EDUCATION AND HEALTH STANDING COMMITTEE

NEW CLOSING THE GAP TARGETS

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 4 NOVEMBER 2020

SESSION ONE

Members

Ms J.M. Freeman (Chair)
Mr Z.R.F. Kirkup (Deputy Chair)
Mr Ian Blayney
Ms J. Farrer
Ms S.E. Winton

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Hearing commenced at 10.06 am

Mrs GAIL REYNOLDS-ADAMSON
Member, Aboriginal Advisory Council of WA, examined:

Mrs VICKI O'DONNELL
Member, Aboriginal Advisory Council of WA, examined:

Mr JONATHAN FORD
Member, Aboriginal Advisory Council of WA, examined:

The CHAIR: Thank you all for attending. We really appreciate you making yourselves available for this hearing of the Education and Health Standing Committee, a cross-party parliamentary committee. Some of you may already be aware of and have dealt with different parliamentary committees over the years. We are obviously at the end of a four-year term, and during this time there has been a lot of negotiations over the Closing the Gap targets. We did not want to find ourselves having finished off the four-year term without having a discussion about the new targets and what they mean, with a view, I suppose, to getting a better understanding of them and also giving a bit of an indication to a new parliamentary committee that may want to look at this area as well in terms of what the Western Australian government can do. I have an opening statement and then I will hand over to you to introduce yourselves.

On behalf of the committee, I thank you for agreeing to appear today to discuss the new Closing the Gap targets. My name is Janine Freeman and I am the Chair of the Education and Health Standing Committee. I would like to introduce to you the other members of the committee. On my left is Mr Zak Kirkup, who is the deputy chair; on his left is Ms Sabine Winton, member for Wanneroo; on my right is Ms Josie Farrer, member for Kimberley; and on her right is Mr Ian Blayney, member for Geraldton. We also have in the room Jovita Hogan, who is our research officer. Hansard is here because this will be recorded in *Hansard*. We also have a member of the media here—Michael Traill from *The West Australian*.

It is important that you understand that any deliberate misleading of this committee may be regarded as a contempt of Parliament. Your evidence is protected by parliamentary privilege; however, this privilege does not apply to anything you might say outside of today's proceedings. Before we begin, do you have any questions about your attendance here today? No. Does anyone want to make a brief opening statement? We are happy if you want to do that as well; otherwise, we can just go into our questions. A brief opening statement—anyone?

Mrs V. O'Donnell: No; I am happy to go into the questions.

The CHAIR: Great; thank you very much. Thank you again. I suppose as an overall question, and just to give us some context, if we can go between the three of you as to your understanding and explanation of the Western Australian government's role, the public sector's role and the advisory committee's role in ensuring progress towards the Closing the Gap targets. From your point of view, is it clear which targets the state will take lead responsibility for? Do you want to lead off, Vicki, given your chair role?

[10.10 am]

Mrs V. O'Donnell: Yes, I am happy to lead off. For the record, AHCWA is the only peak body that is part of our national coalition, which negotiated with the states and territories, through Premiers and through the advisory parts in cabinet that negotiated national awareness. There was lots of negotiations and lots of discussions around, particularly, the KPIs. In previous years, in the record that has been shown to the nation, there has been no significant improvement for Aboriginal and Torres Strait Islander people nationally, and in some states it has been poor. I think this lens and this new way of working is building and co-designing good partnerships with government, but also with non-government organisations, particularly here in Western Australia. I think the two key areas that are critical for us in Western Australia are particularly around early childhood and housing. Attached to those, you cannot build a house without good health, without good buildings, without all the environmental health attached to it, without all the connectivity. And early childhood leads into early education, early childhood centres—all of those things. So they are the two critical areas that lead into a whole number of KPIs, including justice, including how a person's wellbeing is and how they progress into the future. So they are the two key areas that, from our point of view, we are really pushing and working with the current state government of Western Australia.

The CHAIR: Are you able to give us some examples of some of that work that you are either starting to do or you are looking to do in the future or you are doing presently?

