SELECT COMMITTEE
INTO PUBLIC OBSTETRIC SERVICES

TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
MONDAY, 18 SEPTEMBER 2006

SESSION ONE

Members

Hon Helen Morton (Chairman)
Hon Anthony Fels
Hon Louise Pratt
Hon Sally Talbot

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The hearing commenced at 11.10 am

GILLGREN, DR CHRISTINA,
Executive Director, Office of Citizens and Civics,
Department of the Premier and Cabinet, examined:

The CHAIRMAN: On behalf of the committee I would like to welcome you to the meeting. You will have signed a document entitled "Information for Witnesses". Have you read and understood that document?

Dr Gillgren: Yes, I have.

The CHAIRMAN: These proceedings are being recorded by Hansard. A transcript of your evidence will be provided to you. I remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today's proceedings, you should request that the evidence be taken in closed session. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Please note that until such time as the transcript of your public evidence is finalised, it should not be made public. I advise you that premature publication or disclosure of public evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege. Would you like to make an opening statement to the committee?

Dr Gillgren: Thank you very much. I was hoping to do a very brief presentation on community engagement. That is based on the instructions that I was given about what you were after. If you are agreeable to that, I will go on to questions. I have handed out to members a package that includes the notes from the PowerPoint presentation, in case you want to take notes. There are also our publications, the "Western Australian Citizenship Strategy", the consulting citizens resource guides - I think there are two of them - and "Consulting and Engaging with Aboriginal Western Australians". If everyone is happy with that, I will proceed with the presentation.

The CHAIRMAN: Thank you.

Dr Gillgren: This is a very new portfolio area that was introduced in late 1998 by the then Liberal government. That is when citizenship was introduced as a portfolio and added to the multiculturalism portfolio, so it became the portfolio of citizenship and multicultural interests. Our brief was to develop a citizenship strategy. I came into the public sector in mid-1999, and that is when the work commenced. With the change of government in 2001, the citizenship aspect was set up in its own right as a unit within the policy division and we commenced our work on trying to develop the strategy. Until then a very significant consultative process had taken place. A discussion paper had been prepared and presented, with significant response - I think we had a 16-page response form to this discussion paper and more than 500 responses.

The cynicism was very strong, but people were also looking to find a way forward. We needed to understand what was happening in the community and what the changes were to inform us on how to go ahead and provide advice that was well-informed. This slide shows a graph of the relationship between governance and public health administration, where the citizens are subjects and voters. The fourth column looks at collaboration. In other words, we are moving on from the responsiveness approach to more of a collaborative approach with people being able to input into decision making. A lot of things have brought that about; for example, today the third sector, the non-government organisation sector, does a lot of this service delivery. Policy is done within

government, so how do we know we are delivering the right services? We need to have conversation with the community. That is what we mean by this. Citizenship is about participation; that is the most succinct way of describing it. However, participation does not happen in a vacuum. There must be good governance. That is the only way one is going to address the cynicism. Our role was very much looking at governance frameworks; open and accountable government; the way decisions are made, because that enables people to participate with more confidence; and to address some of the cynicism in the community. Also, more importantly, it ensures the decision making is well informed. In other words, it is not just about perceptions, but about real issues and addressing those issues in an appropriate way.

The strategy has four key areas. In a nutshell, this is very much a response to what people in the community told us. They told us, "Don't just give us information about government. We know there are three levels of government. We want to know how this relates to our everyday life and how it impacts on us when there are issues we want to take up with government. In other words, give us meaningful information. Don't flood us with information." That was especially the case with seniors. They wanted meaningful material. They received material and they wanted to read it, but some of it did not add much value. It is very important to have meaningful material that can enable people to navigate their way through life in a more effective way.

The inclusion part - okay, people may know how government works and how to go about using the system if they need to, but what are the barriers to participation? In government there are a lot of instruments that deal with that question: the Equal Opportunity Commission, the Office for Seniors Interests and Volunteering, the Office for Women's Policy and the Department of Indigenous Affairs. A lot of these offices are established to look at that aspect. The barrier to participation that related to ours was the cynicism factor. That is the bit we have been focusing on.

