



Cape York Institute

For Policy & Leadership

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Introduction

The Indigenous communities of Cape York face a heartbreaking problem. Far too many Indigenous children have been raised exposed to significant levels of family violence, abuse and neglect. Too many children from Cape York communities have been removed and placed in out of home care. Far too few of these families are re-unified.¹

The Inquiry's *Discussion paper* shows the scale of this problem for Indigenous children. It is staggering that in 2012-13 it is expected that every second Indigenous child in Queensland will be known to Child Safety. The Inquiry's *Discussion paper* correctly points out that Queensland's child protection system is:

- struggling to meet increasing demands
- not working as intended under the *Child Protection Act 1999*
- disproportionately impacting on Indigenous families and children through its failures, as they are grossly over-represented.

Protecting and caring for children is a fundamental responsibility of parents and families. Government, however, also has an important role to play. Currently we do not have the responsibility balance right.

The system currently operates to ensure that ordinarily, moral and legal responsibility for meeting the needs of children and preventing them from harm rests entirely with parents, unless and until such time as the State steps in and intervenes, and assumes responsibilities on welfare grounds. All too often in Queensland we see that the shift in responsibility for children from parents to the government occurs suddenly and completely.

It is simply not good enough that in Queensland children notified to Child Safety receive one of two responses: for those meeting the threshold, a forensic assessment is undertaken, and for those not meeting the threshold, the concerns are noted on a database and no further action is taken.² In Queensland's Indigenous communities such a system does nothing to lift parents and families from an entrenched intergenerational cycle of dysfunction, it only serves to compound it. The current system can accurately be criticised both on the grounds that government intervenes:

- too little to improve the lives of children
- too much, by further fracturing families when children are removed from homes and into a system with demonstrably poor outcomes.

The history of Queensland's failure to resource a far more comprehensive system of primary and secondary supports must be confronted through the Inquiry's proposed reforms. Parents must be afforded opportunities for better parenting, through appropriately designed and delivered support services. This is especially true for Queensland's Indigenous communities where issues relating to children's wellbeing are pervasive and in need of urgent and sustained effort in order to turn the situation around.

¹ We do not revisit the data and the problems impacting on Aboriginal and Torres Strait Islander parents, families and children in our submission in any detail. The horrors of the situation have been outlined in many previous reports and by the current Inquiry. Instead CYI puts forward solution focused thinking to assist the Inquiry in its final deliberations and recommendations.

² The operation of the Cape York Welfare Reform (CYWR) trial in four Indigenous communities provides an exception. In these communities a child safety notification is one of the triggers to refer a person to the Family Responsibilities Commission (FRC). Through conferencing with local commissioners the FRC is then able to refer people to a range of support services, including positive parenting programs.

Queensland's Cape York Welfare Reform (CYWR) trial provides a rare example of how things can be done differently. It shows the potential of approaching these issues through a responsibility plus opportunity lens, with local leadership and the restoration of local authority being central to the model. We believe that a great deal can be learnt from the experiences, successes and challenges of the CYWR trial. In particular we wish to highlight the potential to draw from two key aspects:

1. The success of the Family Responsibilities Commission (FRC). This model has proven to be an effective catalyst for re-establishing Indigenous authority, shifting social norms and getting people to take greater responsibility for themselves and for the care of their children, and to access supports to turn their lives around.
2. The design and delivery of supports for individuals and families that are based on family empowerment and building social capital. These supports encourage self-reliance and responsibility, including through the suite of parenting programs, *It takes a village to raise a child*.

Consultations and experience

In developing this submission, Cape York Institute (CYI) has drawn heavily on our involvement in the CYWR trial and its results. CYI was the principal architect of the reforms trialed since 2008 in the four communities of Aurukun, Hope Vale, Coen and Mossman Gorge. CYI remains a tripartite partner in the implementation of the trial with the Queensland Government and the Australian Government.

CYI has also drawn on consultations that have occurred over 2011-2013, focusing on family violence and child protection and re-unification. This includes consultation with:

- community members, particularly in the four welfare reform communities
- senior and on the ground staff in other organisations in the Cape York Group, particularly Cape York Partnerships (CYP) and the Cape York Aboriginal Australian Academy (CYAAA)
- a range of service providers, including the Wellbeing Centres, the police, Child Safety, child welfare bodies and the FRC.

Tackling the social conditions that give rise to child harm

To turn the grim child protection statistics around in Queensland's Indigenous communities, efforts must seriously tackle the social conditions that trap troubled families in an intergenerational cycle of dysfunction. We must prevent new generations of children having their prospects undercut just because they were born into troubled families. The Queensland Government must not just run a system that deals with the crises, but also must get serious about really tackling the problems that *give rise* to the crises.

The Inquiry's *Discussion paper* highlights that services that remove or reduce the causes of harm include those that tackle poverty, welfare dependency, social alienation, parental substance abuse, lack of support for young single parent families, mental health problems, inadequate housing and overcrowding, relationship conflict, domestic violence and parental criminal offending.³ There is little doubt that all these issues can indeed trigger, cause or contribute to the high levels of child harm in Queensland's Indigenous communities. To reduce

³ Queensland Child Protection Commission of Inquiry (QCPCI). (2013) *Discussion paper*, p.11.

child harm in Queensland's Indigenous communities, CYI emphasises the fundamental need to tackle the following three issues:

1. alcohol and substance abuse
2. welfare dependency/passive welfare
3. the entrenched breakdown of social norms.⁴

Alcohol and drugs

Alcohol is a major precipitating cause of child removal on the Cape. It has been identified as a primary trigger for violence in Indigenous communities⁵, including family violence, and can lead to parental irresponsibility, causing child neglect and abuse. Children miss out on the basic necessities of life because the need to support an alcohol or drug addiction is prioritised over the need to care for children. Drugs, such as marijuana, are also causing violence and social dysfunction.

Although Alcohol Management Plans (AMPs) in some Cape York communities have had some positive outcomes (as discussed later in this submission), alcohol-fuelled violence is still rife. AMPs and other policy approaches need more time to normalise the levels of harm in these communities. Tackling alcohol and drugs remains fundamental to reducing child harm and the number of children removed from their families.

Passive welfare

It is well established that families in Cape York are among the most disadvantaged in the nation. Many live a passive welfare existence in towns where their primary income comes from government transfers without conditions or expectations.⁶ More than three decades of this unconditional welfare has led to a phenomenon we call the 'welfare pedestal'—a set of incentives that encourage people to go on welfare and stay on it, despite employment or education opportunities close by.

The long-term impact of passive welfare dependency is well documented.⁷ For individuals living on passive welfare, 'there is no need to use a sum of money for a meaningful investment or to use a day to build something that lasts.'⁸ People begin to neglect their possessions, their education, their social and economic development. They do not seize opportunities that arise.

High-level indicators reflect this argument. In

Passive welfare: classical welfare (a civilising achievement) is to be distinguished from passive welfare (which has the effect of poison). Over time, unearned income can develop a fundamentally different meaning to earned income. Permanent income provisioning contains the message 'you are useless and that's why we have to keep giving you this money – and the fact that our assistance is in perpetuity confirms that we don't think you will ever have the capacity to be different'.

⁴ Pearson, N. (2000) *Our right to take responsibility*, Cairns: Noel Pearson and Associates; Pearson, N. (2000) 'Passive welfare and the destruction of Indigenous society in Australia', *Reforming the Australian welfare state*, ed. P. Saunders, Melbourne: Australian Institute of Family Studies, pp.136-155; Cape York Institute. 2007, *From hand out to hand up*, Cairns: Cape York Institute.

⁵ Day, A., Jones, R., Nakata, M. and McDermott, D. (2012). Indigenous family violence: an attempt to understand the problems and inform appropriate and effective responses to criminal justice intervention. *Psychiatry, Psychology and the Law*, 104, p.107.

⁶ This is starting to change in some towns through the Cape York Welfare Reform trial (CYWR).

⁷ See, for example, Pearson, N (2000) 'Passive welfare and the destruction of Indigenous society in Australia' *Reforming the Australian welfare state*, ed. P. Saunders, Melbourne: Australian Institute of Family Studies, pp.136-155.

⁸ Pearson, N (2000) 'Passive welfare and the destruction of Indigenous society in Australia' *Reforming the Australian welfare state*, ed. P. Saunders, Melbourne: Australian Institute of Family Studies, pp.136-155, p.144.

Cape York, the passive welfare paradigm has contributed to an environment characterised by low life expectancy, low educational attainment, high infant mortality and above average rates of violence, incarceration and harmful drinking—an environment where social dysfunction thrives and social norms are in short supply.

Breakdown of social norms

Social norms are sets of rules that govern what behaviour is appropriate and what is not, and afford a community a sense of social control. Positive social norms are the glue to any society and are critical to raising healthy children (e.g. maintaining a safe and functional home, ensuring children's basic needs are met and sending them to school). Extremely high levels of violence, alcohol misuse, crime, child abuse and neglect within the communities of Cape York indicate healthy social norms have been replaced; violence is now a norm and there is an acceptance of dysfunction.

The breakdown in social norms has entailed a loss of personal and parental responsibility. Violence, abuse and neglect are so entrenched in a family's day to day functioning that many people do not have a clear understanding of what constitutes abuse and/or neglect and its impact on children. There is a widespread acceptance by parents and other residents of the dysfunctional nature of the communities of Cape York. Social norm deficits in these communities are so pervasive, that service providers and professionals also quickly 'normalise' common anti-social or poor parenting behaviours, so that they are less likely to be challenged and responded to, than elsewhere.

- Our consultations suggest that there exists a substantial proportion of parents who do not understand why their children have been removed, and therefore do not have an understanding of what would be required to have them returned. Some parents do not view their actions as harmful to their children, and do not have an adequate understanding of what constitutes abuse and neglect.
- In these communities, there is often reluctance to report and a reluctance to intervene. This means that many children who face the risk of abuse or neglect, or experience abuse or neglect, are not receiving the support and protection they require.

The need to pursue a comprehensive reform agenda

As the causes of child abuse and neglect in Queensland's Indigenous communities are so fundamentally connected to a breakdown in social norms that are the result of passive welfare, lack of engagement with the real economy, and the impact of alcohol and drug addiction, a comprehensive development agenda must be pursued in order to improve child protection outcomes. Such a comprehensive development agenda has been pursued in Cape York, including through the CYWR trial conducted over the past five years.

Learning from the successes of CYWR: building parenting and family responsibility

The CYWR trial has operated in Aurukun, Coen, Hope Vale and Mossman Gorge since 2008. The trial was instigated in response to the *From hand out to hand up* report, published by CYI in 2007. The trial aims to remedy the social deterioration that has occurred in many Cape York communities as a direct result of the factors described above. The trial has had specific impacts on the children who live within these communities. The following sections describe aspects of

the CYWR trial that may be most helpful for the purposes of addressing the Inquiry's terms of reference.

At its heart the welfare reform initiatives pursued in the CYWR trial involve a rebalancing of personal and governmental responsibilities. In Indigenous communities, too often governments have assumed responsibility, leaving behind a responsibility deficit that pervades the lives of individuals, families and the broader community. In some ways this is also true in the child protection arena.

The CYWR trial is also built on the understanding that along with responsibility, opportunity is also required in order to ensure that individuals and families are able to build capabilities for making real change in their lives. While there is no doubt that supports are needed for individuals and families who are caught in poverty and dependency, a great deal of the 'service delivery' system that provides these supports is also implicated in the dependency problem. In addition to too much 'passive service delivery' which compounds social problems rather than attacking and resolving them, too much 'service delivery' is not 'delivered' in the sense that those in need of the service most, never access it because they are 'hard to reach' and engagement mechanisms are not effective. Elements of the CYWR trial seek to address these issues.

The positive impact of these reforms has been confirmed in the recently released independent evaluation of CYWR.⁹ It paints a largely positive picture, concluding that CYWR is showing more promise than other investments by government (e.g. such as the COAG trials, Shared Responsibility Agreements, Remote Service Delivery), and that positive changes can be seen.¹⁰ It concludes:

There are signs that people are taking on greater personal responsibility and raising expectations, particularly in areas such as sending kids to school, caring for children and families and their needs, and accessing supported self-help measures to deal with problems.¹¹

Anthropologist, John von Sturmer's standalone report that forms part of the evaluation, provides further support for the broad conclusion that the trial has triggered a shift in the level of responsibility that parents and families are taking for the wellbeing of children. This is encapsulated in the following case study testimony presented:

...Males were not involved with their children, my partner was not involved in raising any of our children, now you see fathers walking their children to school and supporting their partners when they have difficult times with the children. The next biggest change has been that everyone is starting to see what happens in the community as their responsibility. Other changes have been that people are realising that everyone has rights, especially children, people have become very self-centred over the past few years, having parties and doing things which really make life hard for other people.¹²

The CYWR trial has shown important progress in implementing interventions that bring together both responsibility and opportunity to support individuals and families to build capability—that is, to enable them to change. The operation of the FRC, and the way in which opportunities and supports are provided to families to assist them to make transformative

⁹ Department of Families, Housing, Community Services and Indigenous Affairs. (2013) *Cape York Welfare Reform Evaluation*, Canberra: Department of Families, Housing, Community Services and Indigenous Affairs.

¹⁰ Limerick, M. (2013) Overview In. *Cape York Welfare Reform Evaluation*, Canberra: Department of Families, Housing, Community Services and Indigenous Affairs, pp. 7 & 93.

¹¹ Ibid, p. 2.

¹² Von Sturmer, J. and Le Marseny, S. (2013) Living under the Family Responsibilities Commission: Experience and testimony, 'speaking straight, speaking from the heart' summary report, p. 15.

changes to their everyday lives, are two highlights of the trial's success that are most relevant to the Inquiry.¹³

The Family Responsibilities Commission

Rebuilding social norms is a key component of welfare reform. In this area, the thinking underscoring the CYWR trial has been drawn from esteemed psychologist, Herbert Kelman. According to Kelman (1958) positive social norms are built in three stages:

1. During stage one, which Kelman calls 'compliance,' people follow social norms only because they 'have to' in order to comply with rules, regulations or laws. For example, this might be a driver who wears their seat belt only to avoid being fined.
2. During stage two, 'identification,' people make change because they want to meet the expectations of other respected individuals. This might be a child wearing their seat belt because they want to please their parents.
3. In stage three, 'internalisation,' people openly and willingly adopt a new set of norms because they hold them in high regard. This would be a driver wearing their seatbelt because they believe it is an important safeguard against injury.

The FRC has played a key role in tackling social responsibility and changing social norms. The FRC seeks to bring about behavioural change through a combination of regulation, conferencing, referral and case monitoring. It also seeks to restore local authority by having local commissioners play a central role. In terms of Kelman's theory above, the FRC has played a critical role in the first two stages of rebuilding positive norms:

1. It is a body that enforces expected social norms.
2. The FRC local commissioners have become the 'respected individuals' who community members look towards for guidance and advice on accepted social norms.

Child protection issues are central to the operation of the FRC. CYWR mandates a minimum number of basic parental obligations to children. Child protection notifications, and non-attendance at school, provide two of the triggers that will bring a person before the FRC for conferencing. FRC conferencing provides a major referral pathway to parenting and other individual and family support services.

The importance of local commissioners holding local people to account through the FRC cannot be overstated. Local commissioners have hard conversations with people that come before the FRC for conferencing. They challenge them about their behavior. They encourage and support people to take up opportunities to make changes in their lives and refer clients to a range of support services.

While it is ideal that clients agree to attend support services during consultations with the FRC, the FRC may also utilise degrees of compulsion or coercion. For example, the FRC may use the 'threat' of a coercive income management order, or the application of such an order, in order to push people to engage with supports. The FRC does not rely on the local authority of the commissioners expressed through conferencing alone, but provides 'teeth'. It has the authority to order that either 60 or 75 per cent of an individual's welfare payments are quarantined, and

¹³ Education reforms implemented through the Cape York Aboriginal Australian Academy (CYAAA) in Aurukun, Coen and Hope Vale have also reformed the schools in these sites so that they articulate with family life in a way that supports parents to better care for their children without taking away their responsibility to do so. School Attendance Officers, and school readiness initiatives such as Food Club, the Student Education Trusts (SETs) and the Direct Instruction approach all contribute so that CYAAA functions to support families and provide a first line of defence in intervening proactively and supportively to protect and care for children.

can only be spent through a *BasicsCard* on food and other essentials. In this way income management acts to ensure financial stability for families. The threat or possibility of income management also acts as a motivator for individuals to engage with support services and observe behavioural obligations.

While voluntary access to support should be encouraged, as noted in the Inquiry's *Discussion paper*, a major drawback is that assistance through primary and secondary support services is often *only* optional or voluntary, and parents most in need often do not access it when it is available.¹⁴ Successfully engaging parents in the first instance is the biggest hurdle to being able to support them, teach them new skills and knowledge about parenting.

The findings of the independent evaluation include:

- Income management imposed by the FRC has been a successful intervention in ensuring the need of families and children are met. Data also shows that imposition of an income order is associated with increased compliance with the social norms designated as triggers for FRC referral.¹⁵
- The FRC Commissioners have provided valuable support and guidance to individuals in relation to the care of children. For example, assisting individuals with child protection authorities to ensure custody of children can be maintained.¹⁶
- Conferencing and local commissioners have changed behaviour in communities. Through conferences, local commissioners play a key role in defining, shaping and reinforcing group norms. For example, the evaluation concludes commissioners convening conferences in order to identify and tackle the problems that led to their breach of social norms/FRC triggers 'is a critical driver of attitudinal change'.¹⁷

CYWR has confirmed that the cycle of alcohol addiction, passive welfare and breakdown of social norms in which these families are caught is so entrenched, that a level of coercion can be necessary to bring about change. Once momentum for change begins to build within families, often the voluntary uptake of supports by family members increases. The threat of potential coercive orders unless behaviour changes, can be used effectively at a much earlier stage than is ordinarily the case through existing Child Safety systems in order to engage hard to reach parents and families.