Mrs V. O'Donnell: We are currently working with the Department of the Premier and Cabinet. One of the concerns, I suppose, we had in WA is that there is only one big organisation in Western Australia and that is AHCWA, which is the Aboriginal Health Council of WA, which has 24 Aboriginal community–controlled health services across the state. There is no peak education; there is no peak early childhood; there is no peak housing. It is very fractured across the state. I am happy for Gail and Jonathan to have input into their thinking, but there is no one area that government can go to where it has key leadership across the state that can give good advice. So there are a number of elements that have to be developed in Western Australia for that to happen. I think moving towards the current AACWA that has been established is a good move forward, where it is not a nominated rep that sits on a committee that is nominated by government; it is actually membership that is nominated by Aboriginal people in a room, moving towards an elected council which is elected by Aboriginal people, which is the first time ever in Western Australia. So there is a lot of work that is being done at the moment. Consultation has to go out across Western Australia about how we might move towards the implementation of the Closing the Gap key targets.

Mr Ford: In terms of the initial question around responsibility and how to maintain that responsibility, we certainly see it as a partnership. Responsibility lies with both parties in terms of the Aboriginal community and also the state government, Australian local governments and also the commonwealth. It is kind of like a four-way partnership, and that is reflective of the Closing the Gap agreement. There are signatories from all four parties to that agreement. In terms of the interface between Aboriginal community representatives and the state government, like Vicki mentioned, there is the new advisory council. We have done a tremendous amount of work over the last 18 months to get the Closing the Gap agreement to where it is, and that included the 17 targets. In addition to that, we have also been able to redefine the relationship with government heads. So with the Aboriginal Affairs Coordination Committee, previous to us coming on board, there was only one representative on that, and that meant it was mostly the directors general. We have been able to change that already in terms of getting four representatives from the state Aboriginal Advisory Council to sit with the directors general every couple of months and we address the issues.

In terms of the responsibilities in terms of the targets, Western Australia will go into an implementation planning process, where we will start to do some workshops with the state

government to really define what the national targets mean to Western Australia and how we can ensure not only the responsibility and the accountability but also the implementation and the evaluation through that process. I think the state government had a senior Aboriginal executive leadership team. When I say it like that, it is not necessarily all Aboriginals, just the Aboriginal policy officers and the execs within those government departments. They have already started to look at how that implementation plan for Western Australia will start to be driven. We have requested, as a reflection of the good partnership, that the state council be a big part of that as well in terms of design and how that looks for our communities.

The CHAIR: Gail, do you want to add anything in terms of what is being discussed?

Mrs G. Reynolds-Adamson: Look, I concur with both of my colleagues in relation to that. But, I think, fundamentally, what you see with a lot of the issues that we have faced as Aboriginal people is the lack of key performance indicators for these agencies. The policies that are made for Aboriginal people are not made with Aboriginal people. I think with that co-design that Vicki talked about a little earlier, the fundamental change that we need to do is actually co-design not only on a statewide level but also on a regional level what the community wants and not what the department wants. And those agencies need to be accountable for not performing in these areas of early childhood, housing and those key points that Vicki alluded to.

The CHAIR: Just in terms of the implementation planning stages that you are looking at, Jonathan, and that you talked about, will that include reporting and also the consequences of not meeting some of the planning targets? Obviously, the key targets are there, but getting to those, and building to get to those, is that part of that process of planning? Is that part of that co-design about how you will measure that and how you will report that and what the consequences will be if they are not met? Is that part of that process?

Mr Ford: We have had discussions around the accountability. I would not say the consequences, but I would certainly say accountability for the parties involved. I think the minister, Ben Wyatt, announced yesterday greater accountability for directors general through the Closing the Gap process as well. I think accountability is really important. We are still asking those questions about what are the impacts for individuals for not meeting their key performance indicators. Ultimately, whilst we talk about targets, realistically we are never going to achieve those targets unless we get the systemic reform required. If you really look at Closing the Gap, the real drive for the Closing the Gap agreement—and Vicki will add more, I am sure, in a minute—is the four key priority reform areas. They are a huge focus for us, to be able to achieve those targets. If we could dive in and have an impact on those priority reform areas and really try and measure government on those priority reform areas, I do not think we will get close to those targets. I think there is a number of opportunities for us to really look at—okay, how do we make this work?

The CHAIR: Vicki, do you want to add anything to that?

Mrs V. O'Donnell: I have to agree with Jonathan. Being really honest, I think in WA we are starting at a very low baseline. If you look at kids in care, for example, we have the highest rate. If you look at the justice system, we have the highest rates. Now, as part of the negotiation we had around the targets there was some toing and froing around the percentages around the targets. We appreciate that in WA we are not going to achieve them. We negotiated that we would not go any lower than what was agreed to in the national agreement. If we continue to lower the target, we will never, ever achieve what we want to achieve in the future. So we made it very clear that, yes, it is a high target. We appreciate that we might not be able to achieve that for Western Australia because our baseline is very bad already when you are trying to reduce something, but there has to be an understanding of this. Jonathan's point was exactly this, and so was Gail's. Some of this does not

take money; we do not need money to make change. It is about changing the culture and the thinking within government departments—that is all government departments. That does not take money; that takes leadership at the top to make the change down the bottom in the way you work with Aboriginal people and the way you deliver the services.