So, someone knows how to engage and there are no barriers to participation. We then come to the third aspect: does the system let you in? That is where our focus has been - on processes that allow people in. In the first graph I showed you the transfer from the managerial approach, when the managers knew and were responsible for their output, to a more collaborative approach with the focus more on outcomes. As a manager, one can manage the outputs, but it is very difficult to manage the outcomes when collaboration is needed. An example would be health outcomes. For good health outcomes, people must look at their lifestyles and diets and many other factors, so there needs to be collaboration to get the outcome of a healthier community.

[11.20 am]

The last area is democracy and governance, which is a focus in its own right on public trust and confidence; that is, confidence in the systems and processes of government and confidence that these systems and processes will serve the public. That is underpinned by the three previous areas.

With participation we are talking about proactive citizens taking the initiative and making a difference. It is about letting people in and developing mechanisms for engagement and interactive democratic processes that address the interdependent roles of all sectors. All sectors become stakeholders and it is about working collaboratively. What do we mean by community consultation? Engagement, involvement and participation - there are many words. We are looking at the processes by which members of the community can be involved in decisions that affect their lives. It is very important to make the point that there is no one size fits all, and I will come back to that in a minute. Consultation is not a one-off event, but a rethink of how government decisions are made; it is both cumulative and ongoing. Consultation does not replace the need for good information, communication, education or volunteer programs, but it can help inform them and it will be supported by them.

When should you consult? In some areas there are legislative requirements, but, more broadly, you should consult when proposed changes will affect the rights of citizens, their quality of life and the natural environment, when there are strongly held competing views and the issues and the

information surrounding them are complex, and, very importantly, when you are in the early stages of the planning process and always before the final decision is made. This is a slide that we use to assist in our advice to agencies. We found that good discovery needs to be done for any project. The objectives and concepts need to be known. This may not be very clear, but the important thing is that you discover, plan and decide. At all stages you might need levels of involvement and engagement, depending on a number of issues. Is this is a new issue? Is this an issue that has been in the community for a long time? Have previous consultations been taken? You do not want to consult again on an issue when you consulted five months ago. It is understanding all this and putting it all into the discovery boat to understand what you are dealing with and the appropriate level of engagement. That is a bit of a continuum that allows for the planning that we use with agencies and anybody who comes to us for advice.

I referred before to the fact there is no one size fits all in consultation and community engagement. This is one slide of many. On one side there are the levels of risk and on the other side is the complexity of the information. There is no such thing as right and wrong in consultation. Sometimes you can inform the public and if it is done in a proper way, people say that that is fine, and that is all that is required. On issues that are a bit more complex, you might need to do a little more. The whole matrix that underpins our approach to consultation is that the right mechanism, the right tool, is chosen for engagement that is appropriate to the situation. It is very much issue-specific, depending on the complexity and the risks. Something that we point out over and again is that the what, the why and the when of the consultation is important, not the how; the how comes later. The how is a mechanism; it is a tool. That is important to understand. We have learnt quite a lot. This has been quite a groundbreaking initiative and there were very few models around the world. In fact, there were bits and pieces, but no comprehensive model, for us to draw on, so it has been a very steep learning curve. However, we have learnt that you have to be absolutely clear on the goals and objectives - the why of consultation. You need to be very clear about that because you need to be able to communicate that clearly and people need to know what you are consulting about and why you are consulting in the first place. What is the history and what are the parameters? You need to be very clear with the community on how the results will be used. The parameters and any constraints should be acknowledged up front. There may be an issue that needs to be resolved; if there is a budget of $100 000, that needs to be put to the community because it will impact on the solutions. You need to discover collaboratively to understand all the issues at the outset. Part of the discovery needs to be the fact that we need to enable the community to understand that consultation is about letting people in, but we are letting them in to help find solutions, so the focus is on finding solutions together. You need to acknowledge the risks and manage expectations in a timely way. The challenge of timing is very important. Sometimes it can be very critical. You need to decide who could best lead the consultation. In highly contentious issues sometimes you may need an independent arbiter. You need to validate the process at each stage to ensure a clear outcome. If more work is needed, it can be done. By this we mean that you should be looking at each stage and ensuring that you liaise with all the stakeholders so that everyone is involved early in the planning phase and you do not get down the track and then realise that some people who had been left out should have been involved. That happens sometimes, but that is not the problem. The issue is that once you realise that that has happened, you address it in a timely way. You also need to evaluate. The evaluation should be ongoing. Those are some of the key lessons learnt.

