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HEALING FROM THE GROUND UP; HOW TO INVEST IN OUR FUTURE

Acknowledgement of country

Opening in Bunuba

Thank you...

What I want to discuss today is related to the overconsumption of alcohol, but surprisingly for this conference it is not directly to do with alcohol. It is about what effective prevention is when it comes to ending alcohol related harms and how to make this preventative work effective through committed and long-term investment.

All of us sitting here today know the problems well. Here we have a well-informed scientific audience that would have a comprehensive understanding of the damaging consequences of alcoholism. The chronic illnesses associated with it, and a swathe of poor social indicators, low educational attainment, unemployment etc. And I am sure many of you know that alcoholism can affect your entire physiological and neurological growth from the very first moments of your development. I will talk to this today, the pernicious effects of alcohol on the growing foetus in the womb.

I know that scientists and researchers like to deal with evidence, questions and hypothesis to explore. So here I go, it is a well-known fact that people across the world in diverse societies like to drink or like to experience forms of intoxication from time to time.

My questions today, is what has happened in our society for people to drink to excess on mass? How does alcohol overconsumption become a collective phenomenon? And why are we enabling this form of drinking by investing in the crisis and not preventative measures?

The 'what' and the 'how' are very important. The social factors in other words, our context, our history. These are essential to consider, because when we do, we do not blame the individual, we do not just focus on individual behavioural change, or crisis care and management when it comes to alcohol related harms. Instead we look toward systemic changes. Changes which improve people's life circumstances and changes which create the groundwork for positive impacts that are both societal wide and intergenerational.

Let me be clear from the outset, we are not born alcoholics, so why do some sectors of society fall into alcoholism?

There is increasing evidence to show that inequalities and structural disadvantages lead to alcohol related harms, on a large scale. By structural disadvantage I mean unequal access to health care, education, governance and decision making, employment, and what I'll speak to extensively today, a right that occurs at the very start of our life, access to early childhood learning and care and parenting support and assistant programs.

My proposition today is this, the best way to reduce alcohol related harms is to reduce societal inequality.

The best way to reduce societal inequality is to increase societal health and wellbeing, stability, safety and the creation of meaningful economies and employment.

And the way to do this is to combat inequality in our social service system and civic institutions by ensuring equal access to those very same systems and institutions.

This proposition is easier said than done. It demands that we do not respond to crisis, to the immediacy of alcohol related harms with just crisis care. It demands that we use the evidence to interrogate what interventions and preventions are needed.

We are doing precisely this in the remote Fitzroy Valley an Indigenous domain in the Kimberley of far north Western Australia, where I have come from today. It is a beautiful and impressive region, both because of its ecological diversity and the strength of the people who live there, born from the oldest civilization on earth. I am proud to call it home. I am proud to know that my community has incredible resiliencies and is always prepared to call out injustices, overcome inequality and better our circumstances for the sake of our children and future generations.

You'll see behind me a child who attends Baya Gawiy, our early childhood learning and care centre in Fitzroy Crossing which is operated by Marninwarntikura, the organisation I am CEO of. It is the only early childhood centre in a 240km radius. This child would not have attended Baya Gawiy if current proposed changes to legislation and the way early childhood care is funded by the federal government were in place today. Baya Gawiy wouldn't exist. It wouldn't be financially feasible under proposed government changes to parent and carer fees for early childhood learning and care.

What we are doing at Baya Gawiy is breaking the cycles of disadvantage entrenched by ever growing inequalities across our nation. Baya Gawiy is a vital link in the chain of intergenerational health wellbeing and prosperity that we need to foster in this country.

When a child is given the best start in life that child succeeds throughout their life.

That positive chain of reaction sounds something like this,

- their mother has pre-natal and post-natal care,
- parents and carers are supported in maternity and parental programs,
- they can enrol their children in 0-5 full time learning and care,
- that child will go to school ready,
- will maintain good attendance throughout their schooling could go onto higher education,
- and then can seriously choose to be whatever they want to be.

Research shows that children from lower socio-economic contexts are more likely to have this chain reaction set in motion by early childhood education and care than children from more advantaged backgrounds. What this tells us is that early childhood education and care is critical to how children grow and respond to the world and contribute to a healthy and prosperous society. When we believe in this, then children are quite literally our hopes and dreams, our belief in a better humanity. They are our investment for the future, as the image behind me says.

There are other unique aspects to what we do. We have developed a culturally secure learning framework that strengthens the values of our Indigenous intergenerational care and responsibility which weave a cohesive society into being.