A major recurring theme in all consultations on this issue is the need for community ownership of initiatives and intervention programs. CYI supports the development of community intake models as proposed in the *Discussion Paper*. Victoria's Child FIRST model allows police, education and health professionals to report concerns they may have about a child's wellbeing to Child FIRST for a family support response. Such alternative referral pathways would be beneficial in Queensland, and would enable earlier intervention to occur. Where the FRC exists, the FRC is well positioned to provide this community intake stream. As in the Victorian model, it may also be helpful to co-locate a child safety worker with the FRC in CYWR locations, to ensure that early intervention responses are appropriate and sensitive to the needs of the child. The FRC model provides strong community level involvement, ownership and control in responding to parental responsibility and child wellbeing that is so clearly desired across many of Queensland's communities.

¹⁴ Queensland Child Protection Commission of Inquiry (QCPCI). (2013) *Discussion paper*, p.12.

¹⁵ Limerick, M. *op cit*, p. 34.

¹⁶ *Ibid*, p. 34.

¹⁷ *Ibid*, p. 37.

- Community intake mechanisms will serve to take some pressure from the Child Safety system, while at the same time providing an avenue for a great deal more prevention, early intervention and at-risk support to be provided to parents, families and communities.
- Such a model enables the ‘threat’ of Child Safety intervention to be used much earlier and more effectively to assist getting parents and families to access supports.
- It is likely that this model would also result in the same benefits as those enjoyed in Victoria, such as improved information sharing between the FRC and Child Safety services, and the ability to conduct more comprehensive risk assessments.¹⁸
- Overall, this alternative approach should assist in reducing harm to children before drastic interventions, such as removing the child (or indeed, other members of the family, as discussed later in this submission) are required.

Recommendation 1: A community intake stream should be established through the FRC in existing FRC locations.

Recommendation 2: If a community intake stream is established through the FRC, a child safety worker should be co-located with the FRC in existing FRC locations.

Recommendation 3: That the Queensland Government work together with CYI to determine how a community intake stream that builds upon the strengths of the FRC model wherever possible, can be developed and implemented with other Indigenous communities in Queensland.

Opportunities and supports to build parental, family and community capability

Support must be provided to troubled families to turn their lives around and break the cycle of inter-generational misfortune. Existing services do not meet demand and most Cape families do not have access to the types of support they need to assist them to build capability to care for their children. There is no doubt that Queensland has failed to achieve the correct balance between responses based on coercive statutory interventions, and providing early intervention and prevention services for families. The *Discussion paper* correctly highlights that Queensland has historically under-invested in primary and secondary services.

- Wherever possible, reforms must engage parents with opportunities to access a range of support services well before the point at which government may need to step in and intervene to protect children.
- As is consistent with the *Child Protection Act 1999* (Qld), the least intrusive viable intervention option should be adopted: preferably supporting the child’s family or assisting a parent to safely care for the child at home.
- Before a child is removed, it should be a requirement¹⁹ that every effort has been made to ensure parents had opportunities to access supports that could assist them to turn their lives around and to break the cycle of misfortune that traps far too many Indigenous families.

Given the level at which Indigenous children in these communities come into contact with the Child Safety system, it is clear there is a need for a much greater investment in support services, including:

- broad implementation of evidence based parenting programs such as Triple P

¹⁸ Queensland Child Protection Commission of Inquiry (QCPCI). *op cit*, p. 50.

¹⁹ Except of course where a child is in immediate danger.

- universalised services, e.g. through child and maternal health, home visiting service from birth, or earlier wherever possible
- primary and secondary services linked to high quality early childhood education and care, and schools; these environments provide unstigmatised platforms and the opportunity to reinforce a clear and consistent community wide message about positive parenting
- intensive services to be made more widely available, at an earlier stage and for a longer period.

In developing any such improved supports, there are valuable lessons to be learnt from CYP's development and delivery of supports in the CYWR trial. One of the key intentions of CYWR was to reform service delivery, and to move away from passive service delivery that takes responsibility away from families. CYP has focused on creating and offering a suite of supports services or opportunities, provided through Opportunity Hubs, in the areas of income, education, health and home. These supports or 'Opportunity Products' are designed to avoid the pitfalls of conventional 'service delivery' and instead promote self-reliance and responsibility through features including through quid pro quo commitments, such as maintaining regular financial contributions. Opportunity Products include the following:

- MPower supports individuals and families to manage money for basic material needs. MPower builds capabilities through financial literacy and behaviour change, and builds assets through savings and disciplined money management.
- Student Education Trusts (SETs) support parents to make regular contributions to meet their child's education and development needs from birth to graduation.
- *It takes a village to raise a child* provides a suite of parenting supports and is premised on the notion that every adult has responsibility to their kin and all children in the village. *It takes a village to raise a child* delivers the Triple P parenting program in three ways:
 - Baby College: expectant parents socialise and learn together
 - Positive Kids: works with parents to encourage positive behaviour
 - Strong Families: helps parents to develop positive parenting skills and engages at-risk families to ensure everything is done to ensure families stay together and stay strong²⁰

As recognised in the *Discussion Paper*, there are benefits to multiple opportunities and supports being offered to parents. The CYWR model is based on having multiple opportunities for each family as just one intervention (e.g. a parenting program) is unlikely to bring about the change required to re-establish norms across the community. For example, in the CYWR trial MPower frequently synergistically supports the parenting program outcomes. Engagement with any of the opportunities available provides the trigger for an ongoing honest conversation to begin to help people plan for the future, set goals and make the life changes that they want, and that are consistent with re-establishing positive social norms in relation to parenting responsibilities. The independent evaluation of the CYWR trial confirms the importance of such an approach. It notes, for example, that in survey responses and qualitative feedback, improved money management is seen as an important outcome of the trial, with community members reporting

²⁰ Cape York Partnerships. (2012) *Family empowerment: 4th quarter report, April to June 2012*, Cairns: Cape York Partnerships; Cape York Partnerships (2012) *Family Empowerment: Annual report, January to December 2012*, Cairns: Cape York Partnerships; Cape York Partnerships (2013) *Family Empowerment: Quarterly report, January to March 2013*, Cairns: Cape York Partnerships.

a greater capacity to meet the needs of their families and children including through the use of MPower and SETs.²¹

As noted by the Inquiry's *Discussion paper*, the broad range of supports needed to reduce child harm should be co-located as far as possible through a hub. Under CYWR, Opportunity Hubs provide the broad range of supports necessary to empower families to embark on mutually reinforcing paths toward change. The hubs are busy places and provide a non-stigmatised environment in which people can come to access support services.

The trial's efforts to implement Triple P positive parenting programs under the banner *It takes a village to raise a child*, represents the most intensive effort made to date to deliver these kinds of supports to empower Indigenous families in Indigenous communities. This effort has been relatively recent, with these parenting programs rolled out in Aurukun from mid 2009, and in Coen, Mossman Gorge and Hope Vale from late 2010.

Triple P is an internationally acclaimed and supported, evidence based parenting program developed in Queensland by Professor Matt Saunders and his team at the University of Queensland. The CYWR evaluation notes the difficulties associated with implementing the suite of parenting programs in these four remote locations.²² These difficulties were most acute in the early phases and the parenting programs now have good momentum building and we increasingly hear about the major changes that this support is having in the lives of families. Nonetheless, while the implementation of Triple P programs shows a great deal of promise and there is a clear need for expansion, it should not be assumed that rolling out Triple P in Indigenous communities can be done without substantial modification of the programs and also without a well-developed strategy to support the program.

For example, in addition to having ongoing conversations with people to motivate and coach people, and provide regular follow-up, CYP has promoted weaving and other activities to make the parenting program attractive and accessible. The greatest success of the parenting program has been in Hope Vale, where local people have led and have developed real momentum in building an understanding of the importance of parents and families focusing on the kids before they focus on their own more selfish interests.

The CYP model also seeks to change norms and build parental and family responsibility through supporting local level leadership. Community-based friendships and relationships are most likely to provide effective mentoring and natural learning opportunities. CYP is establishing Alumni of exemplary parenting program graduates to voluntarily participate in classes to support other family members, promote the program around the village and potentially be recruited to assist as parenting consultants. As capability builds, further steps will be taken to engage stable families who have overcome adversity, conflict and trauma to partner up with troubled families to provide mentoring support and act as positive family role models.

The feedback from the CYWR evaluation²³ and other reports regarding the provision of services in the CYWR communities²⁴ has been very positive. These services are beginning to reverse some of the negative impacts of decades of disadvantage in Indigenous communities. However, respondents to the CYWR evaluation survey also indicated that there remain gaps in service

²¹ Department of Families, Housing, Community Services and Indigenous Affairs. (2013). *Cape York Welfare Reform Evaluation*, Canberra: Department of Families, Housing, Community Services and Indigenous Affairs, p. 4.

²² Ibid, pp.12-13.

²³ Ibid, p.165.

²⁴ Cape York Partnerships (2012). *Family empowerment: 4th quarter report*, op cit; Cape York Partnerships (2012) *Family empowerment: Annual report*, op cit; Cape York Partnerships (2013), op cit.

delivery within the CYWR communities for health specialists, youth services/programs and interagency case management.²⁵ Wellbeing Centres, for example, do not respond to children in need of counselling and such children must rely on the under-resourced guidance counsellors provided through Education Queensland. These gaps are far greater for parents and families in non-CYWR communities. In these places the supports themselves, and the mechanisms to ensure those that need these supports the most are connected with them, are absent or very limited.

Recommendation 4: Steps should be taken to strengthen the supports that are available in existing CYWR communities. To ensure that all cases can be properly catered for, the service delivery gaps identified by the CYWR evaluation must be overcome. The inability of Wellbeing Centres to respond to children and provide counselling must be addressed.

Recommendation 5: Steps should be taken to strengthen the supports available in all of Queensland's Indigenous communities. In communities where child protection needs are very high, supports must include:

- the broad implementation of Queensland's home grown Triple P programs
- the implementation of universalised and primary prevention programs, including delivery through non-stigmatising sites such as maternal health services, early childhood education services and schools
- a range of more intensive programs targeted for families with more complex needs and entrenched difficulties.

Recommendation 6: The Queensland Government should work closely with CYP in order to ensure that some of the challenges encountered with implementing Triple P in the four welfare reform communities are overcome in any future expansion of the program. The Triple P programs require ongoing adaption in order to be effectively implemented in Queensland's Indigenous communities.

Efforts to tackle the alcohol epidemic must be sustained and strengthened

CYI and CYP have strongly advocated over many years in favour of alcohol supply reduction measures to address the severe disadvantage faced in the Cape. The need for effective treatment and rehabilitation has also been promoted. Such advocacy was a key influence behind the introduction of alcohol restrictions through Alcohol Management Plans (AMPs) in 19 Indigenous communities from 2002, pre-dating the introduction of the CYWR trial, in order to reduce the levels of harm in these places.

The Queensland Government, however, is currently conducting a review of AMPs. It is CYI's position that in Queensland's Indigenous communities, these alcohol restrictions continue to play a vital part in any effort to reduce child harm. To relax or remove restrictions now will put in jeopardy all the hard won gains of recent years to begin to shift people in these places from dysfunction. It also puts future progress in jeopardy. Alcohol restrictions in these communities are a necessary precondition for enabling individuals and families to start to change their lives in other important ways—they provide a level of improved stability so that other positive changes can begin to occur. In this way AMPs have played a key role in the successes of the CYWR trial.

²⁵ Department of Families, Housing, Community Services and Indigenous Affairs. *op cit*, p.166.

Please find **attached** a copy of the CYI submission to the AMP review. Because addressing the epidemic of alcohol abuse in these communities is so fundamental to reducing child harm, the recommendations made in that submission are directly relevant to this Inquiry.

It is CYI's strong view that any relaxation of alcohol restrictions, and their eventual removal, should occur in a staged way over the medium to long term and should be linked to objectively measured reductions in harm levels. Because CYI's position on AMPs is set out in detail in the accompanying submission, alcohol issues are not addressed further in this document.

Recommendation 7: That the recommendations in CYI's submission to the Queensland Government's review of AMPs be supported by the Inquiry to ensure that the problem of alcohol continues to be tackled in Queensland's Indigenous communities through the strongest and most effective means possible in order to normalise levels of harm in these communities.

Case study: giving up the grog, accessing supports and the role of the FRC under CYWR

The following case studies²⁶ provide illustrations of families in the midst of change. It shows the complex interrelationship of challenges being faced by families in Queensland's Indigenous communities. It also shows the importance of pursuing a comprehensive development agenda, and the mutually reinforcing impact of the FRC and the supports available to help spark cycles of change to shape the whole family's health, wellbeing and development. Improving the lives of the children in the family is a central theme.

Patricia, Mossman Gorge

Patricia is 63 years old. With her, in a four bedroom besser-block home in Mossman Gorge, lives her husband, her eldest son, eldest daughter Deborah, Deborah's two children, and another grandchild of Patricia's.

Patricia and her husband were heavy drinkers for most of their lives. 'One day we were all drinking: my husband, my daughters, the rest of the family', she said. 'I saw our granddaughter and thought how sad it was for her that nobody around her was sober. Everyone was drinking. I started to cry. I cried for hours. People offered me a drink. They were saying to me, "Have a drink, fix yourself up." So I just got up and walked away from the grog party. I just grabbed her and walked away. Then I told my husband, we have to stop drinking. We have to think about this little girl.'

Patricia and her husband both stopped drinking. 'With assistance from the council, we became a Dry House and I put up a Dry House sign.' Patricia has been supported by the Wellbeing Centre. She now refers to herself as a 'LAG Lady'—a member of the Wellbeing Centre's Local Advisory Group.

Patricia began to access Opportunity Products offered through CYP's Opportunity Hub. First, she signed up for Financial Income Management (now MPower). 'They helped my husband—who is suffering from cancer—save up for his medication and I bought a TV through Wise Buys.' Through MPower she also signed up to Chrisco—a Christmas hamper company—so the family could have plenty of food at Christmas and buy presents for the children. Patricia is looking forward to continuing her savings goals, 'Next year I will set my next financial goal and start afresh', she said.

As a child, Patricia loved to garden so she decided to take up another CYP Opportunity Product, Pride of Place (POP). 'I was looking at the barbeques and pergolas that POP people had, and I told my husband that we should get Pride of Place too'. Through MPower, Patricia saved \$600 in a POP savings account and her son also made a contribution. Both her sons, her daughter and her nephew—who has a disability—provided the necessary sweat equity; filling wheelbarrows, laying out beds, and spreading soil. They built a pergola and barbeque area and

²⁶ Independent consultant Dr. Annie Holden and CYP Project Analyst Sarah Mason travelled to Mossman Gorge, Hope Vale and Aurukun between 15 and 21 November 2012. During this time fourteen interviews were conducted to develop case studies to illustrate elements of the CYWR trial interacting with people's everyday lives. Names have been changed to protect the identity of the individuals and families involved.

created garden beds that they planted with flowers and shrubs. They also created a lawn for the children to play on. Patricia has started going to the markets regularly to buy new plants. And while both her sons—who have spent time in and out of jail—are currently unemployed, they regularly mow the lawn and trim the edges. Patricia is proud of their joint efforts, ‘We had a barbeque last Saturday, for my granddaughter’s thirteenth birthday. It was just the family. It was lovely.’

In 2012, Patricia won the Pride of Place prize for Best Garden in the Village. ‘I was so surprised that I won’, she said. ‘I thought I would be second last! It was my idea to enter but my family helped me.’ Her win motivated her to put up Christmas lights for the village Christmas lights competition.

Patricia’s daughter, Deborah, has recently been released from jail and has since completed a parole course at the Wellbeing Centre, where she learnt about alcohol consumption and domestic violence. Her partner is currently working at the Mossman Gorge Gateway Project and they hope to get their own house soon. Deborah plans to sign up for MPower and Student Education Trusts (SET) so she can save for education needs for her daughter. ‘My daughter will be in high school and she needs teenage things. It means a lot to me to be able to help her that way’, said Deborah.

Patricia and Deborah have both signed up to participate in *It takes a village to raise a child*, CYP’s Opportunity Product that supports parents and teaches parenting skills. ‘They showed us videos and taught us a lot. Now I love to watch Super Nanny on TV. I was hooked, just like that’, said Patricia.

Patricia wants Deborah to succeed as a parent. ‘I hope my daughter will become well enough for the children to go and live with her and her partner’, she said. ‘I’ll try them out for a couple of weeks with her. If she gets a house, I’m going to give her a chance. See how she goes with those girls. If it isn’t safe I will bring them back here with me and my husband.’

Despite Patricia’s commitment to raising her grandchildren, on occasion she has not been able to get the children to school on time. ‘Sometimes there’s a lot of partying in the community, and a lot of noise, and the children weren’t getting to sleep so they were sleeping in’, she said. The school advised the FRC that Patricia’s grandchildren were not attending school and she was required to attend a conference with the FRC Commissioners. ‘The FRC were alright. I found it helpful. Since I’ve been to the FRC, I always take the children to school’, she said. ‘And I wish I was a millionaire. If I was, I’d do a big turnout for the kids.’

Through MPower, Patricia also signed up for Student Education Trusts. Since then she has saved for her grandchildren and used the money to buy things for school. She wants them to get a good education and also learn about their culture. ‘I would like to take the girls out to dig for yams’, she said. ‘I’d like to teach them language and teach them how to weave dilly bags but I have no vehicle.’

To become more economically independent Patricia wants to establish a small business. She plans to develop a small-scale nursery to grow and sell plants to other people in the village ‘...in case they want to do up their gardens too’, she said.

Emily, Aurukun

Emily is an Aurukun mother and grandmother. She has four children aged nine, thirteen, twenty and twenty-two, and is also guardian to her four-year old granddaughter. Her twenty-two year old daughter has a permanent disability.

Emily’s husband, now aged forty, is currently serving a prison sentence for breaching an Apprehended Violence Order. Emily explains he was previously a heavy drinker and his mental illness began when they first had children.

Previously, Emily’s husband was involved in a violent incident and the children were placed in the Aurukun Safe House for two weeks. Child Safety informed Emily that if her husband was involved in another violent incident her children would be removed from the community for a much longer period.