This slide is of a Peter Sandman model that we have adapted. His theory is that risk equals hazard plus outrage. The bit that we find useful is that hazard represents the technical, the evidence-based, expectations. In an old managerial model of what happens, the managers brought out all their technical expertise and they said that there was no issue. With the rising level of cynicism with changing community expectations, we sometimes see what is called outrage, and that is the non-technical, community perspectives. This is what upsets people. We are in a society in which there

is a lack of trust, and that lack of trust translates into a lack of trust in what the experts say. Sometimes the experts take this personally, but that should not be the case. Sometimes a person goes to a doctor and gets a second opinion about a health issue, but it is not because that person does not trust; it is just that the person wants to be more reassured. It is also about a lack of control. People want more control over their lives and over what is going on around them. It is also about people in a situation in which they are less able to influence, and there is sometimes a lack of responsiveness. What is important about this diagram is that both the technical-based stuff, the expert stuff, and the community perspectives need to be taken equally seriously. When these two are put together, we end up with good public policy that is very well informed by community expectations, by an understanding of community needs, and by the community understanding the challenges of being in government and coming out with outcomes that are not silver plated, because that cannot be done for everyone. This is what it is all about.
[11.30 am]

The CHAIRMAN: We will ask you some questions now. We are going to run short of time, so I ask you to keep your answers as succinct as possible. That was a very good overview. I will start with a couple of questions. I think your presentation has answered most of the questions we have from paragraph 5.1 onwards. Are you familiar with the consultation process relating to the changes in obstetric services that we are looking at?

Dr Gillgren: No, it is one of those consultations that we have not been familiar with at all.

The CHAIRMAN: Do you still work within the Department of the Premier and Cabinet or have you moved to the Office of the Attorney General?

Dr Gillgren: No, I am still the Executive Director of the Office of Citizens and Civics, which is still within the Department of the Premier and Cabinet.

The CHAIRMAN: Do you account to the Premier?

Dr Gillgren: I respond on policy matters directly to the Minister for Citizenship and Multicultural Interests. On administrative matters I account to Mal Wauchope, Director General of the Department of the Premier and Cabinet.

The CHAIRMAN: If you are not familiar with the process that we are inquiring into, it is a bit difficult to ask some of the questions I would like to have your views about. One of the questions I can ask you is this: do you have a role in consultation processes for government?

Dr Gillgren: No, we do not. What we have done is develop guidelines to assist in what underpins good consultation. Our role is to assist in this change, which is a significant transformational change for agencies. It is up to the agencies themselves to look at the processes and come to that transition. It has to be that way because it is very different in different areas.

The CHAIRMAN: Were you asked at any stage to have any involvement in the consultation process around the major health changes resulting from the Reid report and the clinical health services planning review?

Dr Gillgren: To my knowledge my office was not involved in any way, shape or form. I do understand that the Department of Health is in the process of developing guidelines for engagement for the Department of Health. Yes, it has been in touch with our office and, yes, we have provided input to develop that policy within the Department of Health. I think it is at its final stages, but I do not know that it has yet been endorsed.

The CHAIRMAN: I do not know if you can express a view on this. I was interested in your comments about whether the system is letting people in. Would you have a view at all on whether the consultation process around health was enabling people to participate?

Dr Gillgren: As I have said, I have had very little contact. What I do know is that in some areas where we have assisted in the south west when we were looking at human services in the south

west, we certainly assisted with the development of policies in that area. There have been specific issues, such as the Mt Hawthorn hospital, when we provided advice to agencies for a mental health transition. Agencies usually come to us. We usually assist because we have a very good and strong understanding of what constitutes good engagement in consultation, but most of the time what we are doing is looking at the learning for government that can be translated into better practice.

