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21.2.12

Re: Submission
Senate Committee: "Stronger Futures in the Northern Territory" Act

Dear Senators,

Unfortunately I was unable to address you in person when you travelled to Alice Springs today. However I was urged to still submit a written submission.

I am a Clinical and Health Psychologist with a background in teaching and Educational and Developmental psychology. Over the last 40 years I have travelled to some of the remotest communities in Australia learning about Aboriginal culture, including living with my family at a remote outstation in the Central Desert. In recent years I have been based in Alice Springs working in remote communities and schools, and in the "Safe and Sober" program of CAAC as a Senior Clinical Supervisor.

I am now in private practice in Alice Springs seeing both Aboriginal and Non Aboriginal clients, and acting as a Clinical and Professional Supervisor to health professionals working in many organisations delivering programs to Aboriginal people in Alice Springs. I also provide Supervision to professionals working throughout remote Australia.

Since the 1970's when I first began treating Vietnam war veterans , I have developed an ongoing professional interest in Complex Trauma and Complicated Grief. Particularly as it relates to Aboriginal people and their current situation.

One of my best selling books , (also translated into Asian and European languages) was on health and wellbeing. Writing this book required extensive research.

From this professional perspective I have a number of concerns about the "Stronger Futures in the NT" legislation. These concerns are also very relevant to program delivery in remote communities and Town camps generally.

I do applaud the object of the act : "…to support Aboriginal people in the N.T to live strong, independent lives, where communities, families and children are safe and healthy"

However I am concerned that there are aspects of the Act which will unintentionally undermine this objective . These concerns cover two broad areas:

- **There is no cohesive strategic approach to achieving this aim which incorporates due consideration of relevant research or the wider social context** .

Two of the most important factors in physical and emotional health are:
A feeling of control over your daily life and your future.
A feeling of "connectedness" and responsibility to others

Re: *Alcohol Restrictions*

The research worldwide consistently tells us that the biggest factors in alcohol consumption are availability and cost. My experience working in both the Aboriginal and Non Aboriginal communities in Alice Springs confirms that the alcohol problem is just as serious in the mainstream population but is well hidden. (including FAS occurring in children of employed middle class parents)

If we seriously want to create a safe and healthy environment then it needs to be for the whole community ie restrict the number of alcohol licenses, opening hours and put a floor price on alcohol. Beverages with alcohol should be priced according to the alcohol content.

Having restrictions in only certain areas does not address the community wide nature of the problem and encourages "sly grog", criminal activity and concentrations of people with alcohol addiction where they can access alcohol. It also develops a "them and us" mentality dividing families and the wider community, undermining a feeling of connectedness and trust.

Once safer access and cost of Alcohol is made throughout the Territory (if not throughout Australia) , Remote Communities, Town Camps and Towns need to be able to take further control and decide within this context any further restrictions they may feel are necessary and/ or how they wish to manage 'social' drinking of alcohol.

This helps address the "enabling" situations and behaviour of others that the research tells us is such an important factor in addictions. More importantly it gives control to people to address their particular circumstances .

It is often argued that such restrictions create a "Nanny state" . However this argument is a denial of the fact that we are social animals wired to behave according to group norms and expectations. If the community "enables" and promotes drinking behaviour then it makes it unreasonably difficult for people to continue to "feel connected and accepted" unless they are also drinking. Unfortunately drinking alcohol daily and to excess has become a social norm in Australia. Introducing community wide restrictions creates new norms and social expectations.

Re: *Housing*

It is very concerning to see that Town Camps are going to be able to be divided into individually owned housing. This will benefit a few to the detriment of many , dividing families and undermining attempts now being made for people to regain a sense of shared

identity with strong cultural values. (Those unable to participate in ownership will create other “Town Camps” in other places around Alice Springs.)

While cultural practices change over time with changing circumstances, it is the maintenance of strong cultural values that allow people to successfully deal with these changes while remaining strong and healthy in body, mind and spirit. (The most successful migrant groups around the world e.g Jewish, Chinese, Indian have insisted on maintaining their own underlying cultural values, while deciding themselves how cultural practices will adapt to their new environments)

Rather than destroy the values associated with collective ownership, these values need to be embraced, and included in both overall community development, and the treatment of the complex trauma and grief that can be paralysing people living in Town Camp and remote community environments.