What Baya Gawiy is ensuring from the beginning of our children's lives is a strong foundation of health, wellbeing and education. We are providing them with a centre which cultivates a collective determination, resilience, and empathy so we can create a rich social fabric that enables and motivates, and does not diminish and inhibit any of our talents, capacities and knowledges from our diverse cultural heritages.

These centres of learning which bring together the wealth of Indigenous and western knowledge's are essential. Not only because they strengthen our Indigenous identity but most importantly they are simultaneously creating safety and stability in the present, and are eliminating harms in the future. Locally appropriate and community owned early childhood centres are the most effective form of combined crisis intervention and prevention. We cannot afford for changes in policy and legislation to deconstruct their framework.

In vulnerable communities like ours a setback in the health, education and care of our children can be disastrous. Once again we would be left in a disadvantaged position with no structural supports to enable us to overcome inequality.

Let me give you some historical and current context to why we are in this disadvantage position and why the preventative measures I am describing are critical to combating the collective overconsumption of alcohol.

The chronic overconsumption of alcohol is a symptom of years of systemic disadvantage and unresolved trauma.

In the Fitzroy Valley three thousand people from 5 language groups live in today's 40 odd remote communities. Fitzroy Crossing where Baya Gawi is the only town and is the service hub for these communities. Like Indigenous people throughout Australia, we live with the inherited trauma from invasion and prolonged frontier conflict. In our case not that long ago; my grandparent's lifetime.

We lived as unpaid cattle station workers for 2 to 3 generations until thousands of Aboriginal people across northern and remote Australia were abruptly evicted by the station masters when Australian law intervened to end the exploitative feudal era and imposed equal wages. Our people were thrown into reserves on the edges or concentrated makeshift camps.

Fitzroy Crossing's population grew from approximately 100 people to more than 2000 in a few short years.

Living conditions were deplorable. And amidst the peak of the Kimberley's population displacement and the shutting down of Indigenous people's involvement in the pastoral industry causing large scale unemployment, the State Government amended the Liquor Act to remove all restriction on Kimberley Aboriginal people's access to alcohol. It was done in the name of reforming discrimination laws but it happened without any engagement or planning with the people who would be affected most. Systems of work and inclusion in structures of decision making had marginalised our people and the sudden access to alcohol became something to do, to socialise over while also escaping feelings of loss and grief.

Since the 1970s the horrific consequences of alcohol on our community has worsened year after year. Over the years grog tore at our community's social fabric while our leaders fought for citizenship entitlements and for the recognition of our rights as indigenous people; connection to our country, culture and language.

Although we achieved great success and we have remained resilient building from the strengths of our remarkable heritage we still live within the context of trauma.

In the year 2005-6 the Fitzroy Valley Community had attended 50 funerals. This included 13 suicides. Many deaths were in young people and most were alcohol-related.

The State Coroner Alistair Hope concluded that: "Alcohol abuse is both a cause and a result of many problems for Aboriginal people in the Kimberley. The problems associated with alcohol abuse are the most obvious and the most pervasive."

By 2007 the grog crisis could no longer be ignored

Women concerned for the life of the community rallied to action. With the support of the Police Commissioner we imposed statutory restrictions on the sale of full strength alcohol.

The restrictions have now been in place for 9 years. It has made the Valley a calmer more peaceful place in which to plan for a sustainable societal reconstruction.

In 2009 we embarked on Australia's first prevalence study of Fetal Alcohol Spectrum Disorders. Fetal Alcohol Spectrum Disorders (or FASD) are a group of conditions characterised by brain injury that is caused by prenatal exposure to alcohol. We found that 1 in 5 children had one of the fetal alcohol spectrum disorders – one of the highest prevalence rates in the world.

These children have a range of challenging behaviours and unique and complex needs.

Overall these difficult behaviours predispose these children to school failure, contact with the juvenile justice and ongoing risk of incarceration.

Five years on we see children from our cohort involved in petty crime, drug use and inappropriate sexual behaviour. We know that FASD inhibits a person's ability to assess risk. People with FASD can easily overconsume alcohol and become involved in alcohol related violence.

Without adequate support structures many of our people end up behind bars, unnecessarily.

But because we have the evidence we have been able to act. Baya Gawiy was purposefully designed and built to respond to the unique and complex needs of children with FASD and the high prevalence of early life trauma. It provided a centre of collaboration, where people from across sectors, health, research and community development could have a shared response to the evidenced needs of our children, with a particular focus on reducing the alcohol related harms which impact our children.

And in the few short years that we've begun to build our societal wide prevention model we are seeing results.