[10.20 am]

Mrs V. O'Donnell: The four key areas—and one of them in particular, which is reform 2, which is around building capacity and certainly building more Aboriginal community–controlled organisations within the state. That was my point exactly in the very beginning—there is no peak housing; there is no peak education; there is no peak leadership in anything other than Aboriginal health in Western Australia.

Reform 4 is about sharing data. Now, none of us share the data. Government does not share it with us, and we do not share it with government, so there is no real clear picture across Western Australia of what health looks like in Western Australia, let alone education. That does not take money to do that; that takes commitment, good partnerships and being honest with each other. We are all walking this line together, and if we do not walk it together, in 20 or 30 years' time when I am gone, nothing is going to change for my grandchildren and their grandchildren and we will be still in the same situation.

Housing is a prime example. You cannot build a house if you are going to have a rubbish dump right next to the community, because it is going to create health issues. It is all of the components of how any normal person—whether you be Aboriginal or not—wants to live in a house, go to school, have food on the table, have hot water and have cold water. This is not a Third World state, and it is not a Third World country, and I think we have to stop thinking like that.

The CHAIR: Gail, did you want to add anything to that about the priority reforms and your aspect on any of those?

Mrs G. Reynolds-Adamson: I concur with both of my other colleagues as well. What Vicki has alluded to, there is basically a whole-of-government approach, and it has to be a bipartisan approach in what we decide to do in this area and in the Western Australian Aboriginal Advisory Council. Equally, within our committee that we are talking about, we are looking at all these complex issues and what is the best way forward, but, again, as Jonathan alluded to, this is something that we all need to do as Australians and as Western Australians—to change the plight of Aboriginal people as targets that are set. Part of that is the education of non-Aboriginal people about the true telling of our history. Until the government agencies actually get into doing some sort of cultural awareness training to really discuss what are the legacies of history that we are dealing with today, we are never going to change this, and Aboriginal people are going to continue to push uphill, unfortunately, about language. That is essentially what will be—nothing will change because we are one part of this puzzle and a part that is disempowered a lot of the time.

The CHAIR: I just want to talk about something that the committee has done in respect to some of the life-expectancy gaps. The committee did a major report that it brought down last year and has continued to highlight, and that is around type 2 diabetes. In terms of Aboriginal health, type 2 diabetes is an insidious and increasing chronic disease. I am interested to know from that point of view. We have done some work on it, and we continue to try to champion really effective change in this area in both primary health and secondary health around type 2 diabetes, and whether this is really drilling down into some of the issues to address life expectancy and health—whether there is any movement that you see around type 2 diabetes. What could be done better in those areas from the perspective of being able to prevent, treat and even—it is the view of the committee—to put the illness into remission? Does anyone want to grapple with that very long lead into a question?

Have you got any experience with type 2 diabetes as one of the specific physical and chronic health issues that confronts Aboriginal people more than it does for white people in the Australian community?

Mrs V. O'Donnell: I am more than happy to take the lead on this. If I just talk about the Kimberley, we currently dialyse 160 people a week in the Kimberley, and that number is growing. We predicted that number 10 years ago—that we were going to get to this number and we are going to get to more. We have over 3000 Aboriginal people in the Kimberley with type 1 and type 2 diabetes, and it is not getting any less. It is getting higher.

One of the issues we have is that if the state government wants to continue to invest in acute care, we will continue to have and to build acute centres to dialyse people all over Western Australia. We did a study back in 2018, which was an environmental health study about key indicators of people who could have been prevented from going to hospital in the Kimberley. The Department of Health and the WA government would have saved over $10 million a year if they had invested more in primary health care. We have got our people going into hospital for skin disease because of no investment in primary health care. I think one of the issues we currently have a struggle with—this is the issue that the state government has to address—is, particularly in health, that there seems to be this fine line that, you know, Health every now and then says, "That's a commonwealth responsibility—primary health care. Ours is all about having people in hospital." How do you split a person who is living in Balgo or who is even living in a suburb in Perth? How do you split them in half and say, "Oh, sorry. The state is not going to look after you for that half. The commonwealth will have to look after you for that half"? Because that is about what it is getting to. There is very little investment in primary health care from the state government from the Department of Health in Western Australia. The majority of it coming for Aboriginal community health comes from the commonwealth. The commonwealth has a very big investment in primary health care, but it has to work for the other side.