‘So I wanted to do everything to make it right for me and my kids in this community, to not take their culture rights out of their hands or out of their minds’, she said. ‘I want to be with my kids in this community where the culture is strong and where they’ve been growing all these years.’

Child Safety placed Emily on a Temporary Assessment Order. ‘There’s someone always there watching me. So every step along the way I did everything smoothly and calmly’, she said. Emily did all the things Child Safety asked but decided to go one step further. Emily had previously been before the FRC for failing to take her children to school, so she understood how the FRC operated. She approached them and asked to be placed on the BasicsCard. ‘Child Safety was on my backside, watching every movement. So I like to be ahead of them before they come. FRC

were helpful, they said OK we can do that and divide your money. If you want, some of your money can go to school', she said. 'My trick with Child Safety worked. Before they got their move, I was ahead of them.'

Emily's children and grandchild are living with her and she has now come off the BasicsCard. However, she says that she may still ask to go on the BasicsCard again because it offers her some security against people seeking to borrow money. 'People take advantage of me giving them loans again', she said. 'Living in a community where you know everyone else, like a family, extended family. They ask: can I get this, or that. They say they'll repay you as soon as their money comes in the clear. But when that day comes I'm not there to tell them. "Hey, you remember that day I gave you money?" No, it's up to them to remember I gave them money. For those reasons I want to go back on the BasicsCard.'

Emily's earlier conferencing with the FRC over school attendance resulted in her being mandated to do the CYP parenting program *It takes a village to raise a child*. 'At first it dragged me out of my weaving', she said. 'I'm always making pandanus baskets. I do it from a cabbage palm. They said I've got to go over there [to the parenting program] instead of doing the weaving. But now I sort of made a roster for myself and my twenty-year old girl helped me out because she's out of work and I said "hey, help me out a bit." So then I went to every bit [of the parenting program] that I can. And I graduated with another six women. I already knew most of what they said but it made things easy for me. It's hard work to look after all the kids by myself but with the parenting program it made me look more at mothering. I was always weaving all of the time. I was there to look after the kids but not really putting them first. Now I am there with them, watching them, doing this and that, taking part. Now I spend a time with my little girls, just one-on-one contact.'

Emily also enjoyed the social aspects of the parenting program. 'It's good to socialise with others', she said. 'Sometimes I get bored sitting by myself just weaving.'

Recommendation 8: That a comprehensive development agenda be pursued in Queensland's Indigenous communities and this comprehensive development agenda must address the responsibility and opportunity deficit when it comes to parenting. A range of supports must be provided in order to ensure that a mutually reinforcing cycle of positive change can occur for individuals and for families.

Outstanding issues

While the CYWR trial has a great deal to offer in terms of learnings from its key successes, it has by no means solved all the problems and difficulties associated with the wellbeing of children in the communities concerned. There is a need for ongoing reforms to build family and parental responsibility and to address ongoing deficits regarding the operation of Child Safety in these communities.

Using 'the stick' of child protection to get early engagement with support services

Above we discussed the importance of 'the sticks' or the threat of using the sticks, that together with reliance on effective local authority of the local commissioner, has meant that the FRC is effectively able to use these levers to act as a catalyst to get people to access support services that can bring about change.

It is frustrating that in these communities, extreme cases of truancy—where young children have not attended school for years at a time—have not been considered to be a child protection issue as they were not found to meet the threshold of harm. Some of these cases have provided extreme examples of young children not attending school for years at a time and yet Child Safety has provided no response.²⁷

²⁷ Queensland's response to such situations through the *Education (General Provisions) Act 2006* (Qld) is notoriously unwieldy and ineffective. The FRC has never received a non-enrolment notification from Education Queensland.

A major criticism made by on the ground staff is that Child Safety is not proactive in getting early engagement of parents with appropriate supports where this is the case. For example, CYAAA Student Case Managers in some locations have sought to have more proactive engagement of Child Safety officers with community members. They have encouraged Child Safety to accompany them when they speak with 'hard to reach' families—that is, those parents with children who are habitually not attending school. However, the response from Child Safety indicated that they could not conduct this kind of outreach and community engagement exercise, indeed it was suggested that they believed they were prevented by the legislation from doing so. Child Safety instead suggested they could conduct a workshop if these parents turned up voluntarily to discuss the issue. Such a proposed solution does not provide a realistic way to engage with these families in these communities.

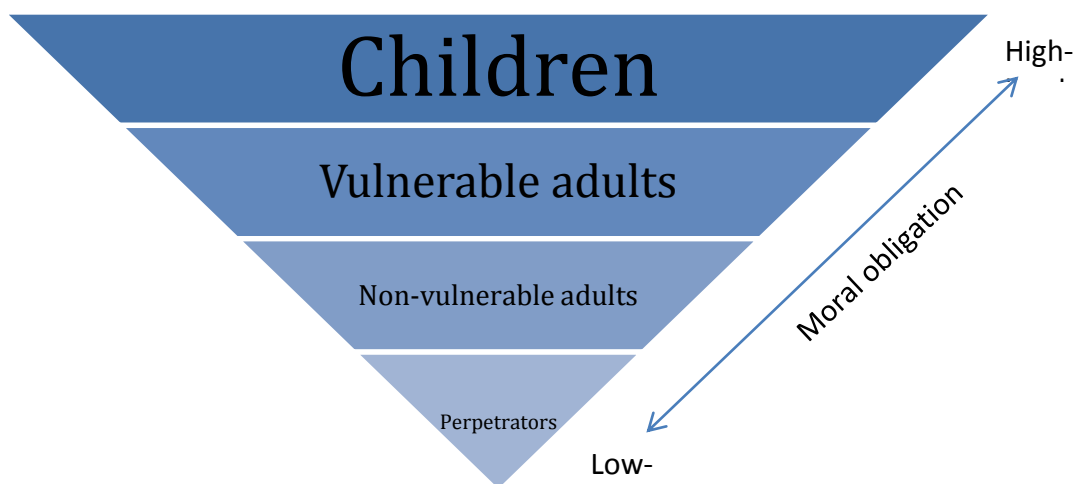
Recommendation 9: That cases of habitual unexplained absences of a child during a school term should provide a clear trigger for action that encourages families to change their behaviour and to overcome truancy. This may include referrals to appropriate supports to address the issues that are identified as causing the truanting behaviour.

Recommendation 10: It is appropriate that under a community intake model the threat of a coercive Child Safety response should be used to intervene and to ensure that children attend school. It necessarily follows that coercive Child Safety orders may need to be used where behaviour does not change and all efforts have been made to engage the family with support.

Taking action to remove the perpetrators, not the children

In order to ensure that rights and responsibilities are being balanced in a way that will improve outcomes for children, a clear ordering of moral priorities must apply. Figure 1 presents the scale of moral obligation that should underpin how rights and responsibilities are weighed up, with children to be accorded the highest moral priority.

Figure 1: Scale of moral obligation



Note. 'Vulnerable adults' include the disabled, elderly and other persons with special vulnerabilities and needs. 'Non-vulnerable adults' include other able-bodied adults without special needs.

The application of this scale of moral obligation would require, for example, that in the case of family violence rather than the perpetrator staying in the home while the children are removed by Child Safety, a different response is provided. The scale would apply to ensure that women in violent relationships and children are protected. It would demand that the perpetrator of

family violence can be ordered to move from the home in order to protect children in the family.

Recommendation 11: Child Protection orders should enable that a perpetrator of family violence, for example, be the person required to leave a home in order to make it safe for a child to stay.

Sending a message about parental responsibility through ongoing financial obligations

Parents' failure to acknowledge child protection concerns and to take responsibility for addressing them is the primary reason for failed reunification.

- Following the removal of a child, parents will usually feel deep trauma, distress and grief. Some parents, however, can also feel 'relieved' that the challenging aspects of parenting are removed. They now no longer have to worry about or take care of their children—they are someone else's responsibility: the government or the foster carer. And yet, they know where their children are living, how they are being looked after and have the opportunity to maintain contact, all without having to take any responsibility or address child protection concerns. Some parents quickly become used to not parenting, filling their increased free time with vices which are not conducive to the safe reunification of children.
- The limited personal and parental responsibility after removal of the child is highlighted by parents' reluctance to self-fund their visits to see their child. For instance, a Case Management Plan may require parents and Child Safety to finance transportation for alternate visits over a given period. However, parents will often argue that their child is in State care, so therefore the State should pay for all the visits. A similar view is sometimes adopted about paying for or preparing children's meals during scheduled contacts. Such views epitomise a passive welfare mentality. These parents may very much want to see their children, but their dependency and passivity prevents them from doing so without more government support.²⁸

The welfare system should not reward people who do not meet their children's long term needs. A percentage of a parent's welfare payment and/or wages should be taken to contribute to the costs of the care of their removed child while they are in out of home care. This payment would go to the state government and be channeled back into funding frontline staff and community based programs to assist with reunification and/or other programs to assist young people in the long term care of the state.

Parents contribute to the cost of out of home care in the USA

Various states within the USA mandate that parents pay child support when their child is in the care of the state. For example, Washington enforces the collection of child support payments from parents. These payments are paid to foster care agencies providing care to their child.

Recommendation 12: That parents be held fiscally responsible for children in state care and should be obliged to make an ongoing financial contribution to assist to support their children. This strategy sends a clear message to all parents that even where a child is

²⁸ It must be acknowledged that the BasicsCard does not help to solve this problem in welfare reform communities as it can be difficult to save the funds required to support travel to Cairns, for example, while on income management.

removed parents cannot divest themselves of financial responsibility for the welfare of their children.

Limited understanding of local circumstances

Often child protection intake reports go through to Brisbane where an assessment is conducted. Having this assessment process conducted in a place disconnected from the realities of community life means that assessors lack the necessary knowledge to ensure that an adequate assessment can be made. This poor understanding at the assessment stage can lead to a failure to investigate. CYAAA staff have been involved in a number of such reports that were believed to be serious, but that were ultimately assessed as not meeting the threshold in Brisbane. These staff believe that had there been a greater degree of local knowledge, these matters would have been considered to meet the threshold.

- For example, the person making a report may be asked if the child is living with another family member now. The answer may be yes, they are living with an Aunty. However, a person based in Brisbane has little hope of understanding the household dynamics and what other issues might be at play in terms of overcrowding, or even sex offenders residing at that household.
- Some on the ground staff working with children and families have adopted a practice of always following up reports that go through to Brisbane, with the local Weipa office in order to ensure that an adequate assessment can actually be conducted. This is not an adequate solution as this represents a 'doubling-up' of assessments and an inefficient use of resources. This situation means that all of the types of engagement that are needed are not necessarily provided.

Again, in our consultations it was suggested that more on the ground engagement from Child Safety was needed, including the capacity to provide more permanent and outreach presence in communities. The development of a community intake stream through the FRC where it exists, would also ensure that local leaders' knowledge can influence decision-making.

Ongoing reform and coordination of services

Under the CYWR trial, it has been identified that the failure to fundamentally reform service delivery continues to inhibit welfare reform, not the least in relation to supporting parents and the protection of children. For many services it is still 'business as usual' and this was identified in the independent evaluation as an ongoing issue that is confounding reform. The CYWR evaluation found:

...it is not necessarily clear how the welfare reform philosophy should in practice translate into changes in the delivery of a particular service. Research into service delivery models commissioned by FaHCSIA for the trial observed that there is no accepted understanding of what 'active service delivery' means, other than being the opposite of 'passive service delivery'.²⁹

The evaluation points out that 'there is no road map or identified process for facilitating the operationalisation of personal responsibility for different service providers, and thus services are essentially left to interpret this philosophy as they see fit'.³⁰ Both the service provider

²⁹ O'Brien Rich Research Group. (2010) 'Desk-top research into active service delivery and related philosophies of service delivery', unpublished report prepared for Department of Families, Housing, Community Services and Indigenous Affairs.

³⁰ The Social Policy Research Centre. (2013). Implementation In. *Cape York Welfare Reform Evaluation*, Canberra: Department of Families, Housing, Community Services and Indigenous Affairs, p.112; The Social Policy Research Centre. (2013) Family Responsibilities Commission In. *Cape York Welfare Reform Evaluation*, Canberra: Department of Families, Housing, Community

survey and the qualitative study revealed strong differences of opinion about what the welfare reform principles mean in practice. For example, some interpret a self-help and personal responsibility model as one in which the onus is on clients to enter their service's premises and ask for assistance, rather than on the service provider to proactively undertake outreach into the community.³¹ Another example is whether sending a bus around the community to pick up participants for a program is consistent with the principle of personal responsibility.³² 'How welfare reform principles translate practically at the service delivery level is an issue that will require further exploration by policymakers and service providers if the welfare reform agenda is to be expanded. The evaluation framework indicated that signs of the trial's success in repositioning government services would include:

- guidelines for repositioning government services are clearly articulated and communicated to service providers and the community
- training workshops on welfare reform principles and implications of program design and delivery.³³

There has not been sufficient attention to these types of activities during the implementation of the trial. An explicit process of independently reviewing each service's delivery model and agreeing on measures that will encourage self-reliance and responsibility would contribute to better operationalising welfare reform principles. Greater clarity in expectations of how service delivery should change in practice would enable specific requirements to be included in government tendering processes and service agreements, which would flow through to services' policies and procedures, as well as their reporting back to funding bodies.³⁴

The CYWR evaluation found that service providers believe that there have been significant improvements in service coordination and collaboration compared with before the trial.³⁵ The survey revealed that 43.8 per cent of service providers believe that their service is working with other service providers differently from three years ago, with only 19.7 per cent reporting no change (while the other 36.6 per cent were unable to comment on this, probably because they had been working in the community less than three years).³⁶ Service providers indicated a number of areas where their collaboration with other services had improved, such as communication, engagement and relationships. It seems that the FRC has played a role in this improvement of service provider coordination by 'acting as a broker and supervisor of cases'.³⁷

However, while service providers reported improvement in coordination, there remain significant challenges in this regard. FRC coordination with referral agencies is an ongoing

Services and Indigenous Affairs, p.199. The 2008 Project Board Agreement states that service providers are responsible for 'reconsidering service delivery to ensure it is consistent with welfare reform principles and enables supported self-help and individual choice' (2008 Project Board Agreement, p. 11). Future agreements to implement welfare reform may need to lock in more specific processes to ensure that this happens and that there is accountability on the part of service providers for these outcomes.

³¹ Putt, J. (2013) Service Delivery In. *Cape York Welfare Reform Evaluation*, Canberra: Department of Families, Housing, Community Services and Indigenous Affairs, p. 66.

³² Migration Plus. (2013). Cape York Welfare Reform evaluation consultation paper regarding desk top research and qualitative analysis of service delivery trends apparent from the CYWR initiatives: focus area, Aurukun In. *Cape York Welfare Reform Evaluation*, Canberra: Department of Families, Housing, Community Services and Indigenous Affairs, p.42.

³³ Courage Partners. (2009) *Evaluation framework and program theory for the Cape York Welfare Reform trial*. Courage Partners, pp. 70-72.

³⁴ Migration Plus, *op cit*, p.42; Putt, J. *op cit*, p. 61.

³⁵ Migration Plus, *op cit*, p.39; Putt, J. *op cit*, p. 60.

³⁶ Putt, J. *op cit*, p. 44.

³⁷ *Ibid*, p. 64.

challenge in some locations and with some services.³⁸ Relationships between service providers are variable and do not necessarily cross over between service sectors and between residential service staff and 'fly-in fly-out' staff.³⁹

There has been a marked increase in the amount of fly in fly out professionals servicing the communities of Cape York in the last five years. While this has increased access to professionals and services, there is little coordinated management of these services. This has created some adverse effects for the residents of these communities. We have been told that some people have home visits or appointments with up to five service providers in one day. Conversely, if the positions are not filled, then people are not visited for months at a time or programs that exist on paper are not delivered at all. Case plans can also work at cross purposes, where there is limited or no recognition of the various agencies working with parents and families.

The service provider survey included in the CYWR evaluation detected barriers between some of the specific welfare reform services and other services.⁴⁰ Community interagency meetings are not necessarily effective in improving coordination and information sharing, while there are no interagency meetings in Cairns, leading to some agencies continuing to operate in 'silos'.⁴¹ A concerning result from the survey and service delivery study is the lack of awareness of many service providers about other services operating in the communities they serve.⁴²

One of the objectives of the welfare reform proposals was for the needs of individuals and families to be better case managed through responsive services and the FRC referral process. The *From hand out to hand up* report emphasised that case management will be a critical tool to support people to address dysfunctional behaviour, noting that the international experience shows that welfare payment obligations are more likely to succeed if case management programs and support services accompany them.⁴³ The original FRC proposals included case managers being engaged in each community to coordinate responses to each FRC client's needs, but the KPMG review of implementation of the FRC in 2010 noted that this aspect of the model had not been implemented.⁴⁴ It was instead expected that the new Wellbeing Centres would provide case management of individuals, but KPMG found that this was not meeting the need. The recent evaluation activities confirm that coordination of case management is an ongoing gap in the service delivery framework under the trial.⁴⁵ Confidentiality of client information is a barrier to agencies working together to coordinate case management. However, the result is that individuals are subjected to multiple intake interviews at different services and are the subject of several separate case plans at each service. Furthermore, where problems that are being addressed are at the family level, different services may be working with different members of the same family (e.g. different services working with men, with women and with children) under different case plans, when one coordinated case plan for the family might be more appropriate.

This is a challenge across the social service sector, but in small discrete Indigenous communities it should be possible to design and implement a more coordinated case management model.

³⁸ Migration Plus, *op cit*, p.39.

³⁹ Ibid.

⁴⁰ Putt, J. *op cit*, pp. 57–58.

⁴¹ Migration Plus, *op cit*, p.39.

⁴² Putt, J. *op cit*, p.65; Migration Plus, *op cit*, p.39.

⁴³ Cape York Institute. (2007) *From hand out to hand up*. Cairns: Cape York Institute, p. 66.

⁴⁴ KPMG. (2010) *Implementation review of the Family Responsibilities Commission*, p. 22.