Nowhere in the Central Desert have I seen a community program or individual treatment program for Aboriginal people that deals with such serious psychological problems,(and their neurological consequences), in a strategic way based on best practice. Programs repeatedly fail to achieve the outcomes possible because this is not prioritised. This is particularly the case in remote communities and Town Camps.

- **There is no consideration of the consequences of the complex trauma and complicated grief affecting so many Aboriginal people *or the implications of this being trans-generational*.**

The epigenetics and psycho-biology of these conditions profoundly affects neurological and cognitive development . *But these affects can be minimised or even overcome.*

Children and adults suffering these conditions cannot engage effectively with traditional mainstream psychological treatment approaches . This is compounded by cross-cultural treatment and language issues.

How children and adults learn , engage in employment, and manage stress are particularly affected. It affects concentration, ability to plan or organise your life ie children and adults live from moment to moment .

Hyper –vigilance and poor impulse control tends to make people suffering complex trauma highly reactive to situations .They are likely to have compromised capacity to produce GABA ,a “self soothing” chemical produced in the brain. (Alcohol triggers an increase in the production of GABA ie people can be self medicating with alcohol)

As mentioned earlier I have never encountered these issues being properly addressed and prioritised . They particularly affect potential outcomes for any community development project, school attendance and teaching outcomes, and AOD use and addiction.

In my work, when I have been able to alert teachers and managers to these issues, and have them incorporated in programs, staff have been astounded at how quickly change can begin to occur.

Note: This is not about needing an army of Psychologists and Psychiatrists. It is about informing any professional or manager working with Aboriginal people , and Aboriginal people themselves, of the impact of trauma and complicated grief on behaviour. And developing a strategic approach incorporating this information to achieve desired outcomes and relieve the distress .

This is particularly relevant to the Acts' intention to link social security payments to school attendance. The real question is why these children choose to stay away from school where they will be fed and can sit in air conditioned comfort (if the air con is working) and instead choose to wander in the heat, bored and often hungry ?

In my experience working and visiting many remote schools in the Central Desert the safest option for children and Aboriginal assistant teachers in many of these schools is to stay away from the school.

Even when parents drag children screaming to school and teachers lock the class room doors, distressed , traumatised children cannot learn, and " escape" away from school at the first opportunity.

Rather than spend millions on punitive measures against parents, spend this money on the schools. Schools impart values and culture to children. To deny children the right to speak and learn in their own language denies who they are and undermines identity.

Identity is like a rule book in your head for how you behave and how you allow others to treat you. It reminds you of your priorities and values, providing a safe foundation for exploring and engaging with the mainstream community.

Every Aboriginal parent I have spoken to desperately wants their children to be able to speak, write and read English . But when schools proactively undermine identity and culture, it creates an alien frightening environment for parents and children.

Fully bilingual (Vietnamese, Mandarin) State schools in Melbourne have parents moving house to get into these schools' zones. Why do aboriginal parents not have the same right to fully bilingual education?

In my experience the schools also totally ignore the research into *how* and *what* children who may be suffering complex trauma and grief should be taught. It is very rare to find a school that offers any proper Art, Music, Drama or Phys ed programs. All of which are critical to a curriculum teaching children suffering these problems.

The Non Aboriginal staff have no proper preparation in how to team teach with Aboriginal Assistant Teachers (AT's) or cross culturally (25 yrs ago Non Aboriginal teachers had 3 months working along side an experienced Non Aboriginal teacher before being given their own class) . This can lead to humiliating, shaming behaviour towards AT's and children and very ineffective teaching

What is needed is Teachers who understand the context in which they are working , the effects of untreated Trauma and Grief on children and adults, and how to create a safe effective learning environment which is "owned " by the community it serves.

Only then will communities feel they can trust the school, and children will feel the school is a safe place to be. The school should be the centre from which all community development starts. Everyone has children. This common vested interest unites people to overcome other problems and differences . (I have successfully used this approach in a community torn apart by ongoing rioting)

In summary:

I urge the Committee to re visit this legislation and work towards their objective of "supporting Aboriginal people in the NT to live strong, independent lives where families and children are safe and healthy" by addressing the "elephant in the room" ie the unrecognised and untreated cross-generational complex trauma and complicated grief.

This needs to be done in a *strategic and holistic* way that uses the best evidence based approaches (e.g alcohol reforms restricting access to alcohol in the *whole* community) to promote the two most important things in health and wellbeing: feeling in control of your life and future (a genuine say in decision making) and schools and communities that promote a sense of belonging and respect .

I hope this has been of interest and assistance to the Committee.

Louise Samways