The CHAIRMAN: The slide that you showed us had various boxes that showed the differential between high levels of risk and low levels of risk and simple information and complex information. Something like a metropolitan-wide change to obstetric services is being undertaken. Could you indicate where you feel a community consultation of that nature might best be placed?

Dr Gillgren: The best way I can answer this is in this way: some practitioners believe that if it is a water issue, we need to have a symposium. Our approach is that it needs to be the right horse for the right course. If we are going to pull down a tree, we need to evaluate. It is not the issue in itself; it is the level of complexity and the level of sensitivity of the issue. If we go to pull down one tree, people will ask what we are consulting them about. They might say that the tree is full of white ants and that it should be pulled down before somebody gets hurt. If we go to pull down another tree, say, outside Parliament House -

The CHAIRMAN: The analogy is a bit close to home.

Dr Gillgren: That is why I chose that analogy. It is never the issue. We have to look very closely at the issues. That is why a small policy office like ours can provide the tools to enable that decision making. Remember, there are no models around the world. This is a very new journey. I believe that there has been a significant change in the way government is going about consultation, but this is transformational. As with everything else, it takes time, but there has been a very significant change and awareness that we are moving out of a managerial approach into a much more collaborative approach.

Hon LOUISE PRATT: When government has a large reform agenda it wishes to take in a certain direction and it knows the direction in which a large organisation such as the Department of Health wants to take things, the building blocks for the required reform and change are already there. I suppose that community consultation is in part about earning a mandate from the community to see if the reform agenda matches the community's expectations and values, and asking the community what it wants and implementing that as opposed to meeting the interests of a whole range of stakeholders. That is certainly the case with health and obstetrics.

Dr Gillgren: Absolutely. It is called community engagement, but it really is engagement with all stakeholders. We make that absolutely clear in our guides. I think that there is more focus on the community, because traditionally the practice was such that there was engagement with key stakeholders but maybe not enough with the broader public. If there is a focus on that, it is because that was part of the missing link in the chain. We must be very careful with how we engage with the community. For example, with the construction of stage 7 of the Roe Highway, we were part of the process at the beginning, and we advised all through the process. It was one of our learning issues. People were looking at who would be impacted by the road building. What was missing was who would be impacted if the road was not built and trucks were going down streets where there were primary schools and so on. It is not just about involving the community without any thought. We really need to think about safety issues, health issues and environmental issues, to ensure that when people come together to find solutions, everything is taken into account. The whole purpose of the engagement is to inform the decision-making process so that much better decisions are made. It is not a case of beginning the process and then finding out that nobody had thought about one aspect or another; it is about turning the stones upside down early in the piece and finding out what must be dealt with. If that is done, it is more likely that an all-embracing solution will be found. Even if people do not totally agree with it, they can live with the solution because they have seen that the process is open and transparent.

[11.40 am]

Hon SALLY TALBOT: That was a very interesting presentation. I admire the work that you are doing. I particularly liked the emphasis on the fact that the work you are doing is at the cutting edge of this type of work in an international sense. Will one of the sticking points be to try to get governments to modify their assessments of risk? It seems that there might be a fairly significant gulf between the community's concepts of what is an acceptable level of risk and the attitude taken by government, which is, I would have thought, inherently more conservative with a small "c". Have you been doing any work on that marriage of expectations?

Dr Gillgren: Absolutely. Over the past two or three years our major work has been about transformational change rather than community engagement, per se. We certainly have taken the approach that for change to be enduring, it must be systemic and we must work with the stakeholders. We have worked with the CEO of Main Roads. We told Main Roads that it had one shining example, which is terrific, but that other examples were not as good. We suggested that it would be great if they were all examples of best practice. The commissioner agreed, and so we worked together to bring that about. Only three weeks ago Main Roads launched its policy. It also has some very strategic tools such as the value-assurance model, which is looking at the key decisions made within the agencies. That helps the department find out the alignment of risk; that is, whether we are all seeing the same thing. It is a credit to the department that it has taken a very responsible lead. It is also a matter of working with the senior management to determine whether they are coming on board in a positive way. For us it was a case model of whether it could be done. I believe it can be done, although it is a slow process. We must work with people and the changes happen at different levels. There are a lot of triggers. We are dealing with human beings, and therefore it is a complex process, but it can be done.