⁴⁵ The Social Policy Research Centre, *op cit*, p.199; Migration Plus, *op cit*, p.39.

Some respondents to the service provider survey suggested a central point of liaison or coordination for case management that would ensure a multi-agency approach in which services do not overlap or work in isolation.⁴⁶

CYI notes the inclusion in the *Discussion Paper* of the suggestion, that given the fragmented nature of the sector, a review, stocktake, or mapping exercise of the primary and secondary services that already exist, is needed. While we certainly agree that this would appear to be a sound first step on a path to improved coordination, we would sound a note of caution in that during our own involvement in the CYWR trial we have seen both the Queensland and Australian Governments undertake a number of ‘service mapping exercises’ without seeing anything useful emerge on the other side of the process. The results of such an exercise should be made public in a regular and ongoing way.

Recommendation 13: In the existing welfare reform communities, work needs to continue to fundamentally reform service delivery and resolve ongoing difficulties in coordinating the supports and their involvement in the lives of individuals and families. A service delivery review could form an important part of resolving these difficulties, but this review must avoid the pitfalls of numerous past service mapping exercises that have failed to deliver improved on the ground outcomes.

Limited placement options

One of the key reasons children removed from the home are currently often located outside Cape York is the shortage of appropriate placement options.⁴⁷ Despite targeted efforts to address this issue, there remains a significant shortfall in available carers. This shortage is caused by a range of factors, including:

- widespread dysfunction
- overcrowding of homes
- criminal history of household members/exclusion from holding a Blue Card
- the complexity of the application process and applicant’s ability to meet the Statement of Standards.

There are a number of ways to overcome this problem, including the use of mentoring and respite systems, residential Safe Houses, specialised scholarship placements and using dedicated residential facilities attached to existing schools. This suite of options can be used to appropriately respond to different levels of need, and provide different levels of intensive support to children and young people.

Mentor and respite systems

One method of overcoming these placement shortages whilst ensuring that children are placed into appropriate homes—including Indigenous children being placed with Indigenous families, as per the Indigenous Child Placement Principle⁴⁸, is to use a mentor or contact-family model. This model would allow for stable families who have overcome adversity, conflict and trauma to be identified, so that they can be partnered up with troubled families to provide mentoring

⁴⁶ Putt, J. *op cit*, p. 58.

⁴⁷ There are also a number of children who are placed in Cairns due to a lack of services based in the Cape to meet their specific needs (e.g. medical, disability, or extreme behavioural issues usually related to either a child’s trauma background or mental health status). However, the vast majority of children and young people are placed outside of their community due to the lack of an appropriate placement within the community.

⁴⁸ *Child Protection Act 1999* (Qld), s83.

support and act as positive family role models. Community-based friendships and relationships are likely to provide natural learning opportunities, which are not usually available through more formalised services. 'Strong families' may also be encouraged to provide short-term respite services to their mentee families. This would ensure a consistent source of support for the children of troubled families and would also reduce their contact with the state care system. If this measure were to be adopted, some potential problems would also need to be assessed:

- It may be difficult to identify families that are truly free of family violence and abuse, as these issues are often hidden.
- There is a need to ensure transparency and accountability within a framework of rules, so that the care provided by mentor families is monitored, to some degree.
- There is a need to ensure that mentoring does not become free-loading. Potential mentoring families would need to be trained in how to offer constructive support without doing the work for the troubled family.

The potential of residential Safe Houses

In the last few years, the Department of Communities, Child Safety and Disability Services has funded a number of Safe Houses in Cape York. The Safe House model was designed to be a safe place for children to reside in their communities while their parent/s worked with Child Safety Services to address outstanding child protection concerns. Once these concerns are resolved, children can be safely reunified with their parents. One of these models is currently operational in Aurukun. However, the Aurukun Safe House has a limited capacity as it can currently only cater for up to six children at a time.

Overall, the introduction of the Safe House at Aurukun has been a success in giving children a sense of stability in their community while their parents work toward reunification. CYI acknowledges that the Safe House initiative has kept children that are removed from their home within their community, allowing a continuation of cultural and community ties and relationships. It also provides children with an opportunity to escape the immediate threat of violence. However, there are also some aspects of this model that have been problematic and require further consideration. Other homes in the community should also be able to provide 'safe house' support, hence CYI would like to see greater emphasis on the mentor and respite system above used in conjunction with Safe House options. The Safe House model may not be suitable or necessary for all communities, depending on their size and circumstances.

Recommendation 14: Safe places for children should be established in appropriate locations across Queensland to provide somewhere that all children within the relevant community can go to at any time of the day or night for short stays (e.g. one or two nights) when they feel unsafe in their home. It is not envisaged that the facility will address long term issues within the family home nor is it intended as a foster care service. This facility should be staffed with trained people equipped to manage any disclosure of harm.

Specialised scholarship placements

Equipping existing boarding school facilities with additional resourcing to support the often challenging trauma-based behaviour and poor academic levels of students would be of great benefit to at-risk children and young people from Cape York. The United Kingdom has developed a similar response to address care issues.

Boarding schools supplement the foster care system, UK

The United Kingdom is experiencing a crisis within their family based foster system. There are not enough carers to care for all their 'looked after children,' that is, children in the care of the state.

Since 2005 there have been a number of not for profit organisations and local council authorities offering funding for 'at risk' young people to attend boarding school facilities as an alternative to placing them in foster care. Children already in the care of the state are being identified to move into boarding school places to relieve pressure on the failing foster care system in an attempt to offer young people stable and supported care that has a focus on educational outcomes.

Government officials are hoping that an emerging pool of untapped foster carers will come forward as a result of more children in state care being placed in boarding school because couples or families who would be prepared to care for a child on the school holiday periods rather than full time.

The use of boarding placements in this way would help to deal with the severe shortage of placement options for both children who are entering the child protection system and children and young people who are in the long term care of the state. The creation of these boarding facilities would provide a safe structured environment for young people that would not only cater to their educational needs but also their therapeutic needs. These facilities would also help to stop the constant movement of children and young people between foster families and offer young people some stability.

Excellent residential facilities with some additional capacity are already available on the Cape, both at Western Cape College and also Djarragun College. With proper funding, facilities such as these could be made available for the development of a program that caters to the needs of children at risk of entering the care system or who have already entered the care system, and provide them with an opportunity for educational advancement by linking with the college. Such a program would need to be separately funded and support provided distinct to the school programs in these locations.

A program that allows students to remain at the facility during school holiday periods could also be incorporated. This would provide a safe structured environment for those students who cannot return to their family of origin during these times due to child protection concerns. This program would need to encourage the participation of parents and families to ensure connection is kept while safety is maintained.

Successful implementation of this model would depend on sufficient resourcing to employ staff with specialist knowledge to manage behaviours of traumatised children as well as supporting children from abusive backgrounds to catch up academically. The proposed model could assist to address:

- High rates of poor literacy and numeracy among children and young people from Cape York
 - Live-in education facilities will allow children and young people more one on one targeted attention to address literacy and numeracy deficits in a structured environment that offers predictable routine and safety.
- Poor physical health outcomes from lifestyle factors often learnt during formative years.
 - Traditionally boarding schools have had strong traditions of sporting participation and achievement both in Australia and internationally. An emphasis on sporting achievement, team work, healthy food and lifestyle choices will give young people the tools to make wise lifestyle choices in their adulthood.
- Poor emotional and mental health outcomes stemming from abuse and trauma.
 - A live-in educational model will act as a circuit breaker for young people to experience life without constant exposure to violence and other dysfunctional

behaviours. An environment free from these stressors will give young people an opportunity to start healing from their trauma.

- Disconnection of children from family and community created by placement in Cairns.
 - Boarding facilities within Cape York may widen the access parents have to attend school events and participate more in the schooling life of their child. However, opportunities for parents to participate in a meaningful way are somewhat diminished when a child is boarding in Cairns or other major towns.
- Lack of early intervention for children who are not yet in the care of the State.
 - Given the reported information that once children are removed and placed away from Cape York they seldom return, this facility could act as an early intervention option that could be offered to parents as a way of not having their child placed in foster care.

Recommendation 15: Opportunities currently available to make greater use of high quality residential facilities at Western Cape College and Djarragun College, should be explored. A funding solution is needed additional to education program funding, to provide the intensive support needed to respond to such children and young people.

Residential facilities

The use of dedicated residential facilities should also provide part of the solution to the severe shortage of placement options for children entering the child protection system, and children and young people who are in the long term care of the state. This idea is not new in Queensland or elsewhere, although in Queensland the option appears to have fallen out of favour since the demise of Boystown residential facilities, for example.

The United States has implemented a model in San Diego with schools established exclusively for foster children.

Residential educational facility for those in the child protection system, USA

San Pasqual Academy (San Diego county) was the first residential educational facility in the US catering exclusively for the specific needs of young people in the foster care system. The facility was designed in response to extremely poor outcomes being experienced by young people exiting the care system, particularly extremely low levels of high school diploma attainment and multiple placements within the family based foster care system.

The facility caters for 184 young people from grade 8 – 12. The on-campus high school implements a state sanctioned curriculum as well as many elective subjects and sporting opportunities. The young people are housed in 8 person cottages supervised by resident house parents. The residential component of the school is run by a not for profit organisation.

Unique to this model is the use of ‘foster grandparents’ who are individuals over the age of 55 who reside on the grounds and, in exchange for reduced rent, volunteer a minimum of 10 hours mentoring to the students weekly. The ‘grandparents’ share their insight and experience with the youth which develops their social skills, career interests, assists in making good life choices, and provides a model of good adult interactions. The ‘grandparents’ also assist students with homework and include students in non-academic activities such as cooking, gardening and crafts. The presence of ‘grandparents’ assists with the rebuilding of healthy relationships and community networks.

The program has an on-campus wellbeing centre that offers a suite of programs to address student emotional and behavioural issues.

A social work unit is located on site that is staffed by state social workers who are responsible for overseeing a young person’s case management and all other child protection and youth justice matters impacting on

students.

There is a strong emphasis on independent living skills, work readiness and entry into further education. The facility offers outreach services to students up to 12 months after they have graduated.

The facility is funded jointly by private and public enterprise and is open to young people in state care who are unlikely to be reunified or adopted from ages 12 to 18. Additional conditions for acceptance into the facility include that a young person must not have a history of untreated fire setting, be a perpetrator of sexual harm or have current severe emotional or behavioural presentation.

For Cape York, Djarragun College could provide such a response. Existing funding provided for capital works could be used to support the development of a special purpose facility and program catering for the needs of a small number of high needs kids in the care system. The program would need the support of highly skilled boarding staff, counsellors, and health professionals to manage trauma-based challenging behavior and other related difficulties. Young people in such a program would require intensive and specialist support. There would also need to be a strong emphasis on providing structure, consistency, discipline, achievement, work readiness and preparation for further employment or education. The facilities to be developed could also ensure that appropriate accommodation is available for parents and family members who can be appropriately supported to visit to re-connect or maintain their connection with their children.

Recommendation 16: Djarragun College may provide an opportunity for the design and development of a special purpose built facility and program to cater for young people with very high needs in the child protection system. Djarragun College and the Queensland Government should work together to develop such a model.

The child protection system must be able to measure key successes and failures

The Queensland Government must rethink how success in the child protection system is driven and measured.

- Our consultations suggest that once children are removed from their homes on the Cape York they rarely return.⁴⁹ However, data about reunifications are not available.
- We have also been told repeatedly during our consultations that children removed from their communities in Cape York, who are often placed in Cairns, experience very poor outcomes while they are under state orders and once they have exited state care.⁵⁰
- Research on the long term outcomes of children removed from the home is limited.⁵¹ However, that which does exist shows devastatingly poor outcomes, particularly for Indigenous children in Queensland.⁵²

⁴⁹ When children are removed from Cape York meaningful child-parent contact is likely to be limited. While Child Safety fly parents out of Cape York for family contact, the frequency of trips is varied and may be limited to settings such as public parks or shopping centres. In these circumstances it can be difficult for parents to demonstrate their capacity to support and protect their children, affecting the likelihood of reunification.

⁵⁰ These poor outcomes include: placement instability leading to homelessness; disengagement from education; poor educational/vocational/employment opportunities; poor physical and mental health outcomes; risk taking behaviours including drug and alcohol misuse; increased likelihood of entering a domestically violent relationship; prostitution; contact with the criminal justice system often due to violent offending; early and/or unplanned parenthood; continued disconnection from family and community relationships; lack of life skills and an inability to competently manage one's affairs.

⁵¹ For a discussion on the long term outcomes of children in care see Bromfield, L. M., and Osborn, A. (2007). 'Getting the big picture': A synopsis and critique of Australian out-of-home care research (Research Brief No. 16). Melbourne: National Child Protection Clearinghouse, Australian Institute of Family Studies.

Tracking reunification and long term outcomes for children who enter the state protection system is fundamental to efforts to improve Queensland's child protection system over the long term.

Recommendation 17: The level of child reunifications must become a routinely used measure for success in order to assess the health of the Child Safety system. Similarly, a greater effort must be made to develop mechanisms that provide ongoing understanding of the long term impacts of child protection interventions; these outcomes should be used to drive future reforms.

Conclusions

The children of Cape York have been in jobless households for generations now, and they have witnessed and been the victims of too much violence. The conditions for the repetition of the cycle are all there. It is these conditions that must be disrupted by reforms. The disastrous effects of passive welfare must be attacked, and positive social norms must be restored, if social and economic progress—including the reduction of child harm—is to occur.

The Queensland Government must continue a program of fundamental reform in order to improve child protection outcomes in Queensland's Indigenous communities. Our vision for Cape York is this:

- Wherever possible, Cape York parents, families and communities must assume and retain responsibility for ensuring the safety and wellbeing of their children.
- Greater responsibility must be assumed by family members other than the parents, and with the community beyond the family, and local community leaders.
- The cycle of family violence that has become an entrenched norm in these communities must be broken.
- Community members and leaders must take responsibility for promoting positive social norms around parental responsibility, and to ensure that violence is not tolerated.

Reforms must guard against the normalisation and acceptance of dysfunctional behaviour in these communities. Parents must be held accountable, their responsibilities must be reinforced, and they must also be provided with opportunities to change their behaviour. In this regard, leaving engagement until the tertiary end of the spectrum is not good enough in communities where the scale of the problem is so extreme; such an approach only serves to compound the cycle of disadvantage.

Alcohol is a major precipitating cause of child removal on the Cape. It drives family violence, child abuse and neglect. The Queensland Government's review of the AMPs currently in place in 19 Indigenous communities is misconceived. It is simply too soon to relax or remove alcohol restrictions in these communities and to do so jeopardises the hard won progress that has been made over recent years. CYI proposes that any relaxation of alcohol restrictions, and their eventual removal, should be linked to objectively measured reductions in harm levels, including harm to children.

⁵² Stewart, A., Dennison, S. and Waterson, E. (2002). Pathways from child maltreatment to juvenile offending. *Trends and issues in Crime and Criminal Justice*. Canberra: Australian Institute of Criminology; Stewart, A., Livingstone, M. and Dennison, S. (2008). Transitions and turning points: examining the links between child maltreatment and juvenile offending. *Child Abuse and Neglect*, 31, pp.51-66; Lynch, M., Buckman, J. and L. Krenske. (2003). Youth justice: criminal trajectories. *Trends and issues in crime and criminal justice*. Canberra: Australian Institute of Criminology.

The notion of there being a need for responsibility plus opportunity in order to build capability, can be used to guide reforms in the area of child protection, and the development and implementation of primary and secondary support services in Queensland to help prevent child harm from reaching the level at which statutory intervention is required. In Queensland's Indigenous communities there continues to be both a responsibility and an opportunity deficit.

In general, parents and families in Queensland are not being provided with the opportunities that must accompany responsibility to build the capability of individuals and families to provide safe and nurturing homes for children. The entrenched social norm deficits that lead to the abuse and neglect of children cannot be fixed just by rolling out yet another program that is only funded for a two or three year period. A sustained, multi-systemic approach is required to tackle this issue. We need all community members, service providers and governments to be on the same path moving toward the same goal.

There are valuable lessons to be learned from the CYWR trial that should inform effective reforms of the child protection system. The FRC model and the method and approach to providing individuals and families with supports to change are powerful examples of success where so many previous efforts have failed.

Attachment:

Copy of the CYI submission to the Queensland Government's review of Alcohol Management Plans, May 2013.



Cape York Institute

For Policy & Leadership

Queensland Government review of Alcohol Management Plans

Submission

May 2013

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Introduction

It will be a great tragedy if the current review of Alcohol Management Plans (AMPs) results in their immediate removal in any of the 19 Indigenous communities across Queensland where they are in place. It is not the right time to roll back AMPs. It is simply too soon.

AMPs are working to reduce violence and dysfunction, and communities are slowly normalising. Since the introduction of AMPs the momentum of change has been building. Everyday life is beginning to transform in these communities.

In the four welfare reform communities in particular, stabilising the social environment through alcohol restrictions is a necessary precondition for other successes under the Cape York Welfare Reform (CYWR) trial. These successes are documented in the recently released independent evaluation of the trial, and are most clearly evident in the areas of education and social responsibility. Kids are going to school more often and are doing better at school. Crime is decreasing. Serious injuries are decreasing. Families have money available to put food on the table and to invest in the development of their children.

Despite the positive momentum, there is still much further to go. Violence and alcohol fuelled problems are still disproportionately high across the Cape communities.

AMPs are not racially discriminatory. They are necessary for the equal enjoyment of human rights to health, safety, freedom from violence and education in these communities. Equality is indeed the correct goal. Equality in the perceived right to drink, however, is as yet a far off concern in the face of other far more pressing human rights at stake in these communities.

AMPs are not paternalistic. Rather, they are examples of Indigenous communities taking control of their alcohol problems, and taking responsibility for their communities' futures, wellbeing and safety. AMPs were community driven. They were developed after many years during which calls for change, often made by Indigenous women, went repeatedly unheeded.

Extreme caution must be exercised in purporting to give each community a choice about the path ahead before the objectives of the AMPs have been achieved. The Queensland Government has an obligation to make sure that this choice is fully informed and that all voices in the community are empowered to have their view heard.

