------|
| Alcohol-related | Street drinking | 2,525 | | |
| | DUI | 332 | | |
| | Disorderly conduct | 164 | 3,021 | 32.0% |
| Driver-related | Failing to return number plates | 1,430 | | |
| | Driver license offences | 1,364 | | |
| | Seat belt | 657 | | |
| | Failing to transfer vehicle license | 611 | | |
| | Speeding | 385 | 4,447 | 47.2% |
| Miscellaneous | Failing to vote | 545 | | |
| | Bicycle helmet unsecured | 0 | | |
| | Breach of bail | 143 | | |
| | Travelling without valid ticket | 345 | 1,033 | 11.0% |

Kimberley region

| Offence Category | Offence Type | No. of Offences | Total Offences | Proportion of Offences |
|-------------------------|-------------------------------------|------------------------|-----------------------|-------------------------------|
| Alcohol-related | Street drinking | 2,603 | | |
| | DUI | 340 | | |
| | Disorderly conduct | 96 | 3,039 | 38.6% |
| Driver-related | Failing to return number plates | 1,043 | | |
| | Driver license offences | 617 | | |
| | Seat belt | 432 | | |
| | Failing to transfer vehicle license | 338 | | |
| | Speeding | 235 | 2,665 | 33.9% |
| | Miscellaneous | Failing to vote | 338 | |
| | Bicycle helmet unsecured | 123 | | |
| | Breach of bail | 152 | | |
| | Travelling without valid ticket | 223 | 836 | 10.6% |

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Pilbara region

| Offence Category | Offence Type | No. of Offences | Total Offences | Proportion of Offences |
|-------------------------|-------------------------------------|------------------------|-----------------------|-------------------------------|
| Alcohol-related | Street drinking | 508 | | |
| | DUI | 102 | | |
| | Disorderly conduct | 0 | 610 | 12.3% |
| Driver-related | Failing to return number plates | 992 | | |
| | Driver license offences | 376 | | |
| | Seat belt | 363 | | |
| | Failing to transfer vehicle license | 325 | | |
| | Speeding | 465 | 2,521 | 50.7% |
| Miscellaneous | Failing to vote | 402 | | |
| | Bicycle helmet unsecured | 98 | | |
| | Breach of bail | 0 | | |
| | Travelling without valid ticket | 263 | 763 | 15.4% |

Murchison-Gascoyne region

| Offence Category | Offence Type | No. of Offences | Total Offences | Proportion of Offences |
|-------------------------|-------------------------------------|------------------------|-----------------------|-------------------------------|
| Alcohol-related | Street drinking | 299 | | |
| | DUI | 124 | | |
| | Disorderly conduct | 79 | 502 | 10.1% |
| Driver-related | Failing to return number plates | 875 | | |
| | Driver license offences | 563 | | |
| | Seat belt | 245 | | |
| | Failing to transfer vehicle license | 444 | | |
| | Speeding | 545 | 2,672 | 53.8% |
| | Miscellaneous | Failing to vote | 432 | |
| | Bicycle helmet unsecured | 103 | | |
| | Breach of bail | 87 | | |
| | Travelling without valid ticket | 639 | 1,261 | 25.4% |

APPENDIX TWELVE

SECTION 175 BANS IN THE KIMBERLEY⁶⁹⁰

| Shire | Community | Ban Implemented | Expiry Date |
|-------------------------------|---------------------------|-------------------|-------------------|
| Derby/West Kimberley | Bayulu | 9 June 2010 | 8 June 2013 |
| | Wangkatjungka | 24 April 2008 | 20 April 2013 |
| | Yakanarra | 1 May 2009 | 30 April 2013 |
| | Yunggora (Noonkanbah) | 25 July 2009 | 24 July 2011 |
| Wyndham/East Kimberley | Juwurlinji (Bow River) | 25 July 2009 | 24 July 2011 |
| | Oombulgurri | 8 November 2008 | 7 November 2013 |
| Halls Creek | Koongie Park | 18 September 2010 | 17 September 2013 |
| | Kundat Djaru (Ringer Soak | 18 September 2010 | 17 September 2013 |
| | Nicholson Block | 18 September 2010 | 17 September 2013 |

⁶⁹⁰ Hon Mr Terry Waldron, MLA, Minister for Racing and Gaming, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Questions on Notice, 10 November 2010, p8576.

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