The other issue we have is that hospitals across WA are funded on activity-based funding, with people staying in hospital, and they are funded to keep them out of hospital, but the two never seem to meet. There has to be a rethink on how funding is allocated. I appreciate that we need hospitals and we will always need hospitals, but why would we be funding hospitals to keep people in hospital when you have a whole—and you will continue to do that, and it will continue to cost more because you are not going to change the way the thinking is.

I am happy to share that document. It is a public document, and it has been sent to a number of government departments. I am happy for my colleagues to add to it, but I think about chronic disease and type 2 diabetes. We can specifically talk about type 2, but it is not just about type 2; you have got cardiovascular, and you have a whole range of other things that are all part of a chronic disease population that is getting higher and higher and sicker and sicker. Chronic disease and diabetes lead from lack of medical health, as a prime example; there is just about nil when you go out into the regions outside of the metro. That is where we talk about the primary health care.

Mr Ford: Can I just add to Vicki's comment? In terms of diabetes and the awareness, it seems to be a phase or a craze that government will start to really highlight. In 2008–2009, it was really big on the agenda. There were some investments into type 2 diabetes, and then it dropped off. I think we need consistent funding streams and really consistent planning around these types of things. The service that I manage, we manage around 1 000 clients of these patients across Perth, and 800 have diabetes. It really comes down to nutrition, diet and exercise. Our people do not have access to the gyms and stuff like that. If you have anything to do with chronic disease, it is actually funded by the commonwealth, and there are little bits of the state. The state fund Moorditj Djena, which is the

diabetes education and podiatry service, and they have healthy lifestyle clubs, so the healthy lifestyle and the diabetes support that is delivered by the state really do not engage. If we look at Aboriginal community–controlled organisations, those types of funding streams should have been allocated to ACCHOs to do that because we manage our patients. I think there is a disconnect between what the government is willing to let the community manage and what they want to hold on to, and that is actually putting patients at risk long term and short term.

Vicki is absolutely right about the commonwealth investment into chronic disease management and diabetes support, as, ultimately, we are preventing people from walking through the ED doors. The second they walk through the ED doors, the cost of health triples. So minor investments into Aboriginal medical services will save the state a tremendous amount of money. We just need to be able to get into that lead position to be able to design and have long-term strategies in place and not to have these crazes of, you know, "Okay, diabetes is a big issue. Let's do something about it", and then five years later it is off the radar.

[10.30 am]

The CHAIR: Gail, did you want to add to that at all?

Mrs G. Reynolds-Adamson: Just what is happening with regard to health services in regional WA. The difficulty that we have is the data that Vicki and Jonathan allude to and the inability for corporations like ours to get that to be able to get a health service up and going. We have got all those chronic diseases that you talk about, but we have no statistics to prove it up to say that it is increasing or decreasing. We can see the health levels declining in our area, like in most regional WA towns that do not have an Aboriginal health service. It all comes down to things like your dental health and your preventive health. There are lots of things that my two colleagues have talked about, about preventive health, that we do not even have the ability of doing anything in regional WA and some of the towns that I have seen, because we cannot get access to Health at all—full stop!

The CHAIR: One of the other reports that we did in a previous committee inquiry, when Josie and I were involved—the other committee members were not on the committee at the time—was a report around Aboriginal youth suicide in the regional areas, but predominantly in the Kimberley, and the issues around one of the priority areas, which is building the community-controlled sector that you have there, really came out strongly in that. There have been too many reports, probably for your liking, about those sorts of things. I am just interested to talk about—obviously, the issue of suicide is the pointy end and horrible end and terrible consequences—but I am interested also in hearing your thoughts around mental health and some of the issues you think would make the most difference in mental health in Aboriginal communities, especially youth, and being able to build on some of the resources and discussion that has been around this area over many years. I just want to put that to you and see if you can give us—I mean, your comments around type 2 diabetes is, if you are going to do something, make sure that it is ongoing and sustainable and is not just the flavour of the month, and if you are going to do it, make it community controlled and bring it back into communities and also stop this divide. I am just interested in hearing your views around that aspect of mental health as well, if that is possible.