What is needed now is sustained effort. We need to strengthen and support the effectiveness of AMPs, not remove them. We need to redouble our enforcement efforts and get serious about tackling sly grog and home brew, which is still fuelling much violence. And we need to continue our efforts to tackle passive welfare dependence, improve education and employment, and to implement fundamental land reform.

We also need real solutions for those in the grip of addiction—some of whom are drawn to centres such as Cairns in their quest for alcohol. There remain astonishing service delivery gaps in key areas of alcohol rehabilitation, and in some cases these gaps have widened over time.

The goal for these 19 communities remains normalisation. The Queensland Government must develop a clear transition plan in the form of a medium to long term, staged process by which reductions in harm are linked to financial incentives for councils, and the relaxation and eventual removal of alcohol restrictions.

Why are AMPs needed?

Indigenous communities experience alcohol related problems at the most severe end of the spectrum. This has been well established in Queensland, including through multiple reviews and inquiries. The data is overwhelming, and we do not repeat it here.¹

Excessive alcohol abuse in these communities causes disproportionately elevated levels of violence, crime, child maltreatment and neglect, social disorder, and poor education outcomes. There is no doubt that alcohol is a trigger and cause of violence.² Consultations with community members and service providers tell us that:

- Alcohol is still the major cause and trigger of family violence in Cape York communities, despite the AMPs. This is because sly grog gets into the communities, and home brew is also sometimes a problem.³ Drugs, such as marijuana, are also causing violence.
- Alcohol continues to be a major precipitating cause of child removal on the Cape, as it is a driver of family violence, child abuse and neglect. Again sly grog and home brew are a problem.
 - A significant decline in parental responsibilities occurred with the introduction of alcohol and the increase in alcohol abuse in Cape York communities. In welfare reform communities we know that individuals and families are increasingly taking on this responsibility, however, social norms around parental responsibility for their children have yet to be normalised in any of Queensland's Indigenous communities.
 - Alcohol abuse and other addictions continue to adversely impact on parental responsibility, causing child neglect and abuse. The use of scarce family resources to support substance abuse impacts on children's welfare. Children do not get fed properly. They do not sleep when their parents are up all night drinking, partying and fighting. They miss school, or arrive at school too tired to learn.
- Although no one has a precise handle on the scope of the problem, anecdotal evidence suggests that a substantial proportion of children in these communities suffer from cognitive impairment that may be the result of Fetal Alcohol Syndrome Disorder (FASD). Because of alcohol, the full potential of these children's lives is lost before they are even born.

There is clear evidence (both local and international) that supply reduction and demand reduction interventions are effective in addressing the harm caused by excessive alcohol consumption.⁴ Evidence suggests that alcohol policy designed to reduce overall consumption may be more effective at reducing violence than other criminal justice policy initiatives.⁵

¹ Australian Institute of Health and Welfare. 2011, 2010 National Drug Strategy Household Survey report, Drug Statistics Series no. 25, Canberra: Australian Institute of Health and Welfare; Department of Health and Ageing. 2012, Aboriginal and Torres Strait Islander Health Performance Framework: Tier 2 – Health Behaviours, Risky Alcohol Consumption, <<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458685>>; Wilson, M., Stearne, A., Gray, D., and Sherry, S. 2010, The harmful use of alcohol amongst Indigenous Australians, <http://www.responsiblechoice.com.au/wp-content/uploads/2013/01/alcohol_review_june_2010.pdf>.

² Australian Institute of Health and Welfare. 2011, 2010 National Drug Strategy Household Survey report, Drug Statistics Series no. 25, Canberra: Australian Institute of Health and Welfare; Mouzos, J. and Seagrave, M. 2004, Homicide in Australia 2002-2003 – National homicide monitoring program annual report, Research and Public Policy Series no. 55. Canberra: Australian Institute of Criminology; Lievore, D. 2003, Recidivism of sexual assault offenders: rates, risk factors and treatment efficacy. Canberra, ACT: Australian Institute of Criminology; English, D., Holman, C. and Milne, E. 1995, The quantification of drug caused morbidity and mortality in Australia. Canberra, ACT: Commonwealth Department of Human Services and Health; Gaffney, A., Jones, W., Sweeney, J., and Payne, J. 2010, Drug use monitoring in Australia: 2008 report on drug use among police detainees. Canberra, ACT: Australian Institute of Criminology.

³ This appears to be particularly true for Mornington Island.

⁴ Douglas, M. 1998, 'Restriction of the hours of sale of alcohol in a small community: a beneficial impact', *Australian and New Zealand Journal of Public Health*, vol. 22, no. 6, pp. 714–719; Gray, D. and Wilkes, E. 2010, Reducing Alcohol and Other Drug

Not paternalism and discrimination, but responsibility and need

Premier Campbell Newman has suggested that the Alcohol Management Plans (AMPs) are a 'temporary band aid solution' that should be phased out. He has also described them as 'paternalistic' and 'discriminatory'. He has asked:

Why is it that an Aboriginal worker cannot come home to a home they own and have a beer on their front porch and watch the TV news with their family? ...Why shouldn't they have that opportunity, sooner rather than later? ...Our ultimate goal is that Aboriginal people in this state, in the future should have the same deal as any other Queenslander.⁶

In making these comments, the Premier in many ways correctly contextualised the role of AMPs. AMPs are a stepping stone towards the long term objective of equality of opportunities for Indigenous Australians. AMPs aim to ensure that Indigenous Australians someday will enjoy substantive equality: equality in living standards and equality in enjoyment of human rights.

We agree with the Premier that the ultimate goal is 'for all Queenslanders to have the same opportunities, no matter where they live'.⁷ The long term goal is to have Indigenous Australians enjoying the same rights and responsibilities as other Queenslanders in all areas of life, including, ultimately, in their 'right to drink' alcohol. The more pertinent and difficult question, however, is how are we going to get there?

In criticising paternalism, the Premier has touched on a key principle that CYI has for many years promoted as being integral for development, progress and social wellbeing: personal responsibility. It is true that too many Indigenous policies actually prevent, rather than encourage, Indigenous people from taking responsibility for their own lives. However, AMPs do not prevent Indigenous people from taking responsibility, they promote it. Alcohol restrictions in these communities are a necessary precondition for enabling individuals and families to start to change their lives in other important ways—such as by taking responsibility for the care and wellbeing of their children, and starting to manage their money to support better outcomes for themselves and their family. Restrictions provide a level of improved stability so that other positive changes can occur.

AMPs are not paternalistic. They are not discriminatory. They are examples of Indigenous communities taking control and taking responsibility. Alcohol restrictions in Cape York Indigenous communities were community-driven. Community voices, often of Indigenous women, wanted steps to be taken to tackle alcohol abuse. This has been highlighted throughout consultations in many inquiries, over many years. These include the:

Related Harm, Closing the Gap Clearinghouse, Australian Institute of Health and Welfare, Resource sheet no. 3, <<http://www.aihw.gov.au/closingthegap>>; Margolis, S. A., Ypinazar, V., Muller, R. and Clough, A. 2011, 'Increasing alcohol restrictions and rates of serious injury in four remote Australian Indigenous communities', *Medical Journal of Australia*, vol. 194 no. 10, pp. 503–506, <<https://www.mja.com.au/journal/2011/194/10/increasing-alcohol-restrictions-and-rates-serious-injury-four-remote-australian>>; Seale, J.P., Shellenberger, S., Rodriguez, C., Seale, J.D. and Alvarado, M. 2002, 'Alcohol use and cultural change in an indigenous population: a case study from Venezuela' *Alcohol and alcoholism* vol. 37, no. 6, pp. 603–608; Brady, M. 2000, 'Alcohol policy issues for Indigenous people in the United States, Canada, Australia and New Zealand' *Contemporary Drug Problems*, vol. 27, pp. 476, 480, 492.

⁵ Parker, R.N. 1995, 'Bringing "Booze" Back In: The Relationship Between Alcohol and Homicide' *Journal of Research in Crime and Delinquency*, vol. 32, no.3.; Anderson, P., Chisolm, D. and Fuhr, D. 2009, 'Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol' *Lancet*, vol. 373, pp. 2234–2246; Smith, L., Morgan, A. and McAtamney, A. 2011, *Policing licensed premises in the Australian Capital Territory*. Canberra, ACT: Australian Institute of Criminology; Babor, T., R. Caetano., S. Casswell., Edwards, G., Giesbrecht, G., Grube, J., et al. 2003, *Alcohol: no ordinary commodity*. New York: World Health Organisation and Oxford University Press.

⁶ Queensland Government. 2012, Department of Aboriginal and Torres Strait Islander and Multicultural Affairs, Alcohol reforms, <<http://www.indigenous.qld.gov.au/atsis/government/programs-and-initiatives/alcohol-reforms/about-alcohol-reforms>>.

⁷ *Ibid.*

- Royal Commission into Aboriginal Deaths in Custody (1991)
- Aboriginal and Torres Strait Islander Women's Task Force on Violence report (1991)
- *Violence in Indigenous Communities report* (2001)
- *Cape York Justice Study* (2001)
- *CMC's Restoring Order: crime prevention, policing and local justice in Queensland's Indigenous communities* (2009).

Justice Tony Fitzgerald's *Cape York Justice Study* inquiry provided the immediate trigger for the introduction of alcohol restrictions by the Beattie government. This inquiry itself was born out of the advocacy of Indigenous communities and organisations, particularly Cape York Partnerships and Apunipima.

To renege on the government's commitment to maintain alcohol restrictions until harm levels are normalised would do a grave disservice to those who struggled, sometimes at a high personal cost, to get these restrictions in place. It was often women who were the strongest supporters of the restrictions, and speaking out on the issue meant facing threats and intimidation from drinkers who resisted the proposed changes.

Where there are severe social problems occurring as a result of alcohol abuse and the community does not take responsibility for the problem, state and federal governments do have a responsibility to protect their citizens. If this means that alcohol restrictions need to be imposed to ensure that the people in these troubled communities enjoy rights to safety, health and wellbeing equal to other citizens, then they should be imposed until the situation can be normalised. The state and federal governments should take steps to ensure that the community does take responsibility for the problem.

Unique alcohol interventions are required to respond to the unique scale of the problems with alcohol that these communities experience. The unique circumstances that have led to the extraordinarily high levels of alcohol abuse and dysfunction include remoteness, heightened levels of poverty and unemployment, passive welfare, and Indigenous-specific laws imposed by federal and state governments which mean that there is a lack of individual land ownership, commercial activity, growth, progress, and market (and thus social) *normality*.⁸

AMPs treat these communities differently not because they are Indigenous communities per se, but on the basis of demonstrated *need*. Indeed, if non-Indigenous people live in or visit an AMP community, they are subject to the same laws. If a non-Indigenous community demonstrates the same level of need, alcohol interventions including restrictions should be put in place there as well.

The perceived 'right to drink'

As well as equal rights, Indigenous people need to be trusted with equal responsibilities. Where alcohol is concerned, the notion of rights versus responsibilities needs to be carefully unpacked. We need to ask: what is an alcohol policy for Indigenous Australian communities as they are at the moment, which properly adheres to the important principle of personal responsibility, as well as equality in rights?

The perceived right to drink comes with responsibilities. It very often interacts with other often more important human rights within communities. The perceived right to drink may interact negatively with the right of vulnerable community members, particularly children, to be free

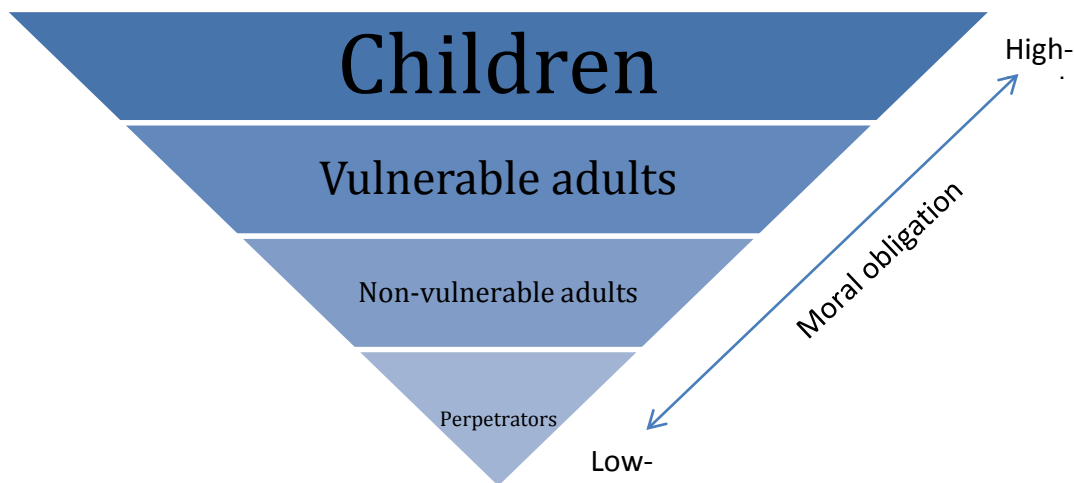
⁸ CYI and Noel Pearson have published extensively about these issues previously and these details are not repeated here.

from violence and fear, and to grow up safe and healthy, to go to school, to be educated, and to enjoy high standards of physical and mental health. Prior to the implementation of alcohol restrictions, a selfish, perceived right of parents to drink was far too often pursued at the expense of parental responsibilities and the wellbeing of children. For example, one service provider describes the scene at the tavern when they first arrived in Aurukun in 2007, after the introduction of alcohol restrictions but before they were tightened to make the community as dry as possible. At this stage the tavern in Aurukun was open from 3-6pm and there were restrictions on the strength and number of drinks served.

I walked into the tavern...walked into 300 Indigenous people at three o'clock in the afternoon. The first thing that struck me was the silence in the tavern, no talking, everyone was concentrating on their drinks – they had two mid strength drinks in front of them...and they were drinking, and they drank one beer, two beers, go up and get another. One beer, two beers...so there was no talking until about four-thirty when people got a bit rowdy and a bit more drunk. So I landed and I got my two drinks and I sat down and I looked around at the people of Aurukun and then I looked outside the tavern and I saw that there were just as many people outside the tavern as there were inside, but they were the children—were all sitting outside the tavern waiting for whoever and they were just sitting and watching, there was no noise from them either, it was just so silent...At six o'clock the bell rang, I finished up and I remember walking out with everyone...and I still remember seeing all the kids around waiting for their parents to come out and what I would later see would happen was that parents would get...because they had the takeaway attached to the shop and they'd get their bag of hot chips or bag of revolting chicken and cheese deep-fried balls, and that's how they would get fed on the way home.⁹

In order to ensure that rights and responsibilities are being balanced in a way that will improve outcomes for children, a clear ordering of moral priorities must apply. Figure 1 presents the scale of moral obligation that should underpin how rights and responsibilities are weighed up, with children to be accorded the highest moral priority.

Figure 1: Scale of moral obligation



Note. 'Vulnerable adults' include the disabled, elderly and other persons with special vulnerabilities and needs. 'Non-vulnerable adults' include other able-bodied adults without special needs.

The long term goal of an equal 'right to drink' must therefore be approached in a balanced and sensible way, bearing in mind the *reality* in these communities, the very real social problems at play, and how far these communities have to go before they are as safe, functional and

⁹ Service provider - Interviews, Visual Participatory Evaluation of the Cape York Aboriginal Australia Academy, Dr Annie Holden ImpaxSIA Consulting, 2013.

prosperous as the rest of Australia. In order to see problems rectified for future generations, we must place the transformation of the lives of children as the key priority.

Additionally, we must remember that nowhere in Australia is the perceived right to drink an unfettered right, without responsibilities. Everywhere, there are restrictions on serving alcohol to intoxicated people, on drinking age, on where you can consume alcohol, on public drinking, and on the hours at which alcohol can be sold. These restrictions respond to safety, health, law and order and social wellbeing needs appropriate to particular circumstances.

From a policy perspective, the equality in the 'right to drink' argument will not get us where we want to go—it will not create safe, prosperous, functional communities. We will simply see Indigenous communities decline to the levels of violence and dysfunction we saw prior to AMPs.

At the same time, treating Indigenous communities as if they are perpetual exceptions to the rules that should apply to everyone else is also not the right way to approach things. Yes, equality is the right approach. But the perceived 'right to drink' should correctly be thought of as a privilege, and one that comes with onerous responsibilities. It is not the same as the rights to be free from violence, to be safe, to be educated, and to be healthy.

The independent evaluation of the CYWR trial suggests that there has been growing support for restricting alcohol supply among community members. Anthropologist, John von Sturmer, reports a shift in attitudes towards alcohol in the communities in recent years. Where previously people saw drinking as 'the very sign of personal liberty', he now notes that 'at no time in our interviews did anyone say curtailment of drinking was a bad thing'.¹⁰

Removing AMPs before the situation in these communities has normalised, prioritises the right to drink over the right of women, children and others in these places to have love, wellbeing and safety.

Are AMPs working?

No fair minded person familiar with these communities prior to the AMPs would dispute that a seismic shift has started to occur with the introduction of AMPs. More homes and gardens are now cared for. More money is now available for other things—food on the table, children's toys, books and play equipment.

Ask any police officer who worked in these communities before the introduction of the AMPs. Ask the school teachers and the doctors and nurses who see firsthand the impact of sly grog in the communities today. The teachers will tell you, for example, about the slump in school attendance that inevitably follows a night of partying and fighting when grog comes to town. They will tell you that the children who do turn up on these days are often unable to stay awake; they are sleep deprived due to the drinking, partying, fighting and noise of the night before. Cape York Aboriginal Australian Academy (CYAAA) data confirms this; it shows that school attendance drops by 10-20% after such alcohol fuelled nights.¹¹

These communities are so palpably different to when the grog was rife that TV crews can show it on a screen. The Four Corners crew, who noted Aurukun once had the highest murder rate and

¹⁰ von Sturmer, J. 2013, *Living under the Family Responsibilities Commission: Experience and Testimony; Speaking straight, speaking from the heart*, p. 4.