We have used the evidence of FASD as a foundation of strength to provide immediate supports to individual children, including in the classroom and to raise awareness of the harms of alcohol in pregnancy.

Midwives are reporting abstinence from alcohol use in pregnancy in young women. Recent research in over 400 people in the Fitzroy Valley showed that all were aware of FASD and its cause.

Despite all our efforts and the national and international significance of our work we are not getting the support we need. Despite all the evidence to show that what we are doing overcomes disadvantage and deals with the social determinants of alcohol related harms to reduce them overtime we are not gaining traction with government. This is also despite the ongoing support to our approach that we have from paediatricians, professors and research institutions, we still do not have the long-term security of funding required to enable this work to continue into the future.

Baya Gawiy has no guarantee of funding beyond July 2017. If nothing changes we will have to close its doors. And this is just a policy gap. By July 2018 the federal government wants to introduce the 'jobs for families childcare package', this legislation has been challenging for us to understand as it proposes to benefit vulnerable families in particular. In fact it does the opposite, it undercuts vulnerable families.

- It reduces subsidised access for people earning less than 65,000 per annum
- If parents and carers do not work or participate in what the government considers 'societal activities', then the child is punished, by reducing childcare subsidies to 20 hours per fortnight.
- And for families working full time their annual childcare cost per child will be \$30,000 after government subsidies. Families using Baya Gawiy can have many children in care at once, taking their total costs up to 90,000 plus annually.
- Independent reviews of this package has said that these changes would not be feasible for Baya Gawiy to implement.
- Overall, under the jobs for families childcare package Baya Gawiy would have a \$500,000 deficit out of an annual budget of 1.2 million.

Our doors would shut, our effective preventative measures would lose investment, we would remain in a state of crisis with no pathway out.

We know that government is open to positive negotiations with us but they have to truly believe that our work has a direct impact on what we all want for Australia.

They have to believe in the evidence.

Overall the fact that preventative and responsive measures to societal harms and alcohol related harms are not seriously invested in by government is a problem that must be and can be overcome in Australian politics.

Governmental investments come at the wrong time. When all we do is invest in the present we perpetuate the crisis. The estimated health and alcohol related harm bills to our country is around 36 billion dollars annually. We spend 3.3 billion dollars on child protection and out of home care. We spend 13.6 billion dollars on those who have been effected by violence. And In 2013/14 the WA department of corrective services budgeted the prevention and diversion services was just \$7.83 million compared to \$46.8 million spent on detention.

What this tells us is that we are not investing in a life time of learning. We are not investing in equal opportunities across a lifespan. We are not investing in real preventative work.

We are not seriously prepared to overcome inequality and put an end to alcohol related harms.

It is a failure of our investment system that we cannot see how the costs outweigh the benefits. It is a failure of the system that targeted investment is not sufficiently informed by the scientific evidence. When we don't properly quantify and qualify the effects of crisis investment over prevention its human lives that become expendable.

And where prevention initiatives are most needed like in the Fitzroy Valley where we are ready to take off growing from a strong foundation of evidence, funds are being cut back. And our childcare model that would see real change in people's lives is being inappropriately and inadequately absorbed into a mainstream funding package with no consideration of what is actually needed on the ground.

Saving Baya Gawi is not a campaign about additional funding, this is a campaign about how we as a nation choose to invest in the future health and wellbeing of our nation. It is about redistributing our investments to ensure we fund effective prevention that makes a real difference to peoples lives. It is about how we include disadvantage groups in our national narrative of prosperity. The evidence shows that when we reduce inequality our entire national economy becomes stronger. There is more wealth for more people.

Ultimately, It is about how when we overcome inequality by guaranteeing equal access to essential social services as fundamental building blocks to development, we are, in the long run reducing all alcohol related harms.

My message to you as a scientific community is this, we need research which focuses on the social determinants of alcoholism.

So we have the data and knowledge to support our work to guarantee investments in prevention models. We have to insist that we work with government to achieve this. The more knowledge we have the better position we are in to shape effective policies and legislation that meet our needs.

This brings me to the jobs for families childcare package bill that will go before parliament in November.

It needs amendment and we have to insist that no bill like this which entrenches disadvantage is passed.

Let's unite as a community dedicated to decisions and investments that are informed by the evidence. Let us all insist on investing in our future with the full evidenced knowledge that an inclusive equal society is good for us all.

That achieving such a society is the way to combat and overcome all alcohol related harms.

I know this is coming, the evidence points to it, the age of entitlement is coming to an end. Let us all bring forth the age of equality together.

Thank you.