Hon SALLY TALBOT: The issue of the increasing litigiousness of society must be a problem, given that you are working at the cutting edge. Is the trend towards litigation getting in your way?

Dr Gillgren: Not at all. We have dealt with some very complex issues. Probably one of the worst was Ocean Reef Road when we worked with the City of Joondalup. Two community groups were either totally for or totally against the proposal. For 15 years the decision-making process was at a stalemate. If we approach these matters with clear and transparent processes, we can achieve good outcomes. That project has commenced. We had to convince the commissioners to take the initial proposal back to the community so that we could get through the first hurdle of whether it was necessary to build the road. Once the community saw the need for something to be done, it came on board to find a solution. In the end, both groups sought leave to present their solution to council. Not only did we get a solution, but also it was an incredible exercise in community building. That is documented in the local government minutes. We have had many similar experiences. I have yet to see a process of good, credible consultation that results in consultation fatigue; it does not occur. In fact, people feel invigorated by it. I believe that when there is fallout, there is no solution that cannot be dealt with. I am sorry if I am getting a bit passionate, but that is what I believe. It is a question of trust. Governments and agencies must be willing to trust the community as much as the community must trust them. It does not happen overnight; that trust must be built. Contentious issues take more time. The earlier in the piece the trust is developed, the more likely it is that positive outcomes will be achieved. That means a better use of taxpayers' money so that it is not spent on litigation. I believe it can be done.

Hon SALLY TALBOT: Will you take on notice the question of the consultation with the Department of Health? You said that work has been done with the Department of Health about the process.

Dr Gillgren: I understand that the Department of Health is developing an internal policy on community engagement. I am not sure what stage that is at, but I understood it was nearing completion. The committee must forgive my lack of knowledge, but I have been away for three

months and have just come back. My office has been giving ongoing advice to the Department of Health, but I do not know what stage that is at.

The CHAIRMAN: You do not have to provide that information now, but it can be provided as follow-up information.

Dr Gillgren: I will certainly do that.

Hon ANTHONY FELS: Which government agencies use your resources and your office the most?

Dr Gillgren: Over time we have provided advice to practically all sections of all departments. We have been doing more work with people who are confronted with a bulldozer outside their front door because that scenario is more likely to create disharmony. We have given advice to the Swan River Trust and we have provided advice to various departments on women's issues, indigenous issues, roadworks and hazardous waste. We try to get involved in certain types of planning processes so that we can learn, test and pilot our solutions to ensure that they are practicable and can be applied in Western Australia. We have done a lot of work with Main Roads and DPI because we have been doing what I call "change management". We have not actually worked with them on a lot of different consultations as such, but they have been part of the test case to bring about change within those organisations. Lately we have been working a lot more with those organisations. Does that answer the member's question?

Hon ANTHONY FELS: Sort of. Is that information detailed in an annual report? If it is, I will get a copy of that.

Dr Gillgren: No, it would not be. We are part of a big department.

Hon ANTHONY FELS: That is okay. Another issue that is similar to people being confronted with a bulldozer outside their front door is the issue of allowing public funding to be provided to political parties for election campaigns under the Electoral Legislation Amendment Bill. Was your department involved in consultation in the process of that legislation before it was introduced?

Dr Gillgren: No, it was not. That is not really our role. Our role is to develop policies. Although we have given advice to whoever has needed it, we have tried to set the standards by which people can become more engaged and we try to assist people when that assistance is required. We have a capability-building approach. Our role is not to police or whatever. It is very important that agencies have ownership of the responsibility for making change happen.

The CHAIRMAN: Thank you very much, Christina.

Hearing concluded at 11.50 am