¹¹ CYAAA internal attendance tracking data.

lowest school attendance in the country, were able to show a clear improvement when they visited Aurukun in 2011 from their previous pre-AMP visit.¹²

The change in Aurukun has also been described by anthropologist Peter Sutton:

In the four years 1999-2002, there were six suicides and six homicides in this community of less than a thousand people ...In the almost four years after the introduction of [state-imposed] alcohol controls, there were only two suicides and one death caused by 'trauma', and no confirmed homicides.¹³

The independent evaluation of the CYWR trial shows there was a large statistically significant fall in serious assaults resulting in injury in Aurukun in mid-2008. The evaluation states this large fall 'appears to reflect the impact of the reduction in trading conditions and subsequent closure of the Three Rivers Tavern from March 2008'.¹⁴

The experience of the CYWR trial itself reinforces the importance of alcohol restrictions. The successes of the CYWR trial, as documented in the recent CYWR independent evaluation, would not have occurred without alcohol restrictions. Alcohol restrictions have provided greater social stability on which the other initiatives of the CYWR trial have built—to achieve positive shifts in social norms around parenting, household budgeting and school attendance, for example. John von Sturmer, who has had a long association with Cape York communities, observes in his report:

- 'that the restriction on alcohol has had an enormous "calming" effect. It makes life more liveable. Anybody who has lived within these situations during the heavy boozing days knows how destructive and intolerable the situation was then'
- that there has been a positive shift in community norms regarding less tolerance towards alcohol abuse.¹⁵

Queensland Government quantitative data across the communities also increasingly confirms the clear impact of AMPs.¹⁶ For instance, the most recent annual data report shows a widespread downward trend since the introduction of AMPs for assault-related hospitalisations (Figures 2 and 3).¹⁷

¹² ABC News. 'ABC News Four Corners: Aurukun learning lessons of NT intervention', 2 May 2011, <<http://www.abc.net.au/news/2011-05-02/aurukun-learning-lessons-of-nt-intervention/2700332>>; Family Responsibilities Commission. 2011, Quarterly Report no. 12: April – June 2011, 2, <<http://www.datsima.qld.gov.au/resources/atsis/government/families-responsibilities-commission/frc-quarterly-report-12.pdf>>.

¹³ Sutton. P cited in Glendinnen, A. 2009, *The Pearson Solution*, <<http://www.theaustralian.com.au/arts/books/the-pearson-solution/story-e6frg8nf-1225804242266>>.

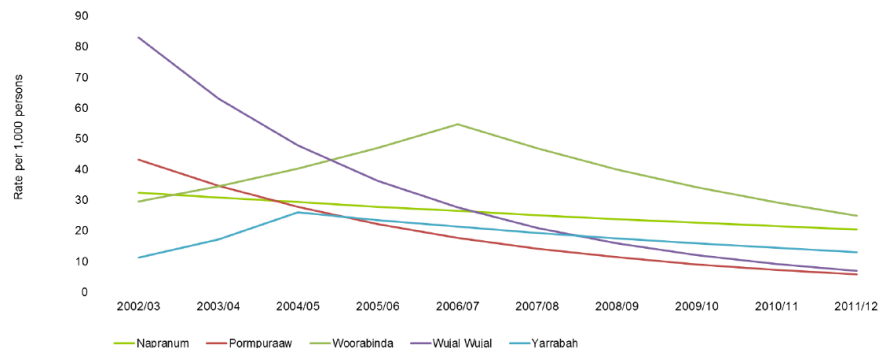
¹⁴ Limerick, M. 2013, Overview, *Cape York Welfare Reform: Evaluation Report*, pp. 42-43; see also at p. 270. In other communities, such as Kowanyama, on the ground service providers such as police and teachers have also noted a clear improvement coinciding with the closure of the canteens.

¹⁵ von Sturmer, op cit, p. 4.

¹⁶ It is noted that despite having this review of AMPs on foot, the most recent Queensland Government data released in the 'Quarterly Indicator' reports are more than 12 months old. Up-to-date data and analysis are relevant to assessing current levels of harm in these communities.

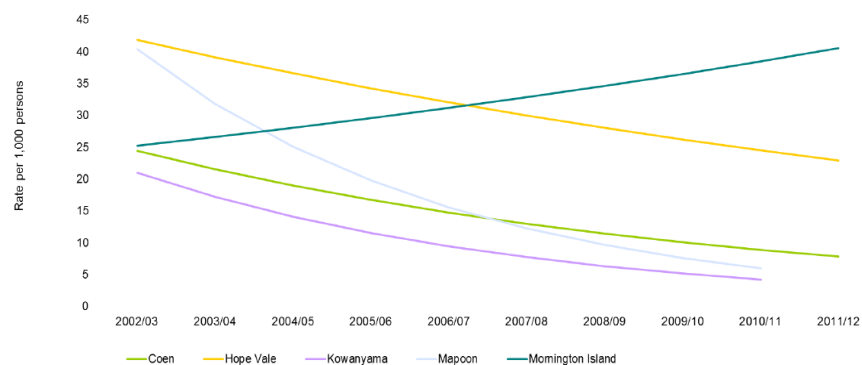
¹⁷ Data for Aurukun were not included in Figures 1 or 2 because for 2010/11 and most of 2011/12, admissions for assault-related conditions in or near Aurukun relate to admissions to Weipa Hospital only. For these periods, data from Aurukun Primary Health Care Centre are not complete due to changes in improving data capture processes.

Figure 2: Trends for communities showing statistical evidence of change in hospital admissions for assault related conditions with ranges of more than 25% – all admissions of residents, 2002/03 to 2011/12¹⁸



Source: Department of Aboriginal and Torres Strait Islander and Multicultural Affairs, 2013.¹⁹ **Note:** Only communities that show statistically significant change with a range of more than 25% are included in Figure 2.

Figure 3: Trends for communities showing statistical evidence of change in hospital admissions for assault related conditions with ranges of less than 25% – all admissions of residents, 2002/03 to 2011/12



Source: Department of Aboriginal and Torres Strait Islander and Multicultural Affairs, 2013.²⁰ **Note:** Only communities that show statistically significant change with a range of less than 25% are included in Figure 3.

Although nine of the 10 communities displayed in Figures 1 and 2 indicate statistically significant declines in assault related hospital submissions, Mornington Island indicates a significant increase. Those on the ground in Mornington Island suggest it has a particular problem with home brew, which may be one explanation of this upward trend.

Hospitalisation admission rates for assault related conditions provide one indicator of change. Trends for other indicators included in Queensland Government data are summarised in a table at **Appendix A**.

¹⁸ The data illustrated in Figures 2 and 3 do not represent the prevalence of each condition in each area, rather the number of hospital admissions for each condition. Some patients will have several hospitalisations for the same disease or injury episode and thus, the burden of injury may be overestimated by measuring hospital admissions.

¹⁹ Department of Aboriginal and Torres Strait Islander and Multicultural Affairs. 2013, *Annual Bulletin for Queensland's discrete Indigenous communities: 2011/2012*, Brisbane: DATSIMA, p.3.

²⁰ Department of Aboriginal and Torres Strait Islander and Multicultural Affairs. 2013, *Annual Bulletin for Queensland's discrete Indigenous communities: 2011/2012*, Brisbane: DATSIMA, p.2.

Independent studies also show that AMPs have been effective in reducing harm:

- Studies using Royal Flying Doctor Service (RFDS) data on trauma and injury retrieval rates showed statistically significant reductions in the retrieval rates for serious injury after the introduction of AMPs.²¹ The absolute and proportional rates of serious-injury retrievals fell significantly as restrictions on alcohol increased.
- In the communities considered, the rate of serious injury is shown to be at the lowest recorded in 15 years, in spite of a general trend in Queensland and Australia-wide, of injury rates rising slowly over time.²²

Positive outcomes have also been noted in other parts of Australia where similar alcohol management approaches are taken.²³

The current Queensland Government review of AMPs should be informed by independent, open and up-to-date data and analysis, and other evidence relevant to assessing the effectiveness of AMPs.²⁴ It is most disappointing that these are not features of the Queensland Government's approach.

A recent change to the open availability of data

Oddly, given the existence of the Queensland Government's AMP review, CYI has been informed that the Minister for Aboriginal and Torres Strait Islander Affairs has recently decided that data regarding the levels of harm in these communities will be provided on a much more restricted basis than has previously been the case.²⁵

In the 2001 *Cape York Justice Study*, Fitzgerald insisted that 'there must be effective resourcing and coordination of community and regional level data collection' to accurately ascertain levels of harm in these communities.²⁶ Without these data, efforts to monitor the impacts of any reforms are 'indefinitely hampered'.²⁷

Since the introduction of alcohol restrictions, the Queensland Government has openly published Quarterly Reports on key indicators of harm in Queensland's Indigenous communities. Annual reports have also been made available that consider longer term statistical trends. The publication of this up-to-date local level data in Quarterly Reports has previously been hailed as being a 'strong step' forward in terms of bringing transparency and rigor to the monitoring and reporting about one of the most vexing problems of our time.²⁸

²¹ Margolis, S., Ypinazar, V.A. and Muller, R. 2008, 'The impact of supply reduction through alcohol management plans on serious injury in remote Indigenous communities in remote Australia: A ten-year analysis using data from the Royal Flying Doctor Service', *Alcohol and Alcoholism*, vol. 43, no. 1, pp. 104–110.

²² Margolis et al. 2011, 'Increasing alcohol restrictions...', op cit, pp. 503–506.

²³ Hudson, S. 2011, Alcohol restrictions in Indigenous communities and frontier towns, The Centre for Independent Studies Policy Monograph no. 116, < <http://test.cis.org.au/images/stories/policy-monographs/pm-116.pdf> >.

²⁴ Although the Queensland Government is conducting a review of AMPs the most recent public release of Queensland Government data central to an assessment of the levels of harm in these communities is now 12 months old: the *Quarterly report on Key Indicators in Queensland's discrete Indigenous communities January-March 2012*. Further, despite the seriousness of this issue, and its proven intractability to other policy solutions, there has been no investment made by the Queensland Government in a rigorous independent evaluation to determine the effectiveness of AMPs.

²⁵ No formal announcement has been made, but CYI has been informed of the Minister's decision through departmental communications.

²⁶ Fitzgerald, T. 2001, *Cape York Justice Study*, Brisbane: Queensland Government, p.104.

²⁷ Fitzgerald, T. 2001, *Cape York Justice Study*, Brisbane: Queensland Government, p.91, 222.

²⁸ Crime and Misconduct Commission. 2009, *Restoring Order: crime prevention, policing and local justice in Queensland's Indigenous communities*. Brisbane: CMC.

Yet now, in the midst of a review contemplating the removal of alcohol restrictions if the 'community' desires it, a decision is made to limit the provision of this information. CYI understands these local level data showing levels of harm will now only be made available annually, and will only be provided as a matter of course to the community involved rather than publicly released.²⁹ The annual report on levels of harm will no longer be published on the government's website, but will be available 'on request'. CYI has been advised by the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs that the decision to limit the availability of these objective data about levels of harm was made because some Mayors argue 'that publication of the information in these reports on the website portrays a very negative image of community life.'³⁰

The decision to limit the availability of these data is in direct contrast to the direction the government is heading with other (mainstream/non-Indigenous data) through its 'open data revolution'³¹ and releases of multiple data sets.³² In October 2012 Premier Newman, stated:

The LNP is determined to change the culture of the Queensland Government to be more open by allowing more public access to Government information collected in all regions, in all kinds of formats, for all kinds of reasons.³³

It is difficult not to conclude that when it comes to Queensland's Indigenous communities a different standard is being applied, and that we are seeing a shift back to a time when problems in these communities were routinely swept under the carpet, rather than examined openly in order to understand them, make efforts to address them, and allow for progress to be tracked.

CYI has requested and received a copy of the latest annual data report from the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs. The latest data paints a picture that shows:

- an increasingly convincing picture over time of largely downward trends in harm levels since the introduction of AMPs
- rates of harm in these communities are still far above the state average; there is a long way to go before harm in these communities is normalised.³⁴

This raises a number of questions for the Queensland Government:

- Has the decision to limit the availability of these data been influenced by the fact that they paint an increasingly positive picture of the impact of AMPs at reducing levels of harm over time? Is the government not wanting to focus on these facts at a time when it is proposing that alcohol restrictions can be removed?
- By conducting the current review of AMPs and providing 'communities' with the ability to seek to have the restrictions lifted, is the Queensland Government implying that the current levels of harm—which although reduced are still very high—are 'good enough' or acceptable

²⁹ The communities themselves will now have a more limited ability to consider the data of other communities by way of comparison.

³⁰ Email communication, Department of Aboriginal and Torres Strait Islander and Multicultural Affairs, 3 May 2013.

³¹ The Honourable Campbell Newman, Media Statement: Queensland Government's 'open data' revolution begins, 9 October 2012 <<http://statements.qld.gov.au/Statement/2012/10/9/queensland-governments-open-data-revolution-begins>>.

³² The Honourable Campbell Newman, Media Statement: New portal revolutionises open data, 14 December 2012 <<http://statements.qld.gov.au/Statement/2012/12/14/new-portal-revolutionises-open-data>>. The Honourable Campbell Newman, Media Statement: Queensland data opens up world of possibilities, 3 April 2013 <<http://statements.qld.gov.au/Statement/2013/4/3/queensland-data-opens-up-world-of-possibilities>>.

³³ The Honourable Campbell Newman, Media Statement: Queensland Government's 'open data' revolution, op cit.

³⁴ ³⁴ Department of Aboriginal and Torres Strait Islander and Multicultural Affairs. 2013, *Annual Bulletin for Queensland's discrete Indigenous communities: 2011/2012*, Brisbane: DATSIMA.

for Indigenous communities? Would they be considered acceptable in any other area of Queensland?

- Has the decision to limit the availability of these data been influenced by a fear that if alcohol restrictions are removed in some locations, going forward such public reporting will expose the government to criticism as the data will show corresponding rises in levels of harm?
- Finally, what message is the Queensland Government sending to leaders of Queensland's Indigenous communities by accepting the proposition put forward by some Mayors *that it is the availability of reporting about levels of harm* that portrays these communities in a very negative light? CYI suggests that to accept this proposition is to send entirely the wrong message to Mayors and other Indigenous leaders—it is not the availability of the reporting on levels of harm that leads to negative portrayal, *it is the actual harm occurring* that is the problem. The Queensland Government should not acquiesce to the views of those Mayors who suggest that limiting the availability of these data is somehow part of the solution. Instead the Queensland Government should demand that Mayors and other leaders at the local level step up and take responsibility for helping to drive these harm levels down. This is discussed further below.

AMPs should be strengthened and supported

Too much alcohol continues to flow into these communities. More needs to be done to prevent sly grog and the penalties imposed on those bringing sly grog into the community should be strengthened.

Police have told us that they spend a lot of time chasing after sly groggers, but that a lot of alcohol is still getting into communities. Alcohol trafficking is clearly still an attractive activity. With reduced alcohol available in communities the on-sale price has risen. We were advised that people will pay \$300 for a bottle of rum. The risk of being caught and the legal response is not sufficient to deter sly groggers. Police expressed frustration at court responses to both alcohol related family violence and grogging.

The limitations of the current system of court prosecution resulting in imposition of a fine for breaches of AMPs are well known to police and community members alike. All too often fines imposed result in unfinalised SPER (State Penalties Enforcement Register) debt. CYI suggests that in order to make sanctions imposed against those who breach the AMP more meaningful, people with such debts could be referred to the Family Responsibilities Commission, where they could be encouraged by local commissioners to access appropriate services and to develop a payment plan in order to meet outstanding debts. The FRC could be enabled to use coercive measures such as income management orders and the use of the *BasicsCard*, or suspension of payments, in order to respond to issue of unpaid fines.

Greater transparency should be provided by the Queensland Government in terms of specifying the number of sly groggers that are prosecuted under the alcohol restrictions, and also what penalties have been imposed on them.

'...violence (is) much better with alcohol restrictions introduced but gradually (it's) becoming worse as authorities are very lax on policing laws so people feel they can get away with it.'

- Welfare reform community, service provider

sly

The effort spent in enforcing the AMPs needs to be maintained, and in some cases redoubled. It is vital that an adequate police presence be maintained in order that the focus on policing AMPs can be sustained until harm levels are normalised.

In some cases, despite AMPs, laws do not prevent stockpiling of alcohol in the community. This means that alcohol can be accumulated for a big party. The police we have spoken with have indicated that when this occurs they know that on party days there will be a significant increase in violence well into the night.

Building community support to reduce harm: local leadership is vital

It is unfortunate that AMPs continue to be a highly divisive issue in a number of communities and that some Mayors and elected councillors are vocal opponents of the AMPs. A clear lesson from the CYWR trial, which is confirmed by the independent evaluation, is that the successes of major reforms to address disadvantage will be strongest when local leaders, including the Mayors and councillors, support the need for change.³⁵ If conducted well, the task of considering alcohol restrictions, and planning for their removal once alcohol related harm is normalising could be used as a powerful mechanism to increase Indigenous responsibility and restore Indigenous authority over their own social problems. However, this is not the path being taken in the current review.

Ascertaining the 'community' view about alcohol restrictions has always been problematic. In all Queensland's Indigenous communities views differ, as in any society. The notion of assessing the community 'choice' when it comes to alcohol restrictions must be carefully considered.

The Queensland Government has asked each 'community' to form a view about the future of alcohol restrictions without the benefit of up-to-date data and analysis, and without any information being provided to inform community planning about the large body of evidence from Australia and elsewhere regarding what initiatives may help to reduce alcohol related problems.

It appears that heavy reliance will be placed on the views expressed by the elected council. It is councils who are encouraged to communicate back to government the 'community' view.

This Queensland Government has a clear view about the desirability of re-empowering councils to decide in general what is in the best interests of their regions, and removing some decision making from the state.³⁶ The underlying philosophy that local communities need to be able to respond to issues on a case-by-case basis is absolutely supported by CYI.