Mrs V. O'Donnell: I am happy to go first, and I thank Josie for that report, which highlighted everything that we already knew, but to be able to put it into Parliament and highlight those is a good thing. Having said that—I am sure Josie would agree—nothing has hit the ground. We have had like umpteen dozen reports, not just in the Kimberley; I am talking the whole of the state. I am the first one as an Aboriginal person to say, "You don't want to lose anybody's life through suicide." But while we concentrate on 16 of them, we have got over 500 self-harms in [indistinct] country

right now as of today, and nothing is happening with that. No-one wants to talk about the self-harms; they all want to highlight in the newspaper that we have got an 11-year-old girl who suicided. That is bloody sad, and it is tragic, and it is horrible for the family. But there has been no investment in the prevention of self-harms anywhere in this state—little money!

If you look at our suicides and our rate, and it is probably the same in the non-Indigenous, it does not happen between eight o'clock in the morning and 4.30 in the afternoon. People do not think, "Well, that's when I'm going to suicide." It generally happens late in the evening when there are no services, and the only people providing those services are either the community members in a community or a town or family that are providing that support to stop that from happening or who are attending. It still has not been addressed. We have highlighted it so many times.

I congratulate that Jen McGrath is now the Mental Health Commissioner because she certainly has a totally different view of looking at things. But that is a whole culture of over 10 years that you have got to change in that system. Even if I look at the Kimberley, the investment in the Kimberley is millions and millions of dollars into acute services in the Kimberley and just about zilch in our primary healthcare settings, and it is run still by state Health; it is not run by Aboriginal people in the Kimberley or any other region, and that is one of the big issues. The government says, "Yes, we agree. Yes, we are very supportive", and that is as far as it stays. It is disappointing for our sector, and I think there has to be much more addressing and a shift; otherwise, government will continue to build bricks and mortar within the health system.

Mr Ford: Just for your benefit, Vicki and I were able to get a lot of data through Closing the Gap when we were negotiating targets. Aboriginal self-harm in this state is almost twice as high as in every other state, just in the Aboriginal communities. When you see Aboriginal statistics against Aboriginal statistics for all of the different jurisdictions, the Aboriginal self-harm in Western Australia is almost twice as in every other Aboriginal community throughout Australia. Also, we are almost double the suicide rates for every other Aboriginal community in every other jurisdiction throughout Australia. That in itself should trigger something in the state government: is this unacceptable across the state?

I think whilst we talk about the suicides in the Kimberley, every community is different. Here in Noongar country, young Aboriginal men are the highest at-risk group in terms of numbers. In terms of actual numbers, suicides are high across the whole state, and every community is different. I think Jen McGrath and the Mental Health Commission, in designing suicide intervention plans that are regionally specific, is taking probably the first step in terms of trying to understand what are the needs of each community. The challenge we have is once we do a suicide prevention plan for each of the regions, who is accountable for the implementation and how do we get all these different government departments to be key players in that?

Mrs G. Reynolds-Adamson: I have nothing to add on that one there. Jonathan has it covered for me.

Mrs V. O'Donnell: Can I just add, for Gail's benefit, I think one of the issues that gets highlighted, particularly in our Aboriginal community–controlled mental health services, is that in most of our regions, with the exception of the great southern–Albany area, out in the wheatbelt, there are no Aboriginal community–controlled health services; it is WACHS. They do not have, and Gail will agree, the same engagement with the same input into how health services get delivered, and even mental health services get delivered, to Aboriginal people, like you would in the Kimberley or in the Pilbara, where we have three big Aboriginal medical services. When you sit at the table, you can really see the clear difference where there are large gaps in Western Australia where there is no input from Aboriginal people into how Aboriginal health is delivered, or even transitioning WACHS clinics to

Aboriginal community control, because you have a large Aboriginal population who are poorly serviced because of the areas they are in.

The CHAIR: Is that part of the priority reforms, obviously of reform 2, and fills in in the way that the implementation of the Closing the Gap targets are? That underpins it, does it not? That is really what you are trying to say.

[10.40 am]

Mrs V. O'Donnell: In our national agreement it is very clear, and it is very distinctive, that there has to be some transition of funds back into Aboriginal community–controlled hands—and I use Anglicare as a prime example. They do a great job, but there are also Aboriginal community–controlled organisations that can deliver that same very good job to their own people. It is very clear in the national agreement that there has to be a shift of dollars back into Aboriginal hands to deliver to Aboriginal people.

Mrs G. Reynolds-Adamson: Can I just follow on from Vicki's point: it is very clear from a lot of the reading in regional WA that there are a lot of agencies like Anglicare that receive small amounts of money and it is not affecting the services they are putting in place, and they certainly do not know how to tap into the communities. They have funding to do this work in the Indigenous arena for health, but they have no capacity to be able to do it.

Mr Z.R.F. KIRKUP: Why do you think that is? I think that regardless of who is in office, government has done the same thing for years and years. Why do you think they continue to pile in the cash like that? Do you think it is a necessary activity to say that they have checked that box and provided that funding? Why do you think that continues to go down that path?

Mrs V. O'Donnell: I think some of it has got to do with whether they are able to keep control of the organisations and not have the capacity to build within the same market as an Anglicare. If you work at Anglicare, they are a national organisation; they are not just a WA organisation. So if you have an Aboriginal organisation in Gail's area that is competing against Anglicare, who do you think the government is going to pick? It is not going to pick the Aboriginal organisation that can probably deliver it much better in the Albany area. They will pick Anglicare because it is a big national organisation and that is what government goes for, instead of being very transparent and looking at where is the best investment for a better outcome for Aboriginal people, and it is not always the big national organisations like the Anglicares. That is why there is a push that it has to transition.

Mrs G. Reynolds-Adamson: And then you find that corporations are very good at putting out the message to be the agency of choice by government to fund, whereas Aboriginal corporations do not always promote themselves in the same way, but get great outcomes. Therefore, when the government is looking at funding aid agencies or organisations, Aboriginal corporations just do not stack up against the large corporations like Anglicare.

Mr Ford: Can I just add, I think it shows that it is a political position. I know that there was a significant amount of money that was pulled from Justice and Child Protection and given to a large Aboriginal-controlled organisation here in Perth. The political backlash that the state government received was tremendous and certainly may have shaped Mark McGowan's thinking about it going forward. The other issue is that there are a number of smaller non-Aboriginal organisations that I know of and 70 per cent of their total income is Aboriginal funding. This non-Aboriginal organisation that employs very few Aboriginal people would probably close their doors if they lost their Aboriginal funding and governments would be reluctant to have that on them when really it is incumbent on government to help our people do things better ourselves, not trying to protect small non-Aboriginal organisations to survive.

Ms J. FARRER: I just want to ask a couple of questions and see whether anyone can answer them. I find that there is no communication or any links between Aboriginal health services with the state to discuss some of these issues and to have it all implemented. Some of the stuff we have done, we have taken that to Parliament. I do not know where it goes from there, but this is the sort of partnership that we should be helping to bridge issues about closing the gap. I have yet to see where that sort of communication is between the health services that are out there, that is not really applying to what people really need or require in all of that area with health services, mental health, self-harm, as we talked about, the ongoing suicide that is still occurring, especially up in my area. The report that has been done does not seem as though it has had any effect through any of the health services. This is maybe where the medical services could be questioning state health or the Parliament. I think that is a big letdown for a lot of people. I feel as though we really have not moved anywhere at all, and that is my assumption of it all. I would like to hear what are the plans for the Aboriginal medical health service working with the state, or vice versa.

Mrs V. O'Donnell: I am happy to respond. Across all our regions in Western Australia, with the exception of metro, we all have regional Aboriginal health planning forums where state health sits at the table—so does the commonwealth and so do other organisations that get funnelled in by the state and the commonwealth, so you have got Rural Health West and RFDS. These things get delayed all the time. In the Kimberley, a lot of the others have done position papers that are drawn up for state government. I think the issue that we have from our sector is that it does not go beyond the DG. It does not go to ministers unless we deliberately send it to the ministers. One of the things we are not good at is using our ministers in Parliament to ask the questions and ask the hard questions to government about how they are delivering services back to us. I think that is one of the things that as Aboriginal people we do not do well, and we never have done that well. We do not use the ministers like other organisations do across the state or nationally to get ministers to ask the hard questions about how services are being delivered. There is a lot that we have to do with that, but having said that, we do push a lot up and we do have quite robust—I would not say heated—discussions. The CEOs from all the medical services across the state meet every two months for two days. We have state that sits in the room and we raise all the issues. We have mental health sitting in the room and we raise all the issues. What does not happen is that it does not go any further to the very people who might be able to come down and ask the very department the questions. That is what we do not feel it is like.

Ms J. FARRER: How do you think we could make that happen?

Mrs V. O'Donnell: I think this is going to be—and I think we can do that, particularly through the Closing the Gap KPIs and literally those four reforms, because ministers are going to have to be responsible for their departments to make that happen. I think we are in a new world now under a new agreement that we have negotiated with Aboriginal people and I think as a collective we have to really stand our ground. Gail and Jonathan would agree. We might sit on ACC, but outside of that, we are back in our own homes where we have the same issues that we have to face—the same as you living in Halls Creek every day of the year. I think we have to push back and we have to stand our ground. We have only got one chance at this because we will not ever get another chance to make a real difference. If you look at the NIRA report that was done—the billions and billions of dollars that was wasted on the NIRA report that made no difference to Aboriginal people anywhere in Australia, let alone Western Australia. The fact that the previous government, for example, negotiated $90 million on housing and we have to wait, that has left Western Australia in dire straits with housing, with maintenance, with all of those issues 10 years down the track. All of those things have to be renegotiated. We only have one chance and we have got to make sure we give a good

go of it. As Aboriginal people, we have to make people accountable, as well as our own people accountable, for how we deliver these services.

[10.50 am]

Mr Ford: Can I respond in terms of that relationship in the health space between Aboriginal community–controlled health organisations and government. As Vicki has mentioned, every region in this state has alcohol planning problems where stakeholders sit down and work together and plan, except the Perth metropolitan region. It was basically put in the too-hard basket because of the size. You have to deal with east metro, north metro, south metro, child and adolescent health services, and multiple hospitals involved in that. So prior to going into COVID, I was meeting with the director general just for coffee to catch up to try to work in progressing that. In the end—I think Vicki mentioned—I think we are relying heavily on the close the gap agreement knowing that the Premier has put his signature to work together with Aboriginal people and address the systemic reform required. So I think if we are going to do this, we really need to understand fully what this close the gap agreement really reflects in terms of the state government's commitment and the different accountability measures in place. I think the minister has been great. I think Minister Wyatt has been absolute amazing in really ensuring that the Aboriginal voice is being heard and respected through the state council process. I think we just need to make sure we put the systems and the processes in place to have that relationship strong, regardless of which government is in place.

Mrs G. Reynolds-Adamson: I just want to go on from what Vicki and Jonathan said. I think more understanding of issues in this area and certainly we raise up these issues but there does not seem to be any solution that comes back. I am hoping that—I am being an optimist here—that the Aboriginal Advisory Council that we are currently forming up as a group, that that is the entity that will ask these hard questions: Why those KPIs have not been delivered? Why the health level of Aboriginal people is not changing? So I am an optimist in the sense that I think that this entity, if it is done right, will be the entity that will change things for Western Australia.

Mrs V. O'Donnell: Can I just add to that? I think the other big concern is that there is this perception that health is health and it stays with health; whereas health is everybody's business. Have we lost him?

The CHAIR: No. He is still there. He just turned off his camera.

Mrs V. O'Donnell: Sorry. Health is everybody's business. It does not just sit in health. You know, it is all around the spiritual; it is around the land; it is around the culture; it is around languages. It touches every part of every department. It is not a solo department in its own right. I think that is one of the issues that we have had which was highlighted even when we started in our advisory role—it became very evident that every department was in a silo and none of them talked to each other. You know, when you want to talk about education, you only talk to education. When you want to talk about justice, you only talk justice—and neither of them talk to each other. So, you know, we as Aboriginal people, yes, I agree with Josie, but it is not just about us; it is even about the departments themselves—that was a point in the very beginning. That culture has to change. They have to be talking to each other, because for us in the health world, if we want to talk about education, you have got to go over here to talk about education, because we cannot talk about it in health because health is health. Well it is not health is health anymore; health is everybody's business. Education is everybody's business. Justice is everybody's business. There has to be that link between every department that wants to look after that one person in Western Australia.

The CHAIR: Is that part of the underlying importance of Closing the Gap targets—that it basically says. "If you want to reach these, you're all going to have work together and you're also going to have to give us, empower us, to be able to deliver those in that way. But you are also going to have

come back with, if you go back to those foundations, accessing data as well so we know what we are dealing with and we know that we're not just making assumptions; that we are dealing and making good decisions based on good research and data"? Is that one of the strengths of the Closing the Gap targets?

Mrs V. O'Donnell: It is. I was chair of the Aboriginal state ethics and have been for the last 20 years. I can tell you that government has so much data that you probably would not even know it has happened. So the applications come to us and I can tell you justice is linked with health, health is linked with mental health, but no-one gets to see that data. What do they do when they see what the big picture looks like? They have done nothing. It was an issue that I raised when we started to have discussions around what rehabilitation looks like, because we have already all the linked data within government that will tell you a story of where your investment needs to be. But no-one has seen that because no-one knows it is even happening. I know it is happening. My colleagues know it is happening because I am telling them, but government would not know that is happening because it has happened between all the departments and it is going through a whole system. But ministers would not get to see what that data looks like. I do not know who gets to see that data because we have not even seen that data. It is the question we are asking at the moment.

It is a bit like the Kimberley health strategy around the diabetes type 2 that you were talking about. The health department has done a kidney health strategy across the whole of WA. There is a lot of data in it. But let me be really frank: it does not have Aboriginal community–controlled health service data in it, because we do not share data with them. So they do not have, you know, the over 3 000 diabetes type 2 people [indistinct] that has got Aboriginal diabetes type 1 people we have in the Kimberley in that data because we do not share data. The Health Department does not even share data amongst each other. With their new CHIS system, they cannot even pull off data what happened last week.

The Kimberley is the only region in this state that has an electronic health record that follows an Aboriginal person anywhere they go in the Kimberley. So My Health is provided by BRAMS. I have an electronic health record. If I go to Yura Yungi in Halls Creek, they pull the one record. If I go to OVAHS in Kununurra, they pull the one record. It is the same record following me around. If I go to ED in Broome, they have access to all my electronic health record from BRAMS for 24 hours to look after me with all the information they need; all of my medications. It is the only region, but it does not connect to CHIS through ED. But, you know, that has been a real issue. No true person can say they know what the health of Western Australia is, because no-one has got real data.

The CHAIR: I am happy to hear from Gail and Jonathan, but I do think that that underpins Closing the Gap, because you are setting targets that will need data. They are going to have to sort that out, are they not?

Mr Ford: I will just add, the commonwealth Auditor General report on Closing the Gap in the last 10 years, in Australia, that Close the Gap started with an investment of about $5 billion per year, and I think it dropped down to about $3.6 billion per year. The Auditor General's report actually reflected that they could not track how well the money was spent. So when you talk about setting targets and only two were achieved, they probably could not track the outcomes of the other five, so they just stated, "Okay, we couldn't achieve them." But, I suppose, to be very frank with you, an investment of $3.6 billion per year and you cannot track where it went, how it went and how well it did. From an Aboriginal person, you can only imagine if that was us getting $3.6 billion per year, and then we said to government, "Oh, we don't know how well it was spent", what would happen to us? I suppose that it passed it around to say, "Look, you've had 10 years in terms of trying to do things for us. It's not going to happen over the next 10 years. We really want to be able to do things for

ourselves over the next 10 years, because you had your 10 years and $3.6 billion per year and nothing's changed." That has really been the foundation, so let us try something different. I think that is how the four priority reforms got up and we were able to say, "Okay, we need these just to make sure that we can make sure the money is being well spent and the outcomes are being produced for our people".

[11.00 am]

The CHAIR: It is 11 o'clock. I have found this really informative and I thank you for sharing your knowledge and your insight into the area. We are really appreciative. We now have Education coming in to talk to us about the targets as well and about how they will meet some of those. Your comment, Vicki, which was that these things go across, is really pertinent and we thank you for that. Thank you very much for joining us today.

Mr Ford: Thank you.

Mrs G. Reynolds-Adamson: Thank you.

Mrs V. O'Donnell: Thank you. Can I just say that I am a bit like Gail? I can see a light at the end of the tunnel and that is what we want to push towards. We want to make a difference. I think we have got the opportunity to do that with the government and we should try as hard as we can to make that happen.

Mr Ford: Can I just add that I think that all the council members would be happy to say that we have been very pleased with the process so far and the engagement from government and the partnership we have in place. They are not likely to be concerned. We can clearly see the light at the end of the tunnel and we are all very hopeful.

The CHAIR: I am a light-on-the-hill–type girl. Gail, did you want to say anything as well, to finish off?

Mrs G. Reynolds-Adamson: The thing is, as I look at it, my colleagues on the committee also share that optimism in and around the future for us. It is something that we cannot do alone. It is something that has to be co-designed with Aboriginal people. Jonathan, again, hit the nail on the head. If we got $3.6 billion and we could not say to the government where we spent it, there would be serious questions asked. I think that is what we are about—asking those serious questions and having KPIs set to say that if you are going to spend it, spend it and co-design it with Aboriginal people so we can make a difference for our community.

The CHAIR: Thank you for that. That is a great summary. Thank you very much, I really appreciate you being here.

Hearing concluded at 11.02 am