However, if local councils in Queensland Indigenous communities are to be the key decision makers regarding the availability of alcohol there are a number of issues and realities in these communities that must be confronted:

- Historically, councils in these communities have had a deep conflict of interest in relation to the issue of alcohol availability and the need to reduce alcohol related harms. Prior to the introduction of alcohol restrictions, councils heavily depended on revenue from the taverns

³⁵ Limerick, op cit.

³⁶ Liberal National Party, 2012, *Empowering Queensland Communities*, < <https://lnp.org.au/restore-accountability-in-government/empowering-queensland-communities/>>; The Honourable Campbell Newman, Media Statement: Parklands handover a step closer, 11 December 2012 <<http://statements.qld.gov.au/Statement/2012/12/11/parklands-handover-a-step-closer>>; The Honourable Lawrence Springborg, Media Statement: Fluoride Bill – LNP brings Queensland councils back to the table, 29 November 2012 <<http://statements.qld.gov.au/Statement/2012/11/29/fluoride-bill--lnp-brings-queensland-councils-back-to-the-table>>.

in order to support their operations. While this is no longer the case, the Queensland Government has done little to incentivise local leadership to support the reforms and some councils have continued to oppose the restrictions as a matter of course. Measures must be put in place to get councils to 'step up to the plate' and show much needed leadership by supporting/demanding a normalisation in the levels of harm in order for the restrictions to be removed.

- It is widely known that in some communities there are councillors who are known or suspected to be involved in illegal activities, or they are heavy drinkers with known or suspected involvement in sly grogging.³⁷ Those unfamiliar with Queensland's Indigenous communities may simplistically assume that the election of these people to be office holders confirms the community choice is pro-alcohol. However, this fails to recognise the complexity of power, family relationships and cultural factors at work. In some cases, threats and intimidation play a part. Individuals can be bullied or targeted by disgruntled drinkers or those making money by grog running. This is a very real issue in small communities.³⁸
- For many years the Queensland Government has emphasised the need for these councils to focus on core council business of 'roads, rates and rubbish', and steps have been taken to limit or remove the role of local councils in responding to the broader social and economic problems plaguing their communities.
 - CYI has never supported the limiting of the role of local councils in this way, but has argued that effective local level leadership across these broader areas of responsibility, particularly from councils, is a vital element of lifting these places from social and economic dysfunction.
 - To put councils at the centre of decision making about the availability of alcohol in their communities now, however, represents an abrupt shift in policy direction from the Queensland Government. It is one that can be supported only on the proviso that alcohol restrictions are not immediately relaxed or removed, and that processes and structures are put in place to ensure that councils step up and take leadership to normalise the levels of harm in their communities.

If councils are to be truly accorded greater responsibility for the availability of alcohol and respond to alcohol related harms at the local level, the model should also include:

- The ability for councils to impose alcohol restrictions under council by-laws. Under such a model the council and the community would have a far greater ability to change restrictions when gaps are exposed, e.g. to counter emerging tactics being used by drinkers and sly groggers to circumvent existing restrictions. This would allow councils to be far more responsive to local circumstances and less reliant on the State to fix the problems through changes to state legislation.
- A clear process and authority by which alcohol restrictions, once removed, can be re-imposed according to the wishes of the community or council, or if an increase in the level of harm occurs. There are currently difficulties for any local community in Queensland wishing to respond to high levels of alcohol related harm by limiting the supply of alcohol. Existing case law shows that councils and community interests have a very limited ability to successfully influence liquor licensing decisions to limit the availability of alcohol.³⁹ These

³⁷ Crime and Misconduct Commission, op cit.

³⁸ *Ibid.*

³⁹ Criminal Justice Research. 2012, *Drink Safe precincts – interim evaluation: the first 14 months of the trial*, Brisbane: Queensland Government, p. 254-255.

existing difficulties must be overcome as part of a comprehensive model to empower local leadership to respond effectively to these problems in an ongoing way.

- Greater local level involvement in enforcement of alcohol restrictions, for example, through the use of council controlled community police to enforce the alcohol related by-laws. Under such a model, fine revenue from by-law breaches would be returned to the councils, acting as an incentive to enforce the AMP.
- Greater local level control of the sanctions or other responses provided to those who breach the AMP. Using Justices of the Peace (JP) Magistrates Courts,⁴⁰ or the FRC where it exists, to directly and more immediately respond to those breaching the AMP has potential to provide this greater local level control.
 - Currently a lengthy process applies that may mean that any effective sanction or response occurs well after the actual breach behavior. Breaches of the AMP are brought before the Magistrates Court (which usually takes some time), the vast majority of breaches result in a conviction, inevitably a fine is imposed, and often this fine ends up as an unfinalised SPER debt.
 - In welfare reform communities a conviction for a breach will trigger a referral to the FRC. The FRC model has proven successful in restoring local authority and acts as a strong catalyst for bringing about change in people's lives and shifting social norms. It appears to provide a far more powerful model in these communities than existing Magistrates Court process, for example.

Outside of the CYWR communities, Kowanyama provides an example of local leadership actively pursuing a strategy to build local authority—so that it is local leaders who are asking local people to step up and take responsibility to tackle alcohol-related problems and restore other positive social norms. In Kowanyama local councils and community police employed by the council are actively asserting local authority through conducting truancy patrols, and counselling children and families around school attendance. Local police and local councils are also working together to encourage that wherever possible people be charged under the by-laws for alcohol-related offences (rather than for AMP offences under the *Liquor Act 1992*), which are then prosecuted in the local JP Magistrates Court. This is said to be a deliberate strategy also to build local authority and use local people to get others to take responsibility.

Most fundamentally, steps must be taken to ensure that local leaders, including Mayors and councils, show the leadership that is required in order to transform the situation in these communities.

- We have noted our concerns above with respect to the State's recent acquiescence to the view put forward by some Mayors that the availability of data regarding levels of harm in their community should not be routinely made publicly available because it 'portrays their community in a very negative light'. This sentiment reflects an astonishing failure of leadership and 'head in the sand' approach of the Mayors involved. The State Government must demand greater leadership from these Mayors, it should never be accepted that taking steps to hide the problem can be part of the solution. The negative portrayal of these communities is not due to the availability of the reporting of the data—the problem is visibly

⁴⁰ Justices of the Peace (JP) Magistrates Courts constituted are by community members who are specially trained justices of the peace and who can deal with guilty pleas for by-law offences and some criminal offence matters. They have been more actively promoted in the past, but are still actively purposed in some communities, including Cherbourg, Lockhart River, Aurukun and Kowanyama. Mornington Island is currently working to establish a JP Magistrates Court.

writ large in many more powerful and overwhelming ways for these communities, including in the scars on the faces of far too many people in these places, and in the sight of unsupervised children wandering the streets. It is not the publication of the statistics that is the problem, *it is the level of harm that is occurring* that should attract the ire of the Mayors.

- Similarly, some Mayors argue that economic development of their community depends on the removal of alcohol restrictions. They state that international and Australian tourists are put off visiting their communities by the lack of alcohol. CYI acknowledges that there is a thirst from international and non-Indigenous Australians to experience and connect with remote Indigenous Australia, however, the reintroduction of alcohol now is not the answer to developing a thriving tourism market. It would be a ghoulis kind of tourism industry indeed if that were the case. The first step must be building a healthy, functional town supported by positive social norms around violence, work and education. This first step cannot be achieved if alcohol again is allowed to run rife in these communities.

It is CYI's view that sustainable and successful models of using alcohol restrictions to reducing harm in these communities must have the support of local councils and local leaders. CYI proposes that financial incentive should play a role in achieving such a model.

A financial incentives framework to promote leadership and change

Historically, the Queensland Government has failed to develop any clear transition plan—it has failed to specify the reductions in harm levels required and the process by which alcohol restrictions could be relaxed, and eventually removed over time if desired at the local level. Unfortunately this policy failure carries an opportunity cost—the lack of clear transition goals and process has been a lost opportunity to motivate individuals and community leaders to work towards change. CYI has for a long period advocated for development of a staged, medium to long term approach to the transition, involving financial incentives for councils to reduce alcohol related harm.

Financial incentives have been increasingly and successfully relied upon at the State and Commonwealth levels to drive behavioural reforms. Some recent examples have included incentives to improve public hospitals across Australia,⁴¹ remote area incentive schemes for teachers and graduate retention incentives programs,⁴² and incentives for employers to encourage 'healthy workers' under the National Partnership Agreement on Preventative Health.⁴³ Despite the power of such incentives to drive change, there has been little use of them in the current context.

CYI proposes that an incentives framework be developed and implemented to align the objectives of AMPs and community leaders so that there is unity behind the common objective of overcoming the problems created by alcohol. Such an incentives framework would provide a direct and explicit connection between:

- performance in reducing alcohol related harm
- financial reward payments to councils

⁴¹ Council of Australian Governments. 2010, National Health Reform Agreement – National partnership agreement on improving public hospital services. < [http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/npa-improvingpublichospitals-agreement/\\$File/National%20Partnership%20Agreement%20on%20Improving%20Public%20Hospital%20Services.pdf](http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/npa-improvingpublichospitals-agreement/$File/National%20Partnership%20Agreement%20on%20Improving%20Public%20Hospital%20Services.pdf)>.

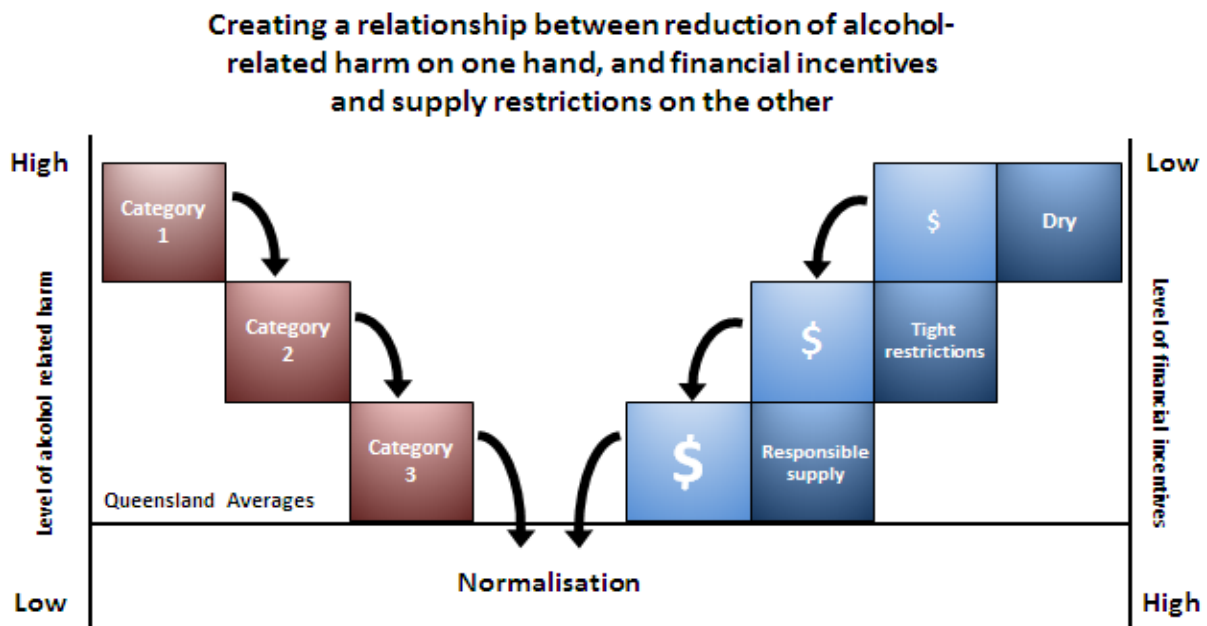
⁴² Council of Australian Governments. 2012, National partnership agreement on improving teacher quality: performance report for 2011.

⁴³ Council of Australian Governments. 2008, National Partnership Agreement on Preventative Health.

- earned autonomy in terms of relaxation and removal of alcohol-restrictions.

Such a framework provides clear goals, and councils and community members will be able to see the direct connection between funding opportunities, and taking on responsibility for normalising alcohol related harm (see Figure 4).

Figure 4: Incentives framework



Under such a framework, the government is able to send a clear message that the moral priority is the wellbeing of children and vulnerable adults, their rights come first. However, the ball is clearly thrown into the court of the community to act on alcohol related harm. Alcohol restrictions become something that is objectively determined (by reference to indicators of harm) rather than being perceived as determined by arbitrary decisions of government and of uncertain and indefinite duration.

In order to be effective, the incentives to move from one category to another must be substantial.⁴⁴ The maximum possible proportion of State and Commonwealth funding to communities should be linked in to this financial incentives framework. Funding would be divided between:

- Base level funding for local government services and basic services. The base level funding would be provided to councils and communities without being linked to this financial incentives framework.

⁴⁴ The communities of Pormpuraaw, Doomadgee and Mapoon have received \$100,000 each from the Queensland Government as a limited reward for taking positive steps towards alcohol management and harm reduction. It is CYI's view that a financial incentives framework must be much more substantial in order to be compelling. See Queensland Government. 2008, *Quarterly report on key indicators in Queensland's discrete Indigenous communities: October-December 2008*, <<http://www.datsima.qld.gov.au/resources/atsis/government/programs-initiatives/partnerships/quarterly-reports/oct-dec/quarterly-report-feb-for-web.pdf>>, p. 21.

- Non-base level funding. All non-base level funding would be provided to councils and communities through this financial incentives framework.

Data already collected on a range of alcohol related measures could be used to ascertain performance categories, with corresponding levels of financial incentives and corresponding levels of alcohol supply conditions (see Table 1). Measures may need to be restricted to those least susceptible to changes in reporting (e.g. hospitalisations for assault, serious violent offending). Breaches of alcohol restrictions would also be included as a measure.

Table 1: Funding model based on incentives framework

	<i>Measures and benchmarks</i>	<i>Financial incentives</i>	<i>Alcohol restrictions</i>
Category 3 High alcohol-related harm per head of population	e.g. <ul style="list-style-type: none"> • high levels of hospitalisations for assault • high levels of serious violent offences • low school attendance • high level of sly grogging and AMP breaches 	\$	Most restricted levels of alcohol supply e.g. Dry
Category 2 Reduced alcohol related harm per head of population	<ul style="list-style-type: none"> • reduced levels of hospitalisations for assault • reduced levels of serious violent offences • improved school attendance • reduced level of sly grogging and AMP breaches 	\$	Mid-level restrictions of alcohol supply e.g. carriage limits, permit system
Category 1 Normalised level alcohol related harm per head of population	<ul style="list-style-type: none"> • state average levels of hospitalisations for assault • state average levels of serious violent offences • high levels of school attendance • few sly grogging and AMP breaches 	\$	Low-level restrictions of alcohol supply

Incentives may also aid in increasing compliance with AMPs by reducing the attractiveness of financial rewards associated with importing illegal alcohol and increasing the benefits to be gained from restricting it. A well balanced incentives model could be supported through local by-laws and policed by local people; such an approach would provide the greatest potential to deliver real and sustainable community-controlled outcomes.

There is a need to honestly confront addiction and displacement

Alcohol restrictions were never intended to be a single magic bullet solution that would change the relationship that individuals and families in these places have with alcohol. Demand reduction measures and other reforms are also needed in order to address the problems of alcohol and to lift these communities from dysfunction and poverty. The CYWR trial has seen a considerable investment in new services in the four communities involved to help people to deal with alcohol problems, including through Wellbeing Centres. The independent evaluation found

evidence that the Wellbeing Centres had helped some people to 'get off the grog and stop fighting at home'.⁴⁵ However, even in these communities where the investment has been substantial, the evaluation found there remain gaps in service provision 'in relation to intensive alcohol, tobacco and other drugs treatment and services'.⁴⁶

Although the issue of Indigenous drinkers in regional centres such as Cairns and Townsville has been a longstanding concern, there is no doubt that the imposition of the AMPs has drawn some of those addicted to grog to such centres in the quest for alcohol. This problem must be confronted honestly and not through simply trying to get these people back to their community or out of public view. For chronic alcoholics, there is a need for government to invest in effective regional rehabilitation facilities run on 12-step program lines, providing long-term therapy and care to provide a pathway out of dependency, crime and violence. It is astonishing that despite the scale of the addiction problem for people of Cape York there is no such rehabilitation available in Cairns, and that rehabilitation services across the Cape more generally are limited. Effective rehabilitation services require substantial expenditure in order to provide the treatment methods that hold out the best hope of transformation for alcoholics and addicts.

Conclusions and recommendations

Alcohol consumption often leads to the denial of basic human rights of vulnerable members of these communities, including the right to be free from fear and violence. Alcohol is a privilege. It is not a human right. It comes with responsibilities. A clear order of moral obligation should apply and should determine that the rights of children and other vulnerable community members to be safe and healthy must prevail.

Despite perceptions to the contrary, AMPs were originally a community-driven initiative. It is important that the 19 Queensland communities in which AMPs apply are presented with all the relevant evidence for discussion and debate to ensure that informed decisions are made about the future of alcohol restrictions. This should include analysis of up-to-date empirical evidence showing the impacts of AMPs, and information describing the body of evidence more generally about what works to reduce alcohol related harms. The recent decision of the Queensland Government to limit the availability of data about levels of harm in these communities, suggests that the government has something to hide.

It is important that the voices and rights of the most vulnerable in the community are not subsumed by those more powerful.

Recommendation 1

Great care must be exercised in ascertaining 'community' consent for the removal of AMPs. Such consent should be fully informed. All those involved at the community level should be provided with independent analysis of up-to-date data, and a summary of the strength of the evidence from around the world of measures to reduce alcohol related harm, including supply reduction strategies.

It should not be an option for leaders to put their 'head in the sand' about the scale of the problem that continues to be faced in these communities. Hiding these problems is not a

⁴⁵ Brunton, C. 2013, Social Change Survey In. *Cape York Welfare Reform: Evaluation Report*, Chapter 4, p. 136.

⁴⁶ The Social Policy Research Centre. 2013, Implementation In. *Cape York Welfare Reform: Evaluation Report*, Chapter 3, p. 95; Clough, A. 2012, 'Listening to what Indigenous people in remote communities say about alcohol restrictions and cannabis use: "Good thing that the alcohol's gone, but the gunga has kept going', *Medical Journal of Australia*, vol. 197, no. 5, p. 275.

solution. The Queensland Government, the Mayors, councillors and other local leaders must demonstrate leadership on this issue and they must continue to welcome ongoing scrutiny of levels of harm and the impact of efforts to reduce these levels.

Recommendation 2

Neither Mayors nor the Queensland Government should retreat from the open availability of data that allows the ongoing and transparent monitoring of levels of harm and efforts to reduce these harms at the local level.

Because there is no evidence to indicate normalisation of harm levels in communities subject to AMPs, they should not be removed. Instead, there is a need to strengthen AMPs so that they are properly implemented and taken seriously by the communities in which they apply. Despite the efforts to police AMPs, sly grogging continues and this means that the negative effects of alcohol dependence are still felt. Unless AMPs are strictly enforced, they cannot be expected to fully achieve their objective. The visibility of this enforcement is also important. If AMPs are perceived by the community as being subject to proper implementation and policing, then their overall deterrence effect should increase.

Recommendation 3

AMPs should be retained and strengthened.

- **Efforts to prevent sly grogging should be stepped up.**
- **There should be increased transparency around reporting of the prosecution and penalties imposed for sly groggers to ensure that this remains a priority.**
- **Police must be supported to properly enforce the AMP, including by ensuring there is an adequate police presence maintained in these communities at all times.**

AMPs should not remain in place indefinitely. The goal has always been to normalise the situation. However, no clear process has been established by the Queensland Government under which restrictions can be relaxed and eventually removed, based on the level of improvement achieved.

It is also important to ensure that leaders in these communities visibly support AMPs and are not implicitly or explicitly supporting their circumvention, as some evidence indicates. Incentives would increase compliance with AMPs by reducing the attractiveness of financial rewards associated with importing illegal alcohol, and increasing the benefits to be gained from removing it.

CYI proposes that an incentives framework be developed and implemented to provide a direct and explicit connection between performance reducing alcohol related harm, financial reward payments to councils, and earned autonomy in terms of relaxation and removal of alcohol-restrictions.

Recommendation 4

There remains a need for setting out clear objective standards of reduced levels of harm showing that the situation in these areas is normalising, in order to lead to the relaxation or removal of alcohol restrictions.

Recommendation 5

A financial incentives framework should be developed to reward local leaders/councils for supporting and leading the reduction of alcohol related harm.

While alcohol restrictions alone are not a panacea to the problems faced by Indigenous communities, they play a critical role in the change process. Any real effort to counter the effects of alcohol upon Indigenous communities must not only involve deterrence measures, but must also provide opportunities for positive change. The impact of alcohol related harm must be considered within the broader context of the other complex and inter-related issues, which also negatively affect Indigenous communities. This includes lower standards of educational achievement, land reform issues, employment inequality and a general lack of opportunities for economic development. The achievement of meaningful reform in other areas is difficult if Indigenous communities continue to be plagued by the varied and negative impacts of alcohol dependence.

There is still a long way to go. Relaxing or removing AMPs at this stage will only serve to undermine the benefits that have been realised to date and to jeopardise the investment that has been made to support alcohol reform and other areas of reform.

Recommendation 6

Alcohol restrictions must go hand in hand with broader reforms that focus on a range of issues including education, land reform and employment and economic development. A great deal can be learnt about the reforms needed in these areas from the successes and failures of the CYWR trial. If alcohol restrictions are not in place until harm levels have normalised, all other efforts to improve outcomes in these communities will be put in jeopardy.

There are difficulties involved for any local community in Queensland wishing to respond to high levels of alcohol related harm by limiting the supply of alcohol. Existing case law shows that it is difficult in any area of Queensland for councils or community interests to successfully influence liquor licensing decisions to limit the availability of alcohol.⁴⁷ It is not clear that if alcohol restrictions are removed in any of the 19 communities in which they currently apply, they could be easily be re-imposed, even in response to a clear council or community desire for such restrictions.

Recommendation 7

If alcohol restrictions are removed in any community, which is strongly opposed, there must be a commitment made by the Queensland Government to establish a clear and responsive system through which alcohol restrictions can be reintroduced if the community desires it, or harm levels increase. This system by which alcohol restrictions can be re-imposed on a community by community basis must be clearly articulated prior to any removal of restrictions. It should include establishing objective criteria that will trigger the re-introduction of alcohol restrictions including:

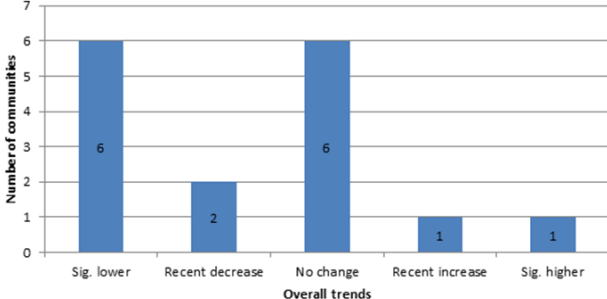
- **decreases in school attendance**
- **increases in violent crime**
- **increases in levels of serious injury.**

⁴⁷ Criminal Justice Research. 2012, *Drink Safe precincts – interim evaluation: the first 14 months of the trial*, Brisbane: Queensland Government, p. 254-255.

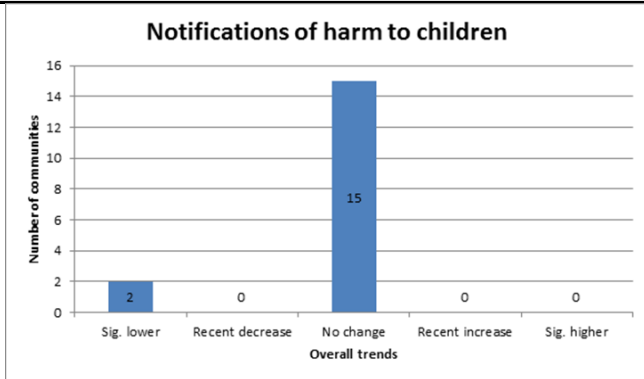
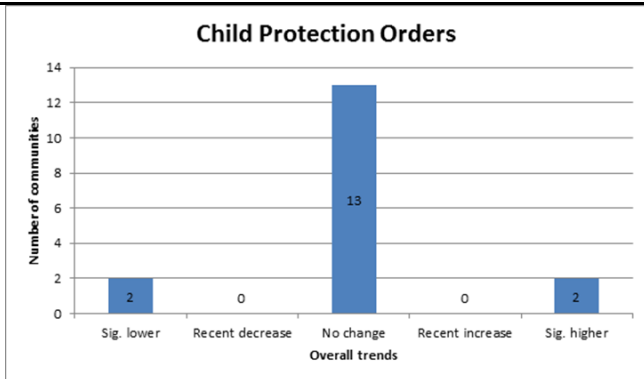
Appendix A: Overview of trends in 17 Indigenous communities

Type of incident	Overview of trends	Possible explanations	Graphic illustration of trends												
Hospitalisation for assault related conditions (2002/03-2011/12)	<p>The data is mixed, but indicate that most communities (15 in total) have either decreased or stabilised (show no change). Mornington Island is the notable exception.</p> <p>Rates per 1000 population:</p> <ul style="list-style-type: none">are statistically significantly lower in seven communities (Coen, Hope Vale, Kowanyama,⁴⁸ Mapoon, Napranum, Pormpuraaw and Wujal Wujal)show statistical evidence of a recent decrease (following a previous increase) in two communities (Woorabinda and Yarrabah)show no significant change for six communities (Cherbourg, Doomadgee, Lockhart River, Mossman Gorge, Northern Peninsula Area and Palm Island)are statistically significantly higher in Mornington Island. <p>Missing data:</p> <ul style="list-style-type: none">Aurukun was not included as the data was insufficient.	AMPs are generally working to reduce harm or prevent its further escalation. On the ground information suggests home brew is an ongoing problem in Mornington Island. This may explain, to some extent, the significant upward trend in this community.	<div><h3>Hospitalisations</h3><table><thead><tr><th>Overall trends</th><th>Number of communities</th></tr></thead><tbody><tr><td>Sig. lower</td><td>7</td></tr><tr><td>Recent decrease</td><td>2</td></tr><tr><td>No change</td><td>6</td></tr><tr><td>Recent increase</td><td>0</td></tr><tr><td>Sig. higher</td><td>1</td></tr></tbody></table></div>	Overall trends	Number of communities	Sig. lower	7	Recent decrease	2	No change	6	Recent increase	0	Sig. higher	1
Overall trends	Number of communities														
Sig. lower	7														
Recent decrease	2														
No change	6														
Recent increase	0														
Sig. higher	1														

⁴⁸ Kowanyama shows significant positive trends across the indicators of harms (hospital admissions for assault-related conditions, offences against the person, and children admitted to child protection orders). AMP breaches have also significantly decreased in Kowanyama. As indicated above, discussions with people on the ground indicate that in Kowanyama's local council and community police are actively asserting local authority—for example, through conducting truancy patrols, and counselling children and families around school attendance. Local police and local councils are working together to encourage charging people under the by-laws for alcohol related offences, which are then prosecuted in the local JP Magistrates Court. This is said to be a deliberate strategy also to build local authority and use local people to get others to take responsibility.

Type of incident	Overview of trends	Possible explanations	Graphic illustration of trends												
Reported offences against the person , including serious and other offences (2002/03-2011/12)	<p>The data are mixed, but indicate that most communities (14 in total) have either decreased or stabilised (show no change).</p> <p>Rates per 1000 population:</p> <ul style="list-style-type: none">are statistically significantly lower in six communities (Aurukun, Doomadgee, Kowanyama, Mornington Island, Napranum and Pormpuraaw)show statistical evidence of a recent decrease (following an previous increase) in two communities (Lockhart River and Northern Peninsula Area)show no significant change for six communities (Coen, Hope Vale, Mapoon, Palm Island, Woorabinda and Wujal Wujal)show statistical evidence of a recent increase (following a previous decrease) in Yarrabahare statistically significantly higher for Cherbourg. <p>Missing data:</p> <ul style="list-style-type: none">Mossman Gorge was not included as data is only available post-2007/08.	<p>It is unclear why rates have increased in Yarrabah and Cherbourg.</p> <p>These rates are for all offending regardless of seriousness, so they are relatively susceptible to differences in reporting and enforcement. These trends in offending are likely to be more susceptible to such differences than measures such as hospitalisation for assault, for example.</p> <p>Rates of offending are caused by a range of complex factors—not just alcohol. It is necessary to address other factors also to see more consistent downward trends.</p>	<div><p>Offences against the person</p><table><thead><tr><th>Overall trends</th><th>Number of communities</th></tr></thead><tbody><tr><td>Sig. lower</td><td>6</td></tr><tr><td>Recent decrease</td><td>2</td></tr><tr><td>No change</td><td>6</td></tr><tr><td>Recent increase</td><td>1</td></tr><tr><td>Sig. higher</td><td>1</td></tr></tbody></table></div>	Overall trends	Number of communities	Sig. lower	6	Recent decrease	2	No change	6	Recent increase	1	Sig. higher	1
Overall trends	Number of communities														
Sig. lower	6														
Recent decrease	2														
No change	6														
Recent increase	1														
Sig. higher	1														

Type of incident	Overview of trends	Possible explanations	Graphic illustration of trends												
Convictions for breaches of sections 168B and 168C of Liquor Act 1992 (2010/11 and 2011/12)	<p>Show that communities have either stabilised or that there are significantly less breaches of the AMP occurring.</p> <p>Rates per 1000 population:</p> <ul style="list-style-type: none">are statistically significantly lower in four communities (Cherbourg, Kowanyama, Woorabinda and Yarrabah)show no significant change for 10 communities (Aurukun, Doomadgee, Hope Vale, Lockhart River, Mapoon, Mornington Island, Napranum, Northern Peninsula Area, Pormpuraaw and Wujal Wujal). <p>Missing data:</p> <ul style="list-style-type: none">Coen and Palm Island were not included due to insufficient data. Mossman Gorge does not have an AMP, so was not included.	<p>The overall trend is reasonable. It may indicate increasing levels of compliance with the AMP in some communities, or alternatively that enforcement of the AMP has lessened in some communities.</p> <p>The large number of communities showing no change may suggest that breaches of AMPs are steady and/or that the AMP is being consistently enforced.</p>	<div><p>Breaches of AMPs</p><table><thead><tr><th>Overall trends</th><th>Number of communities</th></tr></thead><tbody><tr><td>Sig. lower</td><td>4</td></tr><tr><td>Recent decrease</td><td>0</td></tr><tr><td>No change</td><td>10</td></tr><tr><td>Recent increase</td><td>0</td></tr><tr><td>Sig. higher</td><td>0</td></tr></tbody></table></div>	Overall trends	Number of communities	Sig. lower	4	Recent decrease	0	No change	10	Recent increase	0	Sig. higher	0
Overall trends	Number of communities														
Sig. lower	4														
Recent decrease	0														
No change	10														
Recent increase	0														
Sig. higher	0														

Type of incident	Overview of trends	Possible explanations	Graphic illustration of trends												
Children subject to substantiated notifications of harm (2010/11 to 2011/12)	<p>Rates per 1000 population:</p> <ul style="list-style-type: none">are statistically significantly lower in two communities (Doomadgee and Northern Peninsula Area)show no significant change for 15 communities (Aurukun, Cherbourg, Coen, Doomadgee).	<p>The overall trend is reasonable. Although only two communities indicate significant decreases, the fact that the remaining communities remain stable may indicate that this may be the beginning of positive change.</p> <p>These data are highly susceptible to changes in reporting. Of all the indicators reported, changes in reporting practices are likely to have the greatest impact on these data.</p> <p>Again, while alcohol plays a key role, other factors must also be addressed to see more consistent downward trends.</p>	<p>Notifications of harm to children</p>  <table><caption>Data for Notifications of harm to children</caption><thead><tr><th>Overall trends</th><th>Number of communities</th></tr></thead><tbody><tr><td>Sig. lower</td><td>2</td></tr><tr><td>Recent decrease</td><td>0</td></tr><tr><td>No change</td><td>15</td></tr><tr><td>Recent increase</td><td>0</td></tr><tr><td>Sig. higher</td><td>0</td></tr></tbody></table>	Overall trends	Number of communities	Sig. lower	2	Recent decrease	0	No change	15	Recent increase	0	Sig. higher	0
Overall trends	Number of communities														
Sig. lower	2														
Recent decrease	0														
No change	15														
Recent increase	0														
Sig. higher	0														
Children admitted to child protection orders (2010/11-2011/12)	<p>These results were mixed, but may indicate that the rates of orders are stabilising overall.</p> <p>Rates per 1000 population:</p> <ul style="list-style-type: none">are statistically significantly lower in two communities (Kowanyama, Northern Peninsula Area)show no significant change for 13 communities (Aurukun, Cherbourg, Coen, Doomadgee, Hope Vale, Lockhart River, Mornington Island, Mossman Gorge, Napranum, Pormpuraaw, Woorabinda, Wujal Wujal and Yarrabah)are statistically significantly higher in two communities (Mapoon and Palm Island).	<p>Changes in reporting practices are likely to have a large impact on these data also.</p> <p>Again, while alcohol plays a key role, other factors must also be addressed to see more consistent downward trends.</p>	<p>Child Protection Orders</p>  <table><caption>Data for Child Protection Orders</caption><thead><tr><th>Overall trends</th><th>Number of communities</th></tr></thead><tbody><tr><td>Sig. lower</td><td>2</td></tr><tr><td>Recent decrease</td><td>0</td></tr><tr><td>No change</td><td>13</td></tr><tr><td>Recent increase</td><td>0</td></tr><tr><td>Sig. higher</td><td>2</td></tr></tbody></table>	Overall trends	Number of communities	Sig. lower	2	Recent decrease	0	No change	13	Recent increase	0	Sig. higher	2
Overall trends	Number of communities														
Sig. lower	2														
Recent decrease	0														
No change	13														
Recent increase	0														
Sig. higher	2														

Type of incident	Overview of trends	Possible explanations	Graphic illustration of trends												
School attendance rates for semester one (2007-2012)	<p>These results were mixed. They indicate:</p> <ul style="list-style-type: none">statistically significantly higher percentages for Aurukun (Aurukun CYAAA) and Wujal Wujal (Bloomfield River State School)show no significant change for eleven communities (Cherbourg, Coen, Doomadgee, Kowanyama, Mapoon, Mornington Island, Mossman Gorge, Northern Peninsula Area, Pormpuraaw, Woorabinda and Yarrabah)statistically significantly lower percentages in two communities (Lockhart River and Napranum). <p>Missing data:</p> <ul style="list-style-type: none">Palm Island and Hope Vale were not included due to a break in the time series for the data.	<p>Generally, trends suggest social norms around school attendance may have stabilised.</p> <p>Again, while alcohol plays a key role, other factors must also be addressed to see more consistent downward trends.</p>	<div><p>School attendance rates</p><table><thead><tr><th>Overall trends</th><th>Number of communities</th></tr></thead><tbody><tr><td>Sig. lower</td><td>2</td></tr><tr><td>Recent decrease</td><td>0</td></tr><tr><td>No change</td><td>11</td></tr><tr><td>Recent increase</td><td>0</td></tr><tr><td>Sig. higher</td><td>2</td></tr></tbody></table></div>	Overall trends	Number of communities	Sig. lower	2	Recent decrease	0	No change	11	Recent increase	0	Sig. higher	2
Overall trends	Number of communities														
Sig. lower	2														
Recent decrease	0														
No change	11														
Recent increase	0														
Sig. higher	2														

Source. Department of Aboriginal and Torres Strait Islander and Multicultural Affairs. 2013. *Annual bulletin for Queensland's discrete Indigenous communities, 2011/12*. Brisbane: Department of Aboriginal and Torres Strait Islander and Multicultural Affairs.

Note. In these data, the Northern Peninsula Area contains the communities of Bamaga, Injinoo, New Mapoon, Seisia and Umagico. These data have not been publicly released, but are obtainable by request to the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs.